Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Health

RECEIVED
NOV 03 2020
DIVISION

Date Received: _____

Permit No.: B20004038

Building Address: 11801 Shepards Crossing
City: Clarksville State: MD Zip Code: 21209
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: same
Estimated Construction Cost: $ 70,000
Description of Work: Trex Composite Deck w/ Trex Railings - 1000 sq ft 3-5" x 35' 00 STEPS

Occupant/Tenant Name: Anees Amsan
Was tenant space previously occupied? ☐Yes ☒No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Anees Amsan
Address: 11801 Shepards Crossing
City: Clarksville State: MD Zip Code: 21209
Phone: 240-421-0682 Fax: _____
Email: aneessabian1@aol.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Brad Vecere
Address: PO Box 420
City: Fallston State: MD Zip Code: 21047
Phone: 443-966-1716 Fax: _____
Email: brad.vecere@sbclandscaping.com

Contractor Company: SBC Outdoor Services
Contact Person: Brad Vecere
Address: PO Box 420
City: Fallston State: MD Zip Code: 21047
License No.: 107535
Phone: 443-966-1716 Fax: _____
Email: brad.vecere@sbclandscaping.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
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: 6123	1st floor:
	2nd floor:
Area of construction (sq. ft.): 1000	Basement:
	☒Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	***Multi-family Dwelling***
☐ Masonry	No. of efficiency units:
☒ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	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

Utilities	
Electric:	☒ Yes ☐ No
Gas:	☐ Yes ☒ No
Water Supply	
☐ Public	
☑ Private	
Sewage Disposal	
☐ Public	
☑ Private	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ 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.

Brad Vecere
Applicant's Signature

Brad Vecere
Print Name

brad.vecere@sbclandscaping.com
Email Address

11/3/20
Date

SBC Outdoor Services / Designer
Title/Company

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	12/8/2020	H. Oswald

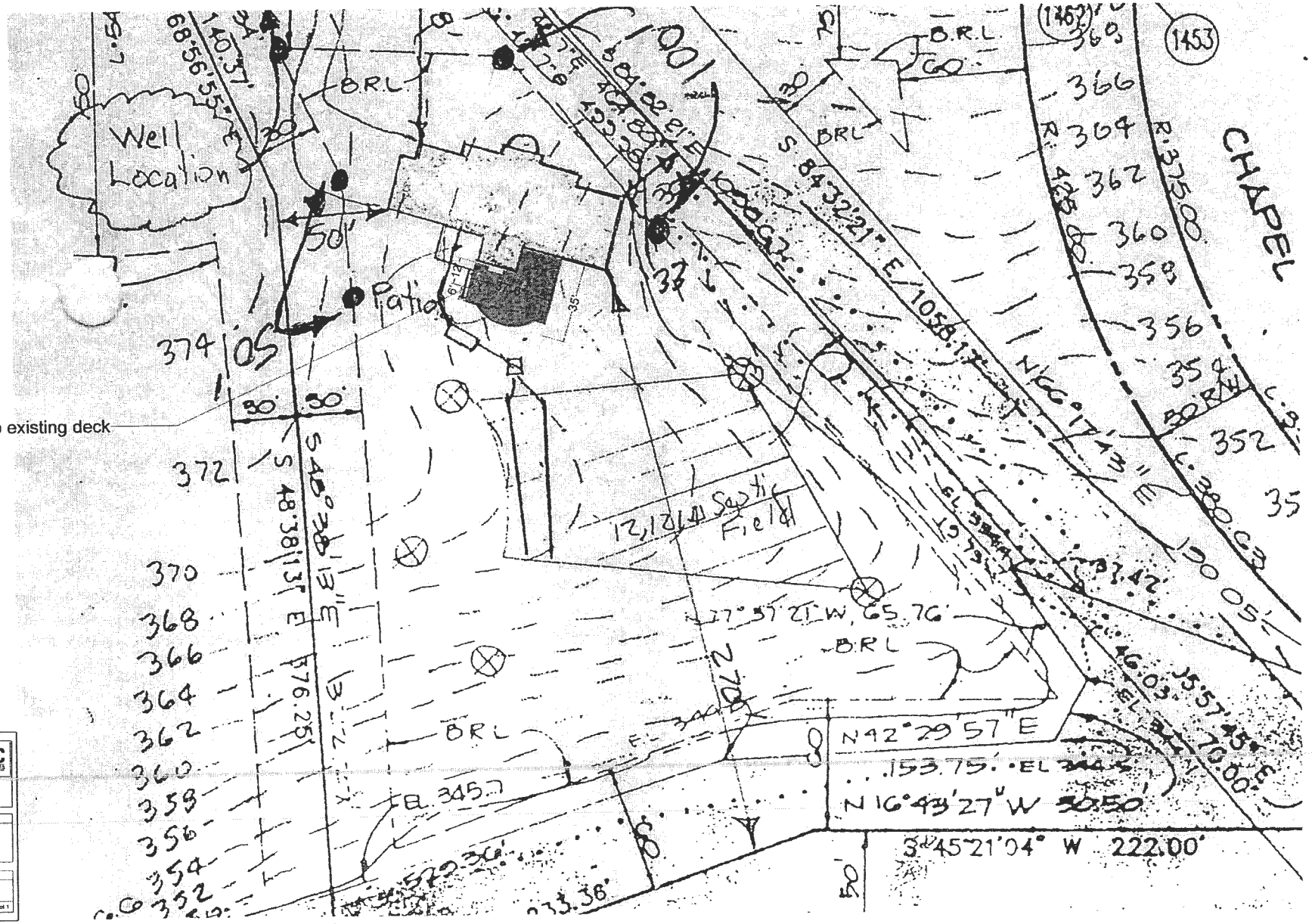
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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	$ 50
Tech Fee	$ 5
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$ 55.00
Sub- Total Paid	$
Balance Due	$
Check	# Card

- NEED PLOT PLAN
- WATER SUPPLY | SEWAGE DISPOSAL?

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



SBC OUTDOOR SERVICES