



# 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.: B19003925

Building Address: 681 Stone Rd  
City: Greenwood State: MD Zip Code: 21738  
Suite/Apt./# \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot: 6 Tax Map: 21 Parcel: 154

Existing Use: \_\_\_\_\_  
Proposed Use: Storage  
Estimated Construction Cost: \$ 450

Description of Work: 12 locate two 40x8' x 10'  
6' away from each other and straighten  
down on front and back with 40x8' x 10'

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:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<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"/> <b>Roadside Tree Project Permit</b>	Footings:
<input type="checkbox"/> Yes <input checked="" 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: Jose M. Hernandez  
Address: 681 Stone Rd  
City: Greenwood State: MD Zip Code: 21738  
Phone: 410-313-2455 Fax: \_\_\_\_\_  
Email: jose.m.hernandez@hcm.com

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

Contractor Company: Restoration Roofing  
Contact Person: Jose Hernandez  
Address: 681 Stone Rd  
City: Greenwood State: MD Zip Code: 21738  
License No.: 119646  
Phone: 410-313-2455 Fax: \_\_\_\_\_  
Email: jose.m.hernandez@restorationroofing.com

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 type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<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: \_\_\_\_\_  
Email Address: jose.m.hernandez@restorationroofing.com  
Title/Company: Restoration Roofing

Print Name: Jose Hernandez  
Date: 11/14/19

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	11/22/2019	R. Buehler

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

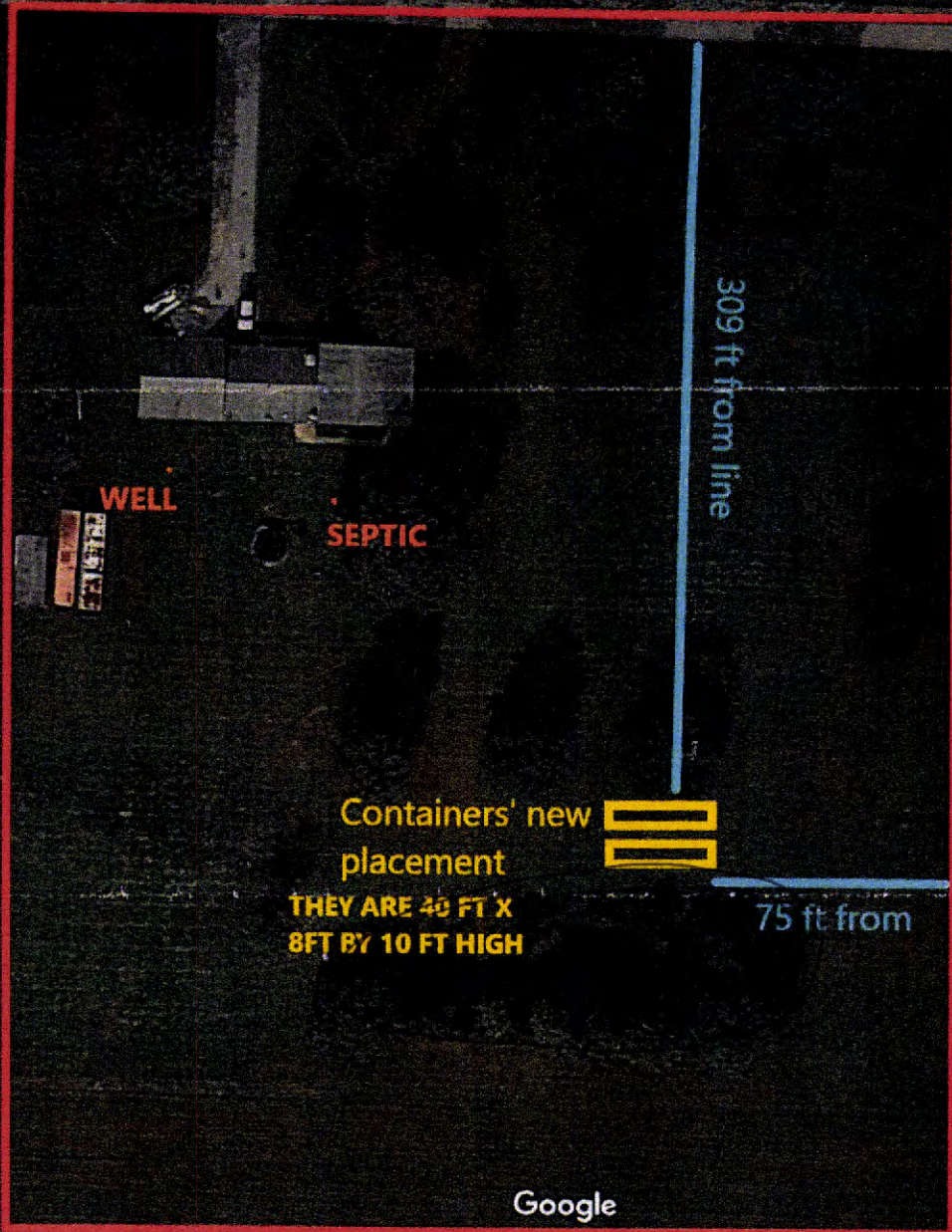
Pink: Health

Gold: SHA

TAX MAP 21 GRID 12 PARCEL 154 LOT 6

SIZE - 5.95 ACRES

J



WELL

SEPTIC

309 ft from line

Containers' new placement

THEY ARE 40 FT X 8 FT BY 10 FT HIGH

75 ft from

Google

Imagery ©2019 Google, Imagery ©2019 Commonwealth of Virginia, Maxar Technologies, U.S. Geological Survey, Map data ©2019 United States Terms Send feedback 50 ft

Approved Septic System Plan  
Howard County Health Department

Move two (2) 8'x40' shipping containers to proposed loc.

R. Buckner  
Signature

11/22/2018  
Date

pond within 100' of both containers

B19003925