



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.: **B13003736**

Building Address: **12183 Willowind Ct**
City: **Ellicott City** State: **MD** Zip Code: **21042**
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: **NA**
Proposed Use: _____
Estimated Construction Cost: \$ **8500**
Description of Work: **Install Underground 1,000 gal LP tank for Backup Generator**
Occupant or Tenant: **Kim NESCHIS**
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: **Kim Neschis**
Address: **12183 Willowind Ct**
City: **Ellicott City** State: **MD** Zip Code: **21042**
Phone: **410-471-7111** Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	☒ SF Dwelling ☐ SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
	☐ Finished Basement
	☐ Unfinished Basement
	☐ Crawl Space
	☐ Slab on Grade
Construction type: _____	No. of Bedrooms: _____
☐ Reinforced Concrete	Multi-family Dwelling
☐ Structural Steel	No. of efficiency units: _____
☐ Masonry	No. of 1 BR units: _____
☐ Wood Frame	No. of 2 BR units: _____
☐ State Certified Modular	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

Property Owner's Name: **David G. Neschis**
Address: **17183 Willowind Ct**
City: **Ellicott City** State: **MD** Zip Code: **21042**
Phone: **410-471-7111** Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: **Mike Underwood**
Address: **257 Spring Gap S.**
City: **Lurel** State: **MD** Zip Code: **20724**
Phone: **301-725-9332** Fax: _____
Email: _____

Contractor Company: **Best Gas Co**
Contact Person: **Sean Underwood**
Address: **300 Main St**
City: **Lurel** State: **MD** Zip Code: **20702**
License No.: **600229**
Phone: **301-725-9332** Fax: **301-725-7124**
Email: **Sean@BestGas.com**

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

Utilities
Water Supply
☐ Public
☒ Private
Sewage Disposal
☐ Public
☒ Private
Electric: ☐ Yes ☐ No
Gas: ☐ Yes ☐ No
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.

Applicant's Signature: **Mike Underwood**
Print Name: **Mike Underwood**
Date: **10/13/13**
Email Address: _____
Title/Company: **Service Mgr**

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY IN INK
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

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

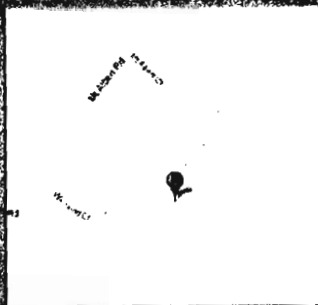
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ 110.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	7475

Ordered By:



10025 Governor Warfield Pkwy, Suite 304
Columbia, Md 21044
410.992.4447 x111 / fax 410.992.0010
www.LakeviewTitle.com



PROPERTY ADDRESS: 12183 WILLOWIND COURT ELLICOTT CITY, Maryland 21042

SURVEY NUMBER: MD1112.1014

FIELD WORK DATE: 12/19/2011

REVISION HISTORY: (rev.0 12/21/2011)

MD 1112.1014

LOCATION DRAWING

LOT 2

PROPERTY OF DR. SHAO-HUANG CHUI

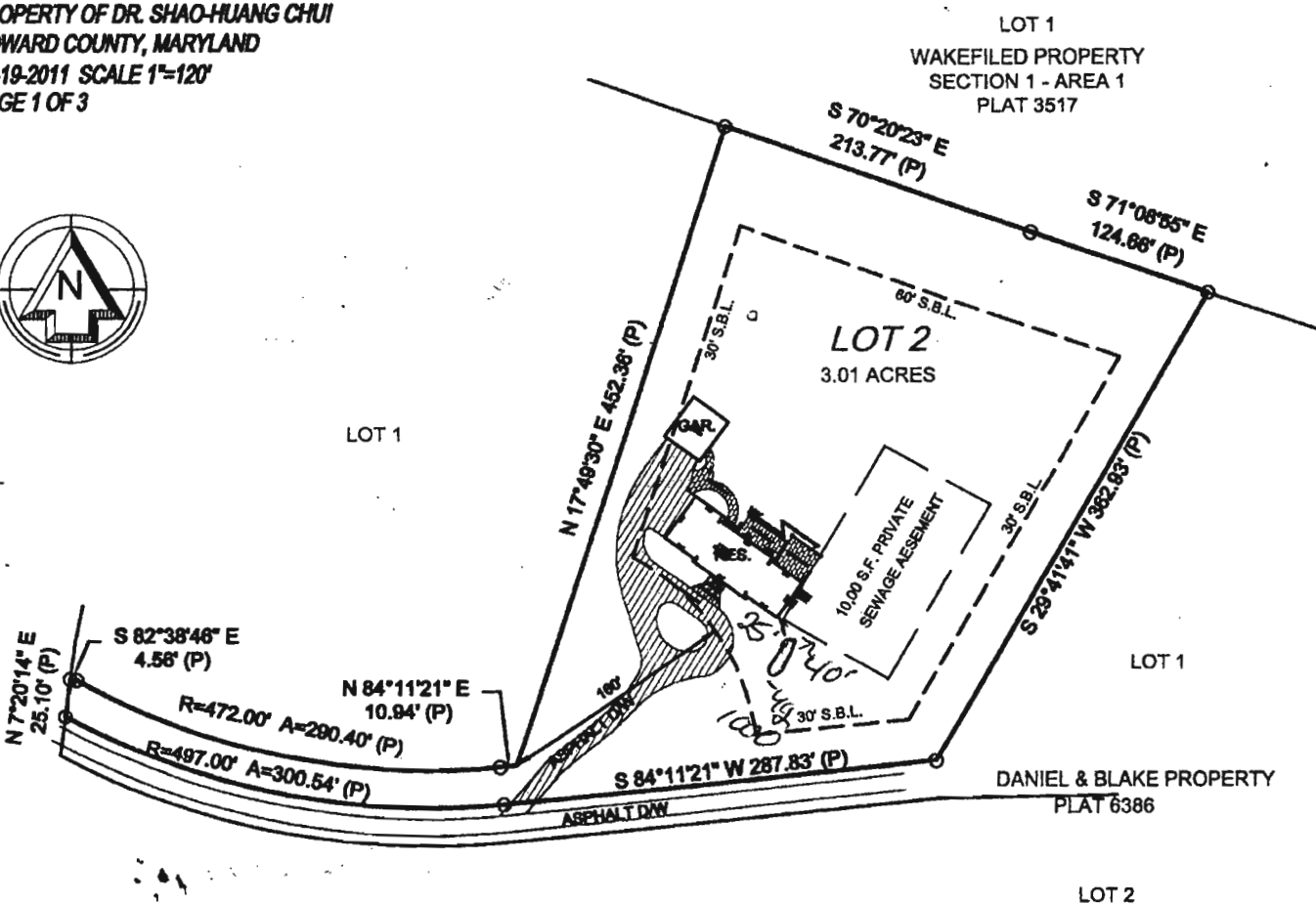
HOWARD COUNTY, MARYLAND

12-19-2011 SCALE 1"=120'

PAGE 1 OF 3



WILLOWIND COURT



John E. Kroboth
EXPIRES 5-26-2012



GRAPHIC SCALE (In Feet)
1 inch = 120' ft.

POINTS OF INTEREST:

Ordered By:

10025 Governor Warfield Pkwy, Suite 304
Columbia, Mo 21044
410.992.4447 x111 / fax 410.992.0010
www.LowviewTitle.com



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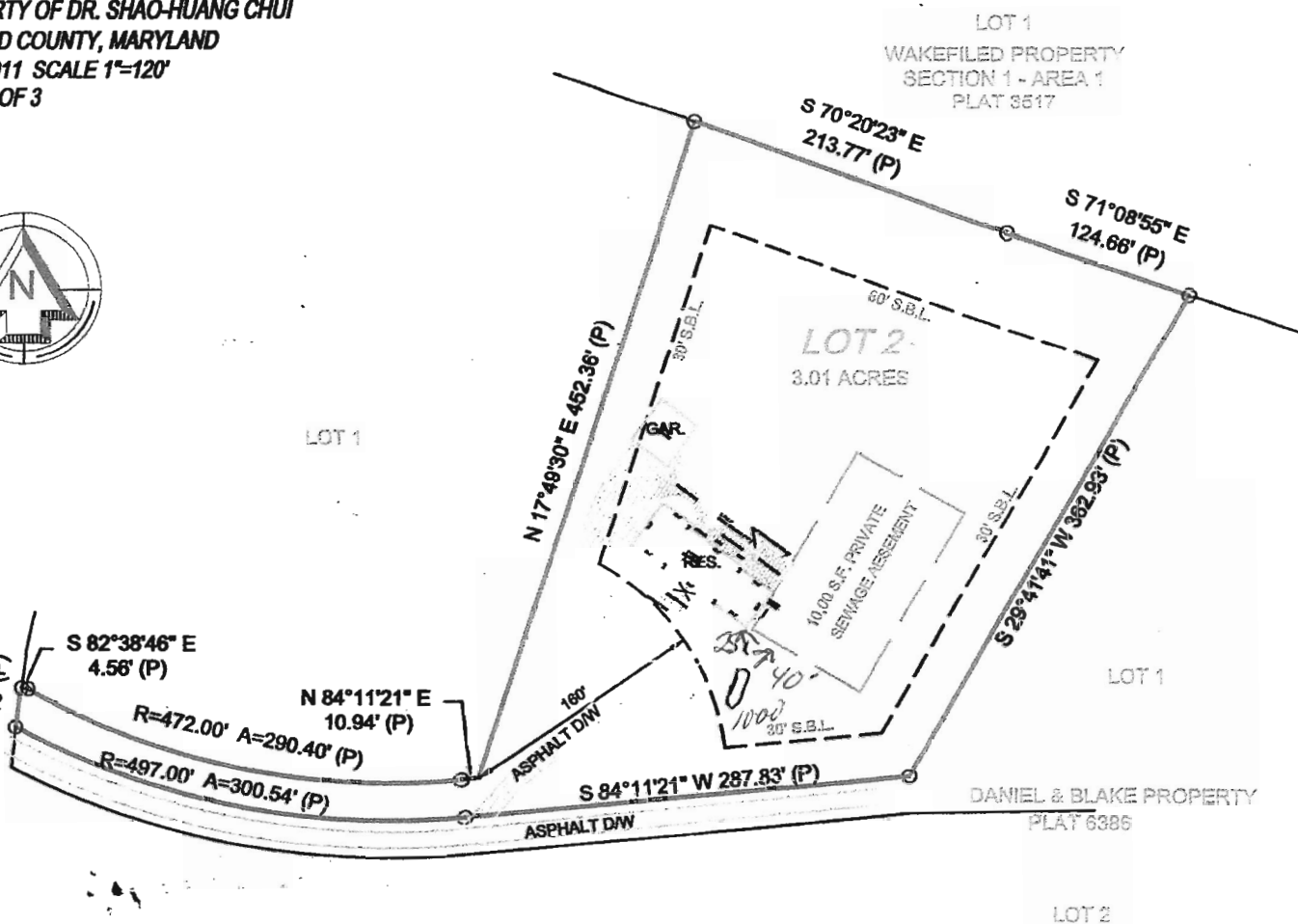
HOWARD COUNTY, MARYLAND

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WILLOWIND COURT

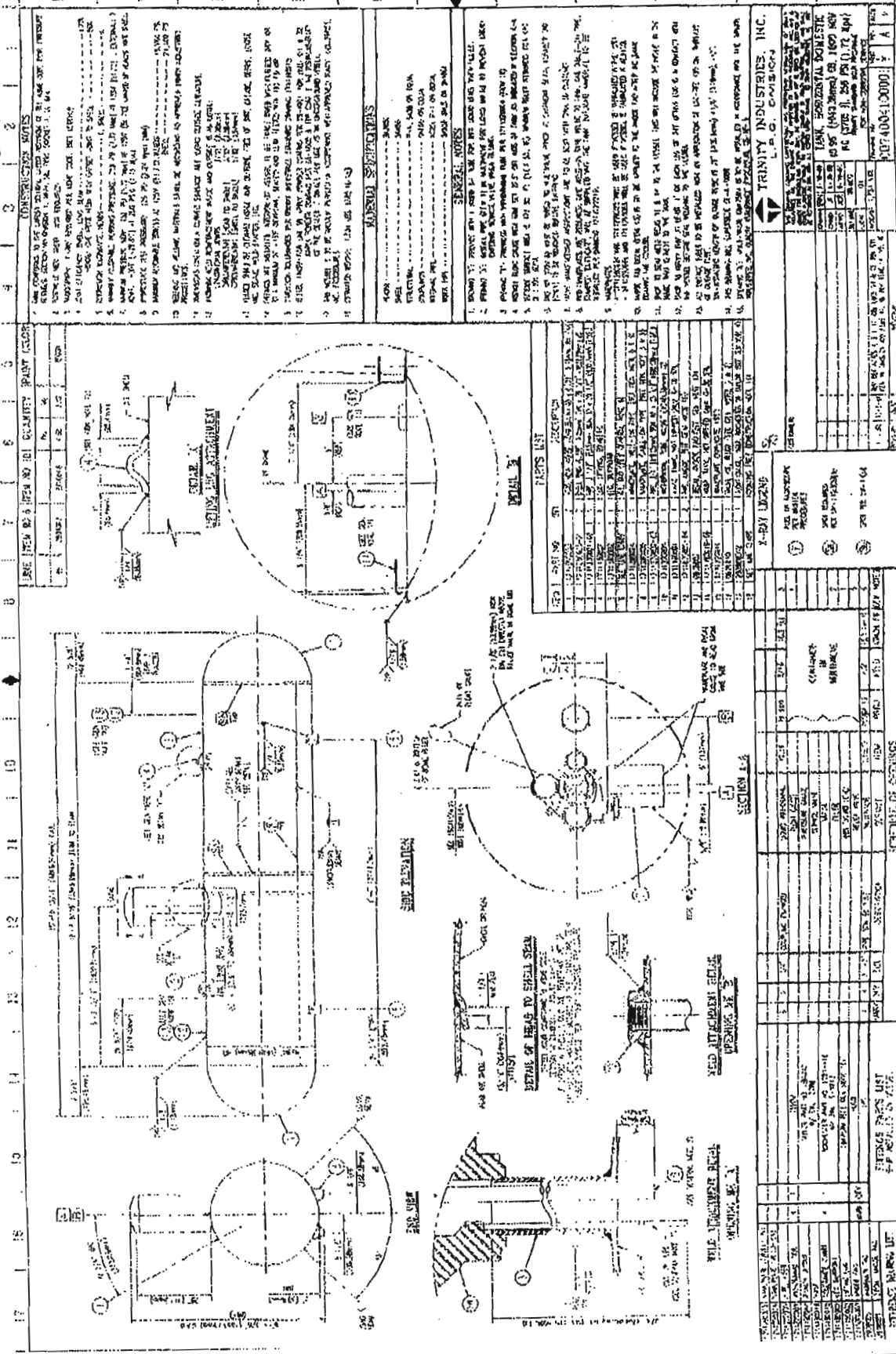


GRAPHIC SCALE (In Feet)

1 inch = 120' ft.

POINTS OF INTEREST:

Poist Gas Company
360 Main St
Lawrence MD 20707
301-725-3232



1,000 Gallon Underground
Propane Tank