



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.: B19003579

Building Address: 2929 Summer hill drive
City: West Friendship State: MD Zip Code: 21794
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Recreational Single
Proposed Use: Recreational SFD
Estimated Construction Cost: \$ 40000.00
Description of Work: Finish basement

for Recreational, Game room, laundry room, mech room, living room, recreation media room, Bathroom

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: _____
Area of construction (sq. ft.): <u>1900</u>	2 nd floor: _____
Use group: <u>Recreation</u>	Basement: ☒ Finished Basement
Construction type: _____	☐ Unfinished Basement
☐ Reinforced Concrete	☐ Crawl Space
☐ Structural Steel	☐ Slab on Grade
☐ Masonry	No. of Bedrooms: _____
☒ Wood Frame	Multi-family Dwelling
☐ 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: _____
☒ Roadside Tree Project Permit	Footings: _____
☐ Yes ☒ No	Roof: _____
Roadside Tree Project Permit # _____	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: MARUTHI PRASAD VEERAMARCANAN
Address: 2929 Summer hill drive
City: West Friendship State: MD Zip Code: 21794
Phone: 812-277-2222 Fax: _____
Email: MARUTHI PRASAD 2006@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein) same
Applicant's Name: owner

Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: owner

Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: MARUTHI PRASAD 2006@gmail.com
Email Address: owner
Title/Company: _____
Print Name: MARUTHI PRASAD VEERAMARCANAN
Date: 10/22/2019

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)		
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	\$	135.00
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check #		702

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

Compact Area
Upper Level

Medic
Room

Living
Room

Medic
Room

Game
Room

Recreation
~~Room~~

WET BAR

24

18L

Basement Level

Approved
1319003579
RHS 11/16/2017

