



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

DLF 2017 SEP 27 09:17

Date Received: _____

Permit No.: _____

Building Address: _____
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: _____

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: _____

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:
<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

Utilities
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
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: _____ 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	10/16/17	[Signature]

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	\$ 100.00
Tech Fee	\$ 100.00
Excise Tax	\$ 10.00
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub- Total Paid	\$
Balance Due	\$
Check	# 10116

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 10/6/17
To: Cathy Anest / Health
(Person's Name and Division)
From: Michelle Clancy (443) 610 7574
(Your Name, Company Name and Telephone Number)
Subject: Project name Horst tank
Project site address 14665 Red Lion Dr
Permit # B17003572 SDP #
Other information pertinent to this project

Original
Plot Plans
were correct

- ☒ Please check the attachments below that you are submitting with this transmittal:
- ☐ Letter of response to address plan review comment letter
 - ☐ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
 - ☐ Letter Summarizing Changes
 - ☐ Energy conservation calculations
 - ☐ Copies of (be specific).
 - ☐ Health Department Request
 - ☐ DPZ/ DED Request
 - ☐ Applicant's Request

RECEIVED
2017
LICENSES & PERMITS
DIVISION

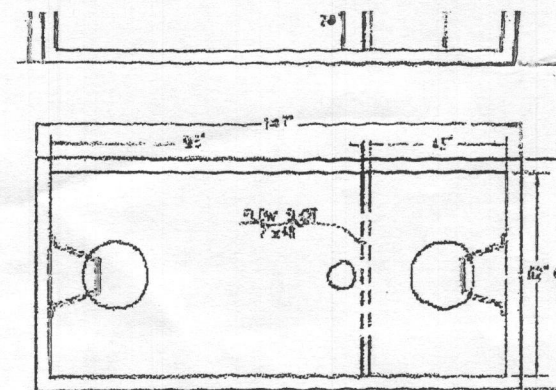
Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #
☒ Other revise to correct house # - Plans + site plan are correct.

Contact Person Information: (Required) Application was wrong #14665
Michelle Clancy
Please Print Name
Telephone No: 443 610 7574
E-Mail Address: michelle@appliedandapproved.com

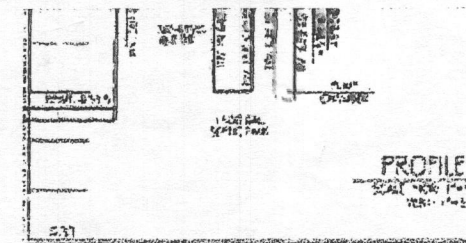
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by [Signature]

Scale $1'' = 100'$



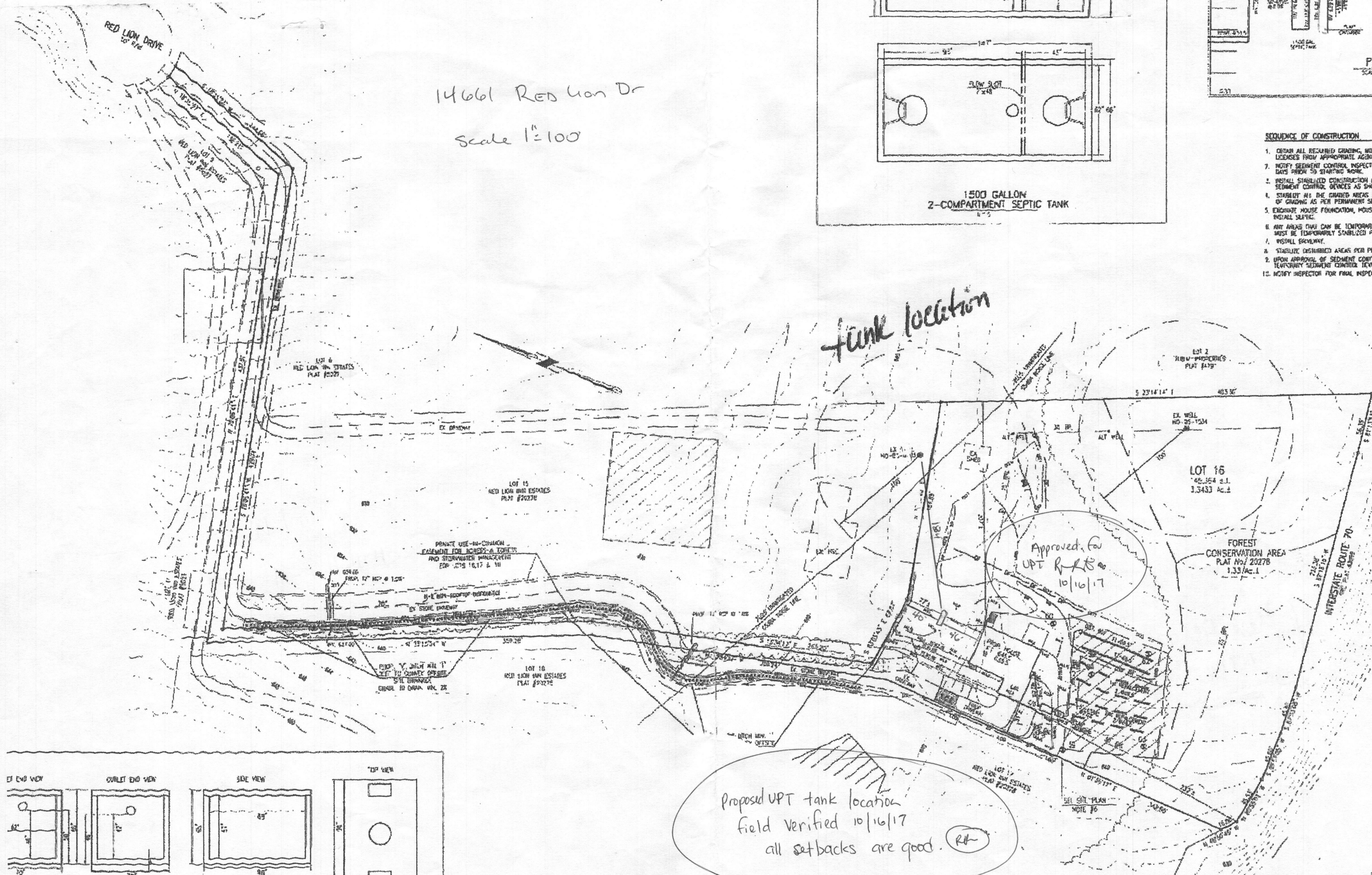
1500 GALLON
2-COMPARTMENT SEPTIC TANK



SEQUENCE OF CONSTRUCTION

1. OBTAIN ALL REQUIRED GRADING, MEAS. POINTS, & LESSONS FROM APPROPRIATE AGENCIES.
7. NOTIFY SEGMENT CONTROL INSPECTOR AT LEAST 24 HOURS BEFORE STARTING WORK.
8. INSTALL STABILIZED CRUSHED CORN STARCH, 5% SEGMENT CONTROL, POWDER AS SHOWN IN THE SI
9. STABILIZE ALL THE GRADED AREAS UP TO 20' DE GRADING AS PER PERMANENT SEEDING NOTICE
5. EXCAVATE MOUSE FOUNDATION, MOUSE CONSTRUCTION INSTALL SUEPIC.
11. AMT AREAS THAT CAN BE TEMPORARILY SEEDED OR MUST BE TEMPORARILY STABILIZED PER SEEDING &
4. INSTALL EROSIONWAY.
6. STABILIZE DESIGNATED AREAS FOR PERMANENT SEED
2. UPON APPROVAL OF SEGMENT CONTROL, INSPECTOR TEMPORARILY ADJUSTMENT CENTER INVOICES FOR 100H
12. NOTIFY INSPECTOR FOR FINAL INSPECTION.

funk location



Proposed UPT tank location
field verified 10/16/17
all setbacks are good

Rb