

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

Building Address 667 West Palmerville Road
Mount Airy, MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel 247 Grid _____

Zoning _____ Map Coordinates _____ Lot size 2.21 ac.

Existing Use vacant lot

Proposed Use single family dwelling

Estimated Construction Cost \$ 225,000.00

Description of Work 2-story, 4 BR, 3-1/2 bath,
kitchen, I/P, P/B with full walk-out basement

Occupant or Tenant Owner

Contact Name Leslie Croen

Address 3785 Shady Lane

City Clemwood State MD Zip Code 21738

Phone (410) 442-8262 Fax (410) 489-5242

Property Owner's Name Chris & Beth Winters

Address 1507 Searchlight Way
Mount Airy, MD 21771

City Mount Airy State MD Zip Code 21771

Home Phone (410) 552-5502 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Contractor Company Crosen Homes, Inc.

Contact Person Leslie Croen

Address 3785 Shady Lane

City Clemwood State MD Zip Code 21738

License No. Home Res. #001

Phone (410) 442-8262 Fax (410) 489-5242

Engineer or Architect Company VanDer Associates, Inc.

Contact Person Mike

Address P.O. Box 328

City Mount Airy State MD Zip Code 21771

Phone (301) 829-2890 Fax (301) 831-5603

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

☐ Reinforced Concrete
☐ Structural Steel
☐ Masonry
☐ Wood Frame

☐ State Certified Modular

Utilities

Water Supply:

☐ Public
☐ Private

Sewage Disposal:

☐ Public
☐ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:

Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐

☐ Full
☐ Partial
☐ Other Suppression
☐ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

Depth Width

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

Height: _____

Multi-family dwellings:

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: _____

Dimensions: _____

Footings: _____

Roof Height: _____

☐ 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 ☐

Sprinkler system: N/A ☒

☐ NFPA #13D

☐ NFPA #13R

☐ Other:

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

Title/Company

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL

Land Development, DPZ

State Highways

Building Official

Dev. Engineering, DPZ

Health 10/5/07 [Signature]

Fire Protection

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

Distribution of Copies

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

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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 NewTown Zone

SDP/Red-line approval date

Filing fee \$ _____

Permit fee \$ _____

Excise tax \$ _____

Add'l per. fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check # _____

Validation # _____

Accepted by _____