

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.:

| Suite/Apt. #SDP/WP/B Subdivision: Lot:Tax Map: Existing Use: Residentia Proposed Use: Residentia Estimated Construction Cost: \$ 650 Description of Work: Yota 230 | Parcel: | Address: 2509 State: City: Glenwood State: Will State: | Zip Code: 217\$:: ner than stated herein) |
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| Suite/Apt. #SDP/WP/E Subdivision: Lot:Tax Map: Existing Use: Residentia Proposed Use: Residentia Estimated Construction Cost: \$ 650 Description of Work; Suita 12 | Parcel: | Phone: 410 292-630 Fax Email: Applicant's Name & Mailing Address, (If oth Applicant's Name: Address: | er than stated herein) |
| Subdivision: Lot: Tax Map: Existing Use: Residentia Proposed Use: Residentia Proposed Use: Residentia Description of Work; Sut a 12 descript | Parcel: | Applicant's Name & Mailing Address, (If oth Applicant's Name: Address: | ner than stated herein) |
| Existing Use: Residentia Proposed Use: Residentia Estimated Construction Cost: \$ 65 Description of Work; Rota 12 | Parcel: | Applicant's Name:Address: | |
| Existing Use: Residentia Proposed Use: Residentia Estimated Construction Cost: \$ 65 Description of Work; 80 to 12 | | Applicant's Name:Address: | |
| Proposed Use: Residentia Estimated Construction Cost: \$ 65 Description of Work; 80 to 12 | 3000 | Address: | |
| Proposed Use: Residential Estimated Construction Cost: \$ 65 Description of Work; 8 4 9 12 | 3000 | City: State: | |
| Estimated Construction Cost: \$ 650 | 3000 | | Zip Code: |
| Description of Work; Sot a 12's | 2700 | Phone: Fax: | |
| Description of Work; Sot a 12's | | Email: | |
| | 124 400 | Contractor Company: | CCSELF |
| In back you & | 221 32 | Contact Dorson: | . • |
| 4 1 1 | remove old | Address: 2829 Saddleson | edG |
| shed- | | City: Colenwood State: MD | Zip Code: 21754 |
| | | License No. : | |
| A | | Phone: 410-292-6301 Fax: | |
| | | Email: SPKORKOSZ & | 1400-Col7 |
| Occupant/Tenant Name: | | - Andrewson | |
| Was tenant space previously occupied? | □Yes □No | Engineer/Architect Company: | ************************************* |
| Contact Name: | | Responsible Design Prof.: | |
| Address: | | Address: | |
| | 1 | | |
| City: State: | Zip Code: | City:State:2 | lip Code: |
| Phone:Fax: _ | | Phone: Fax: | |
| Email: | | Email: | |
| | 1240 et 14 Rein 1242 | | · |
| | esidential Building Characteristics | <u>Utilities</u> | |
| | SF Dwelling SF Townhouse Depth Width | Electric: Yes No | |
| | floor: | Gas: ☐ Yes 🗖 No | |
| | floor: | Water Supply | |
| Area of construction (sq. ft.): Ba | sement: | Public | |
| | Finished Basement | Private | |
| | Unfinished Basement | Sewage Disposal | |
| | Crawl Space Slab on Grade | □ Public | |
| | o. of Bedrooms: | Private | |
| ☐ Structural Steel | Multi-family Dwelling | <u>Heating System</u> | |
| | o. of efficiency units: | ☐ Electric ☐ Oil | |
| ☐ Wood Frame No | o. of 1 BR units: | ☐ Natural Gas ☐ Propane Gas | |
| | o. of 2 BR units: | ☐ Other: | |
| | o. of 3 BR units: | Sprinkler System: | |
| | her Structure: mensions: | ☐ Yes ☐ No | |
| | otings: | | |
| | of: | Grading Permit Number: | |
| | State Certified Modular | | |
| | Manufactured Home | Building Shell Permit Number: | |
| WITH ALL REGULATIONS OF HOWARD COUNTY WHICH AR APPLICATION, IB, THAT HETSITE GRAINTS COUNTY OFFICIAL Applicant's Signature | E APPLICABLE THERETO; (4) THAT HE/SHE WILL LS THE RIGHT TO ENTER ONTO THIS PROPERTY | MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORPERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AN INTERPRETATION OF THE Name | NOT SPECIFICALLY DESCRIBED IN THIS |
| Email Address | Da | ite 3 () COL / | |
| Tag year | | | |
| Title/Company | | | |
| | Checks Payable to: DIRECTOR OF FI **PLEASE WRITE NEA | | |

| | AGENCY | DATE | SIGNATURE OF APPROVAL |
|-----------------------------------------|-----------------------------|------------|--------------------------|
| 200000000000000000000000000000000000000 | State Highways | | |
| 1 | Fuilding Officials | | |
| V | SZA (Zoning) | | |
| l | SZA (Engineering) | , | 1 ~ 0 |
| V | Health | 3/4/ | a RRucke |
| | Is Sediment Control approva | l required | for issuance? ☐ Yes ☐ No |
| | ☐ CONTINGENCY CONSTRU | | |

| 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 Z | one: | |
| 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

