3720 Call Now #

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0011817G

Building Address ~~LOT 3A~~ RUNNING SPRINGS RD, ELLICOTT CITY MD 21042

Suite/Apt. #: N/A SDP/WP/Petition #:

Census Tract 6050.00 Subdivision QUARTERFIELD

Section 2 Area 23 Lot Part 3A

Tax Map ~~23~~ Parcel ~~58~~ 8 Grid 15

Zoning RC-DEO Map Coordinates 10J10 Lot size 11.98

Property Owner's Name SURAKES SHAH

Address 12195 RILLAND COURT

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 410-531-9465 Work Phone SAME

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone 410-531-9465 Fax 410-531-1015

Existing Use LAND VACANT

Proposed Use RESIDENCE-SINGLE FAMILY

Estimated Construction Cost $ 600,000.00 APPX.

Description of Work CONSTRUCTION OF NEW B.R. HOME TWO STORY ATTACHED GARAGE C.B.R. 5 FULL BATHS, 2-½ BATHS, 2 FIREPLACE, FRONT PORCH

Occupant or Tenant PART FINISHED BASEMENT

Contact Name N/A

Address

City State Zip Code

Phone Fax

Contractor Company SELF

Contact Person SURAKES SHAH

Address 12195 RILLAND COURT

City ELLICOTT CITY State MD Zip Code 21042

License No. HOME OWNER BUILDER

Phone 410-531-9465 Fax 410-531-1015

Engineer or Architect Company SKARDA & ASSOC

Contact Person MR. STEVE BROWN

Address 2439 N. CHARLES ST

City BALTIMORE State MD Zip Code 21218

Phone 410-366-9384 Fax 410-366-9389

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics	Utilities
Height:	Water Supply: ____ Public ____ Private
No. of stories:	Sewage Disposal: ____ Public ____ Private
Gross area, sq. ft. per floor:	Electric Yes ☐ No ☐
Use group:	Gas Yes ☐ No ☐
Construction type: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame	Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
____ State Certified Modular	Sprinkler system: N/A ☐ ____ Full ____ Partial ____ Other Suppression ____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics	Utilities
SF Dwelling ☑ SF Townhouse ☐	Water Supply: ____ Public ✓ Private
Depth Width	Sewage Disposal: ____ Public ✓ Private
1st floor:	Electric Yes ☐ ✓ No ☐
2nd floor:	Gas Yes ☑ No ☐
Basement:	Heating System: Electric ☐ Oil ☐
Finished Basement ☐ Unfinished Basement ☑	Natural Gas ☑ Propane Gas ☐
Crawl space ☐ Slab on Grade ☐	Sprinkler system: N/A ☑ ____ NFPA #13D ____ NFPA #13R ____ Other:
No. of Bedrooms 5	
Multi-family dwellings: No. of efficiency units: N/A No. of 1 BR units: No. of 2 BR units: No. of 3 BR units:	
Other Structure: Dimensions: Footings: Roof:	
____ State Certified Modular ____ Manufactured Home	

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

Print Name SURAKES SHAH

Title/Company HOME OWNER

Date 5-24-99

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	6/9/99	A McMillen
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

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 Accepted by

PROPERTY ID#: 4125

Filing fee	$	250.00
Permit fee	$	
Excise tax	$	
Sub-total paid	$	
Add'l permit fee	$	
TOTAL FEES	$	
Balance due	$	
Check	#	1157
Validation	#	

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DEP, DPZ Pink: Health Gold: SHA

s:\permit.frm

Rev. 10/15/98