



# Building 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.: B1703868

Building Address: 10650 Riggs Hill Rd  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
Proposed Use: \_\_\_\_\_  
Estimated Construction Cost: \$ \_\_\_\_\_  
Description of Work: \_\_\_\_\_

Occupant/Tenant Name: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
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.): _____                            | 2 <sup>nd</sup> floor: _____                                               |
| Use group: _____                                                 | Basement: _____                                                            |
|                                                                  | <input type="checkbox"/> Finished Basement                                 |
|                                                                  | <input type="checkbox"/> Unfinished Basement                               |
|                                                                  | <input type="checkbox"/> Crawl Space                                       |
| <b>Construction type:</b>                                        | <input type="checkbox"/> Slab on Grade                                     |
| <input type="checkbox"/> Reinforced Concrete                     | No. of Bedrooms: _____                                                     |
| <input type="checkbox"/> Structural Steel                        | <b>Multi-family Dwelling</b>                                               |
| <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: _____                                                          |
| <input checked="" type="checkbox"/> 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                                 |

Property Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

## Applicant's Name & Mailing Address, (if other than stated herein)

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

| Utilities                                                                 |
|---------------------------------------------------------------------------|
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
| <b>Water Supply</b>                                                       |
| <input type="checkbox"/> Public                                           |
| <input type="checkbox"/> Private                                          |
| <b>Sewage Disposal</b>                                                    |
| <input type="checkbox"/> Public                                           |
| <input type="checkbox"/> Private                                          |
| <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 \_\_\_\_\_

Print Name \_\_\_\_\_

Email Address \_\_\_\_\_

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             | 11/14/17 | No review required on public works |

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      | \$ |
| 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









