

Existing Use: _____ Proposed Use:

Contact Name: ___

Height:

No. of stories:

Use group:

☐ Masonry

Gross area, sq. ft./floor:

☐ Reinforced Concrete

☐ State Certified Modular

☐ Structural Steel

☐ Wood Frame

Area of construction (sq. ft.):

Construction type:

Building Permit Application
Howard County Maryland
Department of Inspections. Licenses and Permits 3430 Court House Drive Permits: 410-313-2455

Date Received:	

Permit No.: ___ www.howardcountymd.gov Property Owner's Name: StJAL JANI
Address: 7 445 Wat NVS Bridge GNX
City: Clarks V. Ne State: M. Zip Code 20 X7
Phone: C. 46 - 877 - 7425 Fax:
Email: ST ST 779 Building Address: 1902 12445 Watkins Bridgeln City: Clarks ... Ne State: MD Zip Code: 21029 Suite/Apt. #_____SDP/WP/BA #: ___ Email: 535577 (0 gman (con Census Tract: Subdivision: Walnut 9 roce Applicant's Name & Mailing Address, (If other than stated herein) Tax Map: ______ Parcel: 74 Applicant's Name: Grid:__ Address: __ Lot Size: 1 ac, 2 Zoning: _____ Map Coordinates: ____ ____ Zip Code: ___ City: ___ _____ State: ____ Phone: Email: Contractor Company: _____ Contact Person: __ Estimated Construction Cost: \$ Deck \$ 5000 Gazelof 4000 Description of Work: Deck + 6-135-10 With Composik City: _____ _____State: ______ Zip Code: ____ Wallia with 2 stos. France with passon hours lunger. Install License No. :___ Phone: _____ of VIDY GORSO within most it shinds to meter home. Email:____ Occupant or Tenant: 0cmonwt Engineer/Architect Company: N/A Was tenant space previously occupied? Responsible Design Prof.: Address: Address: _____ State: _____ Zip Code: ___ City: _____ State: ____ Zip Code: __ Fax: Fax: Email: Commercial Building Characteristics | Residential Building Characteristics Utilities SF Dwelling SF Townhouse Water Supply Depth ☐ Public 1st floor: ☐ Private 2rd floor: Sewage Disposal Basement: ☐ Finished Basement ☐ Public Unfinished Basement ☐ Private ☐ Crawl Space Electric: □ No ☐ Yes ☐ Slab on Grade Gas: ☐ Yes No. of Bedrooms: Heating System Multi-family Dwelling No. of efficiency units: U Electric Lloil ☐ Natural Gas ☐ Propane Gas No. of 1 BR units: No. of 2 BR units: Other: No. of 3 BR units: Sprinkler System: Other Structure: TNo Dimensions: Footings: Roadside Tree Project Permit Grading Permit Number: ☐Yes ☐No
Roadside Tree Project Permit # Roof: State Certified Modular ☐ Manufactured Home **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 IHFORMATION 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; (S) THAT HE/SHE GRONTS COUNTY OF-CIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Print Name Date Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY & LEGISLY** -FOR OFFICE USE ONLY-DD7 CETRACY INCORMATION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		7
-Health	Mali	- 12-h/m

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 Z	one;	
SDP/Red-line approval date:		U-73611

Filing Fee	\$	
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	5	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	ø	

Title/Company

