

Building Permit Application Howard County Maryland

Department of Inspections, Licenses and Permits 3430 Court House Drive

Permits: 410-313-2455 www.howardcountymd.gov

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Permit No.: Property Owner's Name: Doug Links

Address: 15065 tilo-el phia Folia

City: 6 leneles State: 111

Phone: 301 408 373 Fax: Building Address: 15065 Triadelphia Rd Doug Healist City: Glenela State: MO Zip Code: 21137 Zip Code: 2/237 ____SDP/WP/BA #: ______ Suite/Apt. #___ Email: OSHHERBST at ad. com Census Tract: ___ ____ Subdivision:___ Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Design Herbit _____ Area:______ Lot:_____ Section: ____ Tax Map: _____ Parcel: _____ Grid:_____ Zoning: _____ Map Coordinates: ____ Lot Size: ___ City: __ Phone: _ Existing Use: <u>Desidence</u> Email: Proposed Use: Residency Contractor Company: _________ Contact Person: ___ Estimated Construction Cost: \$ 25000.00 Description of Work: and on a great Roon _____State: _____ Zip Code: __ City: _____ License No. :___ Occupant or Tenant: Was tenant space previously occupied? □Yes □No Engineer/Architect Company: ____ Responsible Design Prof.: _____ Address: _____ State: ______ Zip Code: ____ _____ State: _____ Zip Code: ____ ____ Fax: ___ Phone: Fax: Commercial Building Characteristics Residential Building Characteristics Utilities ☐ SF Dwelling ☐ SF Townhouse Height: Water Supply No. of stories: Depth ☐ Public 1st floor: Gross area, sq. ft./floor: ▼ Private 2nd floor: Sewage Disposal Area of construction (sq. ft.): Basement: ☐ Public ☐ Finished Basement Use group: ☐ Unfinished Basement ☑ Private ☐ Crawl Space Electric: ☐ Yes □ No Construction type: ☐ Slab on Grade Gas: ☐ Yes □ No ☐ Reinforced Concrete No. of Bedrooms: **Heating System** ☐ Structural Steel <u>Multi-family Dwelling</u> ☐ Electric □ Oil ☐ Masonry No. of efficiency units: ☐ Wood Frame No. of 1 BR units: ☐ Natural Gas ☐ Propane Gas ☐ State Certified Modular No. of 2 BR units: ☐ Other: No. of 3 BR units: Sprinkler System: Other Structure: ☐ No Dimensions: Roadside Tree Project Permit Footings: **Grading Permit Number:** □Yes ⊠No Roof: Roadside Tree Project Permit # ☐ 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 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

Print Name DSHHerbot at ad con 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 //	-12-15	Demarel	

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

DPZ SETBACK INFORMATION		
Front:		
Rear:	- 77	
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:		

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

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

