

Building Permit Application

Howard County Maryland

Department of Inspections, Licenses and Permits

3430 Court House Drive

www.howardcountymd.gov

Date	Received:	`

Permits: 410-313-2455

Permit No		

Building Address: 13309 Au	itumn Tree	Property Owner's Name: Ed Souss				
city: Clarksville State:	Md. Zip Code: 211	Address: 12309 Autum Too City: Clasteville State: Md. Zip Code: 21029 Phone: 410-549-5050 Fax: 410-549-5449				
Suite/Apt. #SDP/V			Phone: 410 -549 - 505	Fax:	410-549-	5449
Subdivision: Un Inut Crook	,		Email:			
Lot: Tax Map:			Applicant's Name & Mailing Addr	ress, (If othe	er than stated her	ein)
to.			Applicant's Name:			
Existing Use: Singl6 Fam	4		Address:		71- C- de	
Proposed Use: Same			City: State			
Estimated Construction Cost: \$ 46	000		Email:			
	1000		Contractor Company: CLASS	sic De	SICH Grow	o Tuc
Description of Work:	1.0.0.10	11	Contact Person: Poros 5	DMA	30,0,0	Frei
FINICH BASOMT	/ 1 BATH (Fu	11	Address: 5433 Doodlo		d.	
			City: Woodlows State:		Zip Code: 017	97
			License No. : 93116			
			Phone: 410-549-5050	Fax: 44	10-549-5	449
O			Email: Prome 3@ E	aiethlin	K,NOT	
Occupant/Tenant Name:	_					
Was tenant space previously occupied?	□Yes	□No	Engineer/Architect Company:			
Contact Name:			Responsible Design Prof.:			
Address:			Address:			
City:St	ate: Zip Code:		City:State:	Zi	ip Code:	
Phone:F			Phone:	Fax:		
	un.					
Email:			Email:			
Commercial Building Characteristics	Residential Building Ch	aracteristics	Utilities			
Height:	☐ SF Dwelling ☐ SF Tow		Electric: ☐ Yes ☐ N	lo		
No. of stories:	Depth	Width	Gas: ☐ Yes ☐ N	o		Want bear
Gross area, sq. ft./floor:	1 st floor: 2 nd floor:		Water Supply			
Area of construction (sq. ft.):	Basement: 15041	1	☐ Public			
	☐ Finished Basement		☐ Private			
Use group:	☐ Unfinished Basement		Sewage Disposal			
	☐ Crawl Space ☐ Slab on Grade		Public			
Construction type: ☐ Reinforced Concrete	No. of Bedrooms:		Private			
☐ Structural Steel	Multi-family Dw	elling	Heating System			
☐ Masonry	No. of efficiency units:		□ Electric □ Oil			
☐ Wood Frame	No. of 1 BR units:		☐ Natural Gas ☐ Propane Gas			35 - 195 A
☐ State Certified Modular	No. of 2 BR units: No. of 3 BR units:		Other:			
	Other Structure:		Sprinkler System: ☐ Yes ☐ No			
	Dimensions:		The Line			
> Roadside Tree Project Permit	Footings:		Grading Permit N	lumber:		
☐Yes ☐No Roadside Tree Project Permit #	Roof: State Certified Modula	20				
No Robins Ties To Jen (2011)	☐ Manufactured Home	ai	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 INFORM	AATION IS CORE	RECT; (3) THAT HE/SHE	WILL COMP
WITH ALL REGULATIONS OF HOWARD COUNTY WHI APPLICATION; (5) THEY HE/SHE GRANTS COUNTY OF	CH ARE APPLICABLE THERETO; (4)	THAT HE/SHE WILL	PERFORM NO WORK ON THE ABOVE REFERENCE	CED PROPERTY	NOT SPECIFICALLY DES	CRIBED IN TH
APPEICATION, (3) CHEZINE GRANTS COUNTY OF	PICIALS THE RIGHT TO ENTER ON	O THIS PROPERTY	16TER DOME	ENWITTED AN	or ostina nonces.	
Applicant's Signature	1/1	Pr	int Name			
DS058 36	eathlink.	UST _	19 30 18			
Email Address		De	ate (
VJ.				1		
Title/Company	Charles Samuellan	DIRECTOR OF F	INANCE OF HOWARD COUNTY			
			ATLY & LEGIBLY**	The company of all goldlines and all the lives of all as it	and the state of the	the transfer as my day through days and the day with the will have the
		-FOR OFFICE	USE ONLY-			
AGENCY DATE S	IGNATURE OF APPROVAL	DPZ SETBAC	CK INFORMATION	Filing Fee	\$	
State Highways		Front:		Permit Fee Tech Fee	\$	
Building Officials		Rear: Side:		Excise Tax	\$	
PSZA (Zoning)	The state of the s	Side St.:		PSFS	\$	
i ser (coming)		All minimum	n setbacks met? Yes No	Guaranty Fo	und S	

istribution of Copies:

PSZA (Engineering)

White: Building Officials

Is Sediment Control approval required for issue

☐ CONTINGENCY CONSTRUCTION START

Green: PSZA,Zoning

Yellow: PSZA, Engineering

Lot Coverage for New Town Zone:

SDP/Red-line approval date:

Historic District?

Is Entrance Permit Required? ☐ Yes ☐ No

☐ Yes ☐No

Pink: Health

Check

Add'l per Fee

Sub- Total Paid

Balance Due

Total Fees

Gold: SHA

#

