

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.:

	Checks Payable to: DIRECTOR OF F		
Title/Company			
Email Address		ite :	
JLSCHWEEGN	ALL COM	2/20/2019	
Applicant's Signature	Pr	nt Name	
dl. le le		JOHN SCHWENDEN	
	IICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL DEFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY		
	S AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO		
	☐ Manufactured Home	Building Shell Permit Nu	mber:
Roadside Tree Project Permit #	State Certified Modular		
➤ Roadside Tree Project Permit	Footings: Roof:	Grading Permit Num	ber:
> Roadside Tree Project Permit	Dimensions:		
	Other Structure:	☐ Yes ☐ No	
	No. of 3 BR units:	Sprinkler System:	
☐ State Certified Modular	No. of 2 BR units:	☐ Other:	
☐ Wood Frame	No. of 1 BR units:	☐ Natural Gas ☐ Propane Gas	
☐ Masonry	No. of efficiency units:	☐ Electric ☐ Oil	
☐ Structural Steel	Multi-family Dwelling	Heating System	
Reinforced Concrete	No. of Bedrooms:	₽Private	
Construction type:	☐ Crawl Space ☐ Slab on Grade	Public	
Use group:	☐ Unfinished Basement	Sewage Disposal	
to the state of th	☐ Finished Basement		
Area of construction (sq. ft.):	Basement:	Private	
	2 nd floor:	□ Public	
Gross area, sq. ft./floor:	1st floor:	Water Supply	
No. of stories:	Depth Width	Gas: Yes No	
Commercial Building Characteristics Height:	SF Dwelling SF Townhouse	Electric:	
Commonated Building Chamberletin	Residential Building Characteristics	Utilities	
mail:		Email:	
none:	dx.		
Phone:		Phone:F	
City:Si	tate:Zip Code:	City:State:	Zip Code:
Address:		Address:	
Contact Name:		Responsible Design Prof.:	
Vas tenant space previously occupied?	□Yes □No	Engineer/Architect Company:	ingr
Occupant/Tenant Name:			
		Email:	
		Phone:F	ax:
	,	License No. :	215 0040.
REPLACE EXISTIN	G 16'x 42' DECK	City:State:	7in Code·
WITH STEPS TO		Address:	
Description of Work: CONSTRI	UCT 16 x 37 DECK	Contact Person:	
		Contractor Company:	
stimated Construction Cost: \$ 20	60	Email:	
roposed Use: SAME		Phone:Fa	
xisting Use: SINGLE FAM	ILY DWELLING	City:State:	Zip Code:
		Applicant's Name:Address:	
ot:Tax Map:	Parcel:	Applicant's Name & Mailing Address	
ubdivision:			
		Email: JLSCHWEE GM	AIL. COM
uite/Apt. #SDP/		Phone: 410-796-0939	Fax:
ity: GLENELG State:	MD Zip Code: 21737	City: State:	Zip Code:
		Property Owner's Name: JOHN	
uilding Address: 14875 TRI		Address: State:	

AGENCY	DATE	SIGI	NATURE OF APPROVAL
State Highways			
Building Officials			
PSZA (Zoning)			
SZA (Engineering)			
Health	2/21/	19	H. Osweld

☐ CONTINGENCY CONSTRUCTION START

Front:		
Rear:		
Side:		
Side St.:		
All minimum setbacks met?	☐ Yes	□No
Is Entrance Permit Required?	☐ Yes	□No
Historic District?	☐ Yes	□No
Lot Coverage for New Town 2	one:	
SDP/Red-line approval date:		

Filing Fee	\$ 55		
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

