

PERMIT NUMBER: B

20000684

DATE ACCEPTED:

2/27/2020

RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043

PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 5041 LINDERA COURT

Unit:

City: ELLICOTT CITY

State: MD

Zip Code: 21042

Subdivision/Village/Complex Name: WALNUT CREEK

SDP/WP/BA #:

Lot: 122

Tax Map: 28

Parcel: 49

Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: RESIDENTIAL, PERSONAL

Proposed Use: RESIDENTIAL, PERSONAL

Estimated Cost: \$ 12,000

Trade Work to Be Completed (Separate Permits Required): ☐ Mechanical (HVACR) ☐ Electrical ☐ Plumbing ☐ None

BUILDING A DECK IN MY BACKYARD, FREE STANDING DECK 23'X17', FRAME ALL PRESSURE TREATED LUMBER (POSSIS, JOISTS AND BEAMS), BOARDS WILL BE COMPOSITE TRANSCEND PRODUCT FROM TREX.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): RAO A. KHAN & KANWAL RAZZAQ

Primary Residence: ☒ Yes ☐ No

Owner's Street Address: 5041 LINDERA COURT

City: ELLICOTT CITY, MD

State: MD

Zip Code: 21042

Phone: 786-489-9838

Email: ALIHASHIMRAO@GMAIL.COM

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: SELF (HOME OWNER)

Contact Name: RAO ALI HASHIM KHAN.

Street Address: 5041 LINDERA CT.

City: ELLICOTT CITY

State: MD

Zip Code: 21042

Phone: 786 489 9838

Email: ALIHASHIMRAO@GMAIL.COM

CONTRACTOR INFORMATION REQUIRED

Business Name:

N/A

Licensee's Name:

License #:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:

N/A

Name:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

BUILDING CHARACTERISTICS REQUIREDPrimary Structure: ☒ SF Dwelling ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*) Condo: ☐ Yes ☒ NoUtilities: ☒ Electric ☒ Gas Water Supply: ☐ Public ☒ Private (Well) Sewage Disposal: ☐ Public ☒ Private (Septic)Heating System: ☐ Electric ☒ Natural Gas ☐ Propane ☐ Other: Roadside Tree Project: ☐ No ☐ Yes: #Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☒ NFPA 13D ☐ None Fire Alarm System: ☐ Yes ☐ No ☐ Voice Evac**ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)**

Model Name & Options:

of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):

Rooms: # Full Baths: # Half Baths: # Fireplaces:

Garage/Carport Info: ☐ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☐ NoneBasement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☐ Finished Basement: ☐ Full or ☐ Partial

1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:

Energy Method: ☐ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI Gross Area: sq ft Occupiable Area: sq ft**AGREEMENT/ DISCALIMER REQUIRED**

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 ORIGINAL SIGNATURE

DATE SIGNED

02/26/2020

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

☒ PR☒ DPZ☒ DED☒ Health☐ SHA☐ CID

SUBMITTAL FEES:

PAYMENT:

ACCEPTED BY:

