



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: 15237 Bucks Run Dr.
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Property Owner's Name: Shawn Finnan
 Address: 15237 Bucks Run Dr.
 City: Woodbine State: MD Zip Code: 21797
 Phone: 301-938-6303 Fax: _____
 Email: Shawn.Finnan@verizon.net

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

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 5,000
 Description of Work: Replacing the existing gas fireplace with another gas fireplace

Contractor Company: All Pro Chimney Service
 Contact Person: Dennis Amor
 Address: 4408 Bennion Rd.
 City: Silver Spring State: MD Zip Code: 20906
 License No.: 97587
 Phone: 240-695-3836 Fax: _____
 Email: Dennis@Allprochimney.com

Occupant/Tenant Name: Shawn Finnan
 Was tenant space previously occupied? Yes No
 Contact Name: Shawn Finnan
 Address: 15237 Bucks Run Dr.
 City: Woodbine State: MD Zip Code: 21797
 Phone: 301-938-6303 Fax: _____
 Email: Shawn.finnan@verizon.net

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

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

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> 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: _____
 Email Address: Dennis@Allprochimney.com
 Owner/All Pro Chimney Service
 Title/Company

Print Name: Dennis Amor
 Date: 4/10/2009

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>4-10-09</u>	<u>DPB...</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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> 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	#

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

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

APP. SAN D. Bernard DATE: 4-10-19

DESC. OF WORK: Replace Fire place

