



# 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.: B13001884

Building Address: 7245 Preservation Ct  
 City: Fulton State: Md Zip Code: 20759  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Pendell Wood  
 Section: - Area: 2 Lot: 14  
 Tax Map: 41 Parcel: 274 Grid: 8  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 40,008 sq ft

Property Owner's Name: Christopher & Paulette Carter  
 Address: 7245 Preservation Ct  
 City: Fulton State: Md Zip Code: 20759  
 Phone: 301-706-3297 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated here):  
 Applicant's Name: James George Middlebrook  
 Address: 8057 Veterans Hwy  
 City: Millersville State: Md Zip Code: 21108  
 Phone: 410-969-4444 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: Res SF  
 Proposed Use: Res SF  
 Estimated Construction Cost: \$ 8200  
 Description of Work: Construct 18x28 deck w/steps

Contractor Company: Fence Connection Inc.  
 Contact Person: James Rubush  
 Address: 8057 Veterans Hwy  
 City: Millersville State: Md Zip Code: 21108  
 License No.: 45780  
 Phone: 410-969-4444 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Occupant or Tenant: owner  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ 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 <sup>st</sup> floor: _____	_____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: <u>18 x 28</u>	_____
Use group: _____	Basement:	_____
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input 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	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of 1 BR units: _____	_____
<input type="checkbox"/> Roadside Tree Project Permit # _____	No. of 2 BR units: _____	_____
	No. of 3 BR units: _____	_____
	Other Structure: _____	_____
	Dimensions: _____	_____
	Footings: _____	_____
	Roof: _____	_____
	<input type="checkbox"/> State Certified Modular	_____
	<input type="checkbox"/> Manufactured Home	_____

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	_____
<input checked="" type="checkbox"/> Private	<u>Back Pt Corner</u>
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	_____
<input checked="" type="checkbox"/> Private	<u>Front Yard</u>
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	_____
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	_____
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	_____
<input type="checkbox"/> Other: _____	_____
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<b>Grading Permit Number:</b> _____	
<b>Building Shell Permit Number:</b> _____	

THE UNOERSIGNED 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: Michelle Rubush Print Name: Michelle Rubush  
 Email Address: \_\_\_\_\_ Date: 4/9/13  
 Title/Company: See Contract

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	<u>4/10/13</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/23/13</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	\$	<u>50.09</u>
Tech Fee	\$	<u>.8</u>
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	<u>55.09</u>
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	

Health Dept - G-9183

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B0052377 PA 1

Building Address 7245 Preservation Court  
Fulton, MD 20759  
Suite/Apt. # \_\_\_\_\_ SDPWP/Petition # \_\_\_\_\_  
Census Tract 6051-02 Subdivision Pindell Woods  
TAX ID # 05-435420 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 14  
Tax Map 41 Parcel 274 Grid 8  
Zoning RR-DCO Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Dale Thompson Builders  
Address 6300 Woodside Court  
City Columbia State MD Zip Code 21046  
Home Phone 410-995-6736 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax 410-381-8747

Existing Use vacant lot  
Proposed Use single family dwelling  
Estimated Construction Cost \$300,000.00  
Description of Work Roughing in for future finished basement,  
4 1/2 baths, family room fireplace, 2nd floor laundry  
room, master bedroom fireplace, sunroom, study  
3 car garage

Contractor Company Dale Thompson Builders  
Contact Person Amy Ferrer  
Address 6300 Woodside Court  
City Columbia State MD Zip Code 21046  
License No. \_\_\_\_\_  
Phone 410-995-6736 Fax 410-381-8747

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Dale Thompson Builders  
Contact Person Amy Ferrer  
Address 6300 Woodside Court  
City Columbia State MD Zip Code 21046  
Phone 410-995-6736 Fax 410-381-8747

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input checked="" type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/>
Multi-family dwellings: _____	_____ NFPA #13D
No. of efficiency units: _____	_____ NFPA #13R
No. of 1 BR units: _____	_____ Other: _____
No. of 2 BR units: _____	
No. of 3 BR units: <u>4</u>	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
_____ State Certified Modular	
_____ Manufactured Home	

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.

Amy Seuer (AOS)  
Applicant's Signature  
Dale Thompson Builders  
Title/Company

Amy Ferrer  
Print Name  
2/24/05  
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	<u>2-25-05</u>	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>17148</u>
SDP/Red-line approval date _____	Validation # <u>86283</u>

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