



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: 11-22-13

Permit No.: B13004348

Building Address: 1747 Willow Springs Dr
 City: Sykesville State: MD Zip Code: 21784
 Suite/Apt. #: SDP/WP/BA #:
 Census Tract: Subdivision:
 Section: Area: Lot:
 Tax Map: Parcel: Grid:
 Zoning: Map Coordinates: Lot Size:
 Existing Use: Residential
 Proposed Use: Residential
 Estimated Construction Cost: \$25,000
 Description of Work: Pole Barn 50' x 30' detached
 Occupant or Tenant:
 Was tenant space previously occupied? ☐ Yes ☐ No
 Contact Name:
 Address:
 City: State: Zip Code:
 Phone: Fax:
 Email:

Property Owner's Name: Curtis Barnard
 Address: 1747 Willow Springs Dr
 City: Sykesville State: MD Zip Code: 21784
 Phone: 443-864-6014 Fax: 410-465-4563
 Email: Curtis.barnard@qshoo.com
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: DAMON COGAR
 Address: P.O. Box 567
 City: CONROVILLE State: MD Zip Code: 21032
 Phone: 443-871-3300 Fax:
 Email: DAMON@ADSONLINE.COM
 Contractor Company: Pioneer Pole Barns Owner
 Contact Person: Patrick Killian
 Address: 716 Smith Rd 183
 City: Sharpsburg State: PA Zip Code: 17972
 License No.:
 Phone: 570-739-0078 Fax: 888-448-2515
 Email: pkillian@pioneerpolebuildings.com
 Engineer/Architect Company:
 Responsible Design Prof.:
 Address:
 City: State: Zip Code:
 Phone: Fax:
 Email:

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> 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:
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
Side Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> 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
Curtis Barnard
Email Address: Curtis.barnard@qshoo.com

Print Name: Curtis W Barnard
Date: 8/19/13
11/22

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	2/6/14	RB

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	\$ 25
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 1730

Distribution of Copies: White: Building Officials

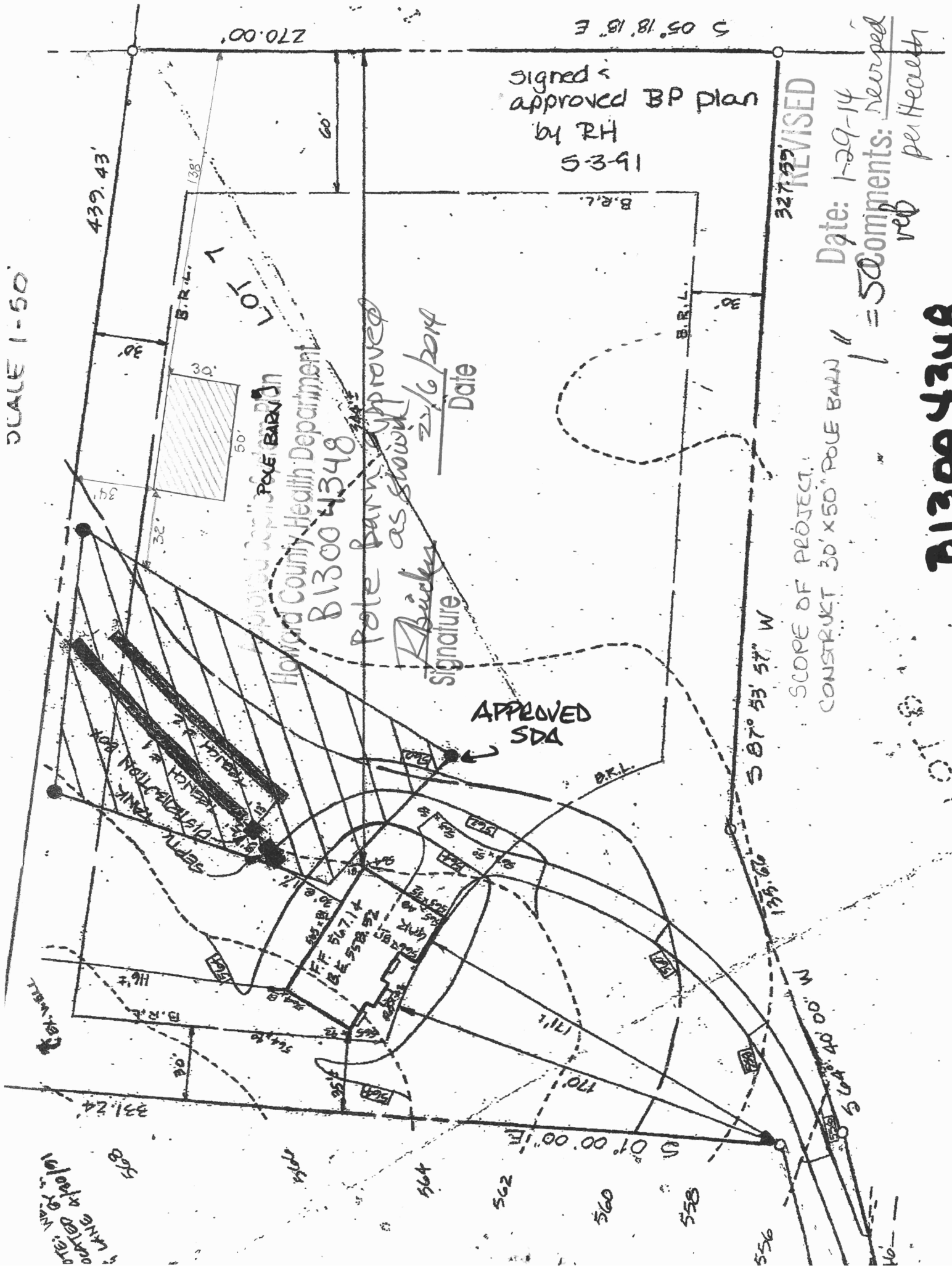
Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

SCALE 1-50'



signed &
approved BP plan
by RH
5-3-91

327.59'
REVISED

Date: 1-29-14
Comments: reviewed
per Health

SCOPE OF PROJECT:
CONSTRUCT 30' X 50' POLE BARN

B13004348

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 1-29-14

To: Dan Swinder / Health
(Person's Name and Division)

From: DAMON COGAR (443) 871-3340
(Your Name, Company Name and Telephone Number)

Subject: Project name BARNARD PROJECT

Project site address 1747 WILLOW SPRINGS DR

Permit Number B13004348 SDP # _____

Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- ____ Letter of response to Howard County plan review code letter
- ____ Revised plans and/or revised details: When submitting for a complete re-review, ~~duplicate~~ sets shall be submitted.
- ____ Structural steel certification
- ____ Energy conservation calculations
- ____ Certification for _____ (be specific).
- ____ Copies of _____ (be specific).
- ____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ✓ Other revised plot plan

RECEIVED

JAN 29 2014

**LICENSES & PERMITS
DIVISION**

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name)

(Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by che

cc: Health

white: Plan Review Division
yellow: Applicant
pink: Permit Division