



Building Permit Application

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

Date Received: _____

Permit No.: _____

Building Address: 3934 Saint Johns Ln
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Residential
Proposed Use: Residential

Estimated Construction Cost: \$ 6000.00

Description of Work: Remove existing 6' Sliding Glass Door and make the opening larger to install a 12' Sliding Glass Door

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: Joseph E. Leister

Address: 5000 Philadelphia Way

City: Lanham State: MD Zip Code: 20706

Phone: 240 595-0623 Fax: _____

Email: jleister@thompsoncreek.com

Property Owner's Name: Amy Lakis
Address: 3934 Saint Johns Ln
City: Ellicott City State: MD Zip Code: 21042
Phone: 443 848-6198 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Joseph E. Leister
Address: 5000 Philadelphia Way
City: Lanham State: MD Zip Code: 20706
Phone: 240 595-0623 Fax: _____
Email: jleister@thompsoncreek.com

Contractor Company: Thompson Creek Window Co.
Contact Person: Joseph E. Leister
Address: 5000 Philadelphia Way
City: Lanham State: MD Zip Code: 20706
License No.: 125294 MHTC
Phone: 240 595-0623 Fax: _____
Email: jleister@thompsoncreek.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

| Commercial Building Characteristics | Residential Building Characteristics |
|--|--|
| Height: | <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: | Depth Width |
| Gross area, sq. ft./floor: | 1 st floor: |
| | 2 nd floor: |
| Area of construction (sq. ft.): | Basement: |
| | <input type="checkbox"/> Finished Basement |
| Use group: | <input type="checkbox"/> Unfinished Basement |
| | <input type="checkbox"/> Crawl Space |
| Construction type: | <input type="checkbox"/> Slab on Grade |
| <input type="checkbox"/> Reinforced Concrete | No. of Bedrooms: |
| <input type="checkbox"/> Structural Steel | Multi-family Dwelling |
| <input type="checkbox"/> Masonry | No. of efficiency units: |
| <input type="checkbox"/> Wood Frame | No. of 1 BR units: |
| <input type="checkbox"/> State Certified Modular | No. of 2 BR units: |
| | No. of 3 BR units: |
| | Other Structure: |
| | Dimensions: |
| > Roadside Tree Project Permit | Footings: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Roof: |
| Roadside Tree Project Permit # | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

| Utilities |
|---|
| Water Supply |
| <input checked="" type="checkbox"/> Public |
| <input type="checkbox"/> Private |
| Sewage Disposal |
| <input checked="" type="checkbox"/> Public |
| <input type="checkbox"/> Private |
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heating System |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other: |
| Sprinkler System: |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Grading Permit Number: |
| Building Shell Permit Number: |

THE UNDERSIGNED HEREBY CERTIFIES 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; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Joseph E. Leister
Email Address: jleister@thompsoncreek.com
Title/Company: Project Manager

Print Name: Joseph E. Leister
Date: 9/29/16

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 | <u>9/29/16</u> | <u>[Signature]</u> |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START | | |

| DPZ SETBACK INFORMATION |
|---|
| Front: |
| Rear: |
| Side: |
| Side St.: |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Lot Coverage for New Town Zone: |
| SDP/Red-line approval date: |

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

ution of Copies: White: Building Officials Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



3934 Saint Johns Lane