



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: 6-18-13

Permit No.: B13002434

Building Address: 12107 Hayland Farm way
 City: Ellicott City State: MD Zip Code: 21043
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Nalaut Creek
 Section: _____ Area: _____ Lot: 67
 Tax Map: 28 Parcel: 49 Grid: 11
 Zoning: _____ Map Coordinates: _____ Lot Size: 33,625 sq ft

Property Owner's Name: BU Business Trust
 Address: 20 Bay 48a
 City: Lisman State: MD Zip Code: 21965
 Phone: 410-898-0277 Fax: _____
 Email: _____

Existing Use: Vacant Lot
 Proposed Use: SFD - Model
 Estimated Construction Cost: \$ 250,000
 Description of Work: SFD: Model in File, Oakmont, Devil, ML, Side conservatory, Finished Bsmt: Rec, Den, Bath, walled Exit - Model Home
 Occupant or Tenant: owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address (if other than stated herein)
 Applicant's Name: Rachel Carr, CPS
 Address: 1053 Gauthier Rd
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-988-7309 Fax: _____
 Email: carrcrache@gmail.com

Contractor Company: Craftmark Thru
 Contact Person: Dan Schoen
 Address: 1366 Beverly Rd, Ste 330
 City: McLean State: VA Zip Code: 22101
 License No.: 451-1131
 Phone: 703-898-0377 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" 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: <u>4</u>
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> 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	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
<u>613000203</u>	
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: Rachel Carr Print Name: Rachel Carr
 Email Address: carrcrache@gmail.com Date: 6/14/13
 Title/Company: owner/CPS

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>7/24/13 Rucker</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	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>60070059</u>

