



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: 7116 Ramsgate Ct
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: Ashleigh Knolls
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: _____
Proposed Use: _____
Estimated Construction Cost: \$ 60,000.00
Description of Work: Install a screened-in porch on rear of home.

Occupant/Tenant Name: Kenneth E. Bratchie
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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth: _____ Width: _____
Gross area, sq. ft./floor: _____	1 st floor: <u>37'</u> <u>83'</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>37'</u> <u>54'</u>
Use group: _____	Basement: _____
Construction type: _____	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	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 type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Kenneth E. Bratchie
Address: 7116 Ramsgate Ct.
City: Clarksville State: MD Zip Code: 21029
Phone: 202 285 5473 Fax: _____
Email: kbratchie@gmail.com

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" 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.

Kenneth E. Bratchie
Applicant's Signature
kbratchie@gmail.com
Email Address

Kenneth E. Bratchie
Print Name
10/10/2018
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	<u>10/19/18</u>	<u>H. Oswald</u>

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	#

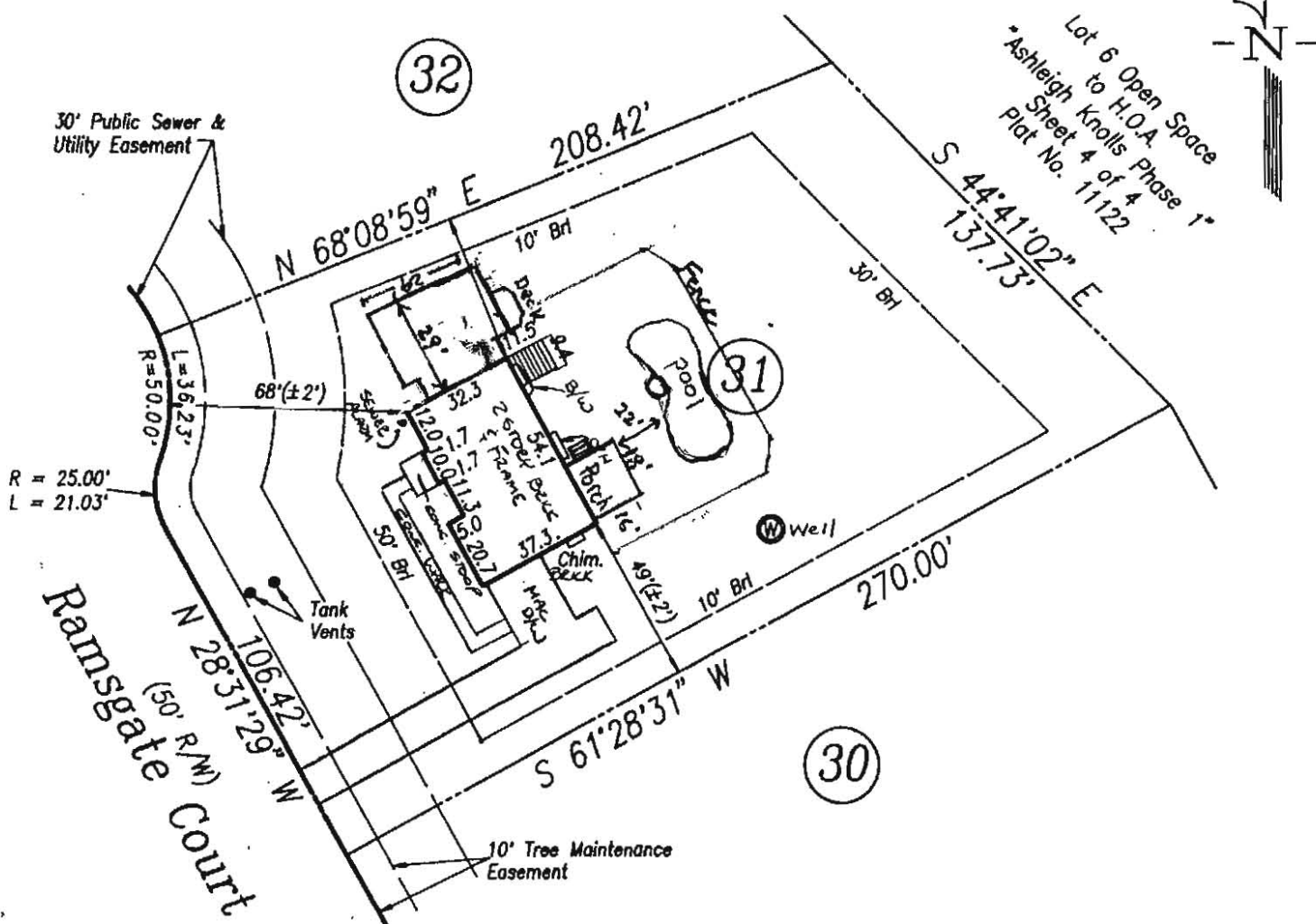
Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN H. Oswald DATE: 10/10/18
 DESC. OF WORK: Install a
screened-in porch on rear
of home. (18' x 16')

LOT 31

ASHLEIGH KNOLLS

PHASE 2

PLAT No. 11540

ELECTION DISTRICT No. 5
 HOWARD COUNTY, MARYLAND

LEGEND

F/P	= FIREPLACE	O/H	OVERHANG
B/W	= BAY WINDOW	H/P	HEAT PUMP/AIR COND.
D/W	= DRIVEWAY	G/M	GAS METER
CONC	= CONCRETE	E/M	ELECTRIC METER

ADDRESS No.: #7116 Ramsgate Court

TOP OF WALL ELEV. = 502.68' FIRST FLOOR ELEV. =

NO BOUNDARY OR MONUMENTATION ESTABLISHED OR LOCATED.

THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;

THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS;

AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C"
 AREA OF MINIMAL FLOODING
 PER COMMUNITY PANEL NUMBER 240044-0038-B

LOCATION DRAWING

FOUNDATION	DATE: <u>SRP</u> 8/04/95
FINAL	DATE: 11-03-95
DRAWN BY: DBW	SCALE: 1"=50'
PROJECT No.: 94517.00	



3300 N. Ridge Road, Suite 235
 Ellicott City, MD 21043-3305

(410) 461-0079
 Fax: (410) 750-6340