



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: _____
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

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

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

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

Contractor Company: _____
 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: _____

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:	
	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	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
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 checked="" 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.

Applicant's Signature: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 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	7/11/19	DBernard

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

2-14-02 Layout 11-12
2/15/02 Final 11:00

ISSUE DATE: 1/17/2002

APPROVAL DATE: 2/15/02

**PERMIT
INDEXED**

P 516473-8

A 58993-K

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

04-364325

Hatfields Equipment IS PERMITTED TO INSTALL ALTER

ADDRESS: 13785 Burntwoods Road, Glenelg PHONE NUMBER: 301-854-6172

SUBDIVISION: Cattail Ridge LOT NUMBER: 11

ADDRESS: 3616 Clear Drive Court PROPERTY OWNER: MTR Land, Inc.

SEPTIC TANK CAPACITY (GALLONS): 1250

PUMP CHAMBER CAPACITY (GALLONS): N/A

NUMBER OF BEDROOMS: 4

SQUARE FEET PER BEDROOM: 210

LINEAR FEET OF TRENCH REQUIRED: 210

TRENCHES:	Trench to be 2.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 7.0 feet below original grade. Effective area begins at 3.0 feet below original grade. 4.0 feet of stone below distribution pipe.
LOCATION:	Starting from the bend in the left lot line, place the distribution box 35' down the front portion of the left lot line and 80' off this same lot line. Run (4) trenches on contour in either direction.
NOTES:	

PLANS APPROVED: MER 1/2/02 OK (BB) DATE: 9/12/01

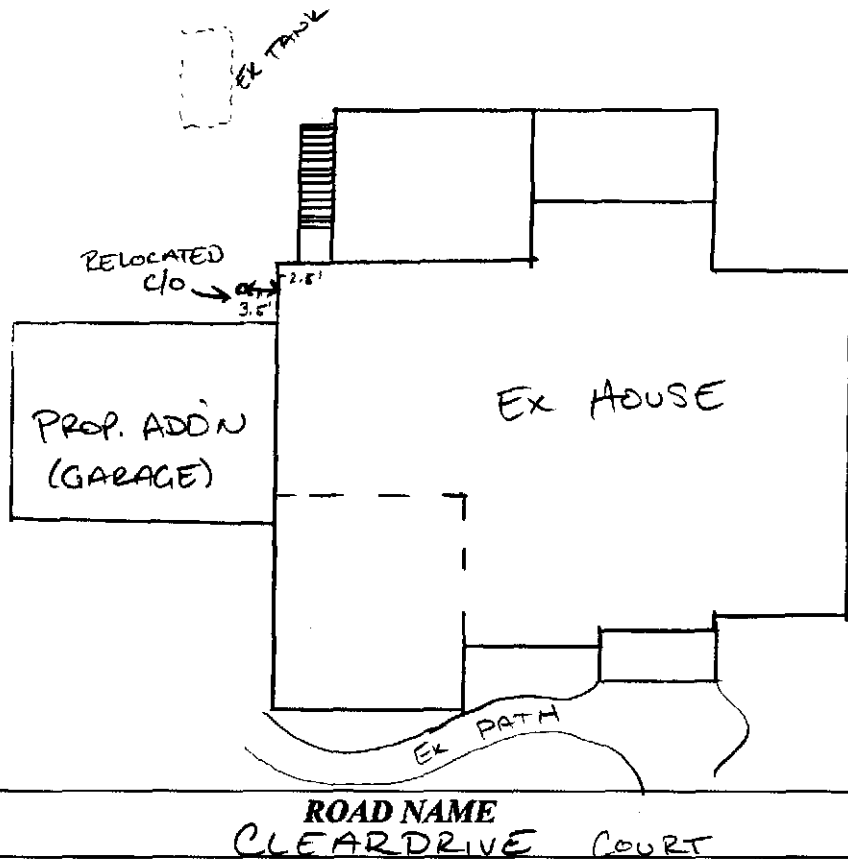
- NOTE: PERMIT VOID AFTER 2 YEARS
- NOTE: CONTRACTOR RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
- NOTE: WATERTIGHT SEPTIC TANKS REQUIRED
- NOTE: ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL
- NOTE: MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
CALL 410-313-2640 FOR INSPECTION OF SEPTIC SYSTEM**

**BUILDING PERMIT SIGNED
AND RETURNED** *5/16/02*
600136240 DECK

A58993-K

NOT TO SCALE



TRENCH/DRAINFIELD DATA

WIDTH _____ INLET _____ BOTTOM _____

NUMBER OF TRENCHES _____

TOTAL LENGTH _____

ABSORPTION AREA _____

DISTRIBUTION BOX LEVEL _____

DISTRIBUTION BOX BAFFLE _____

DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____

MANUFACTURER _____

CAPACITY _____ GAL

SEAM LOC _____

TANK LID DEPTH _____

BAFFLES _____

BAFFLE FILTER _____

MANHOLE LOC _____

6" PORT LOC _____

WATERTIGHT TEST _____

SLOTTED _____

DATE ON LID _____

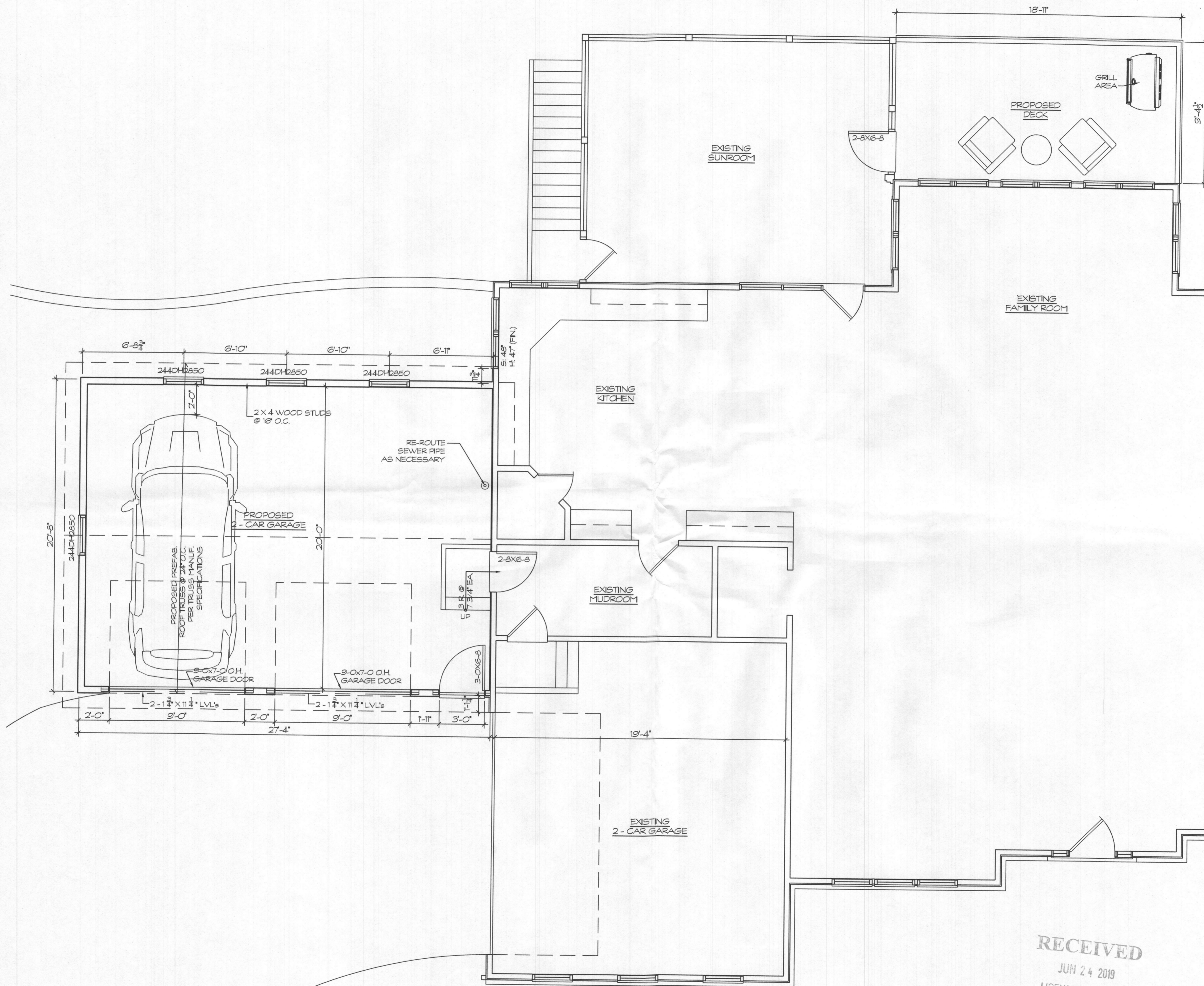
PRE-CONSTRUCTION:

INSTALLATION: 07/01/2019 CLEAN OUT RELOCATED TOWARD BACK CORNER OF HOUSE. SEWER LINE COVERED. CLEAN OUT HAD NO CAP. INFORMED OWNER.

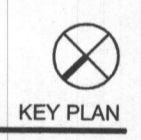
FINAL INSPECTOR

DATE OF APPROVAL

07/01/2019



SEAL



Owner:
Hocker
3616 Clear Drive Court
Glenwood, MD 21738

Civil / Site:
Structural:

MEP:
General Contractor:
Chris Eades

Designer:
Amy Taylor Design & Drafting Services
299 Yale Court
Annapolis, Maryland 21012

PROJECT TITLE:
Hocker Residence
Glenwood, Maryland

3616 Clear Drive Court
Glenwood, MD 21738
PROJECT NO.: 0175
DRAWING TITLE:

PROPOSED FIRST FLOOR PLAN
SCALE: AS NOTED

A1-1

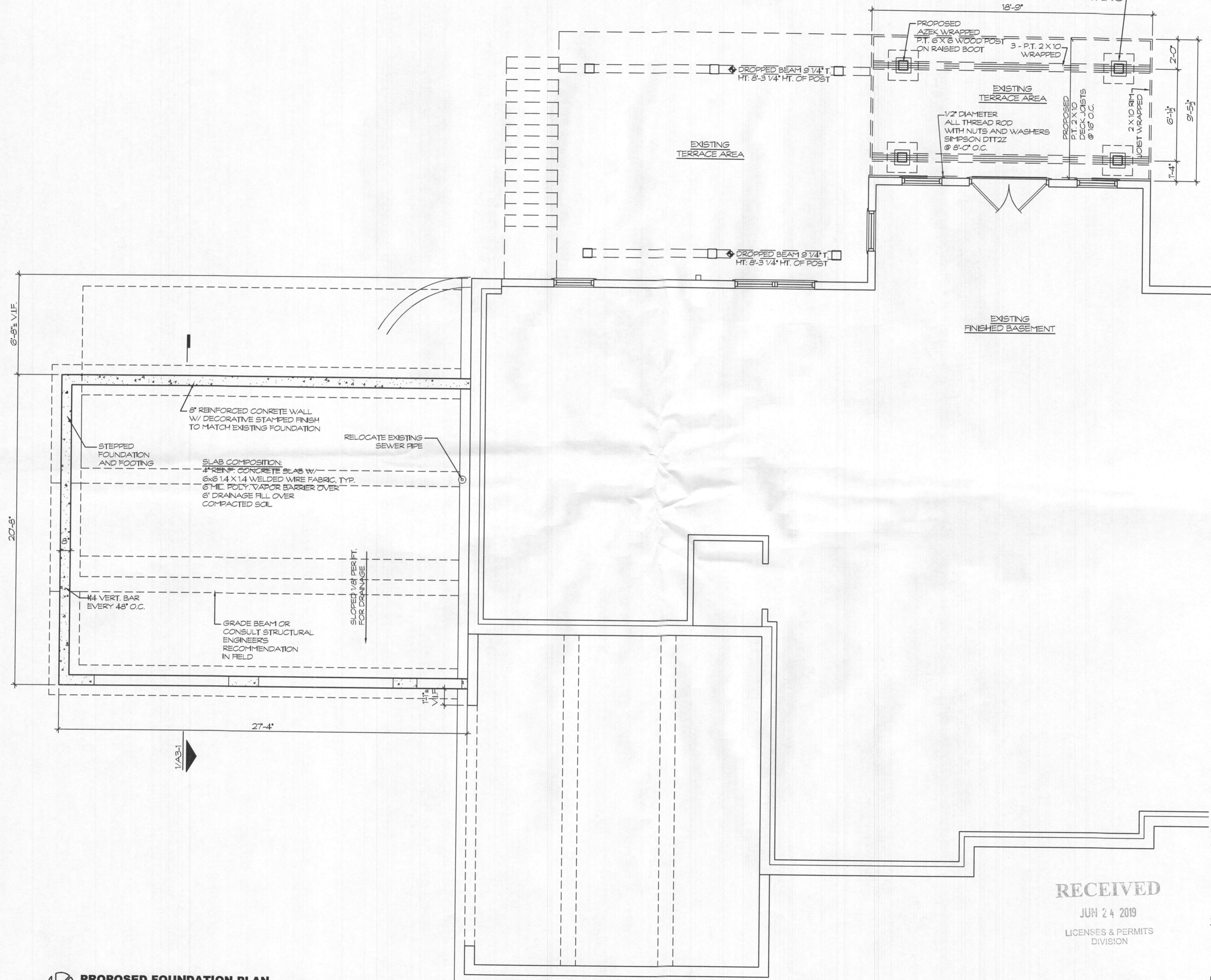
PERMIT SET
05/31/19

RECEIVED
JUN 24 2019
LICENSES & PERMITS DIVISION

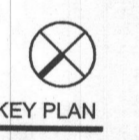
PROPOSED FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOTE:
 FINAL FRAMING PLANS AND CERTIFIED ENGINEERING
 FOR FLOOR SYSTEMS AND ROOF TRUSSES TO BE
 PROVIDED BY MATERIALS SUPPLIER/FABRICATOR FOR
 ONSITE REVIEW BY COUNTY INSPECTOR.

12" CONC. PIER
 30" BELOW GRADE MIN.
 24" X 24" X 8" D. CONC. FOOTING
 W/ 2 #4 BARS



SEAL



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 Glenwood, MD 21738

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 Structural:

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Designer:
 Amy Taylor Design & Drafting Services
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 Arnold, Maryland 21012

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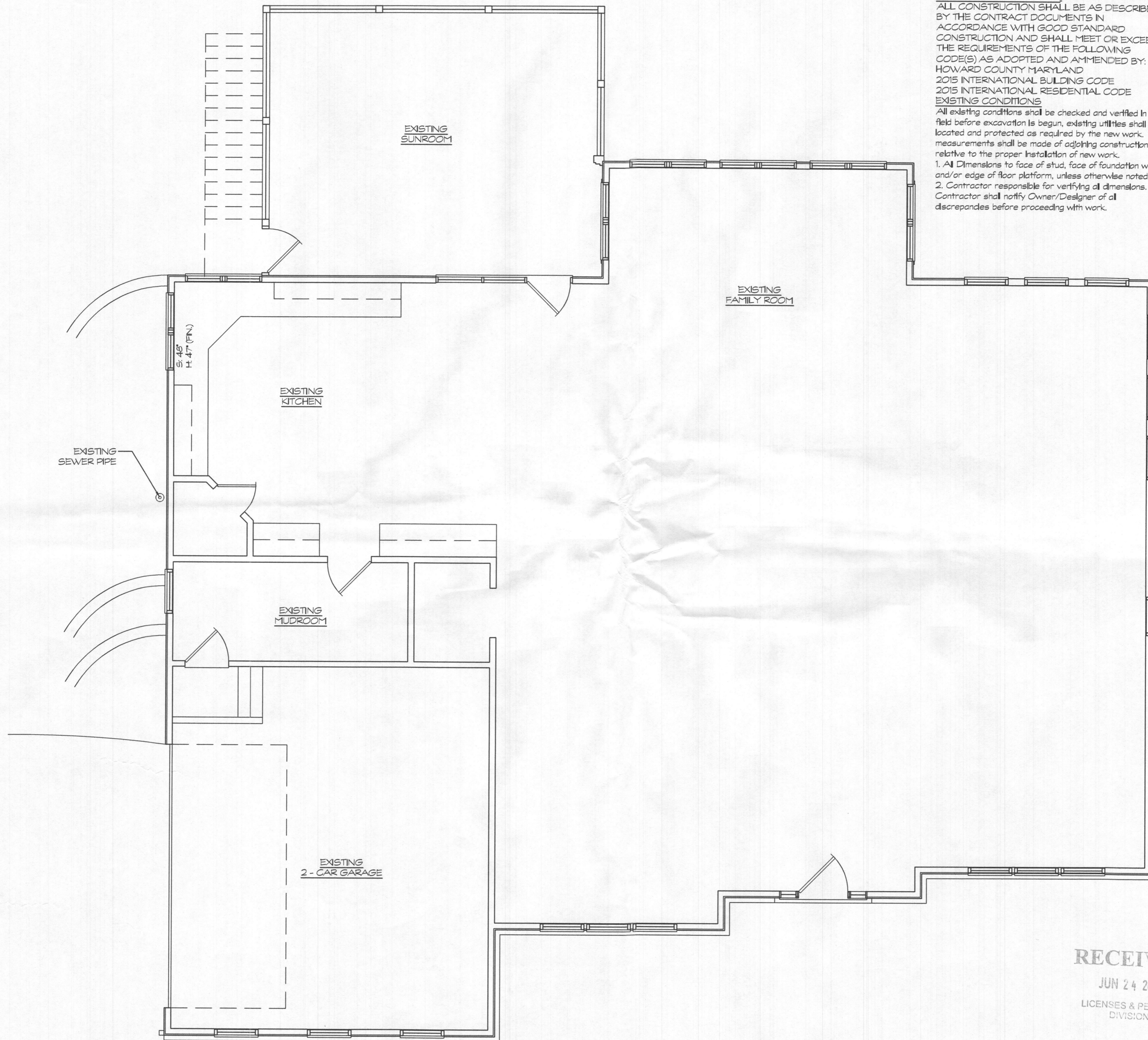
PROPOSED FOUNDATION PLAN
 SCALE: AS NOTED

RECEIVED
 JUN 24 2019
 LICENSES & PERMITS
 DIVISION

A1-0

PERMIT SET
 05/31/19

PROPOSED FOUNDATION PLAN
 SCALE: 1/4" = 1'-0"



GENERAL NOTES:
 ALL CONSTRUCTION SHALL BE AS DESCRIBED BY THE CONTRACT DOCUMENTS IN ACCORDANCE WITH GOOD STANDARD CONSTRUCTION AND SHALL MEET OR EXCEED THE REQUIREMENTS OF THE FOLLOWING CODE(S) AS ADOPTED AND AMMENDED BY:
 HOWARD COUNTY MARYLAND
 2015 INTERNATIONAL BUILDING CODE
 2015 INTERNATIONAL RESIDENTIAL CODE
EXISTING CONDITIONS
 All existing conditions shall be checked and verified in the field before excavation is begun, existing utilities shall be located and protected as required by the new work. Field measurements shall be made of adjoining construction relative to the proper installation of new work.
 1. All Dimensions to face of stud, face of foundation wall and/or edge of floor platform, unless otherwise noted.
 2. Contractor responsible for verifying all dimensions. Contractor shall notify Owner/Designer of all discrepancies before proceeding with work.

SEAL



KEY PLAN

Owner:
 Hocker
 3616 Clear Drive Court
 Glenwood, MD 21738

Civil / Site:

Structural:

MEP:

General Contractor:
 Chris Eades

Designer:
 Amy Taylor Design & Drafting Services
 299 Yale Court
 Arnold, Maryland 21012

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Hocker Residence
 Glenwood, Maryland

3616 Clear Drive Court
 Glenwood, MD 21738

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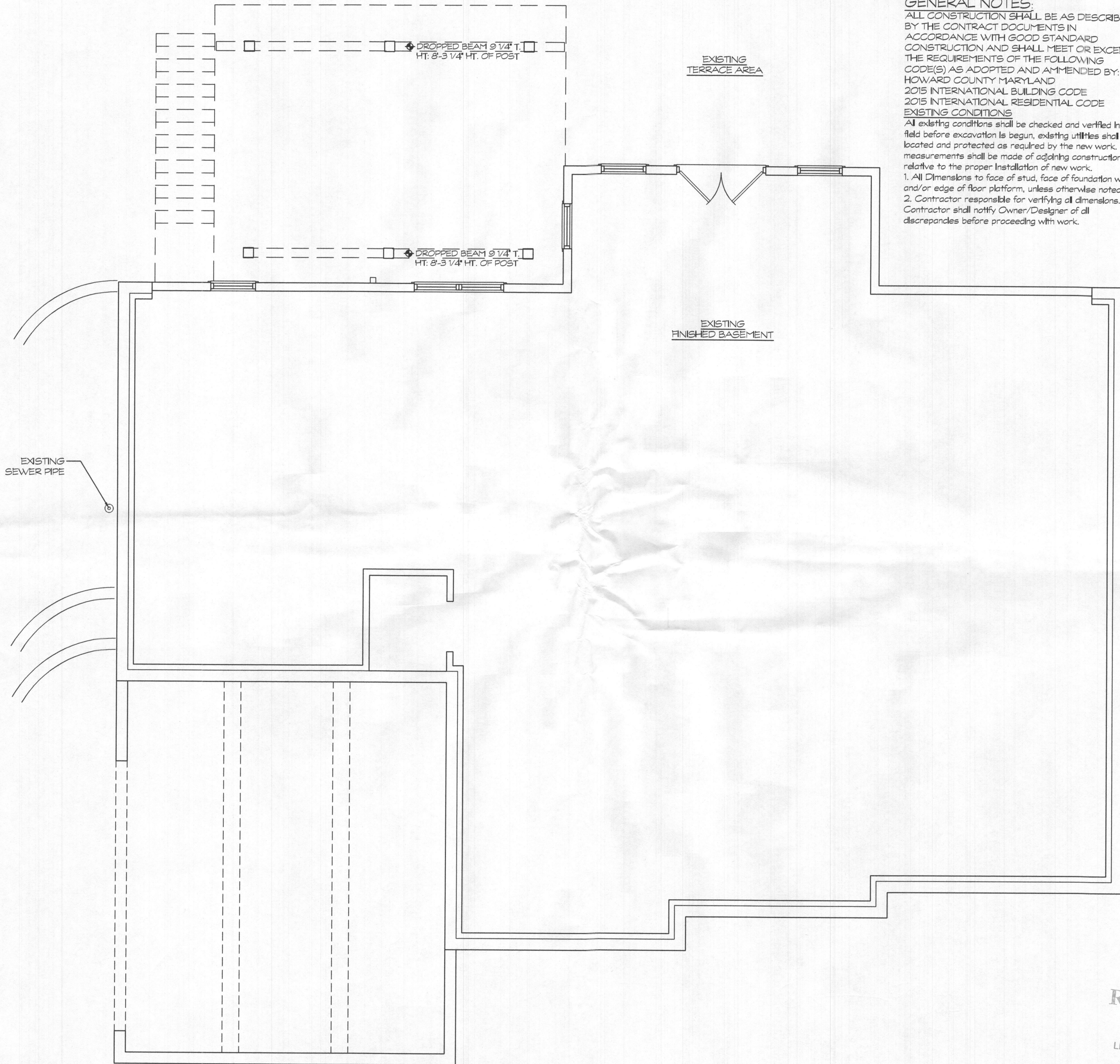
EXISTING FIRST FLOOR PLAN

SCALE: AS NOTED

AE1-1

PERMIT SET
 05/31/19

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 DIVISION



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 Arnold, Maryland 21012

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 Glenwood, Maryland

3616 Clear Drive Court
 Glenwood, MD 21738

PROJECT NO.: 0175

DRAWING TITLE:

EXISTING BASEMENT FLOOR PLAN

SCALE: AS NOTED

AE1-0

PERMIT SET
 05/31/19

RECEIVED

JUN 24 2019

LICENSES & PERMITS DIVISION



EXISTING BASEMENT FLOOR PLAN

SCALE: 1/4" = 1'-0"

