



Health

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2018 NOV 21 PM2:01
Date Received:

Permit No.: B18003946

Building Address: 13619 CURTIS VISTA WAY
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Brighton mid II
Section: _____ Area: _____ Lot: 5
Tax Map: 34 Parcel: 16 Grid: 2
Zoning: _____ Map Coordinates: _____ Lot Size: 50,275

Existing Use: SFD
Proposed Use: SFD W/PROPANE TANK
Estimated Construction Cost: \$ 4,000
Description of Work: INSTALL 1000 GAL UNDERGROUND PROPANE TANK

Occupant/Tenant Name: OWNER
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:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
<u>Construction type:</u>	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	<u>Multi-family Dwelling</u>
☐ 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

Property Owner's Name: Highland Development Corp
Address: PO Box 228
City: Clarksville State: MD Zip Code: 21029
Phone: 410-360-1670 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: MICHELLE CLANCY
Address: PO BOX 310
City: PERRY HALL State: MD Zip Code: 21128
Phone: 443-610-7514 Fax: _____
Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: TECH AIR
Contact Person: DENNIS FEAGA
Address: 1560 A-D CATON CENTER DRIVE
City: BALTIMORE State: MD Zip Code: 21227
License No.: 81215
Phone: 410-984-5681 Fax: _____
Email: _____

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

Utilities	
Electric: ☐ Yes ☒ No	
Gas: ☒ Yes ☐ No	
<u>Water Supply</u>	
☐ Public	
☒ Private	
<u>Sewage Disposal</u>	
☐ Public	
☒ Private	
<u>Heating System</u>	
☐ Electric ☐ Oil	
☐ Natural Gas ☒ Propane Gas	
☐ Other:	
<u>Sprinkler System:</u>	
☐ Yes ☒ No	
Grading Permit Number:	<u>RECEIVED</u>
Building Shell Permit Number:	<u>NOV 21 2018</u>

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

MICHELLE@APPLIEDANDAPPROVED.COM
Email Address

PERMITS

Title/Company

MICHELLE CLANCY
Print Name

Date

11/20/18

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	[Signature]

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	\$ <u>70</u>
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>66642</u>

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA