



# 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: \_\_\_\_\_

Permit No.: BI4001669

Building Address: 12793 FOLLY QUARTERS RD.  
City: ELICOTT CITY State: MD Zip Code: 21042  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SOCCER/LACROSSE FIELDS  
Proposed Use: SOCCER/LACROSSE FIELDS  
Estimated Construction Cost: \$ 180,000.00  
Description of Work: FURIOUS & INSTALL NEW FIELDS  
BLEACHERS

Occupant or Tenant: LANEVELL COUNTRY SCHOOL  
Was tenant space previously occupied?  Yes  No  
Contact Name: SEE OWNER  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: LANEVELL COUNTRY SCHOOL  
Address: 12793 FOLLY QUARTERS RD.  
City: ELICOTT CITY State: MD Zip Code: 21042  
Phone: 410-531-7375 Fax: \_\_\_\_\_  
Email: VENUE@LANEVELL.ORG

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: SEE CONTRACTOR BELOW  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: GIZARDSTADT DESIGN  
Contact Person: CHARIS HOWARD  
Address: 215 BOWEN CT.  
City: ANAPOLIS State: MD Zip Code: 21401  
License No.: 02527594  
Phone: 410-224-5772 Fax: 3773  
Email: CHARISHOWARD44@COMCAST.NET

Engineer/Architect Company: THE SABLE GROUP  
Responsible Design Prof.: TON SABLE  
Address: 500 MAIN ST. SUITE 700 102  
City: FT. WORTH State: TEXAS Zip Code: 76150  
Phone: 817-332-1074 Fax: 817-338-0535  
Email: TSABLE@SABLELLP.COM

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: <u>AS</u>	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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

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 type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: _____
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: [Signature]  
Print Name: CHARIS HOWARD  
Email Address: CHARISHOWARD44@COMCAST.NET  
Date: 5/21/14  
Title/Company: PRESIDENT / GIZARDSTADT DESIGN

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

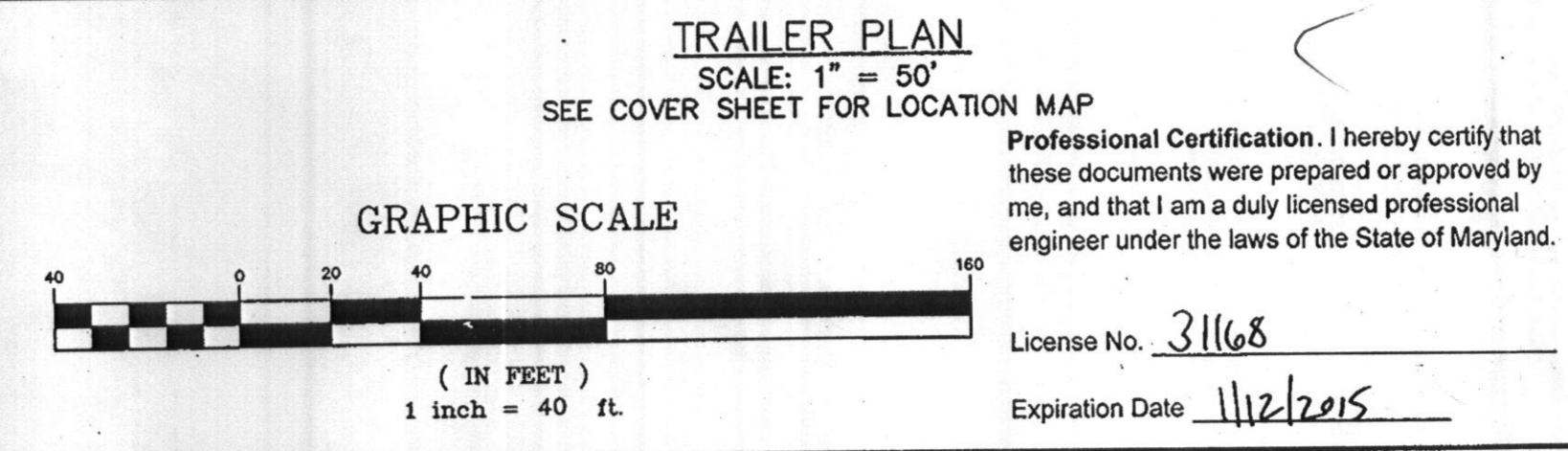
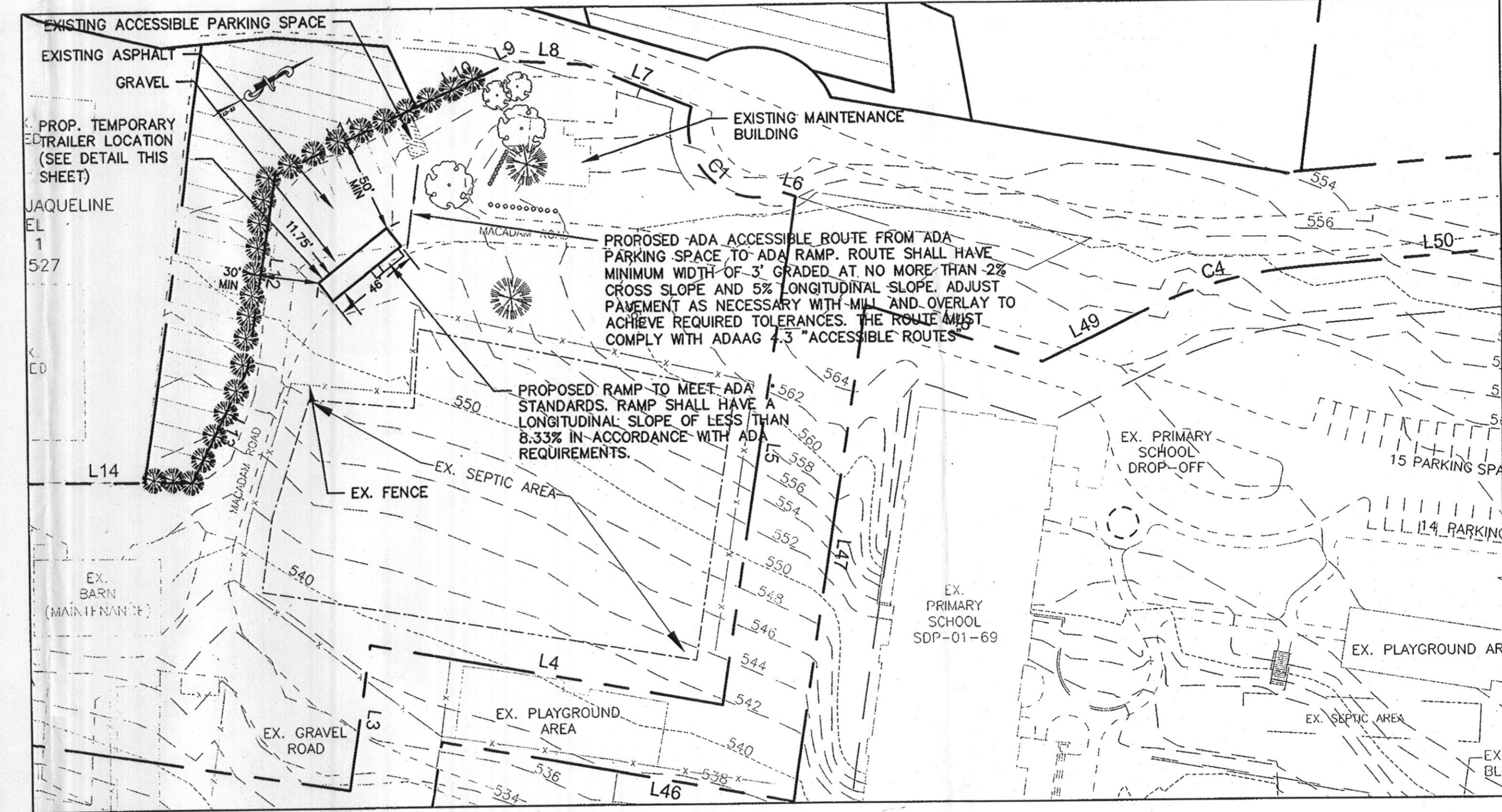
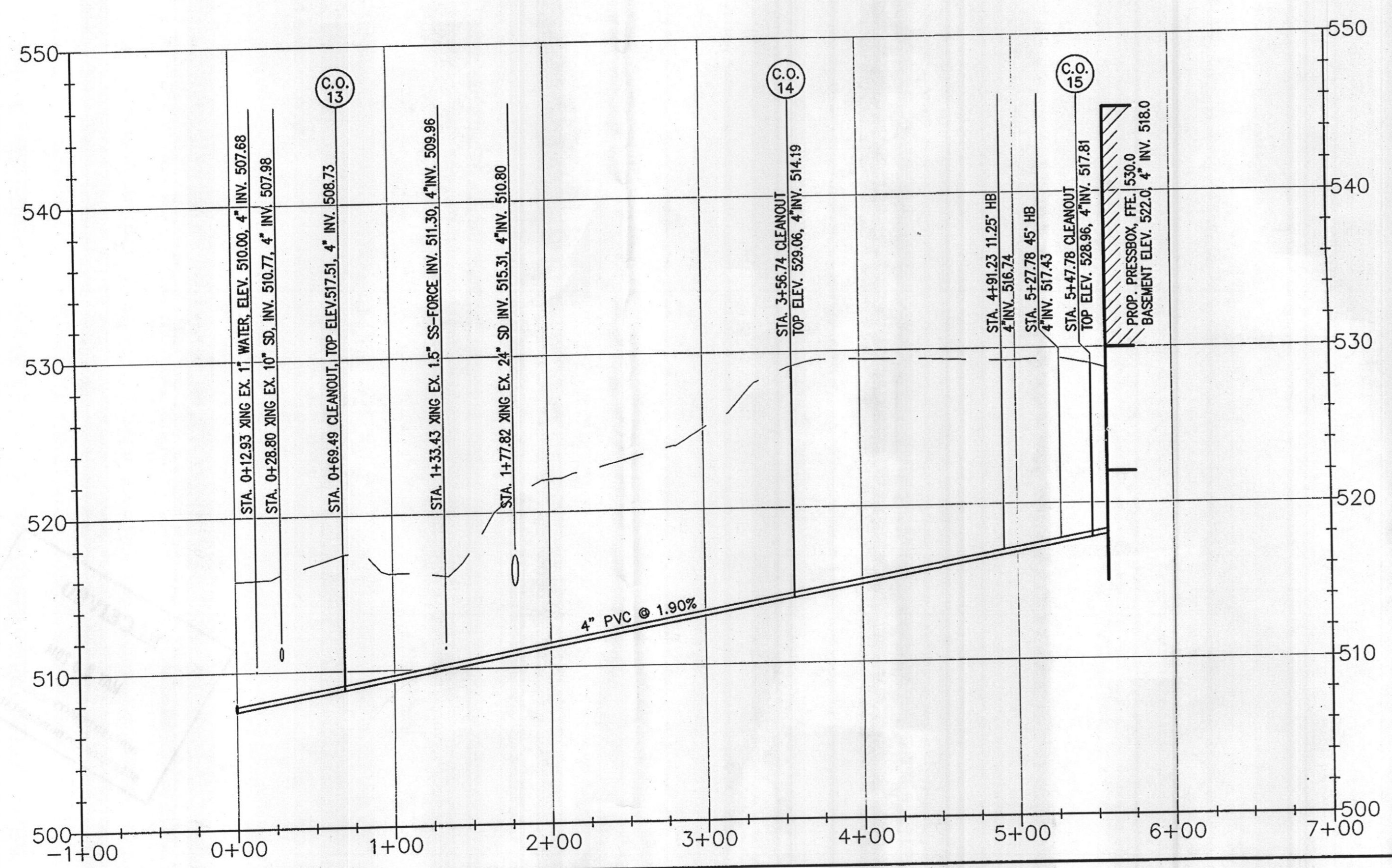
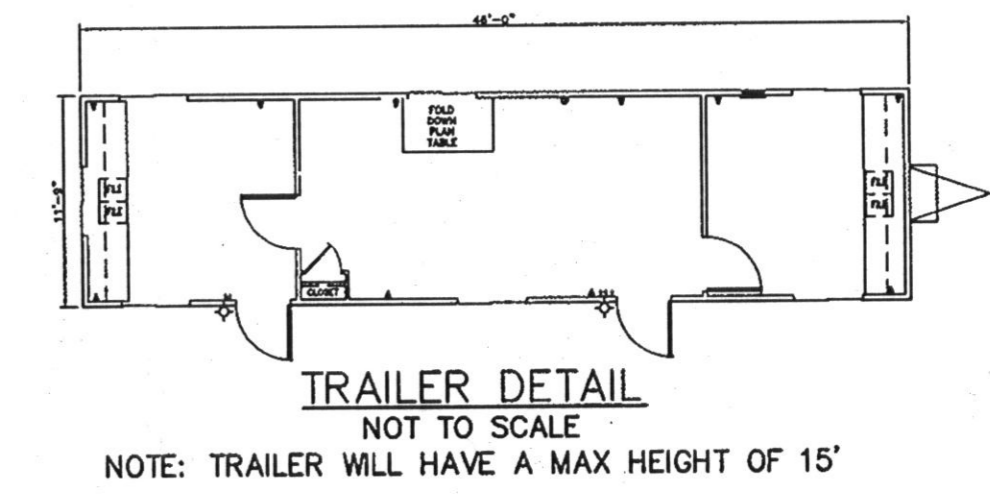
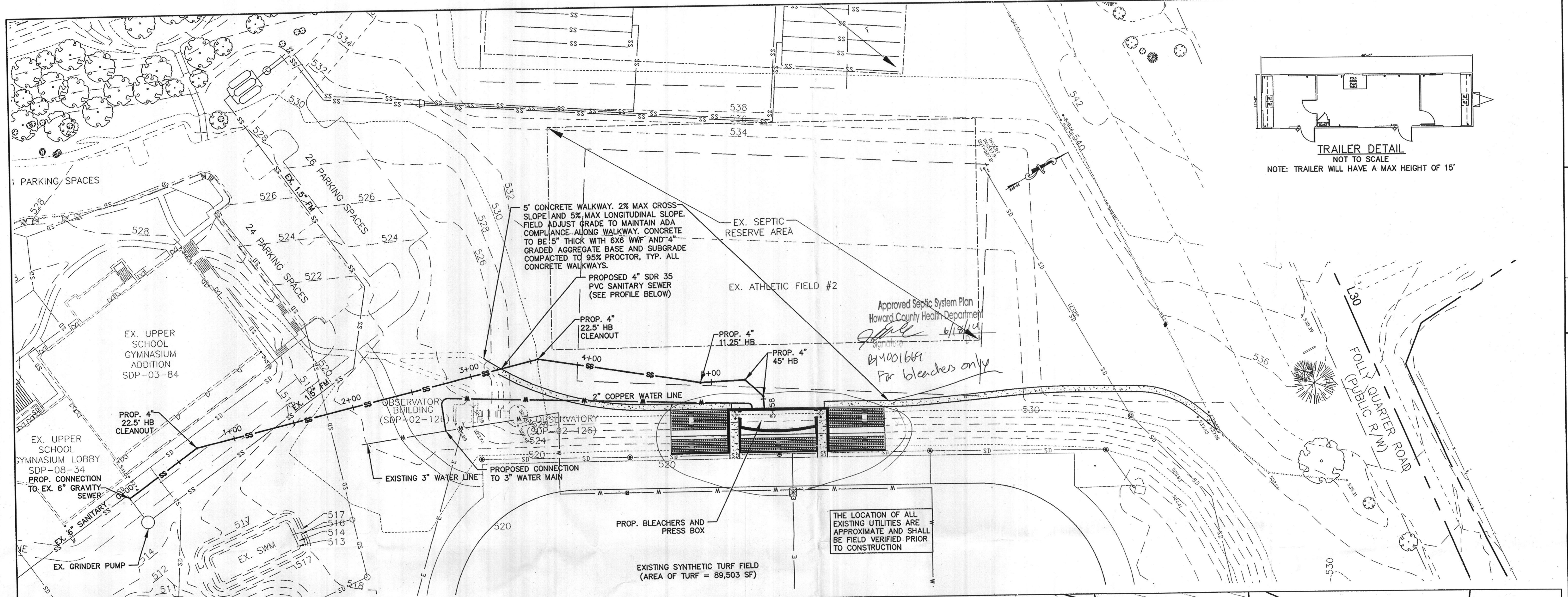
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

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>110.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>01420</u>

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

Comm. Per. J. Hobson  
WANTS TO PICK UP



APPROVED: DEPARTMENT OF PLANNING AND ZONING

CHIEF, DEVELOPMENT ENGINEERING DIVISION *[Signature]* DATE 6/18/13

CHIEF, DIVISION OF LAND DEVELOPMENT *[Signature]* DATE 6/18/13

DIRECTOR *[Signature]* DATE 6/18/13

**HURON CONSULTING**  
A Division of Nobis Engineering, Inc.  
20410 CENTURY BLVD  
SUITE 230  
ANN ARBOR, MI 48106  
PHONE: (313) 528-2010  
FAX: (313) 528-0124  
www.huroncon.com

STATE OF MARYLAND  
PROFESSIONAL ENGINEER  
6-3-13

DRW BY: JLA  
CHK BY: JLA  
APP BY: REH

REVISIONS	DATE	DESCRIPTION
1	1-27-13	REVISED PER COUNTY COMMENTS ON TEMPORARY TRAILER

**GLENELG COUNTRY SCHOOL**  
12793 FOLLY QUARTER ROAD  
ELLIOTT CITY, MD 21042

REVISIONS

PROJECT NO.: 86860.00  
DRAWING NO.: C-501  
SHEET: 35 OF 35  
DATE: MARCH 2013

SCALE: HORIZONTAL: AS SHOWN  
VERTICAL: N/A

SDP-03-084