



# 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: 6247 Heather Glen Way  
 City: Clarksville State: MD Zip Code: 21029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Preserved Clarksville  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 23  
 Tax Map: 34 Parcel: 77 Grid: 11  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.11

Existing Use: SFD  
 Proposed Use: Inground pool  
 Estimated Construction Cost: \$ 30,000.00  
 Description of Work: 21' x 36' inground concrete pool, depth 3' to 6', fence to code  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Shane, Tariq  
 Address: 6247 Heather Glen Way  
 City: Clarksville State: MD Zip Code: 21029  
 Phone: 410 961 7476 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Karen Rowley  
 Address: 293 Southland Ct  
 City: Dunkirk State: MD Zip Code: 20754  
 Phone: 410 507 7705 Fax: \_\_\_\_\_  
 Email: khkpermits05@yahoo.com

Contractor Company: Sunrise Premiere Pools  
 Contact Person: \_\_\_\_\_  
 Address: 1354 B Cape St. Claire  
 City: Annapolis State: MD Zip Code: 21409  
 License No.: 45494 A  
 Phone: 410-349-3952 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> 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"/> <u>Roadside Tree Project Permit</u>	Footings:	
<input type="checkbox"/> Yes <input 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 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.

Karen Rowley  
 Applicant's Signature

Karen Rowley  
 Print Name

12/30/15  
 Date

\_\_\_\_\_  
 Email Address

\_\_\_\_\_  
 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	<u>12/31/15</u>	<u>R. Bueck</u>

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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>2754</u>

