



Health

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.: B1800464

Building Address: 11838 FARMSIDE ROAD
City: ELLICOTT CITY State: MD Zip Code: 21042
Suite/Apt. # SDP/WP/BA #:
Census Tract: Subdivision:
Section: Area: Lot: 69
Tax Map: Parcel: Grid:
Zoning: Map Coordinates: Lot Size: 6 ACRES

Existing Use: SFD
Proposed Use: SFD W/PROPANE TANK
Estimated Construction Cost: \$ 4,000
Description of Work:
INSTALL 1000 GAL UNDERGROUND PROPANE TANK
Occupant/Tenant Name: OWNER
Was tenant space previously occupied? Yes No
Contact Name:
Address:
City: State: Zip Code:
Phone:
Email:

Property Owner's Name: DANNY BELL
Address: 11838 FARMSIDE ROAD
City: ELLICOTT CITY State: MD Zip Code: 21042
Phone: Fax:
Email:

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: MICHELLE CLANCY
Address: PO BOX 310
City: PERRY HALL State: MD Zip Code: 21128
Phone: 443-610-7514 Fax:
Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: TECH AIR
Contact Person: DENNIS FEAGA
Address: 1560 A-D CATON CENTER DRIVE
City: BALTIMORE State: MD Zip Code: 21227
License No.: 81215
Phone: 410-984-5681 Fax:
Email:

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

Table with 2 columns: Commercial Building Characteristics and Residential Building Characteristics. Includes fields for Height, No. of stories, Gross area, Area of construction, Use group, Construction type, and Roadside Tree Project Permit.

Table with 2 columns: Utilities and Water Supply. Includes checkboxes for Electric, Gas, Water Supply, Sewage Disposal, Heating System, and Sprinkler System.

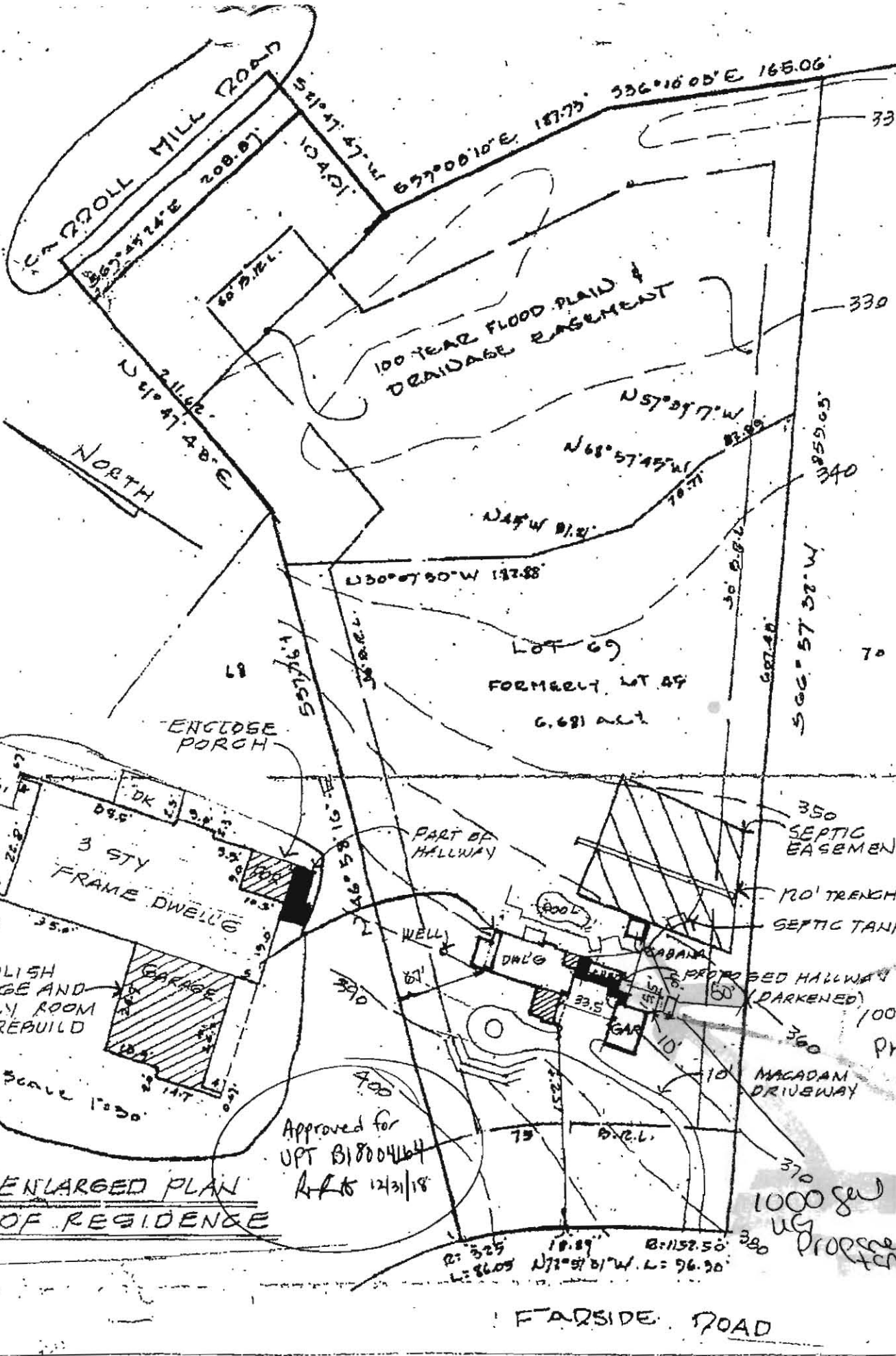
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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: MICHELLE CLANCY
Print Name: MICHELLE CLANCY
Email Address: MICHELLE@APPLIEDANDAPPROVED.COM
Date: 12/13/18
Title/Company: PERMITS

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

Table with 3 columns: AGENCY, DATE, SIGNATURE OF APPROVAL. Includes rows for State Highways, Building Officials, PSZA (Zoning), PSZA (Engineering), and Health.

Table with 1 column: DPZ SETBACK INFORMATION. Includes fields for Front, Rear, Side, Side St., All minimum setbacks met?, Is Entrance Permit Required?, Historic District?, Lot Coverage for New Town Zone, and SDP/Red-line approval date.

Table with 2 columns: Fee Name, Amount. Includes Filing Fee, Permit Fee, Tech Fee, Excise Tax, PSFS, Guaranty Fund, Add'l per Fee, Total Fees, Sub-Total Paid, Balance Due, and Check #.



ENLARGED PLAN
OF RESIDENCE

Approved for
UPT B18004164
R/L to 12/31/18

FAR SIDE ROAD

SITE PLAN 1" = 100'

REV 10-1