



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: 13790 Brighton Dam Road
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: residential
Proposed Use: residential
Estimated Construction Cost: \$ 10,000

Description of Work:
Demolish exist shed roof & replace with new gable roof, with post & beams to support.
12x12

Occupant/Tenant Name: Remus & Shirley Lyles
Was tenant space previously occupied? Yes No
Contact Name: Remus Lyles
Address: 13790 Brighton Dam Road
City: Clarksville State: MD Zip Code: 21029
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Remus & Shirley Lyles
Address: 13790 Brighton Dam Rd.
City: Clarksville State: MD Zip Code: 21029
Phone: _____ Fax: _____
Email: _____

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

Contractor Company: Dream Design Build & Remodeling
Contact Person: John McKay
Address: 726 S. Beachfield Ave
City: Belt State: MD Zip Code: 21226
License No.: _____
Phone: (410) 368-3668 Fax: _____
Email: dreamdesignbuild@comcast.net

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>30'</u>	<u>56'</u>
	2 nd floor: <u>n/a</u>	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished <input type="checkbox"/> Unfinished	
Use group:	<input type="checkbox"/> Craw Spc <input type="checkbox"/> Slab on G.	
Construction type:		
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>2</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<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	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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: John McKay
john@cuttingedgedesigngroup.com
Email Address
Dream Design Build & Remodeling
Title/Company

Print Name: John McKay
5-29/19
Project Manager

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

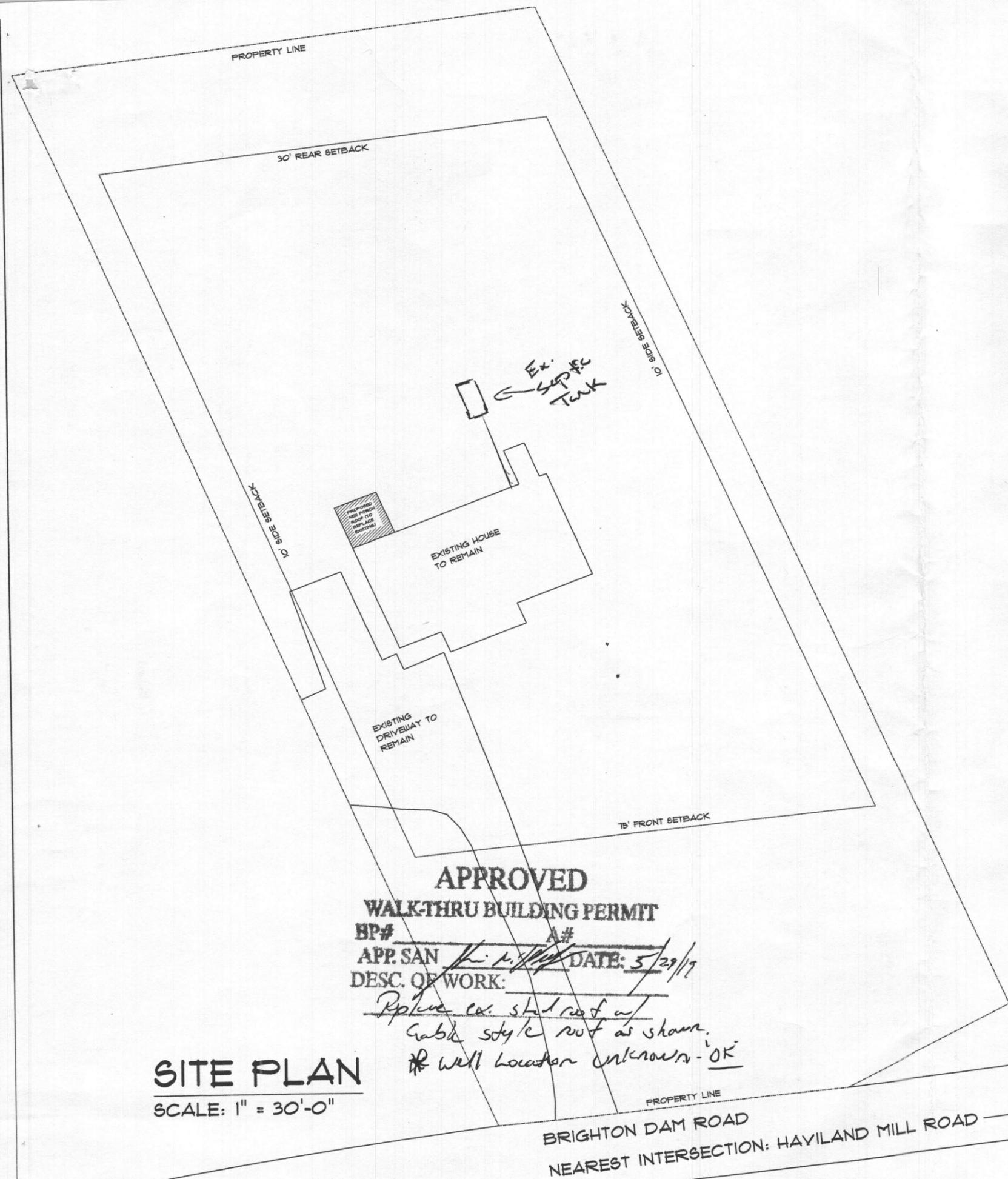
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)	<u>5-29-19</u>	<u>[Signature]</u>
PSZA (Engineering)	<u>5-29-19</u>	<u>[Signature]</u>
Health	<u>5/29/19</u>	<u>[Signature]</u>

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	# <u>5947</u>

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



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN *[Signature]* DATE: 5/29/19
 DESC. OF WORK:

*Replace ex. shd roof w/
 Gable style roof as shown.
 * Well location unknown - OK*

SITE PLAN

SCALE: 1" = 30'-0"

BRIGHTON DAM ROAD
 NEAREST INTERSECTION: HAYILAND MILL ROAD

RICHARD KING
 President
*We'll build your idea
 with our expertise.*
 ARCHITECTURAL DESIGN
 CONSTRUCTION
 REMODELING
 MHC #89331
 dreamdesignbuild@comcast.net
 www.dreamdesignbuildremodeling.com

**DREAM
 DESIGN
 BUILD
 REMODELING, INC.**
 410-608-0089
 410-368-3668
 410-368-3669 (F)

Lyles Residence

13790 Brighton Dam Road
 Clarksville MD 21029

PERMIT SET

SCALE:
 1" = 30'-0"

DATE: 5/29/2019

SITE PLAN

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