



## 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: 3128 RIVER VALLEY CIRCLE  
City: WEST PHEWASISTATE: MD Zip Code: 21794

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SINGLE FAMILY HOME

Proposed Use: SINGLE FAMILY HOME A DECK

Estimated Construction Cost: \$ 3,000

Description of Work: ADD RAILING TO EXISTING

264 SQ FT WOOD DECK AND

RAILING STRIPS w/ 16 SQ FT LANDING

Occupant/Tenant Name: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: MICHAEL PERCENNE

Address: 3128 RIVER VALLEY CIRCLE

City: WESST PHEWASISTATE: MD Zip Code: 21794

Phone: 240-461-5416 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: MICHAEL PERCENNE  
Address: 3128 RIVER VALLEY CIRCLE  
City: W PHEWASISTATE: MD Zip Code: 21794  
Phone: 240-461-5416 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: ABOVE FENCE & DECK  
Contact Person: JASON SMITH  
Address: 4113 ARLINGTON BLVD  
City: BETHESDA State: MD Zip Code: 20815  
License No.: 5222  
Phone: 410-358-7575 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

| Commercial Building Characteristics                                 | Residential Building Characteristics                                                  |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Height: _____                                                       | <input checked="" 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"/> 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: _____                                                                |
|                                                                     | Multi-family Dwelling                                                                 |
|                                                                     | No. of efficiency units: _____                                                        |
|                                                                     | No. of 1 BR units: _____                                                              |
|                                                                     | 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 checked="" type="checkbox"/> No | Roof: _____                                                                           |
| Roadside Tree Project Permit # _____                                | <input type="checkbox"/> State Certified Modular                                      |
|                                                                     | <input type="checkbox"/> Manufactured Home                                            |

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 \_\_\_\_\_  
Date \_\_\_\_\_

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

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             |      |                       |

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          | # <u>6354</u> |

APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

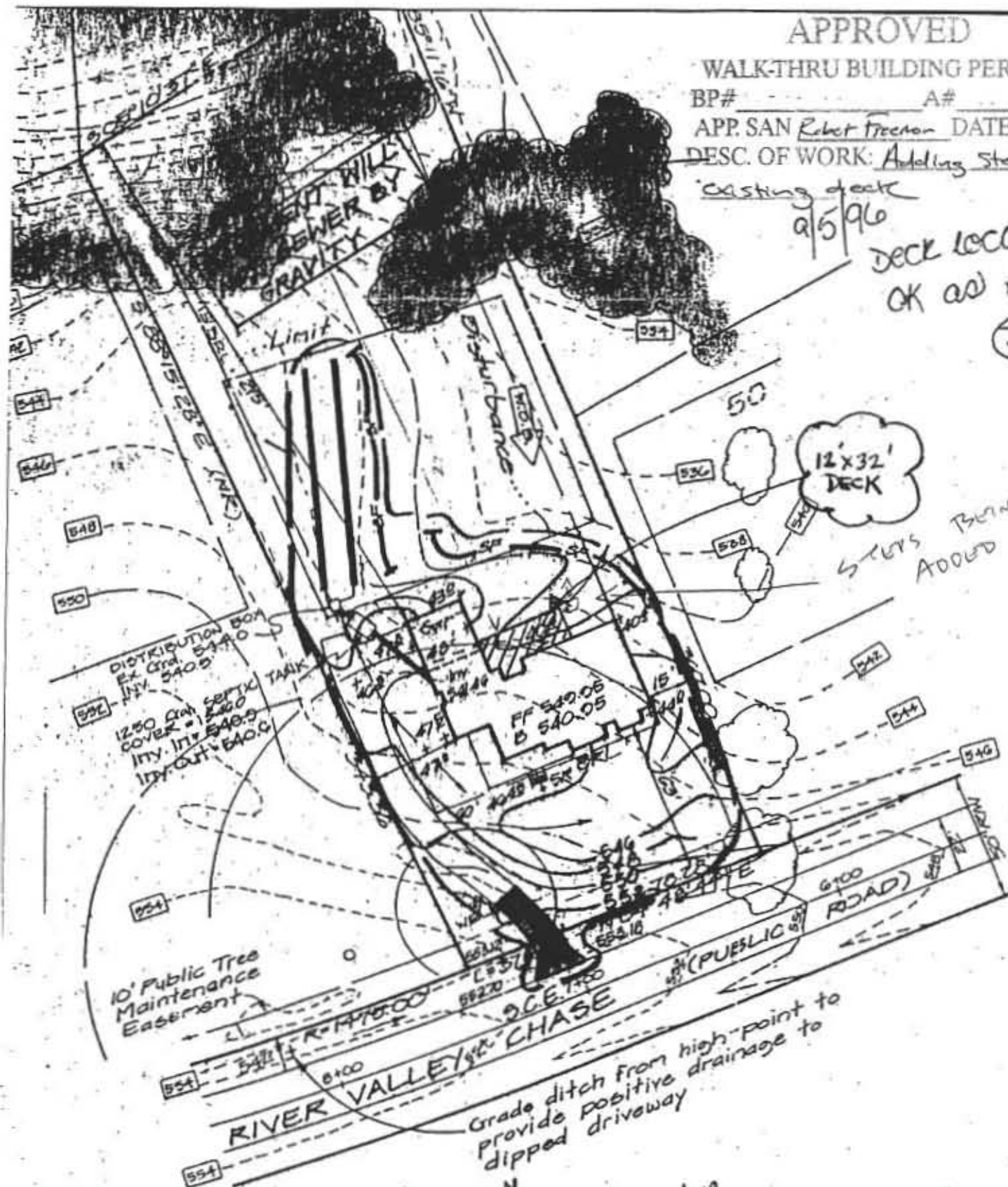
APP. SAN Robert Freeman DATE: 2/13/18

DESC. OF WORK: Adding Steps to  
existing deck

9/5/96

Deck location  
OK as shown.

(JKS)



Permit # 64922

Lot #34 Fox Valley  
3128 River Valley CHASE

ENGINEER'S CERTIFICATE

I hereby certify that this plan for Sediment and Erosion Control represents a practical and workable plan based on my personal knowledge of the site conditions and that it was prepared in accordance with the requirements of the Howard Soil Conservation District.