

**HOWARD COUNTY  
 PERMIT APPLICATION**

PERMIT NUMBER

**B00159892**

Building Address 12085 Wilson Mass  
1110 110  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: 2532  
 Census Tract 60300 Subdivision HomeLane  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 27  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning RCDP Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use SFTH  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work 3rd Floor - 2 story tall  
basement - 2.53 - 1110 - 1st  
2nd floor - (2 BR) 4th floor - 1110

Contractor Company NVA Inc.  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State MD Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**  
 Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**  
 Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**  
 SF Dwelling  SF Townhouse   
 Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 No. of Bedrooms \_\_\_\_\_  
 Height: \_\_\_\_\_  
 Multi-family dwellings:  
 No. of efficiency units: \_\_\_\_\_  
 No. of 1 BR units: \_\_\_\_\_  
 No. of 2 BR units: \_\_\_\_\_  
 No. of 3 BR units: \_\_\_\_\_  
 Other Structure: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof Height: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
 Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 NFPA #13D  
 NFPA #13R  
 Other: \_\_\_\_\_

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 \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**69757**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>8/11/06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>330</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA