



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: 6501 Heather Glen Way
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: 605101 Subdivision: Willow Pond
 Section: _____ Area: _____ Lot: 7
 Tax Map: 34 Parcel: _____ Grid: 34-17
 Zoning: RR-DEO Map Coordinates: 4933H9 Lot Size: _____

Existing Use: Single Family
 Proposed Use: SAME
 Estimated Construction Cost: \$ 35,000.00
 Description of Work: Construct pavilion

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

Property Owner's Name: Sherman & Debra Canapp
 Address: 6501 Heather Glen Way
 City: Clarksville State: MD Zip Code: 21029
 Phone: 301 305-1249 / 301 637-4655
 Email: _____

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

Contractor Company: OWNER
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: 301 674 6551 Fax: _____
 Email: Smokegreis@gmail.com

Engineer/Architect Company: Morning Star
 Responsible Design Prof.: Jon Seils
 Address: 4991 Morning Star Dr.
 City: Dayton State: MD Zip Code: 21036
 Phone: 301 854 9012 Fax: _____
 Email: jseils@morstararchitects.net

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 checked="" 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:	
<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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" 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.

Bernard Greis
 Applicant's Signature
Smokegreis@gmail.com
 Email Address
Owners Rep
 Title/Company

Bernard Greis
 Print Name
3-3-16
 Date

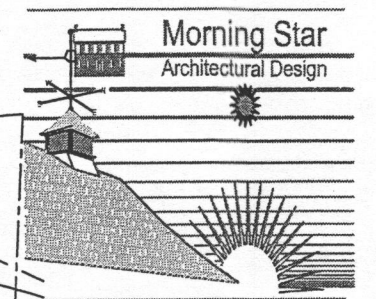
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/3/16</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	#



4991 Morning Star Drive
Dayton, MD 21036
P. 301.854.9012 F.301.854.1225
email jsells@mostarchitects.net

Residential Accessory Structure
Willow Pond

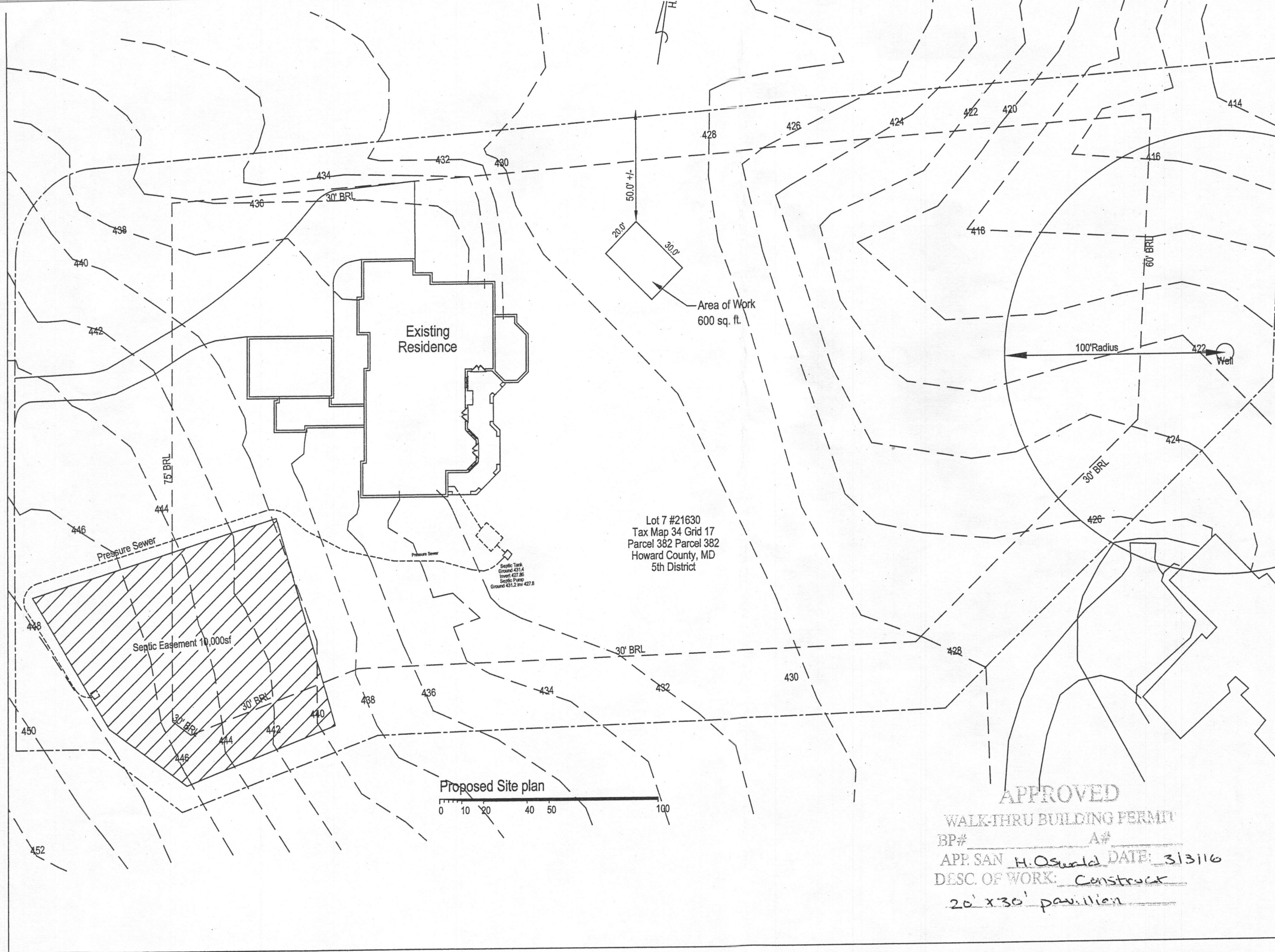
Lot 7 Tax Map 34 Grid 17 Parcel 382
5th District, Clarksville, MD 20029
Howard County

Proposed Site Plan

drawing title:



date: 1_21_16
scale: 1/40"=1'-0"
project no. HC-2015.35.1
drawing no.



APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN H. Oswald DATE: 3/3/16
DESC. OF WORK: Construct
20' x 30' pavilion

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