(1 CAR) UNIT

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B0013066

Building Address 2175 Mount View Rd
Marriottsville, Md. 21104

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

Census Tract 6030 Subdivision ____

Section ____ Area ____ Lot ____

Tax Map 16 Parcel 215 Grid 1

Zoning ____ Map Coordinates 15 F-1 Lot size ____

Property Owner's Name William & Carole Richardson
Address 2175 Mount View Rd
City Marriottsville State Md Zip Code 21104
Home Phone 410-442-2716 Work Phone ____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone ____ Fax ____

Existing Use SF Residential House
Proposed Use Addition
Estimated Construction Cost $ 40,000 a/o
Description of Work 1 story addition with full unfinished basement, 1 room, 1 bath, 1 bath with tub, 2 closets, 1 mud room, 1 screen porch

Contractor Company Costello Building LLC (Construction Manager)
Contact Person Deborah Costello
Address 2201 Woodbine Rd
City Woodbine State Md Zip Code 21797
License No. ____
Phone 410-442-5644 Fax 410-442-5644

Occupant or Tenant William & Carole Richardson
Contact Name William Richardson
Address 2175 Mount View Rd
City Marriottsville State Md Zip Code 21104
Phone 410-442-2716 Fax ____

Engineer or Architect Company ____
Contact Person ____
Address ____
City ____ State ____ Zip Code ____
Phone ____ Fax ____

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:	48	34
2nd floor:		
Basement:	48	34

Finished Basement ☐ Unfinished Basement ☑
Crawl space ☑ Slab on Grade ☐
No. of Bedrooms 1
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: ____
____ 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.

Deborah K. Costello
Applicant's Signature

Deborah K. Costello
Print Name

Owner/Costello Building LLC
Title/Company

8/21/01
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	9/10/01	Mark Hoffman
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP ☐

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 ____

PROPERTY ID#: 31509

Filing fee	$ 25.00
Permit fee	$ ____
Excise tax	$ ____
Addl per. fee	$ ____
TOTAL FEES	$ ____
Sub-total paid	$ ____
Balance due	$ ____
Check	# 2154
Validation	# ____

Accepted by CC

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

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