



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: 1025 Saint Michaels Road
City: MT. Airy State: MD Zip Code: 21771
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: _____
Proposed Use: _____
Estimated Construction Cost: \$ 11,000.00
Description of Work: Roof over EXISTING Deck

Occupant/Tenant Name: Maggie Harrison
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Michael + Steve Harrison
Address: 1025 Saint Michaels Rd
City: MT. Airy State: MD Zip Code: 21771
Phone: 443-277-9344 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Scott Selby
Address: 8423 Huntclaw Rd.
City: Thurmont State: MD Zip Code: 21784
Phone: 240-674-2935 Fax: _____
Email: FSSELBYCABINETS@AOL.COM

Contractor Company: S + W Roofing, Siding and Windows
Contact Person: Scott Selby
Address: 5399 Enterprise St.
City: Ellicottsburg State: MD Zip Code: 21784
License No.: 21080
Phone: 301-831-5066 Fax: 410-516-2127
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 checked="" 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: _____
➤ 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

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" 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: F. Scott Selby Jr Print Name: F. Scott Selby Jr
Email Address: FSSELBYCABINETS@AOL.COM Date: 10-9-18
Title/Company: Carpeteer

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	10-9-18	Benard

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

ST. Michaels Rd.

Robert C & Maggie A. Hamm
1051 ST Michaels Rd
Rt 3 Box 100
21771

105'-0"

P. 1346

Drive way

66'-0"

28'-0"

Existing house

16'-0"

Existing Garage

Well

Deck

Existing porch
10'-x-22'

198'-0"

Existing deck

4-22-98
Verify well location
Homeowner says that
a kitchen, siding &
remodeling was done
6 yrs ago.

24' x 8'

4/24/98

SITE INV.

Deck/well area
enclosure of existing deck
to create sunroom access
underneath and to well will
be unchanged impact to
well should be unchanged
Recommend approval
M. Sny

202'-0"

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN DBurns DATE: 10-9-18
DESC. OF WORK: Roof over
Deck

Approved As Shown

103'-6"