



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.: _____

Building Address: 11303 WILLOW RIDGE LA.

City: ELICOTT 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: SPD

Proposed Use: SPD Deck WITH STAIRS

Estimated Construction Cost: \$ 28,000

Description of Work: 38' x 18' IRREGULAR SHARPO DECK WITH STAIRS TO GARAGE

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: HARVINDEL ABORA

Address: 11303 WILLOW RIDGE LA.

City: ELICOTT CITY State: MD Zip Code: 21042

Phone: (410) 379 2743 Fax: _____

Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: CLASSIC DESIGN GROUP

Contact Person: LUIS BALDERAMA

Address: 5433 WOODBINE RD

City: WOODSIDE State: MD Zip Code: 21797

License No.: 83116

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
<u>Roadside Tree Project Permit #</u>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Grading Permit Number:</u>
<u>Building Shell Permit Number:</u>

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 _____

Email Address _____

Title/Company _____

Print Name LUIS BALDERAMA

Date 7/23/14

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

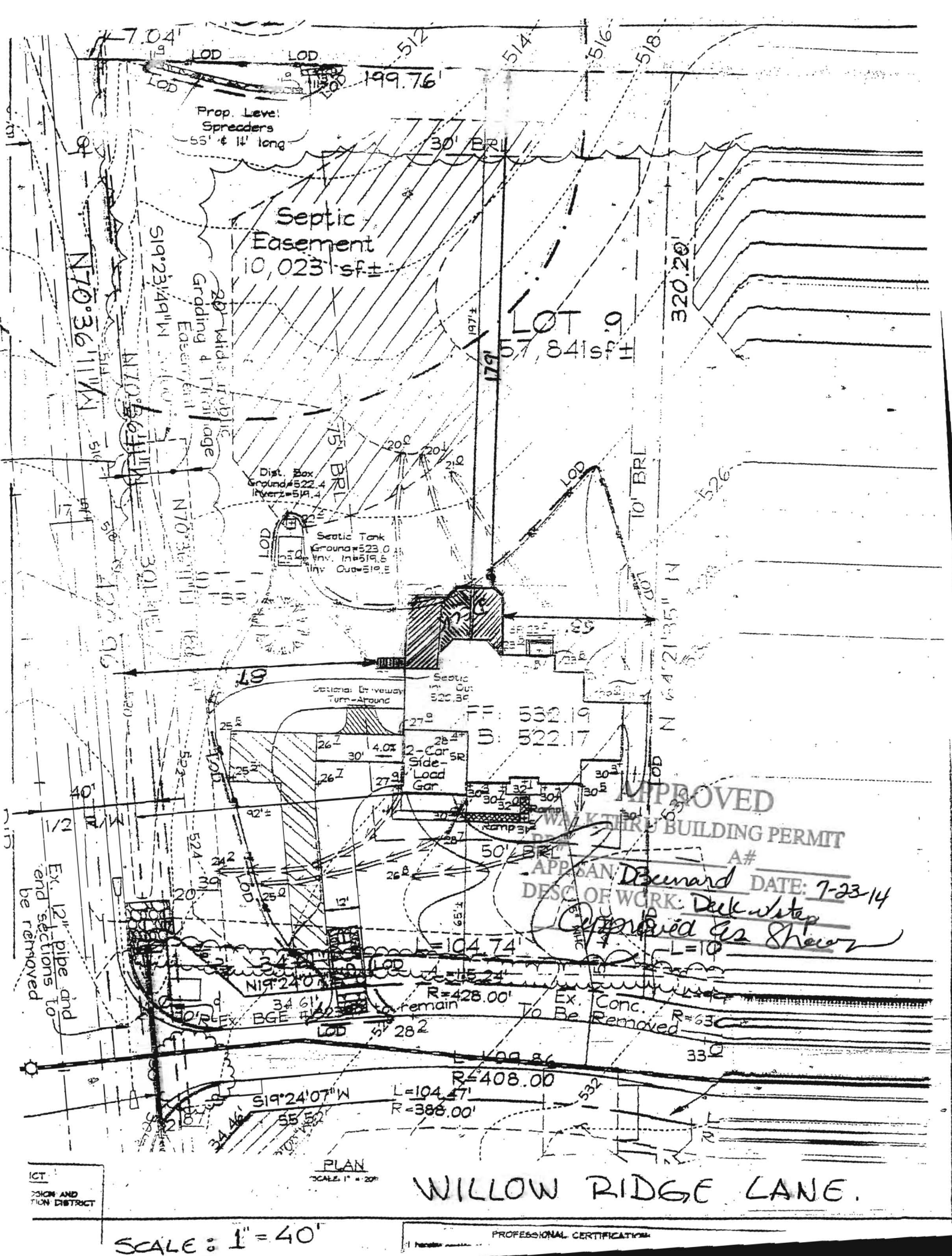
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7-23-14</u>	<u>Rene Beaud</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
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	# <u>7806</u>

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



SCALE : 1" = 40'

PROFESSIONAL CERTIFICATION



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: 1-31-2013

G-13000030

Permit No.: B13 000381

Building Address: 11303 Willow Ridge Lane
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Willow Ridge
Section: _____ Area: _____ Lot: 9
Tax Map: 16 Parcel: _____ Grid: 15
Zoning: RE-DEO Map Coordinates: _____ Lot Size: 57,841

Existing Use: EMPTY LOT
Proposed Use: NEW SF HOME
Estimated Construction Cost: \$ 390,000
Description of Work: CONSTRUCTION OF NEW SF HOUSE

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

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>53 x 76</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>53 x 76</u>
Use group: _____	Basement: _____
Construction type: _____	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> 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

Property Owner's Name: Harvin, K. Kuyndt PROPR
Address: 2761 RUTHERFORD DRIVE
City: ELICOTT CITY State: MD Zip Code: 21076
Phone: 301-712-9888 Fax: _____
Email: _____

Applicant's Name & Mailing Address (if other than stated herein)
Applicant's Name: CLASSIC HOMES OF MD Suite
Address: 50 W EDMONSTON DRIVE 405
City: ROCKVILLE State: MD Zip Code: 20852
Phone: 301-251-2001 Fax: 301-251-1222
Email: BKAY@CLASSICMD.NET

Contractor Company: CLASSIC HOMES OF MD
Contact Person: BRYAN KAY
Address: 50 W EDMONSTON DRIVE Suite
City: ROCKVILLE State: MD Zip Code: 20852 405
License No.: PC-29005421
Phone: 301-251-2001 Fax: 301-251-1222
Email: BKAY@CLASSICMD.NET

Engineer/Architect Company: FSA - Associates
Responsible Design Prof.: ZACH FISCH
Address: 6339 HAWKWOOD PVE
City: ELICOTT CITY State: MD Zip Code: 21075
Phone: 410-567-5200 Fax: 410-916-5624
Email: ZFISCH@FSAU.COM

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G-13000030</u>	
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: Bryan Kay
Email Address: BKAY@CLASSICMD.NET
Title/Company: CLASSIC HOMES OF MD

Print Name: Bryan Kay
Date: 1/31/13

RECEIVED
JAN 31 2013
LICENSES & PERMITS
DIVISION

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		

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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 2235

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