



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.: **B18004035**

Building Address: **3314 Sang Road**
City: _____ State: _____ Zip Code: _____
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
Proposed Use: _____
Estimated Construction Cost: \$ _____
Description of Work: **Proposed**

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:	☐ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	Multi-family Dwelling
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
☒ Roadside Tree Project Permit	Footings:
☐ Yes ☐ No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: **Condo Owners**
Address: **5519 Eastern Branch Road**
City: **Adelphi** State: **MD** Zip Code: **21114**
Phone: _____ Fax: _____
Email: **2120 Bedden Ave**

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

Contractor Company: **STANLEY D. RAY**
Contact Person: _____
Address: **2120 Bedden Ave**
City: **Adelphi** State: **MD** Zip Code: **21114**
License No.: **93160**
Phone: **301-222-0112** Fax: **301-222-1634**
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Utilities	
Electric: ☐ Yes ☐ No	
Gas: ☐ Yes ☐ No	
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☐ 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: _____
Email Address: _____
Title/Company: _____

Print Name: _____
Date: **4/30/15**

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	4/1/15	RA

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
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 Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$ 100
Tech Fee	\$ 10
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub- Total Paid	\$
Balance Due	\$
Check	# 324

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

3314 ~~8000~~ Sang Rd, Glenwood, MA 01842 3314

MISS-UTILITY NOTE:

1. CONTACT MISS-UTILITY 72 HOURS BEFORE ANY TRENCHING.
(800) 257-7777.

Propane tank 20' to stub of house

