

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B 08000344

Building Address 6565 Belmont Woods
Elk Ridge, MD 21075

Property Owner's Name William H. Kelly
Address 6565 Belmont Woods St

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

City Elk Ridge State MD Zip Code 21075

Census Tract _____ Subdivision _____

Home Phone 410 716 6889 Work Phone SA

Section _____ Area _____ Lot _____

Tax Map 32 Parcel 106 Grid 19

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

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use Houses

Contractor Company _____

Proposed Use Deck

Contact Person N/A

Estimated Construction Cost \$ 2500.00

Address _____

Description of Work Replace ROTTEN
EXISTING Deck 17' x 16'

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person N/A

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

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 _____

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

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 THEREON; (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.

William H. Kelly
Applicant's Signature

William H. Kelly
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	<u>2/7/06</u>	<u>[Signature]</u>	
Fire Protection			

DPZ SETBACK INFORMATION		PROPERTY ID#:	
Front: _____	Filing fee	\$	_____
Rear: _____	Permit fee	\$	_____
Side: _____	Excise tax	\$	_____
Side St.: _____	Add'l per. fee	\$	_____
All minimum setbacks met?	TOTAL FEES	\$	_____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$	_____
Is Entrance Permit required?	Balance due	\$	_____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	\$	_____
Historic District?	Validation	\$	_____
YES <input type="checkbox"/> NO <input type="checkbox"/>			

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____ Accepted by _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA