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.: B18004043

Building Address: 2400 LONGSTONE LANE
City: ELLICOTT CITY State: MD Zip Code: 21043
Suite/Apt. #: 100 SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: [illegible]
Proposed Use: [illegible]
Estimated Construction Cost: $ 200,000
Description of Work: CONSTRUCT INTERIOR ALTERATION
Occupant or Tenant: PHYSICIANS EYE CARE
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: ST. AGNES [illegible]
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: [illegible]
Address: [illegible]
City: [illegible] State: [illegible] Zip Code: [illegible]
Phone: [illegible] Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: [illegible]
Address: [illegible]
City: [illegible] State: [illegible] Zip Code: [illegible]
Phone: [illegible] Fax: _____
Email: [illegible]

Contractor Company: KASON
Contact Person: [illegible]
Address: [illegible]
City: [illegible] State: MD Zip Code: [illegible]
License No. : 133947116
Phone: [illegible] Fax: [illegible]
Email: [illegible]

Engineer/Architect Company: [illegible]
Responsible Design Prof.: [illegible]
Address: [illegible]
City: BALTIMORE State: MD Zip Code: 21201
Phone: [illegible] Fax: _____
Email: [illegible]

Commercial Building Characteristics	Residential Building Characteristics
Height:	☐ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth / Width
Gross area, sq. ft./floor: 4795	1st floor:
	2nd floor:
Area of construction (sq. ft.): 4795	Basement:
	☐ Finished Basement
Use group: B	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☑ Structural Steel	**Multi-family Dwelling**
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➢ Roadside Tree Project Permit	Footings:
☐ Yes ☑ No	Roof:
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Utilities	
Water Supply	
☑ Public	
☐ Private	
Sewage Disposal	
☒ Public	
☐ Private	
Electric: ☑ Yes ☐ No	
Gas: ☑ Yes ☐ No	
Heating System	
☐ Electric ☐ Oil	
☑ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☑ 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 _____ *Print Name* _____
Email Address _____ *Date* 12/3/18
Title/Company _____

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	12/11/18	H. Oswald

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	$
Permit Fee	$
Tech Fee	$
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$
Sub-Total Paid	$
Balance Due	$
Check	# 12740

Distribution of Copies: **White: Building Officials** **Green: PSZA,Zoning** **Yellow: PSZA,Engineering** **Pink: Health** **Gold: SHA**