

PERMIT NUMBER: B

DATE ACCEPTED:

**RESIDENTIAL BUILDING PERMIT APPLICATION**

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

[www.howardcountymd.gov](http://www.howardcountymd.gov)**BUILDING SITE ADDRESS REQUIRED**

Street Address: 15290 Kidge Hunt Drive		Unit: 1
City: 11011	State: MD	Zip Code: 21111
Subdivision/Village/Complex Name: 11011		SDP/WP/BA #: 11011
Lot: 11011	Tax Map: 11011	Parcel: 11011
Grading Permit #: 11011		

**DESCRIPTION OF WORK REQUIRED**

Existing Use: 11011	Proposed Use: 11011	Estimated Cost: \$ 11011
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

**PROPERTY OWNER INFORMATION REQUIRED**

Owner(s) Name(s) (As it appears on tax records): 11011		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 11011		
City: 11011	State: 11011	Zip Code: 11011
Phone: 11011	Email: 11011	

**APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION**

Business Name: 11011		Contact Name: 11011
Street Address: 11011		
City: 11011	State: 11011	Zip Code: 11011
Phone: 11011	Email: 11011	

**CONTRACTOR INFORMATION REQUIRED**

Business Name: 11011		License #: 11011
Licensee's Name: 11011		
Street Address: 11011		
City: 11011	State: 11011	Zip Code: 11011
Phone: 11011	Email: 11011	

**ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE**

Business Name: 11011		Name: 11011
Street Address: 11011		
City: 11011	State: 11011	Zip Code: 11011
Phone: 11011	Email: 11011	

**BUILDING CHARACTERISTICS REQUIRED**

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)		Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

**ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)**

Model Name & Options: 11011					
# of Bedrooms (SF): 11011	# of efficiency units (MF*): 11011	# of 1 BR (MF*): 11011	# of 2 BR (MF*): 11011	# of 3 BR (MF*): 11011	
# Rooms: 11011	# Full Baths: 11011	# Half Baths: 11011	# Fireplaces: 11011		
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1 <sup>st</sup> Fl Width: 11011	1 <sup>st</sup> Fl Depth: 11011	2 <sup>nd</sup> Fl Width: 11011	2 <sup>nd</sup> Fl Depth: 11011	Bsmt Width: 11011	Bsmt Depth: 11011
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 11011 sq ft	Occupiable Area: 11011 sq ft		

**AGREEMENT/ DISCALIMER REQUIRED**

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 ORIGINAL SIGNATURE

DATE SIGNED

**FOR OFFICE USE ONLY**

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

**AGENCIES REQUIRED/APPROVALS:**

<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input type="checkbox"/> Health DBernad	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: 11011

PAYMENT:

ACCEPTED BY:

B2000767

