

Building Permit Application

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

Permit No.:		

www.howardcountymd.gov Building Address: 13001 WALUWRIG ITT ROCK City: 16:3hland State: WD Zip Code: 20777 SDP/WP/BA#: Suite/Apt. #_ Census Tract: _ _____ Subdivision: _ Area:_ Section: 398 ___ Parcel:___ Тах Мар: _ Map Coordinates: Zoning: _ _Lot Size: Existing Use: REAR YARD Proposed Use: ROAR YARD with Rothus well Estimated Construction Cost: \$ 4/8,000.00 Description of Work: Consince Belgard MEGA-MADEM Returning wall - 12" 1464 X 150 LONG 1,780 PREST WITH 3'PINC Occupant or Tenant: OCCUPANT Was tenant space previously occupied? □No Contact Name: ___ Address: _____ State: _____ Zip Code: __

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

	
Property Owner's Name: LIZ TRUST	we.
Address: 1300 Whow WRIGO	H ZOCK
City: Mishigand State: MI Phone: 443-465-4268 Fax) Zip Code: 2077
Phone: 443-463-4268 Fax	x:
Email: RINCIEMOS APES 4 Blo	egman.com
Applicant's Name & Mailing Address, (If oth	
Applicant's Name: KAFFACLG MH	
Address: 9396 Bact. WA-104	
City: CILLOTF City State: WY Phone: 443-463-4068 Fax: 4	Zip Code: A.O. V.
Email: ANCIBLAND SUA DES 481	as a most com
Contractor Company: Conception 1	wilding and Cotactactactors
Contact Person: ZATTACZO WHILL	
Address: 936 BICT. NATURAL	
City GCC1 CO + L Colstate: MW)	_Zip Code:
License No. : 506 36	1160-750-75146
Phone: 443-4268 Fax:	10/6/0
Email: EXMC BLAND SCAPES C	HAROGUETINO A
Engineer/Architect Company: 5H1PPC	F GNG WEREN
Responsible Design Prof.: BARTOP	
Recognicible Decign Prof.	J. MILLIPOCE
Address: 4050 SKYRON	Dizwe
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Address: 4050 SKYRON City: DSYLLFATOWN State: PA	Zip Code: 18702
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Address: 4050 SKYRON City: Day (LETTOWN State: PA Phone: 215-589-1957-Fax: 4 Email:	Zip Code: 18702
Address: 4050 SKYRON City: Doy (1570) City: Phone: 215-589-1952 Fax: Email:	Zip Code: 18702_
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Address: 4050 SKYRON City: Day (LET Duns) tate: PA Phone: 215-589-1952 Fax: Email: Utilities Water Supply Public Private Sewage Disposal Public	Zip Code: 18702_
Address: 4050 SKYRON City: Day (USY Dure) tate: PA Phone: 215-589-1952 Fax:	Zip Code: 18702_
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Address: 4050 SKYRON City: Day (UST) Described at the Private Sewage Disposal Private Sewage Disposal Public Private Electric: Yes No Heating System Electric: Oil Natural Gas Propane Gas	Zip Code: 18702_
Address: 4050 SKYRON City: Day (Control of State) Phone: 215 Seq - 1752 Fax:	Zip Code: 18702_
Address: 4050 SKYRON City: Day (UST) Described at the Private Sewage Disposal Private Sewage Disposal Public Private Electric: Yes No Heating System Electric: Oil Natural Gas Propane Gas	Zip Code: 18702_
Address: 4050 SKYROP City: Day (UST Durstate: PA Phone: 215-587-1932-Fax:	Zip Code: 18702
Address: 4050 SKYRON City: Day (Control of State) Phone: 215 Seq - 1752 Fax:	Zip Code: 18702
Address: 4050 SKYROP City: Day (UST Durstate: PA Phone: 215-587-1932-Fax:	Zip Code: 18702

THE UNDERSIGNED HEDEBUGERFIELES 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 REGULTIONS 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 SKANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. BEANNACH

BINLIPLANDEMES 4810 Grail Con Email Address

PRESENT 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) Is Sediment Control approval required for issuance?

Yes

No

DPZ SETBACK INFORMATION		
Front:		
Rear:		
Side:		
Side St.:		
All minimum setbacks met?	☐ Ye s	□No
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	\$	
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

☐ CONTINGENCY CONSTRUCTION START

