



# 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.: B14004540

Building Address: 840 Ridge Rd  
 City: Mt Airy State: MD Zip Code: 21771  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: THILAK KOTNIS GEORGE  
 Address: 8813 Autumn Hill Ct  
 City: Ellicott City State: MD Zip Code: 21043  
 Phone: 301 865 95 95 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: single family  
 Proposed Use: single family  
 Estimated Construction Cost: \$ 40,000  
 Description of Work: add powder room and interior renovation 1st floor 24 SF

Contractor Company: LAR Construction  
 Contact Person: Laszlo HEGEDUS  
 Address: 949 Ruby Dr  
 City: Westminster State: MD Zip Code: 21158  
 License No.: 101084  
 Phone: 484-433-5353 Fax: \_\_\_\_\_  
 Email: laszlo@lcrs.com

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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 <sup>st</sup> floor: _____
Area of construction (sq. ft.): <u>1500</u>	2 <sup>nd</sup> floor: _____
Use group: <u>24</u>	Basement: _____
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Masonry	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> State Certified Modular	No. of Bedrooms: _____
<b>Construction type:</b>	<b>Multi-family Dwelling</b>
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
<b>Roadside Tree Project Permit #</b>	No. of 2 BR units: _____
_____	No. of 3 BR units: _____
_____	Other Structure: _____
_____	Dimensions: _____
_____	Footings: _____
_____	Roof: _____
_____	<input type="checkbox"/> State Certified Modular
_____	<input type="checkbox"/> Manufactured Home

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<b>Sprinkler System:</b>	
<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: Laszlo Hegedus  
 Email Address: laszlo@lcrs.com  
 Title/Company: \_\_\_\_\_

Print Name: Laszlo Hegedus  
 Date: 12/16/14

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	<u>12/18/14</u>	<u>DJ. Diakon</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health		

Is Sediment Control approval required for issuance?  Yes  No  
 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	\$ <u>80</u>
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>2033</u>

No Permit Issued  
to Health.

TB 14004540

Email sent to Logan

SITE INSPECTION SHEET

OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

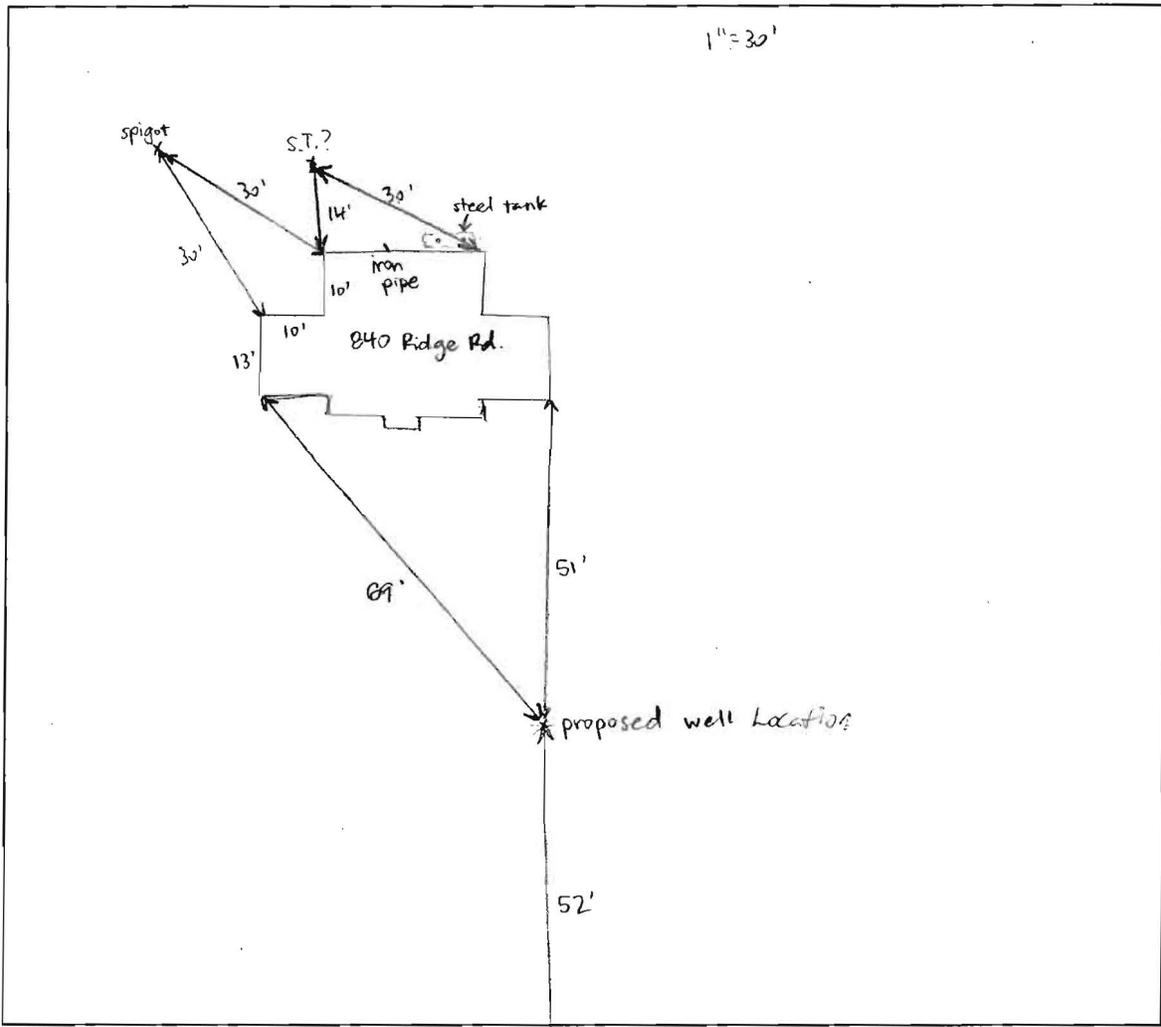
ADDRESS: 840 Ridge Rd. CONTRACTOR: S. Mayre

WELL TAG #: (13)

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: WSI for proposed re. well permit. Interior renovator permit (B14004540).

LOCATION DIAGRAM



COMMENTS: \_\_\_\_\_  
Ridge Rd.

Proposed well staked in front yard. An iron pipe was visible exiting the rear of the house (partially uncovered at foundation) - I probed in the line of the pipe and possibly found a septic tank 1-2' below the surface. Also a spigot in the backyard, doesn't work.

DATE: 4/7/15 INSPECTOR: Sarah Collins

840 Ridge Rd  
Mt. Airy 21771

