



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: 9/26/19

Permit No.:

Building Address: 13259 Styer Ct
City: Highland State: MD Zip Code: 20777
Suite/Apt. #: SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot:
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size:

Existing Use: Unfinished area
Proposed Use: 2 Bedrooms 2 Baths 1 Bathroom
Estimated Construction Cost: \$ 12,000
Description of Work: In a unfinished area 2nd floor, building a bathroom Non bearing

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:	<input type="checkbox"/> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor: 900 sq	1 st floor:
Area of construction (sq. ft.): 900 sq	2 nd floor:
Use group:	Basement:
	<input checked="" type="checkbox"/> Finished Basement
	<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 checked="" 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

Property Owner's Name: Jason Kalirai
Address: 13259 Styer Ct
City: Highland State: MD Zip Code: 20777
Phone: 410 615 6296 Fax:
Email:

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Ali Ocagisen
Address: 8910 Anny Circle
City: Gaithersburg State: MD Zip Code: 20877
Phone: 240 614 6906 Fax:
Email:

Contractor Company: VKB Kitchen and Bath
Contact Person: Ali Ocagisen
Address: 6955 Oakland Mills Rd Ste M
City: Columbia State: MD Zip Code: 21045
License No.: MHIC - 132301
Phone: 410 242 4099 Fax:
Email: vkbkitchenandbath@gmail.com

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

Utilities
Water Supply
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number: 9004
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:
al-onur (g) govukb.com
Email Address:
Project Manager - VKB
Title/Company

Print Name: Ali Ocagisen
Date: 09.26.2019

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways	9/26/19	
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? <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	\$ 25
Permit Fee	\$ 75
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 135
Sub- Total Paid	\$
Balance Due	\$ 2047
Check	#

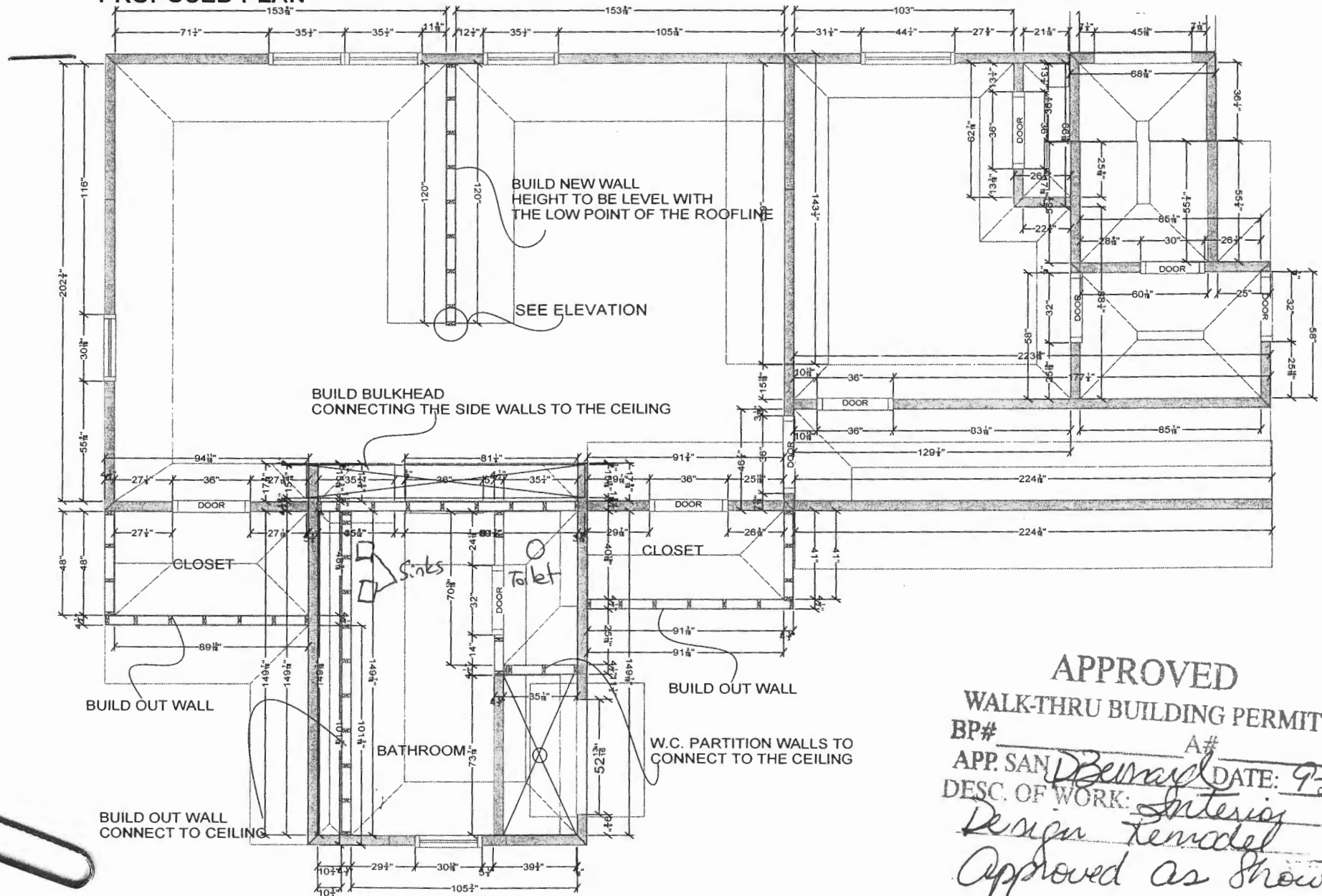
Distribution of Copies: White: Building Officials Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

PROPOSED PLAN



APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN Bernard DATE: 9-27-11
 DESC. OF WORK: Interior Design Remodel
Approved as shown

<p>All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.</p>	<p>2020</p>	<p>This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.</p>	<p>Designed: 7/15/ Printed: 9/24/20</p>
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