

## **Building Permit Application**

Howard County Maryland Department of Inspections, Licenses and Permits 3430 Court House Drive Permits: 410-313-2455 www.howard@ountymd.gov

Date	Received:	

Permit No.:

Property Owner's Name: KENNETH Building Address: 1404 CASHEBAR Drive Address: 1401 CASHEBAR Drive

City: 610,000 State: 10 Zip Code: 21738

Phone: 240-444-0115 Fax:

Email: Cpharficld JTB Gmail.com City: Glenwood State: MD zip Code: 21738 Suite/Apt. #\_\_\_\_\_SDP/WP/BA #: \_\_\_\_\_ \_\_\_\_\_ Subdivision:\_\_\_\_\_ Census Tract: \_\_\_\_\_ Area:\_\_\_\_\_\_ Lot:\_\_\_\_ Applicant's Name & Mailing Address, (If other than stated herein) Section: Applicant's Name:\_\_\_ Tax Map: \_\_\_\_\_\_ Parcel: \_\_\_\_\_ Grid:\_\_\_\_\_ Address: \_ State: Zip Code: Map Coordinates: \_\_\_\_ City: \_\_\_\_ Phone: Existing Use: Si'NGIE FAMILY Proposed Use: Single Family with Shea Contractor Company: HATFIELD'S Equipment Contact Person: KEN HATFIELD

Address: 14011 CASTERAR Drive Estimated Construction Cost: \$ 3 000,00 Description of Work: Shed 12 K20 City: Grando State: MD Zip Code: 21738 License No. : Phone: 240-444-045 Fax: Email: Kphatfields and com Occupant/Tenant Name: KEN HATFIEW □No Was tenant space previously occupied? □Yes Engineer/Architect Company: \_\_\_\_ Responsible Design Prof.: \_\_\_\_\_ Contact Name: Address: \_\_\_ Address: State: \_\_\_\_\_Zip Code: \_\_\_\_\_ \_\_\_\_\_State: \_\_\_\_\_\_Zip Code: \_\_\_\_\_ City: \_\_\_ City: Phone: \_\_\_\_\_Fax: \_\_\_\_ \_\_\_\_\_ Fax: \_\_\_\_ Email: Commercial Building Characteristics Residential Building Characteristics **Utilities** ☐ Yes □ No ☐ SF Dwelling ☐ SF Townhouse Height: Electric: No. of stories: Depth ☐ Yes ΠNo Gas: 1<sup>st</sup> floor: Gross area, sq. ft./floor: Water Supply 2<sup>nd</sup> floor: ☐ Public Area of construction (sq. ft.): 740 Basement: ☐ Private ☐ Finished Basement Sewage Disposal ☐ Unfinished Basement Use group: ☐ Crawl Space ☐ Public ☐ Slab on Grade Construction type: ☐ Private ☐ Reinforced Concrete No. of Bedrooms: **Heating System** ☐ Structural Steel Multi-family Dwelling □ Oil ☐ Electric ☐ Masonry No. of efficiency units: ☐ Natural Gas ☐ Propane Gas .☑ Wood Frame No. of 1 BR units: ☐ State Certified Modular No. of 2 BR units: ☐ Other: No. of 3 BR units: Sprinkler System: Other Structure: ☐ Yes ☐ No Dimensions: **Roadside Tree Project Permit** Footings: **Grading Permit Number:** □Yes □No Roof: ☐ State Certified Modular Roadside Tree Project Permit # **Building Shell Permit Number:** ☐ Manufactured Home 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

Print Name KphatRicld st @ gmail.com
Email Address Title/Company

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	6/31	9 H.OSWald

Is Sediment Control approval required for issuance? 

Yes 

No ☐ 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 Zone:				
SDP/Red-line approval date:				

Filing Fee	\$	
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
<b>Guaranty Fund</b>	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$ .	
Check	#	

