

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 4320 Buckleskew Lane
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Buckskin Ridge
Section _____ Area _____ Lot 38
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot Size _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ _____
Description of Work 14 x 16 Deck w/
Steps to grade

Occupant or Tenant _____
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Property Owner's Name Columbia Builders
Address P.O. Box
City Columbia State MD Zip Code 21044
Home Phone _____ Work Phone 410 730-3940
Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Contractor Company Town Creek Landscaping
Contact Person Steve Cooley
Address 5010 Shoppard Ln
City Ellicott City State MD Zip Code 21042
License No. 44966
Phone 301 8543510 Fax 410 531 6608

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
☐ Reinforced Concrete
☐ Structural Steel
☐ Masonry
☒ Wood Frame
☐ State Certified Modular

Utilities
Water Supply:
☐ Public
☒ Private
Sewage Disposal:
☐ Public
☒ Private
Electric Yes ☒ No ☐
Gas Yes ☒ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☒
Propane Gas ☐
Sprinkler system: N/A ☐
☐ Full
☐ Partial
☐ Other Suppression
☐ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
SF Dwelling ☐ SF Townhouse ☐
Depth _____ Width _____
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement ☐ Unfinished Basement ☐ Crawl
space ☐ Slab on Grade ☐
No. of Bedrooms _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof: _____
☐ State Certified Modular
☐ Manufactured Home

Utilities
Water Supply:
☐ Public
☐ Private
Sewage Disposal:
☐ Public
☐ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
☐ NFPA #13D
☐ NFPA #13R
☐ Other:

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.

Steven H. Cooley
Applicant's Signature

Title/Company _____

Steven H. Cooley
Print Name

6-10-09
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY AND LEGIBLY.

FOR OFFICE USE ONLY

AGENCY DATE SIGNATURE APPROVAL
Land Development, DPZ
State Highways
Building Officials
Dev. Engineering, DPZ
Health 6/10/09 SL
Fire Protection

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 _____

PROPERTY ID #
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

Accepted by _____

Distribution of Copies White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\Operations\Updated forms

PASSED PERC HOLE
088A

LOT 41

N68°17'32"E 361.42'

Area to be
Removed

SEPTIC
ARFA -
10,000 sf

PASSED PERC HOLE
6988

2,000 GAL SEPTIC TANK
INV. IN 625.50
INV. OUT 625.10
ORD. OVER TANK 628.00

NOTE: BASEMENT WILL NOT
SEWER BY GRAVITY

20' SETBACK FROM SEPTIC ARFA

X-2
FF 632.00
B 621.97

INV. 626.20

GAR.

EX. WELL

EX. WELL
HO 94-3198

R=525.00' L=110.97'

DRIVEWAY
CULVERT PIPE
PER F 01-191

SCE

Approved Septic System Plan
Howard County Health Department

Signature

Area to be
added

DIST. BOX
EX. ORD. 628.00
INV. 625.00

PASSED PERC
HOLE 912

APPROVED
WALK-THRU BUILDING PERMIT
BP#
APP. SAN
DESC. OF WORK:
DATE: 6/10/09

LOT 37

S76°48'00"W 327.25'

40
55
60

A# 530-225
DATE: 6/10/09

100'R

EX. WELL

30'R

12'