



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: 14234 FORSYTHE RD.
City: SYKEVILLE State: MD Zip Code: 21784
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: KITCHEN
Proposed Use: KITCHEN
Estimated Construction Cost: \$ 31,000
Description of Work: REMOVE CABINETS + PANTRY WALL
INSTALL NEW FLOOR CABINETS +
COUNTERTOPS. TILE BACKSPASH
MAYBE WINDOW? PAINT WALLS +
200 SQ

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: GEORGE CONNOLLY
Address: 14234 FORSYTHE RD
City: SYKEVILLE State: MD Zip Code: 21784
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: DONATO & ALLEN CONTRACTORS
Contact Person: FRANK DONATO
Address: 16 ENOUGH RUN TURN
City: SPARKS State: MD Zip Code: 21152
License No.: 46763
Phone: 443-414-7643 Fax: _____
Email: DONATOCONTR @ AOL.COM

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<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:
➤ 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 checked="" 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" 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: _____
DONATOCONTR @ AOL.COM
Email Address: _____
Title/Company: _____

Print Name: FRANK DONATO
Date: _____

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	9/12/12	H. Oswald

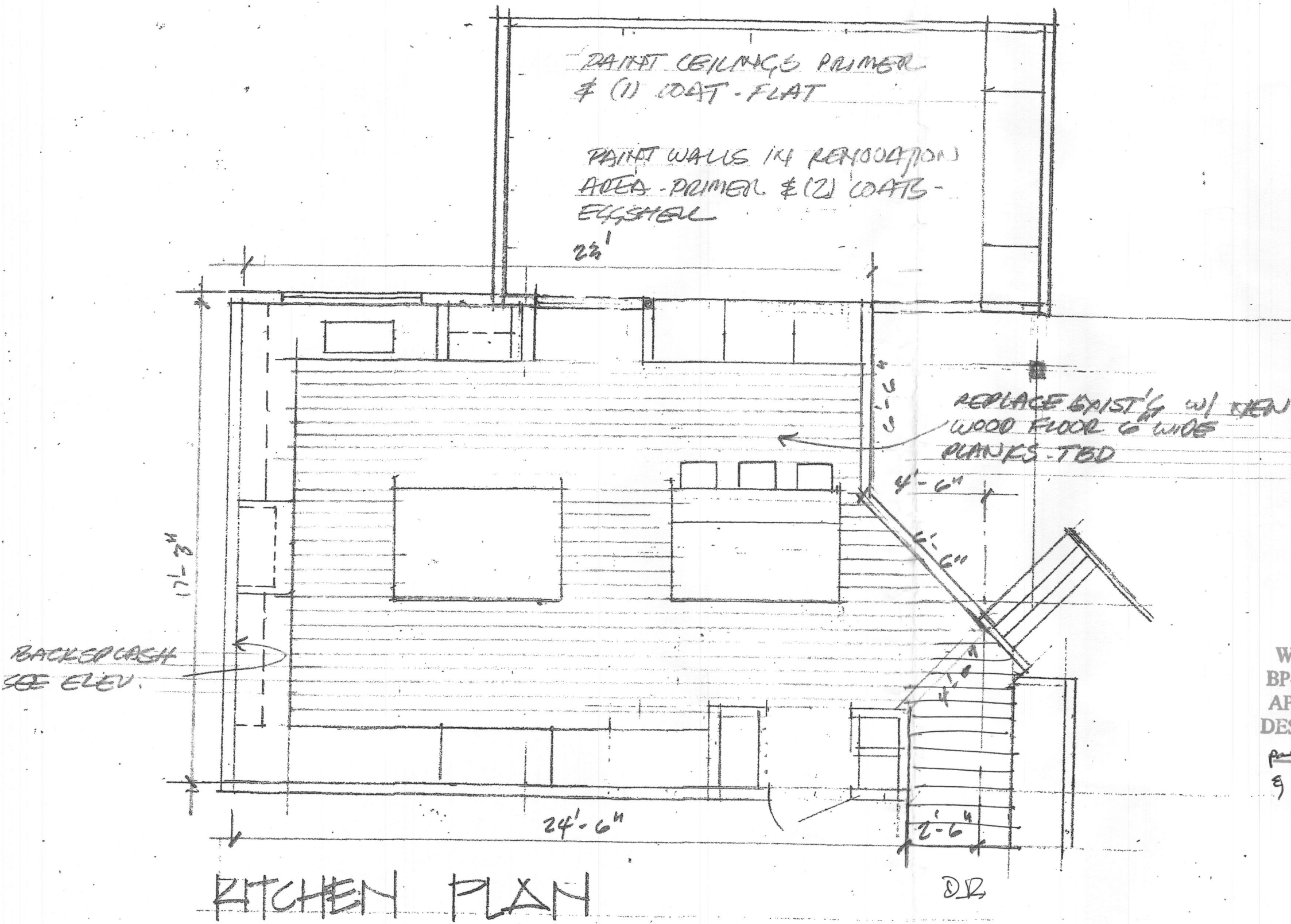
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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: _____

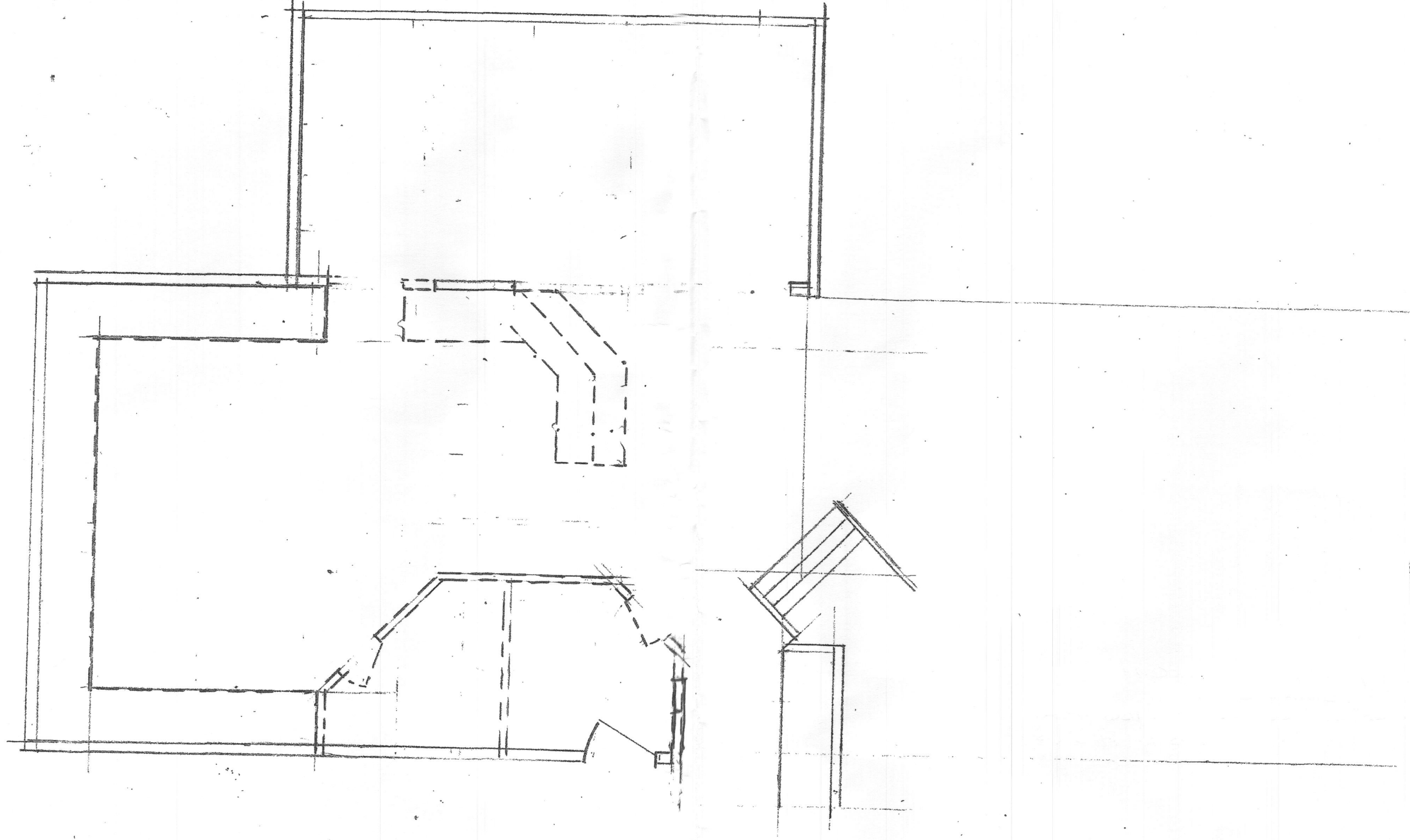
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

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

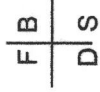


APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN H. Oswald DATE: 9/19/19
DESC. OF WORK: Remove cabinets +
pantry wall. Install new floor, cabinets
& countertop etc.

FRANK BUSH	F B D S	ARCHITECTURAL INTERIORS Email: fgbinteriors@gmail.com TEL: 443-928-9570	DATE:	4/11/2019
			DWG #	P-3
CONNOLLY KITCHEN RENOVATION			FINISH PLAN	
14234 Forsythe Rd Sykesville, Md 21784			Issued for preliminary pricing	



FRANK BUSH



ARCHITECTURAL
Email fgbinteriors@gmail.com

INTERIORS

TEL: 443-928-9570

CONNOLLY KITCHEN RENOVATION

14234 Forsythe Rd Sykesville, Md 21784

DWG #

D-1

DATE:

4/11/2019

DEMOLITION PLAN

Issued for preliminary pricing