



Health

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.: B20 000471

Building Address: 613 SULLY CT.
City: Sykesville State: MD Zip Code: 21784
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SF1
Proposed Use: SF1 WITH ADDL SUNROOM
Estimated Construction Cost: \$ 85,000
Description of Work: ADD A 10'-11" X 13'-9" SUNROOM ON EXISTING DECK (2) ADD A 10' X 8'-6" DECK TO EXISTING DECK - BOTH ON REAR OF HOUSE

Occupant or Tenant: _____
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.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	☐ Finished Basement
☐ Reinforced Concrete	☐ Unfinished Basement
☐ Structural Steel	☐ Crawl Space
☐ Masonry	☐ Slab on Grade
☐ Wood Frame	No. of Bedrooms: _____
☐ State Certified Modular	☐ Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
☒ Roadside Free Project Permit	Footings: _____
☐ Yes ☒ No	Roof: _____
Roadside Free Project Permit # _____	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: CHRIS + HARRITHA SHEMATEK
Address: 613 SULLY CT.
City: Sykesville State: MD Zip Code: 21784
Phone: 410-209-4200 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: MIKE FAALAY
Address: SAME AS BELOW
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: SUNQUEST INC.
Contact Person: MIKE FAALAY
Address: 2902 BACK REAR CT.
City: MT. AIRY State: MD Zip Code: 21771
License No.: 48177
Phone: 301-829-1313 Fax: _____
Email: MIKE@MARYLANDSUNROOMS.COM

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

Utilities
<u>Water Supply</u>
☐ Public
☒ Private
<u>Sewage Disposal</u>
☐ Public
☒ Private
Electric: ☒ Yes ☐ No
Gas: ☐ Yes ☒ No
<u>Heating System</u>
☒ Electric ☐ Oil
☐ Natural Gas ☐ Propane Gas
☐ Other: _____
<u>Sprinkler System</u>
☐ 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 COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: MIKE FAALAY
Email Address: MIKE@MARYLANDSUNROOMS.COM
Title/Company: President / Sunquest Inc

Print Name: MICHAEL FAALAY
Date: 2/4/20

RECEIVED
FEB 10 2020
LICENSES & PERMITS
DIVISION

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		

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	\$	25
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

