

## **Building Permit Application**

Howard County Maryland Department of Inspections, Licenses and Permits 3430 Court House Drive Permits: 410-313-2455 www.howardcountymd.gov

Permit No.: Property Owner's Name: UNU: 62 MUMIZ
Address: DUS RUMNIAG FONCE LA
City: CLARCONTE State: May Zip Code: 30009
Phone: 410-549-5050 Fax; Building Address: 12248 Running tonch City: Clarkswillo State: Mel, Zip Code: 21009 SDP/WP/BA #: \_ rnone: 410-549-5050 FAX: NO. Suite/Apt. # Subdivision: WALNUT GOOD Census Tract: Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: State Some From State Address: S433 Word Land Box State: Value Sip Code: \$1767

Phone: 410 - 546 - 5050 Fax: 410 - 540 - 5440 \_Area:\_\_\_ Tax Map: Parcel: Grid: \_\_\_\_ Map Coordinates: \_\_\_ Zip Code: 17.47 Zoning: \_\_\_ Existing Use: 51 NGlofamly Contractor Company: CLASE C Des. JU Group Luc Proposed Use: \_\_\_\_\_\_\_\_ Contract Person: PETCAS Some THE Address: \$433 Wood law Res
City: Word on a State: Md. Zip Code: 21767 Estimated Construction Cost: \$ 64,000 Description of Work: Build 14 x 20 GABLE ROOF School posch with 91x 20 5460 roof License No. : 83116 Phone: 240-375-4658 Fax: 410-549-5449 DOLCH 17' X 27' MAIN OPON DOUK Email: PSOME 3@ English NO Munit Occupant/Tenant Name: TAU 1 62 Was tenant space previously occupied? Tyes TNo Engineer/Architect Company: \_\_\_\_ Contact Name: Responsible Design Prof.: \_\_\_ Address: Address: State: \_\_\_\_ Zip Code: \_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_ Fax: Phone: Fax: Phone: Email: Commercial Building Characteristics Residential Building Characteristics Utilities ☐ SF Dwelling ☐ SF Townhouse Height: ☐Yes □ No No. of stories: Depth Gas: Yes □No 1<sup>st</sup> floor: Gross area, sq. ft./floor: Water Supply 2<sup>nd</sup> floor: T Public Area of construction (sq. ft.): Basement: Private ☐ Finished Basement ☐ Unfinished Basement Sewage Disposal Use group: ☐ Crawl Space ☐ Public ☐ Slab on Grade Construction type: Private ☐ Reinforced Concrete No. of Bedrooms: Heating System ☐ Structural Steel Multi-family Dwelling ☐ Electric T Oil No. of efficiency units: ☐ Masonry ☐ Natural Gas ☐ Propane Gas ☐ Wood Frame No. of 1 BR units: ☐ State Certified Modular No. of 2 BR units: ☐ Other: No. of 3 BR units: Sprinkler System: Other Structure: ☐ Yes ☐ No Dimensions: Roadside Tree Project Permit Footings: **Grading Permit Number:** □Yes □No Roof: Roadside Tree Project Permit # ☐ State Certified Modular **Building Shell Permit Number:** ☐ Manufactured Home THE UNDERSIGNED HEREBY SERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION. IS THAT THE ADDRESS OF INSPECTING THE MORE PERMITTED AND POSTING NOTICES.

Applicant's Signature

Print Name NP 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	1277	162 H. Oswa

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

	Filing Fee	\$
	Permit Fee	\$
	Tech Fee	\$
	Excise Tax	\$
	PSFS	\$
Yes 🗆 No	Guaranty Fund	\$
Yes □No	Add'I per Fee	\$
Yes 🗆 No	Total Fees	\$
:	Sub- Total Paid	\$ .
	Balance Due	\$
	Check	tt t

