



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.: B16000556

Health

Building Address: 4329 Buckskin Wood DR
City: ELLICOTT CITY State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/NWP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 2
Tax Map: 22 Parcel: 034770 Grid: 21
Zoning: RESIDENTIAL Map Coordinates: _____ Lot Size: 40,142st
RDDEO

Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: \$ 2500
Description of Work: Place stone patio and
Canopy (12x12)

Occupant or Tenant: OWNER OCCUPIED
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: OWNER
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	☒ SF Dwelling ☐ SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
	☒ Finished Basement
	☐ Unfinished Basement
	☐ Crawl Space
	☐ Slab on Grade
<u>Construction type:</u>	No. of Bedrooms: <u>5</u>
☐ Reinforced Concrete	<u>Multi-family Dwelling</u>
☐ Structural Steel	No. of efficiency units: _____
☐ Masonry	No. of 1 BR units: _____
☒ Wood Frame	No. of 2 BR units: _____
☐ State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
☒ Roadside Tree Project Permit	Footings: _____
☐ Yes ☒ No	Roof: _____
Roadside Tree Project Permit # _____	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: Gerald & Patricia Jannetti
Address: 4329 Buckskin Wood DR
City: ELLICOTT CITY State: MD Zip Code: 21042
Phone: 410 241 3164 Fax: _____
Email: Jannetti@pbworld.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: SAME
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: NONE / OWNER
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

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

Utilities
<u>Water Supply</u>
☐ Public
☒ Private
<u>Sewage Disposal</u>
☐ Public
☒ Private
Electric: ☒ Yes ☐ No
Gas: ☒ Yes ☐ No
<u>Heating System</u>
☐ Electric ☐ Oil
☒ Natural Gas ☐ Propane Gas
☐ Other: _____
<u>Sprinkler System:</u>
☐ Yes ☒ No
Grading Permit Number: _____
Building Shelf Permit Number: _____

THE UNDERSIGNED HEREBY CERTIFIES AND ASSURES 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: Gerald S. Jannetti
Email Address: Jannetti@pbworld.com
Title/Company: _____

Print Name: Gerald S. Jannetti
Date: 2.18.16

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	<u>2/18/16</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/18/16</u>	<u>H. O'Sullivan</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? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check	# _____

25.92
2.59
53.51

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

T:\Operations\Updated Forms\Building applm 8.2012.docx

APPROVED

WALKTHRU BUILDING PERMIT

BP#

A#

APL SAN H. OSWALD DATE: 2/18/16

DESC. OF WORK: Install stone patio
& canopy (12'x12')

Canopy

12'X12'

Brick Oven

4'X4'

Stone Patio

20'X30'

4329 Buckskin Wood Drive
Ellicott City, MD 21042

Stone Patio, Canopy
and Brick Oven

Date 2/18/16