

Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits 3430 Court House Drive

Permits: 410-313-2455

Date Received:	

	www.howardcou	ntymd.gov Permit No.:	
Building Address: 15901 W		Property Owner's Name:	Valappil
city: Wood sinc State: #	UD Zip Code: 71797	Address: 15901 Willis was	Zip Code: 71797
suite/Apt. #SDP/W	1	Phone: (301) 905 - 752 5 Fax:	
		Phone: (301) 905 - 7525 Fax: Email: Vala PP: 1+ Game	iil. Com
Subdivision:	1		
ot: 34 Tax Map:	Parcel:	Applicant's Name & Mailing Address, (If other Applicant's Name:	r than stated nerein)
		Address: 22253 Trant won	
Existing Use:		City: (bermantown State: MV	Zip Code: 2-0876
Proposed Use: Building	(free Stading Deck)	Phone: 301) 980-1037 Fax:	
		Phone: (301) 980-1037 Fax: Email: Info@ Deck-Re	novations. Com
Estimated Construction Cost: \$		Contractor Company:	Renovations
Description of Work:		Contact Person: 1400 A	notesson
Description of Work: Building Deck	Using Trex 4000		
boards and veral		Address:State:	Zip Code: 20371
		License No.: MHIC # 1133	79
Framing will be we	To the state of th		
County Codes) 16	XIP DECK OITH JAID	Phone: 301 980-1037 Fax:	4- Revovations. co
Occupant/Tenant Name:		10000	
Was tenant space previously occupied?	MYes □No	Engineer/Architect Company:	
		Responsible Design Prof.:	
Contact Name:			
Address:		Address:	
City: Sta	ate: Zip Code:	City: State: Z	ip Code:
		Phone: Fax:	
Phone:Fa	i i		
Email:	,	Email:	
Commercial Building Characteristics	Residential Building Characteristics	<u>Utilities</u>	
Height:	☐ SF Dwelling ☐ SF Townhouse	Electric: ☐ Yes ☐ No	
No. of stories:	<u>Depth</u> <u>Width</u>	Gas: ☐ Yes ☐ No	
Gross area, sq. ft./floor:	1st floor:	Water Supply	
	2 nd floor:	☐ Public	
Area of construction (sq. ft.):	Basement:	☑ Private	
	☐ Finished Basement	Sewage Disposal	
Use group:	☐ Unfinished Basement	□ Public	
Construction type:	☐ Crawl Space ☐ Slab on Grade	Private	
☐ Reinforced Concrete	No. of Bedrooms:		
☐ Structural Steel	Multi-family Dwelling	Heating System	4
☐ Masonry	No. of efficiency units:	☐ Electric ☐ Oil	
☐ Wood Frame	No. of 1 BR units:	☐ Natural Gas ☐ Propane Gas	
☐ State Certified Modular	No. of 2 BR units:	☐ Other:	
	No. of 3 BR units:	Sprinkler System:	
	Other Structure:	☐ Yes ☐ No	
	Dimensions:		
Roadside Tree Project Permit	Footings:	Grading Permit Number:	
	Poof:		
☐Yes ☐No	Roof:		
	Roof: State Certified Modular Manufactured Home	Building Shell Permit Number:	

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Remouting

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

Print Name

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	12/6/	a RRieles

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 Z	one:	
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

Email Address

Title/Company

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

