



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.: _____

Building Address: 1811 Boka Valley Ct
City: Howard State: MD Zip Code: 21797
Suite/Apt. #: N/A SDP/WP/BA #: NA
Subdivision: Boka Valley
Lot: 11 Tax Map: 04237157 Parcel: _____

Existing Use: unfinish basement
Proposed Use: Family Room / Gym
Estimated Construction Cost: \$ 40,000
Description of Work: metal stud exterior wall, electrical, drywall paint, - Rugs in Kit/Bath - add bathroom - Family room / Gym
Occupant/Tenant Name: _____

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: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1st floor: <u>74 x 60</u>
Area of construction (sq. ft.): _____	2nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	☐ Finished Basement
☐ Reinforced Concrete	☒ Unfinished Basement
☐ Structural Steel	☐ Crawl Space
☐ Masonry	☐ Slab on Grade
☐ Wood Frame	No. of Bedrooms: _____
☐ State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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: Ambrave To
Address: 1811 Boka Valley Ct
City: Howard State: MD Zip Code: 21797
Phone: 443-956-7522 Fax: _____
Email: Ambravejto@gmail.com

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

Contractor Company: Harman Home's
Contact Person: Greg Harman
Address: 19437 Rena Ct.
City: Brookville State: MD Zip Code: 20833
License No.: 95216
Phone: 301 674 2620 Fax: _____
Email: Gpharman@gmail.com

Engineer/Architect Company: N/A
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: _____
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: Gpharman@gmail.com
Email Address: _____
Title/Company: _____

Print Name: Greg Harman
Date: 4-10-15

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

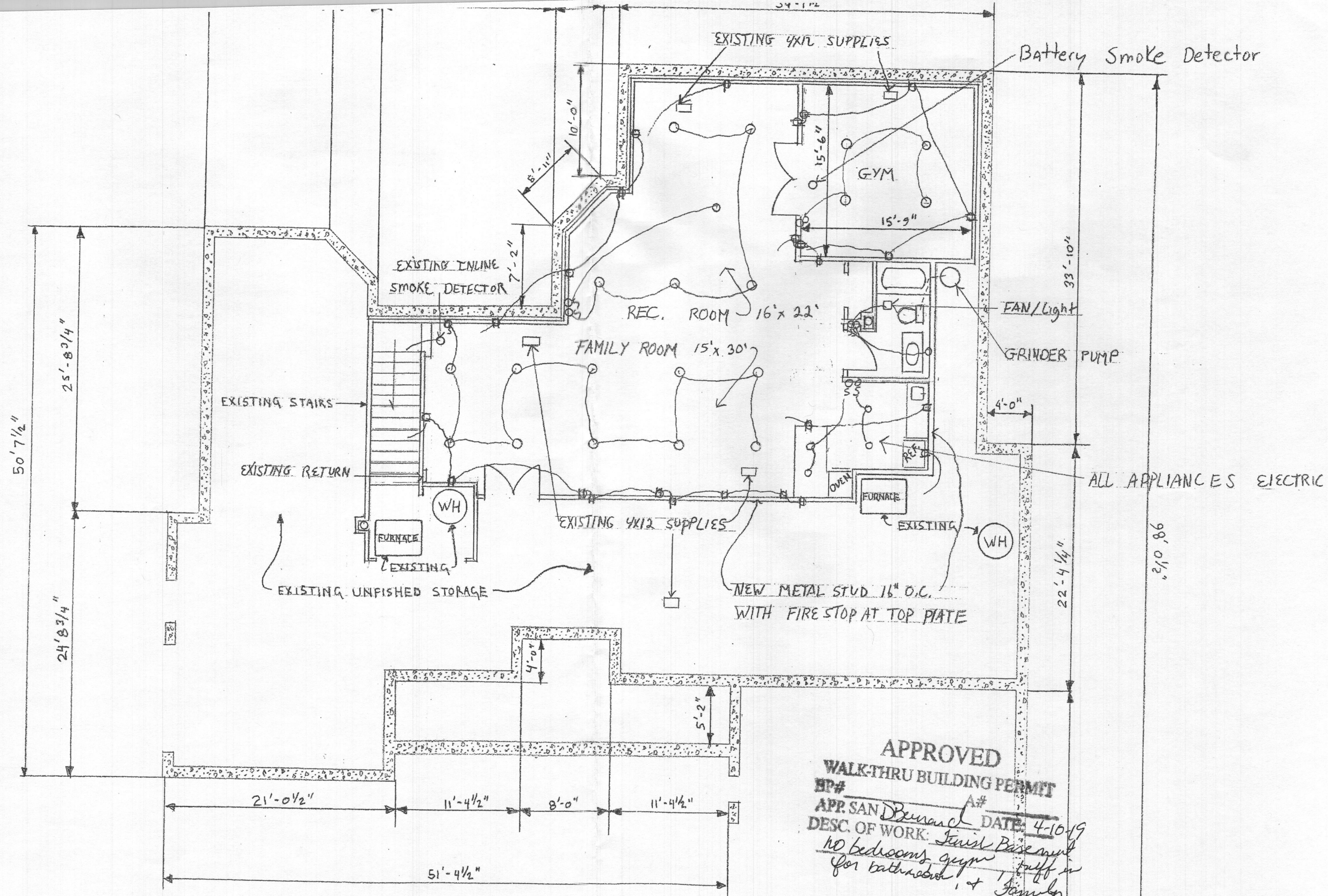
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>4109AD Bernard</u>

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	#



APPROVED
 WALK-THRU BUILDING PERMIT
 HP# _____ A# _____
 APP. SAN DE ANGELES DATE: 4-10-19
 DESC. OF WORK: Finish Basement
 10 bedrooms, gym, buff in
 for bathroom, + family
 room
 Approved As _____
