

Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Permit Number:

Building Address: 12714 Scaggsville Rd  
Highland MD 20777

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: 40 Parcel: \_\_\_\_\_ Grid: 40-5

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Residential

Proposed Use: outdoor oven

Estimated Construction Cost: \$ \$2000.00

Description of Work: an outdoor wood fired oven  
6'x6'

Occupant or Tenant: Darel Courtz

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: Darel Courtz

Address: 12714 Scaggsville Rd

City: Highland State: MD Zip Code: 20777

Phone: 301-520-2139 Fax: 301-854-0422

Email: courtzplumbing@yahoo.com

Property Owner's Name: Darel Courtz

Address: 12714 Scaggsville Rd

City: Highland State: MD Zip Code: 20777

Home Phone: 301-520-2139 Work Phone: 301-520-2139

Applicant's Name & Mailing Address, (If other than stated herein):  
Same as above

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: courtzplumbing@yahoo.com

Contractor Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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

courtzplumbing@yahoo.com

Email Address

owner

Title/Company

Print Name

Darel J. Courtz

Date

2-2-12

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>2-2-12</u>	<u>DBurns</u>
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No  
☐ CONTINGENCY CONSTRUCTION START  
☐ ONE STOP SHOP

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	\$



Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Permit Number:

B11601996

Building Address: 12714 Scaggsville Rd. Rt. 216  
Highland, MD 20777

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Residential House  
Proposed Use: Residential house  
Estimated Construction Cost: \$ 20,000.  
Description of Work: Screened in porch addition  
16'X18'- one story NE corner of house

Occupant or Tenant: Darel Coultz  
Was tenant space previously occupied? ☒ Yes ☐ No  
Contact Name: Darel Coultz  
Address: 12714 Scaggsville Rd  
City: Highland State: MD Zip Code: 20777  
Phone: 301-520-2139 Fax: 301-854-0422  
Email: coultzplumbing@yahoo.com

Property Owner's Name: Darel Coultz  
Address: 12714 Scaggsville Rd  
City: Highland State: MD Zip Code: 20777  
Home Phone: 301-520-2139 Work Phone: 301-520-2139  
Applicant's Name & Mailing Address, (If other than stated herein):

Phone: 301-520-2139 Fax: 301-854-0422  
Email: coultzplumbing@yahoo.com

Contractor Company: Homeowner as contractor  
Contact Person: Darel Coultz  
Address: 12714 Scaggsville Rd  
City: Highland State: MD Zip Code: 20777  
License No.: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: Quiet Stream Architecture  
Responsible Design Prof.: Tonia L. Bruno  
Address: 8808 Quiet Stream Ct.  
City: Potomac State: MD Zip Code: 20854  
Phone: 301-213-2520 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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

Title/Company

Print Name

Date

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		
Fire Protection		

Is Sediment Control approval required for issuance? ☐ Yes ☐ No

☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

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	\$

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

DEPT. OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410) 313-2455  
INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION  
*Walk-Through*

PERMIT NUMBER  
*B10002579*

Building Address *12714 Rt. 216 Scaggsville Rd.*  
*Highland MO 20777*

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract *605102* Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map *40* Parcel \_\_\_\_\_ Grid *40-5*

Zoning *RR-DEO* Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Existing Use *Single Family Residence*

Proposed Use *Single Family Residence*

Estimated Construction Cost \$ *10,000.00*

Description of Work *Construction of a retaining wall over 3' in height, new areaway to basement, finishing of partial basement*

Occupant or Tenant *Darel J. Coutts*

Contact Name *Darel J. Coutts*

Address *12714 Scaggsville Rd.*

City *Highland* State *MO* Zip Code *20777*

Phone *301-520-2139* Fax *301-854-0422*

Property Owner's Name *Darel J. Coutts*

Address *12714 Rt. 216 Scaggsville Rd.*

City *Highland* State *MO* Zip Code *20777*

Home Phone *301-520-2139* Work Phone *301-520-2139*

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company *Coutts*

Contact Person *Darel Coutts*

Address *12714 Scaggsville Rd.*

City *Highland* State *MO* Zip Code *20777*

License No. \_\_\_\_\_

Phone *301-520-2139* Fax *301-854-0422*

Engineer or Architect Company *John L. Schneider PE*

Contact Person *John L. Schneider*

Address *100 North Rolling Rd.*

City *Catonsville* State *MD* Zip Code *21228*

Phone *410-744-1945* Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**Building Characteristics**

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type: \_\_\_\_\_  
☐ Reinforced Concrete  
☐ Structural Steel  
☐ Masonry  
☐ Wood Frame  
☐ State Certified Modular

**Utilities**

Water Supply: \_\_\_\_\_  
☐ Public  
☐ Private

Sewage Disposal: \_\_\_\_\_  
☐ Public  
☐ Private

Electric Yes ☐ No ☐

Gas Yes ☐ No ☐

Heating System: \_\_\_\_\_  
Electric ☐ Oil ☐

Natural Gas ☐

Propane Gas ☐

Sprinkler system: N/A ☐

☐ Full  
☐ Partial  
☐ Other Suppression  
☐ # of Heads

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

SF Dwelling ☒ SF Townhouse ☐

Depth *30'* Width *60'*

1<sup>st</sup> floor: \_\_\_\_\_

2<sup>nd</sup> floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement ☒ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐

No. of Bedrooms *4*

Multi-family dwellings: \_\_\_\_\_

No. of efficiency units: \_\_\_\_\_

No. of 1 BR units: \_\_\_\_\_

No. of 2 BR units: \_\_\_\_\_

No. of 3 BR units: \_\_\_\_\_

Other Structure: \_\_\_\_\_

Dimensions: \_\_\_\_\_

Footings: \_\_\_\_\_

Roof: \_\_\_\_\_

☐ 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 ☐

Sprinkler system: N/A ☒

☐ NFPA #13D  
☐ NFPA #13R  
☐ Other:

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.

*Daryl J. Coutts*  
Applicant's Signature

*coutts plumbing@yahoo.com*  
Email Address

\_\_\_\_\_

Title/Company

*Darel J. Coutts*  
Print Name

*8-12-10*  
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*  
- FOR OFFICE USE ONLY -

**AGENCY**  
*Land Development, DPZ*

**DATE**  
*8-18-10*

**SIGNATURE APPROVAL**  
*DBernard*

**State Highways**

**Building Officials**

**Dev. Engineering, DPZ**

**Health**

**Fire Protection**

Is Sediment Control approval required prior to issuance?  
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies  
T:\Operations\Updated forms

**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 \_\_\_\_\_

**LICENSES & PERMITS DIVISION**

PROPERTY ID # \_\_\_\_\_

Filing fee \$ \_\_\_\_\_

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

Check # \_\_\_\_\_

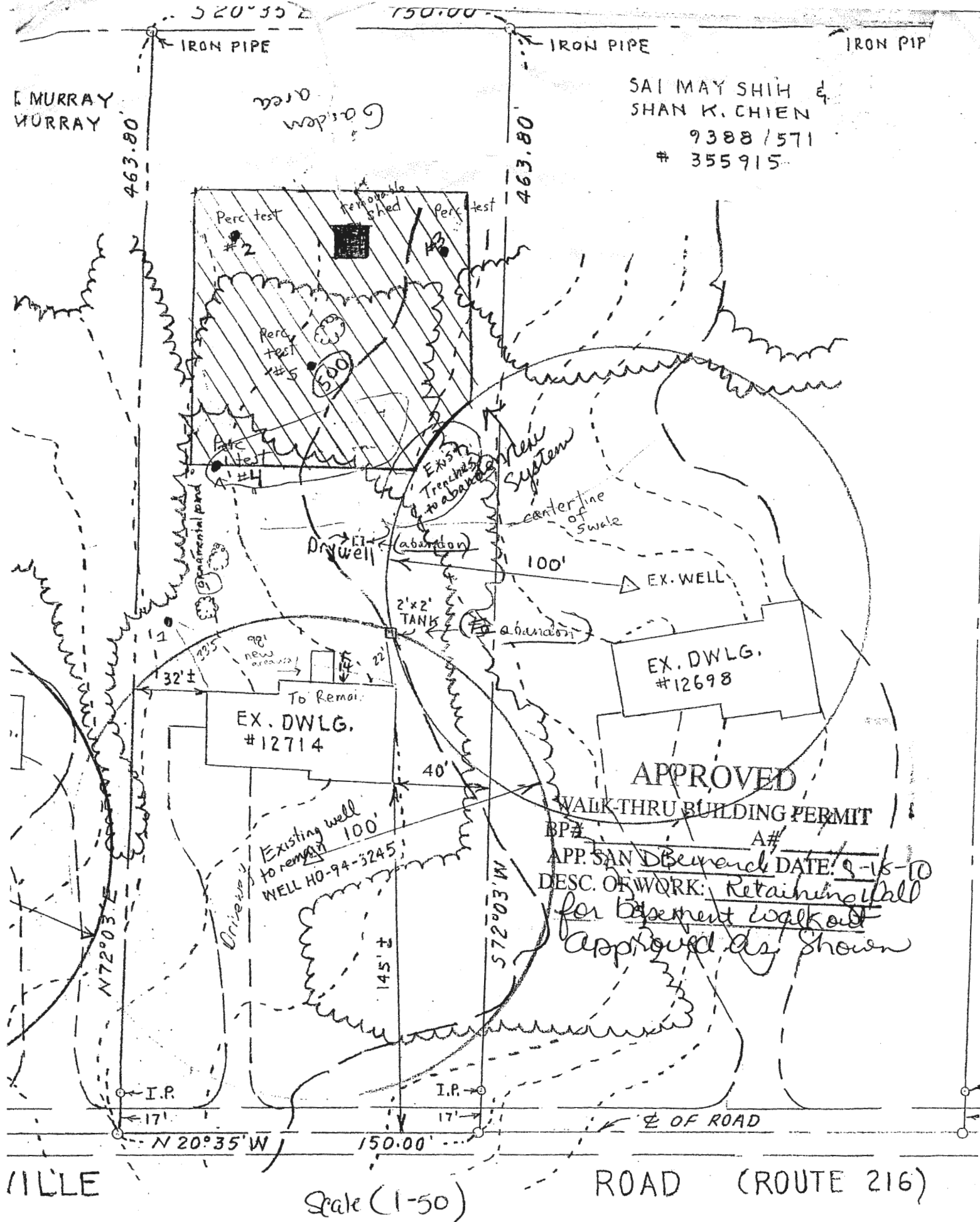
Validation # \_\_\_\_\_

Accepted by \_\_\_\_\_

White: Building Officials  
Green: LDD, DPZ  
Yellow: DED, DPZ  
Pink: Health  
Gold: SHA

MURRAY  
MURRAY

SAI MAY SHIH &  
SHAN K. CHIEN  
9388 / 571  
# 355915



Bered dots are

I certify that the information shown  
hereon is based on field work performed by

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07000845

Building Address 12714 50th St  
20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Daryl Couffs  
Address 12714 Rt 216  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone 301-854-0408 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone 301-520-2139 Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use Residential  
Estimated Construction Cost \$ 125,000.00  
Description of Work 2nd Floor Addition  
to existing house

Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Daryl Couffs  
Contact Name Daryl Couffs  
Address 12714 Rt 216  
City Hagerstown State MD Zip Code 20777  
Phone 301-520-2139 Fax 301-254-0422

Engineer or Architect Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Height: _____	
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____ Manufactured Home _____	

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 \_\_\_\_\_

Title/Company \_\_\_\_\_

Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>12/20/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies: White: Building Official Green: LOD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Accepted by _____

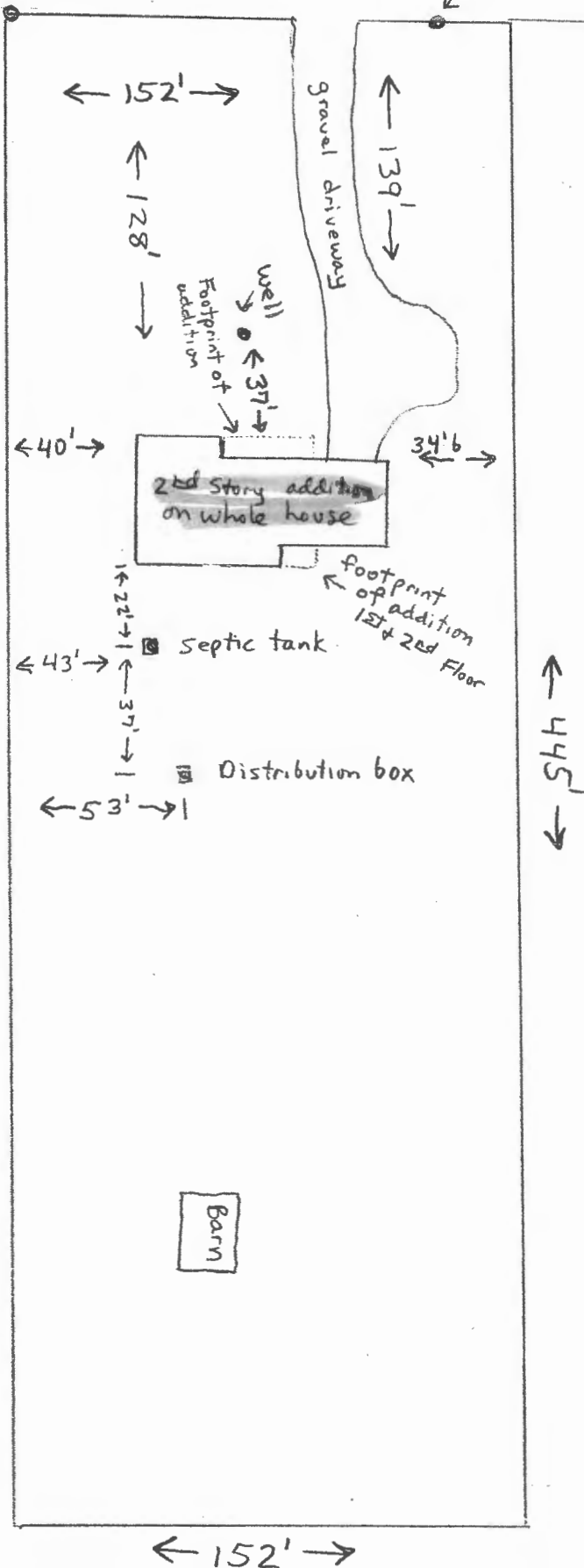
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Rev. 11/4/04

Route 216

BGE Pole  
556 658

BGE Pole  
271 469



addition ok.

B07020865  
12/20/07  
SS

445' →

← 445'

Barn

1" = 50'

Darel + Jill Couffs  
12714 Rt 216  
Highland, MD 20777  
301-520-2139