



# 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: 8934 WESTCOTT PLACE

City: CLARKSVILLE State: MD Zip Code: 21029

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: HALL SHOP MANOR

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: RESIDENTIAL

Proposed Use: RESIDENTIAL

Estimated Construction Cost: \$ 12,000

Description of Work: OPEN CABANA W/ FLAT  
ROOF 116' X 16' X 9' H. W/ GAS  
FIREPLACE (NATURAL)

Occupant/Tenant Name: MRY MRS SANJEEV OSURI

Was tenant space previously occupied? ☐ Yes ☒ No

Contact Name: N/A

Address: N/A

City: N/A State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: N/A Fax: \_\_\_\_\_

Email: N/A

Property Owner's Name: MR & MRS SANJEEV OSURI

Address: 8934 WESTCOTT PLACE

City: CLARKSVILLE State: MD Zip Code: 21029

Phone: 909-362-7312 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: N/A

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: OWNER

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Engineer/Architect Company: APAC ENGINEERING

Responsible Design Prof.: BOB WIXOM

Address: 8555 16<sup>TH</sup> ST. SUITE 200

City: SILVER SPRING State: MD Zip Code: 20910

Phone: 301-565-0543 Fax: 301-563-9477

Email: \_\_\_\_\_

| Commercial Building Characteristics                                 | Residential Building Characteristics                                                  |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Height: <u>N/A</u>                                                  | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: _____                                               | Depth _____ Width _____                                                               |
| Gross area, sq. ft./floor: _____                                    | 1 <sup>st</sup> floor: <u>N/A</u>                                                     |
|                                                                     | 2 <sup>nd</sup> floor: _____                                                          |
| Area of construction (sq. ft.): _____                               | Basement: _____                                                                       |
|                                                                     | <input 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 <u>N/A</u>             | No. of Bedrooms: _____                                                                |
| <input type="checkbox"/> Structural Steel                           | Multi-family Dwelling                                                                 |
| <input type="checkbox"/> Masonry                                    | No. of efficiency units: <u>N/A</u>                                                   |
| <input 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: _____                                                                     |
| ➤ 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                                      |
| <u>N/A</u>                                                          | <input type="checkbox"/> Manufactured Home                                            |

| Utilities                                                                            |
|--------------------------------------------------------------------------------------|
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No        |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No             |
| Water Supply                                                                         |
| <input type="checkbox"/> Public                                                      |
| <input checked="" type="checkbox"/> Private                                          |
| Sewage Disposal                                                                      |
| <input type="checkbox"/> Public                                                      |
| <input checked="" type="checkbox"/> Private                                          |
| Heating System                                                                       |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil                       |
| <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| 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.

Applicant's Signature \_\_\_\_\_

Email Address: SANJEEVOSURI@gmail.com

Title/Company: OWNER

Print Name: SANJEEV OSURI

Date: 8-21-19

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>9/5/19</u> | <u>[Signature]</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

Lot 5

10' Public Tree  
Maintenance EasementPin & Cap  
F'dHall  
Shop  
RoadS 30°59'38" W  
135.40'

BRL

Approximate Scaled Location  
of  
Private Sewerage Easement  
as per  
Plat #16675DIST. 801  
100' x 150' x 116'N 82°59'06" W  
328.17'Bsmnt  
Ent2 Story  
Brick  
+  
Frame#6934  
58.5'

Macadam

Lot 4

S 82°59'06" E  
356.57'

Other's PVC Fence at or near property line.

Lot 3

Subject property is shown in Zone C  
on the FIRM Map of Howard County,  
Maryland on Community Panel Number  
2400440038B , Effective 12-4-86

This is to certify that I have surveyed the property shown hereon, being  
known as Lot 4.

HALL SHOP MANOR

and recorded among the land records of Howard County, Maryland in  
Plat Book 16675 16675  
for the purpose of locating the improvements thereon.

- \* This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- \* This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- \* This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



J. Carl Hudgins PLS #96  
Expiration Date: 3-11-14

## APPROVED WALK-THRU BUILDING PERMIT

BP#

A#

APP. SAN

DATE: 9/5/19

DESC. OF WORK:

16' x 16' Calumet w/ pavers

### LOCATION DRAWING

6934 Westcott Place  
ELECTION DISTRICT No. 5  
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.

16205 Old Frederick Rd.  
Mt. Airy, Maryland 21771  
Phone: (410) 442-2031  
Fax: (410) 442-1315

Website: www.nttsurveyors.com

Scale: 1" = 50'

Date: 2-11-12

Field By: DR

Drawn By: DR

Drawing # H1112022