

Suite/Apt. #

Section:

Zoning:

Tax Map:

Census Tract: ___

Existing Use: 29+10

Estimated Construction Cost: \$_____

Occupant or Tenant:

Building Permit Application

Howard County Maryland Department of Inspections, Licenses and Permits 3430 Court House Drive

Permits: 41 www.howardo

Crape Myst

City: Ellicott CityState: mD Zip Code: 21047

Proposed Use: Recreation Partio / Parillion

_ Parcel:_ _____ Map Coordinates: _____

Description of Work: Payillian 21x23

SDP/WP/BA#:

____ Subdivision:__

6000,00.

_Area:______Ĺot:_

___ Grid:_

- deck NI footers

Lot Size:

Date	Received:	

313-2455 ountymd.gov Permit No.:_	
Property Owner's Name: VISHOU Address: 5002 Crape M City: Ellicott Cityate: MD Phone: 410-294-1120 Fa Email: VISHOUNUS; redd y@gm	yrtle CT
Applicant's Name & Mailing Address, (If of Applicant's Name: Mario Or Address: 1410 Asbury CT City: Hyattsuille State: Mario 204 2747 Fax: Email: Marestich Cli Cama	ther than stated herein)
Contractor Company: Majestic Contact Person: Mario Garc Address: 140 Asbyty C City: Hyarts will e State: Mi) License No.: 109244 Phone: 3012042747 Fax: Email: Majestich CII & M.	i'G. 7 Zip Code: 2078 2
Engineer/Architect Company:	
Responsible Design Prof.:	
Address:	
City:State:	
Phone: Fax:	
Email:	
Utilities	
Water Supply	
□ Public	
№ Private	
Sewage Disposal	
□ Public	
☐ Private	
Electric: Yes No	
Gas: Yes No	
Heating System	The state of the s
☐ Electric ☐ Oil	VPS CONTRACTOR
■ Natural Gas □ Propane Gas	Attachment of the second second
Other:	
Sprinkler System:	
☑ Yes ☐ No	
The state of the s	证明的。Melly 1666年起。
Grading Permit Number:	
Building Shell Permit Number:	
MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS C WILL PERFORM NO WORK ON THE ABOVE REFERENCED PRO PERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMIT A CO SACIAL HIS REPORT OF THE PURPOSE OF INSPECTING THE WORK PERMIT FINT Name	DPERTY NOT SPECIFICALLY DESCRIBED

Was tenant space previously occupied? □Yes \square No Contact Name: Address: _ _____ State: _____ Zip Code: _____ __Fax: __ Phone: Email: **Commercial Building Characteristics Residential Building Characteristics** 🛭 SF Dwelling 🗆 SF Townhouse Height: No. of stories: Depth 1st floor: Gross area, sq. ft./floor: 2nd floor: Area of construction (sq. ft.): Basement: ☐ Finished Basement ☐ Unfinished Basement Use group: ☐ Crawl Space ☐ Slab on Grade Construction type: ☐ Reinforced Concrete No. of Bedrooms: ☐ Structural Steel Multi-family Dwelling ☐ Masonry No. of efficiency units: ☐ Wood Frame No. of 1 BR units: No. of 2 BR units: ☐ State Certified Modular No. of 3 BR units: Other Structure: Dimensions: **Roadside Tree Project Permit** Footings: □Yes XNo Roof: Roadside Tree Project Permit # ☐ State Certified Modular ☐ Manufactured Home THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED 1 WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE
THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PR

Date

Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	3/30/1	. RIA

Is Sediment Control ap ☐ CONTINGENCY CON

.3	30	16	R	A.	A	
proval	requ	ired fo	or issua	ance?	Yes	□No
STRUC	TION	STAR	T			

DPZ SETBACK INFORMATION		
Front:		
Rear:		
Side:		
Side St.:		
All minimum setbacks met?	☐ Yes	□No
Is Entrance Permit Required?	□ Yes	□No
Historic District?	☐ Yes	□No
Lot Coverage for New Town Z	one:	
SDP/Red-line approval date:		

Iling Fee	\$ 25
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies:

White: Building Officials

Green: PSZA.Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



- GENERAL NOTES:

 1) THIS LOCATION DRAWING IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INSOFAR AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS ACCURS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING OF THE PROPERTY SHOWN HEREON. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS LOCATION DRAWING IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, CARAGES, BUILDINGS OR OTHER EXISTING, OR FUTURE IMPROVMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, CARAGES, BUILDINGS OR OF THE STAING, TO FUTURE IMPROVMENT OF A RESULT DENTIFICATION OF PROPERTY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING, FOR RE-FINANCING.

 2) SUBJECT PROPERTY IS SHOWN IN ZONE C. ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL NO. 2400140025—B EFFECTIVE DEC. 4. 1986.

 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1.*

 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EXSENENTS, RICHTS OF MAY AND CONDITIONS OF RECORD.

 5) THE ESTABLISHMENCE SUBJECT TO ALL EXSENENTS, RICHTS OF MAY AND CONDITIONS OF RECORD.

 6) PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PERPARED BY HE OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 339, EXPIRATION THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSED OF THE SECURE OF THE HOWARD COUNTY CODE. THE EVELLOPER IS OBLIGATED TO CONSTRUCT THE FACILITY UNDER THE REVOYSION OF THE OEVELOPER IS OBLIGATED TO CONSTRUCT THE FACILITY WORK THE

