



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: 659 River Rd
City: Sykesville State: MD Zip Code: 21784
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
Estimated Construction Cost: \$ 75,000
Description of Work: eliminate bedroom, add full bathroom, widen hall 1', add hall closet, remodel existing full bathroom, open wall around stair
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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth <u>28</u> Width <u>72</u>
Gross area, sq. ft./floor: _____	1 st floor: <u>~1700</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>n/a</u>
Use group: _____	Basement: <u>~1200</u>
Construction type: _____	<input 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: _____
<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: _____
➤ 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

Property Owner's Name: Adam and Charis Pena
Address: 659 River Rd
City: Sykesville State: MD Zip Code: 21784
Phone: 5126999153 Fax: _____
Email: charis.arianna@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: Home owner
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 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 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.

Charis Pena
Applicant's Signature

charis.arianna@gmail.com
Email Address

Title/Company

Charis Pena
Print Name

8/23/2018
Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

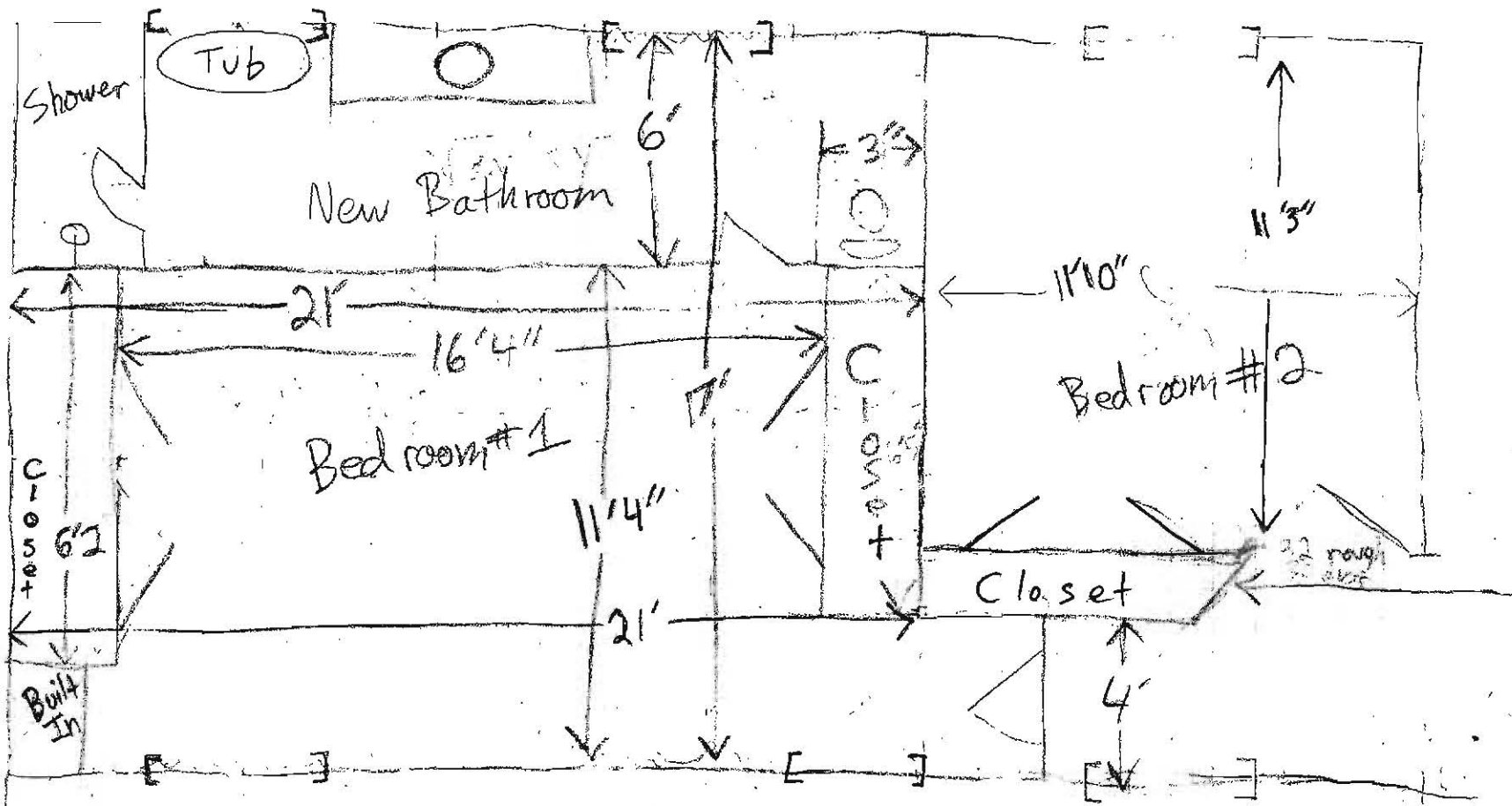
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	8/24/2018	<i>[Signature]</i>

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



Remodeled
Pena Home, page 2

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN Robert Greener DATE: 8/24/2018

DESC. OF WORK: Eliminate bedroom,

add full bathroom, widen hall 1,

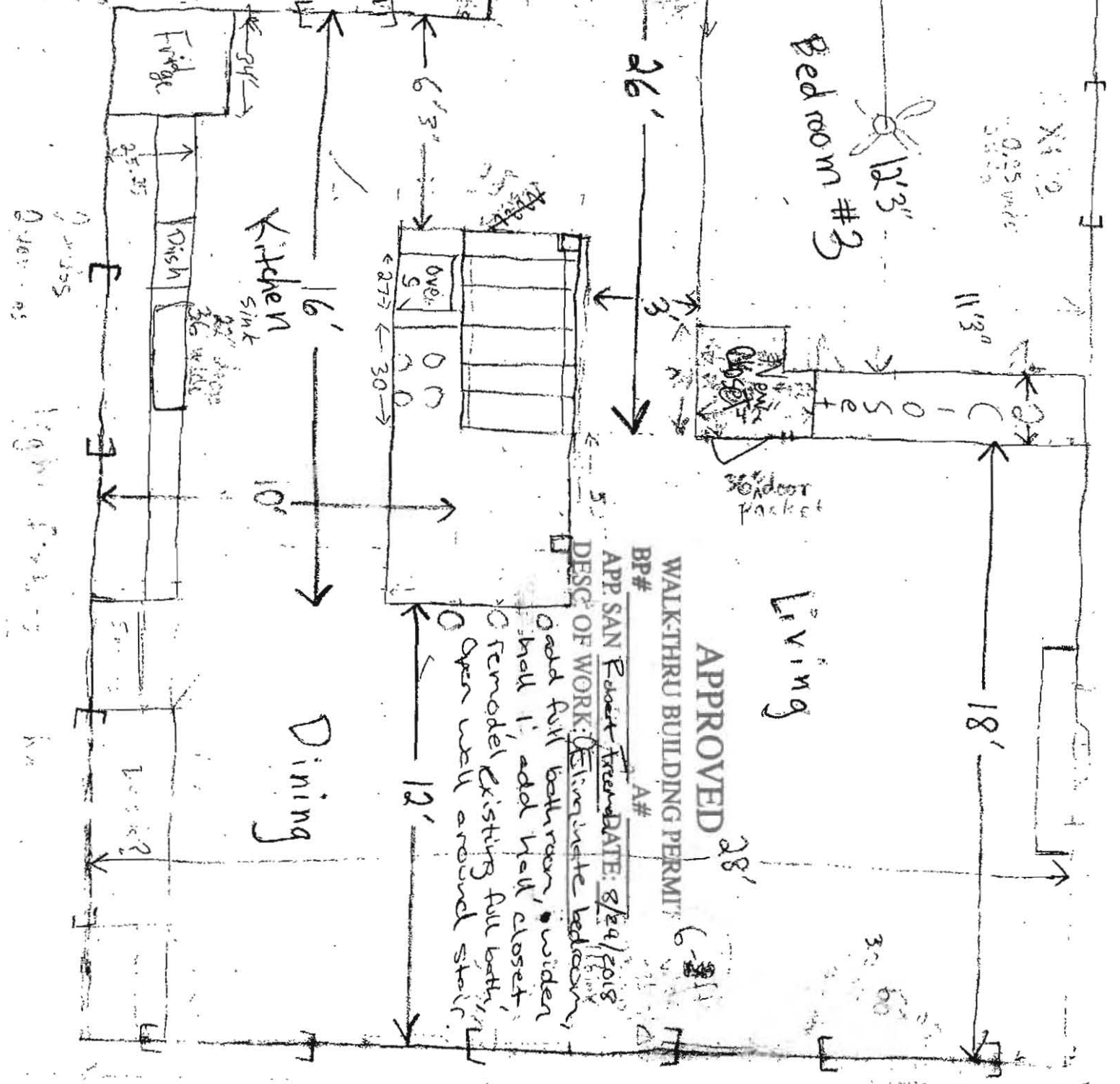
add hall closet, remodel existing

full bathroom, open wall around stair

14' 11"
4'-3"

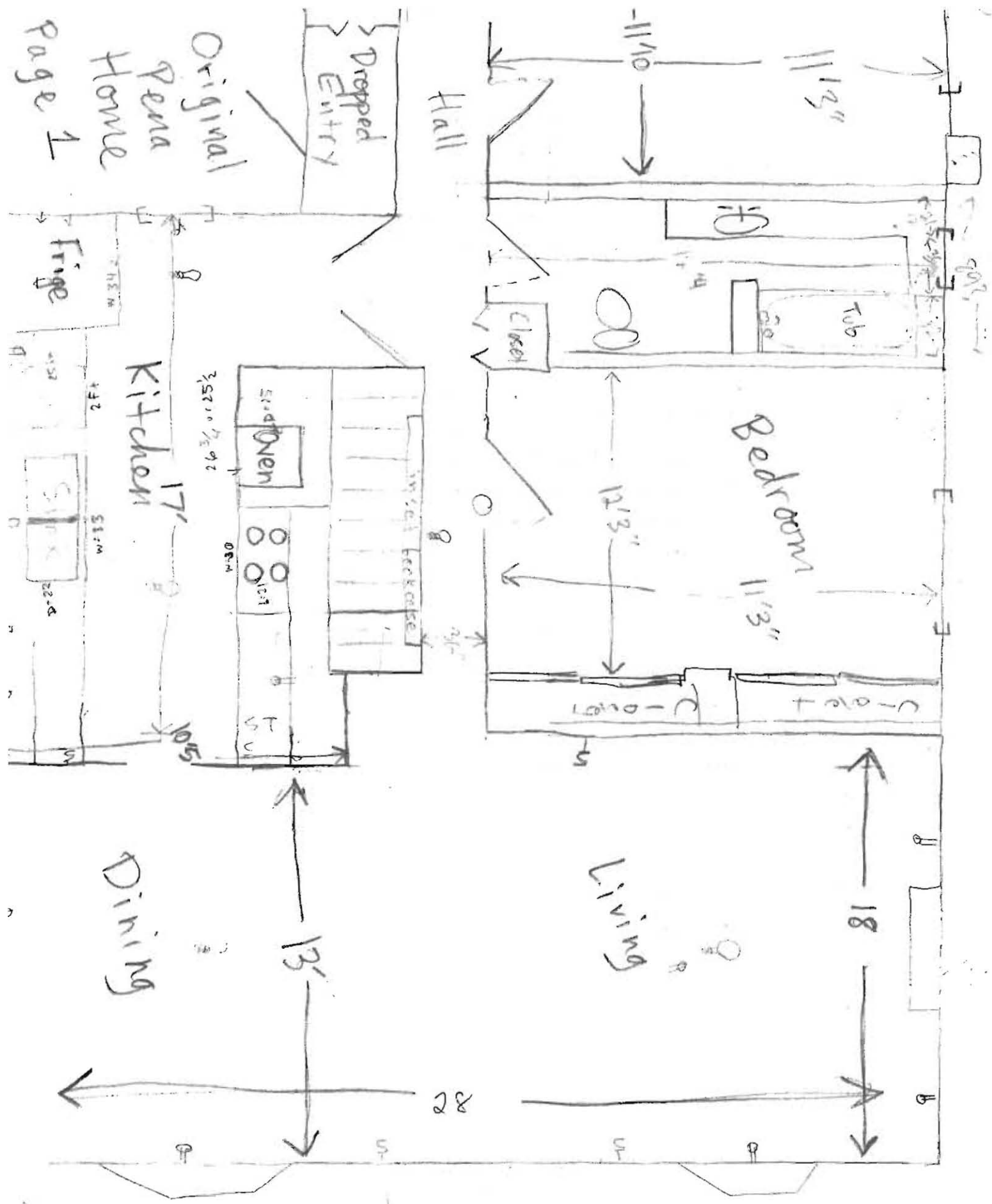
Rema Home
Page 1

V. INAGH
40.25x24 bedrooms
36x22 side
50.5x16 kitchen
14x4 1/2 bath

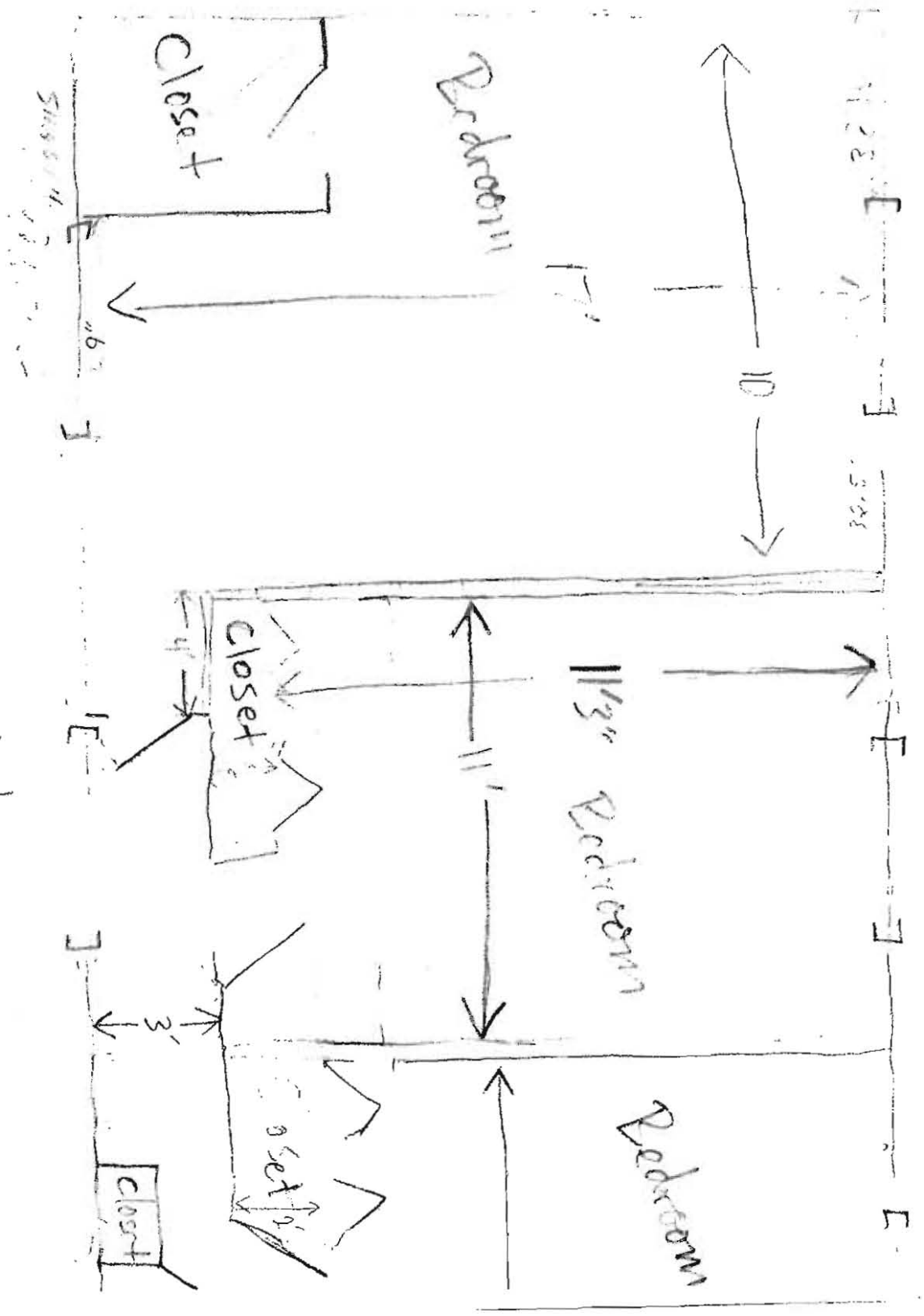


APPROVED 28'
WALK-THRU BUILDING PERMIT
BP#
APP SAN Permit # 8/24/2018
DESC OF WORK: Eliminate bedroom,
add full bathroom, wider
hall, add hall closet,
remodel existing full bath,
open wall around stair

Original
Pena
Home

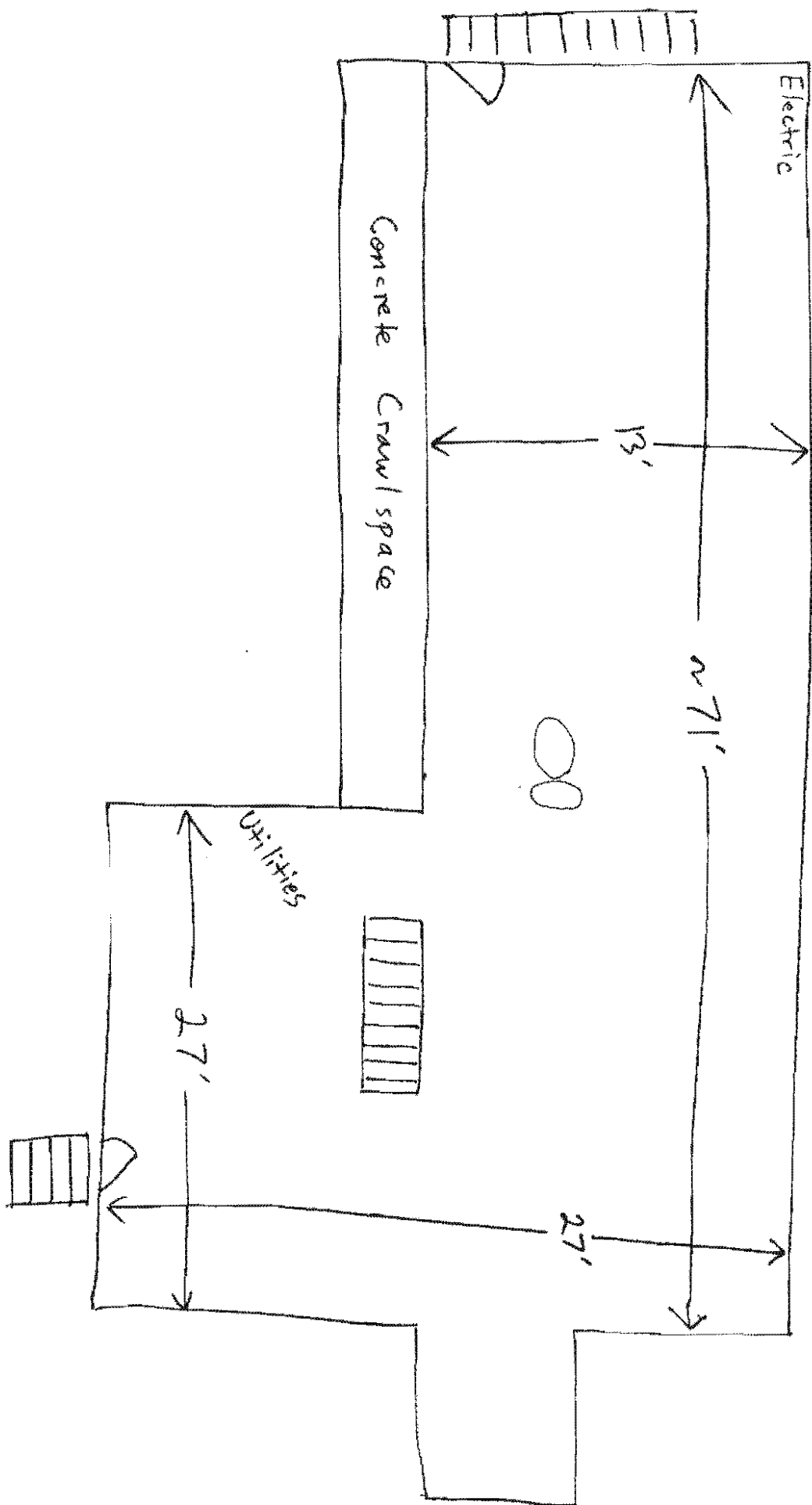


microwave
3'5" x 2'4" x 1'10"



Original
Pema Home, Page 2

Pena Basement



SITE INSPECTION SHEET

OWNER: Adam & Charis Peina PHONE #: 512 699 9153

ADDRESS: 699 River Rd. CONTRACTOR: _____

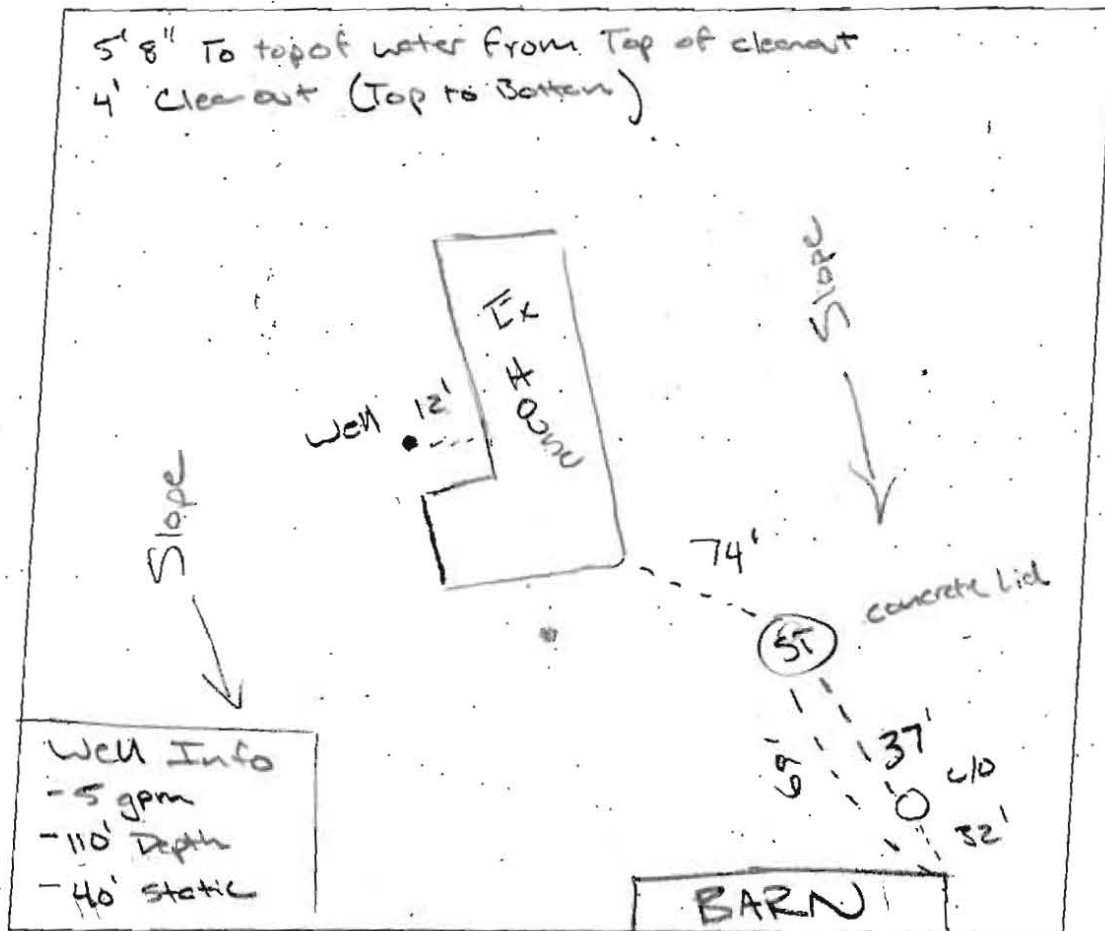
Sykesville, MD 21784 WELL TAG #: No Tag

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: Walk thru interior alterations (Reducing # BRs).

No records found. Visited site to confirm the septic location

LOCATION DIAGRAM and condition.



COMMENTS: charisarianna@gmail.com

Adam showed us where septic was located. Does not appear to be failing. Took measurements and told owners to consider replacing system in the future. Well cap and casing recently replaced.

DATE: 8/24/2018 INSPECTOR: KSF