



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: 8/20/13

Permit No.: B13003165

Building Address: M87 Route 32
 City: Sikesville State: MD Zip Code: 21784
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Keane Property
 Section: _____ Area: _____ Lot: 6
 Tax Map: 9 Parcel: 41 Grid: 17-18
 Zoning: R-2-DEO Map Coordinates: _____ Lot Size: 135,907

Existing Use: Vacant Lot
 Proposed Use: S.E.P.
 Estimated Construction Cost: \$ 247,972
 Description of Work: 2 story, 9 room, 2 full baths, 1 half bath, FP, 2 car garage, full basement
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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: _____ |
| Use group: _____ | <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space |
| Construction type: | <input type="checkbox"/> Slab on Grade |
| <input type="checkbox"/> Reinforced Concrete | No. of Bedrooms: <u>4</u> |
| <input type="checkbox"/> Structural Steel | Multi-family Dwelling |
| <input type="checkbox"/> Masonry | No. of efficiency units: _____ |
| <input type="checkbox"/> Wood Frame | No. of 1 BR units: _____ |
| <input type="checkbox"/> State Certified Modular | No. of 2 BR units: _____ |
| | No. of 3 BR units: _____ |
| | Other Structure: _____ |
| | Dimensions: _____ |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | Footings: _____ |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Roof: _____ |
| Roadside Tree Project Permit # _____ | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

Property Owner's Name: Trinity Quality Homes Inc.
 Address: 3675 Park Ave
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 443-535-8516 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Trinity Quality Homes Inc
 Contact Person: Sheral Newsham
 Address: 3675 Park Ave # 301
 City: Ellicott City State: MD Zip Code: 21043
 License No.: 699
 Phone: 443-535-8516 Fax: _____
 Email: sheral@trinityhomes.com

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

| Utilities | |
|--|--|
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Heating System | |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: | |
| Sprinkler System: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: <u>B-13000A07</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: Sarah Oakley Print Name: Sarah Oakley
 Email Address: sarah@trinityhomes.com Date: 8/20/13
 Title/Company: Select, CAS Assistant

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--|---------------|-----------------------|
| <input checked="" type="checkbox"/> State Highways | | |
| <input checked="" type="checkbox"/> Building Officials | | |
| <input checked="" type="checkbox"/> PSZA (Zoning) | | |
| <input checked="" type="checkbox"/> PSZA (Engineering) | | |
| <input checked="" type="checkbox"/> Health | <u>9/5/13</u> | <u>Idéal Saha</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>100.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ <u>50.00</u> |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>028700</u> |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

