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.: B16001464

Building Address: 5410 Lynx Lane
City: [illegible] State: MD Zip Code: [illegible]
Suite/Apt. # 290 SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: [illegible]
Proposed Use: [illegible] office
Estimated Construction Cost: $ [illegible]
Description of Work: [illegible] Tenant Layout [illegible] Dental Office

Occupant or Tenant: Kweku Jangha Dental
Was tenant space previously occupied? ☐Yes ☐No
Contact Name: Kweku Jangha
Address: [illegible] Middle Gate Rd
City: [illegible] State: MD Zip Code: [illegible]
Phone: [illegible] Fax: _____
Email: _____

Property Owner's Name: [illegible]
Address: [illegible]
City: [illegible] State: [illegible] Zip Code: [illegible]
Phone: [illegible] Fax: _____
Email: _____

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

Contractor Company: [illegible]
Contact Person: [illegible]
Address: [illegible] Gateway Suite 100
City: [illegible] State: VA Zip Code: [illegible]
License No.: [illegible]
Phone: [illegible] Fax: _____
Email: _____

Engineer/Architect Company: [illegible]
Responsible Design Prof.: [illegible]
Address: [illegible] Old Line Way Suite [illegible]
City: [illegible] State: VA Zip Code: [illegible]
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	*Residential Building Characteristics*
Height:	☐ SF Dwelling ☐ SF Townhouse
No. of stories:	**Depth** **Width**
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms:
☐ Structural Steel	***Multi-family Dwelling***
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	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

Utilities	
Water Supply	
☐ Public	
☐ Private	
Sewage Disposal	
☐ Public	
☐ Private	
Electric: ☐ Yes ☐ No	
Gas: ☐ Yes ☐ No	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☐ 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.

Applicant's Signature _____ *Print Name* _____

Email Address [illegible] *Date* 4-4-16

Title/Company [illegible]

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	4/18/2016	[signature]

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	$ [illegible]
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