



# 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: 5028 LINDENA CT  
City: FENCOTT CITY State: MD Zip Code: 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Subdivision: WALNUT CREEK  
Lot: 133 Tax Map: 0028 Parcel: 0049

Existing Use: NA  
Proposed Use: DECK  
Estimated Construction Cost: \$ 15K  
Description of Work: BUILD WOOD FRAME & COMPOSITE DECKING OPEN DECK ON REAR OF HOUSE w/ STAIRS 594 ft<sup>2</sup>

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: <u>4'</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor: <u>594 ft<sup>2</sup></u>	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): <u>594 ft<sup>2</sup></u>	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: <input type="checkbox"/> Finished Basement
<b>Construction type:</b>	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms: _____
<input checked="" type="checkbox"/> Wood Frame	<b>Multi-family Dwelling</b>
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	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 type="checkbox"/> No	Roof: _____
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: DAVID & AMANDA CLIFTON  
Address: 5028 LINDENA CT  
City: FENCOTT CITY State: MD Zip Code: 21042  
Phone: 410 241 2283 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: ANDREW MENZ  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: FRONTIER DECK BUILDERS  
Contact Person: ANDREW MENZ  
Address: 4511 SUN BERRY DR  
City: FINKSBURG State: MD Zip Code: 21048  
License No.: 51321  
Phone: 410 781 7500 Fax: \_\_\_\_\_  
Email: AMENZ@COMCAST.NET

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

Utilities	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input checked="" type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private <u>SHARED</u>	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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: ANDREW MENZ  
Email Address: AMENZ@COMCAST.NET  
Title/Company: LABORER, FDB

Print Name: ANDREW MENZ  
Date: 6/5/19

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	<u>6/6/19</u>	<u>H. Osawa</u>

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

ALB

SCALB



- DocuSigned by:  
David Clifton  
-27b94144d113443d

date 7/5/2017