



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: 12009 MISTY RISE CT
 City: CLARKSVILLE State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____
 Existing Use: Nothing
 Proposed Use: Deck
 Estimated Construction Cost: \$18000
 Description of Work: Construct 30'x24' over Deck with landing and steps to grade
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: PHANI TENMATTAM
 Address: 12009 MISTY RISE CT
 City: CLARKSVILLE State: MD Zip Code: 21029
 Phone: 410-206-9596 Fax: _____
 Email: tejten@gmail.com
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: TA'S CONSULTING
 Contact Person: TERESA ARGUETA
 Address: 24404 RIDGE ROAD
 City: DAMASCUS State: MD Zip Code: 20842
 License No.: 09010106561
 Phone: 301482-6699 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:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
	No. of Bedrooms:
Construction type:	Multi-family Dwelling
<input type="checkbox"/> Reinforced Concrete	No. of efficiency units:
<input type="checkbox"/> Structural Steel	No. of 1 BR units:
<input type="checkbox"/> Masonry	No. of 2 BR units:
<input type="checkbox"/> Wood Frame	No. of 3 BR units:
<input type="checkbox"/> State Certified Modular	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<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 HIS 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: Phani Tej Tenmattam
 Email Address: tejten@gmail.com
 Title/Company: _____

Print Name: PHANI TEJ TENMATTAM
 Date: 01/19/2016

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>1/19/16</u>	<u>H. Oswald</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:

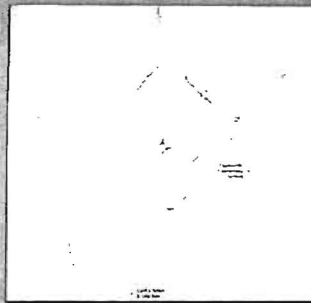
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

ORDERED BY:



2015 EMMORTON ROAD, SUITE 102
BEL AIR, MARYLAND 21015
P:443-512-8450 F:443-512-8451



PROPERTY ADDRESS: 12009 MISTY RISE COURT

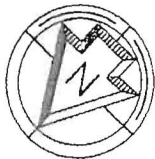
CLARKSVILLE, MARYLAND 21029

SURVEY NUMBER: MD1312.1465

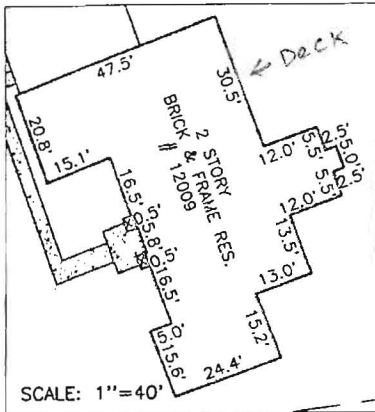
FIELD WORK DATE: 12/20/2013

REVISION HISTORY: (REV.0 12/20/2013)

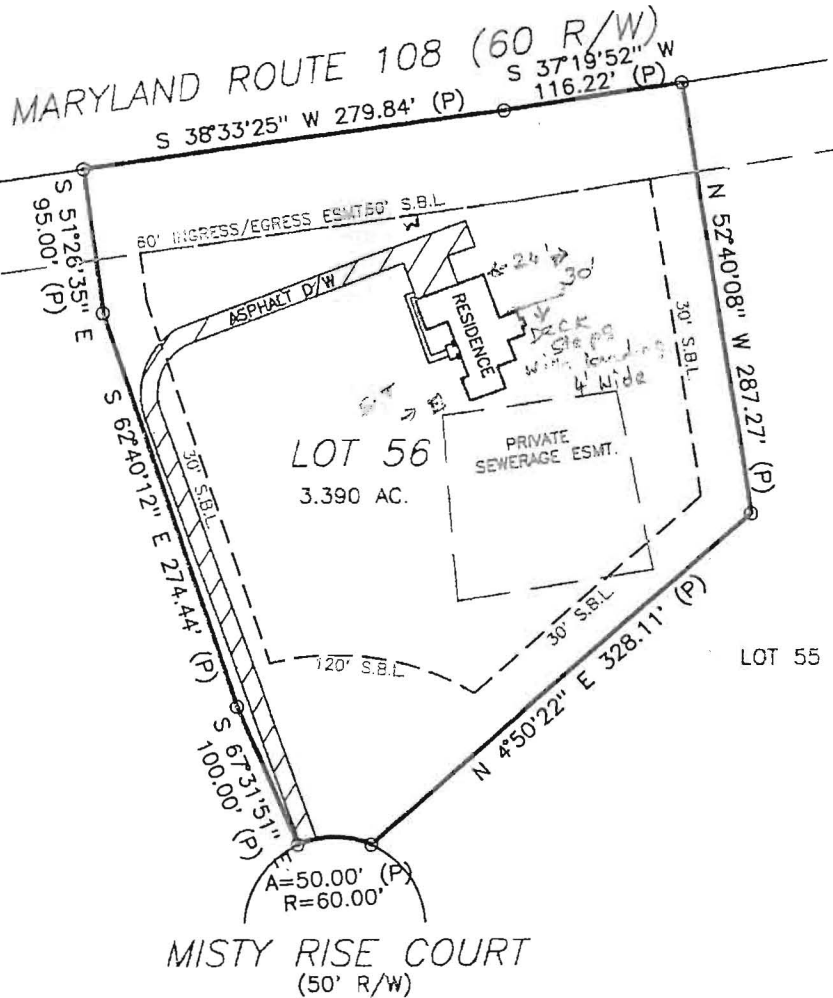
MD1312.1465
LOCATION DRAWING
LOT 56
CLEARVIEW ESTATES-SECTION TWO,
HOWARD COUNTY, MARYLAND
12-20-2013 SCALE 1"=120'



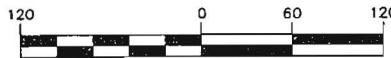
LOT 57



William J. [Signature]
EXPIRES 1-1-2015



LOT 55



GRAPHIC SCALE (In Feet)
1 inch = 120' ft.

ACCURACY=3±

APPROVED

WALKTHRU BUILDING PERMIT

BP#

A#

APP SAN Ho Oswald DATE 1/19/16

DISC. OF WORK: Construct
30' x 24' deck w/ steps
to ground level.

POINTS OF INTEREST:
NONE VISIBLE