



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: 4-30-14

Permit No.: B14001402

Building Address: 2280 SCOTT WHEELER DR
City: MARCIOTSVILLE State: MD Zip Code: 21104
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: C Map Coordinates: _____ Lot Size: _____

Existing Use: VEHICLE STORAGE
Proposed Use: VEHICLE STORAGE
Estimated Construction Cost: \$ 140,000
Description of Work: FIT VEHICLE EXHAUST SYSTEM AS PER DRAWINGS

Occupant or Tenant: HOWARD COUNTY FIRE & RESCUE
Was tenant space previously occupied? Yes No
Contact Name: Capt. KEVIN HENRY
Address: 6151 COLUMBIA GATEWAY DE SUITE 400
City: COLUMBIA State: MD Zip Code: 21046
Phone: 410 313 6000 Fax: 410 313 6027
Email: FD1571@howardcountymd.gov

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>30' 0"</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth _____ Width _____
Gross area, sq. ft./floor: <u>4800</u>	1 st floor: _____
Area of construction (sq. ft.): <u>4800</u>	2 nd floor: _____
Use group: <u>F-1</u>	Basement: _____
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input checked="" type="checkbox"/> Structural Steel <u>11A</u>	<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: _____
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

Property Owner's Name: DPW/BUREAU OF FACILITIES
Address: THOMAS B. DRESKY BLDG. 9250 BALDWIN RD
City: COLUMBIA State: MD Zip Code: 21045
Phone: 410 313 6135 Fax: 410 313 5777
Email: dloderum@howardcountymd.gov

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Todd Luke
Address: 1100 WILCOMICO ST #525
City: BALTIMORE State: MD Zip Code: 21230
Phone: 410-528-8374 Fax: 410-528-8389
Email: TLuke@cce-inc.com

Contractor Company: CENTENNIAL CONTRACTORS INC
Contact Person: CRAIG ABELL
Address: 1100 WILCOMICO ST #525
City: BALTIMORE State: MD Zip Code: 21230
License No.: 16729474
Phone: 410-528-8374 Fax: 410-528-8389
Email: cabell@cce-inc.com

Engineer/Architect Company: WILSON ENGINEERING SERVICES
Responsible Design Prof.: JAMES W. WILSON
Address: 214 OAK COURT
City: SEVERNA PARK State: MD Zip Code: 21146
Phone: 410 544 3610 Fax: _____
Email: Jimwilson1@gmail.com

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" 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: Todd Luke
Email Address: tluke@cce-inc.com
Title/Company: Supt. CENTENNIAL CONTRACTORS ENT. INC.

Print Name: Todd Luke
Date: 4/29/14
LICENSES & PERMITS DIVISION

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>5/1/14</u>	<u>[Signature]</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? Yes No
Is Entrance Permit Required? Yes No
Historic District? Yes No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$ <u>NO</u>
PSFS	\$ <u>FEE</u>
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#