



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: 5044 Linder Ct
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: 129 Tax Map: _____ Parcel: _____

Existing Use: _____
Proposed Use: _____
Estimated Construction Cost: \$ 20000
Description of Work: 684 sq ft Irregular shaped deck with 14x14 pavilion with roof
The deck include 2 steps. One located in front and one on the side
Pavilion has a standard roof that match with house roof
Rails Installed on front and sides of the deck.

Occupant/Tenant Name: Mendus & Dettly Chelapurath
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: Self
Address: 5044 Linder Court
City: Ellicott City State: MD Zip Code: 21042
Phone: 4104800144 Fax: _____
Email: mendus@chelapurath.com

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>32 feet</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor:
<u>684</u>	2 nd floor:
Area of construction (sq. ft.):	Basement:
<u>684</u>	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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 checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Mendus & Dettly Chelapurath
Address: 5044 Linder Court
City: Ellicott City State: MD Zip Code: 21042
Phone: 4104800144 Fax: _____
Email: mendus@chelapurath.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: owners
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: owners
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 checked="" type="checkbox"/> Public	
<input 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 checked="" 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 Mendus & Dettly Chelapurath
Email Address mendus@chelapurath.com
Title/Company _____

Mendus Chelapurath
Print Name _____
10/22/2018
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		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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

LOT 129

APPROVED

WALK-THRU BUILDING PERMIT
RP#

APR. SAN Bedford DATE: 10-23-18
DESC. OF WORK: 10-23-18

DATE: 10-23-1
DESC. OF WORK: Deck
Approved as shown 14x14 pavilion with
roof (covered porch)

