



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: 8-13-14

Permit No.: B14002953

Building Address: 15150 Bushy Park Road
City: Woodbine State: md Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: COUNTRY SPRINGS OVERLOOKS
Section: _____ Area: _____ Lot: 1
Tax Map: 8 Parcel: 59 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 1.31

Existing Use: Single Family home
Proposed Use: Detached Garage
Estimated Construction Cost: \$ 65,000
Description of Work: TO add 3 car detached garage to property 744 sq. ft. unfinished 2nd floor
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Darren Carter
Address: 15150 Bushy Park Rd.
City: Woodbine State: md Zip Code: 21797
Phone: 240-477-8591 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Carrigan Homes Inc.
Address: 9812 Capital City Dr.
City: Bethesda State: md Zip Code: 20842
Phone: 410-977-8427 Fax: _____
Email: Carriganhomes@comcast.net

Contractor Company: Carrigan Homes
Contact Person: Owen Kelly
Address: Same as above
City: _____ State: _____ Zip Code: _____
License No.: 358 MHC-121134
Phone: 410-977-8927 Fax: _____
Email: Carriganhomes@comcast.net

Engineer/Architect Company: Robert H. Vogel
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: 410-461-7666 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: _____
	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
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 checked="" 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: _____
	Footings: _____
	Roof: _____
	<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System: <u>NA</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
Other: _____
Sprinkler System: <u>NA</u>
<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: Owen Kelly Print Name: Owen Kelly
Email Address: Carriganhomes@comcast.net Date: 8-13-14
Title/Company: Pres. Carrigan Homes Inc.

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? <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	\$ <u>25.00</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3970</u>

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

