

Building Address: 2510 ...
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 32
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: MD Zip Code: 21075
 Home Phone: _____ Work Phone: 410 271 5950
 Applicant's Name & Mailing Address, (If other than stated herein): _____
 Phone: 410 209 7712 Fax: 410 271 5950
 Email: _____

Contractor Company: ...
 Contact Person: ...
 Address: _____
 City: _____ State: MD Zip Code: 21075
 License No.: _____
 Phone: 410 271 5950 Fax: 410 271 5950
 Email: _____

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

| BUILDING DESCRIPTION - COMMERCIAL | |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Building Characteristics | Utilities |
| Height: | <u>Water Supply</u> |
| No. of stories: | <input type="checkbox"/> Public |
| Gross area, sq. ft./floor: | <input type="checkbox"/> Private |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <u>Heating System</u> |
| <u>Construction type:</u> | <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Structural Steel | |
| <input type="checkbox"/> Masonry | <u>Sprinkler System:</u> |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> N/A |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Suppression |
| Roadside Tree Project Permit # | No. of Heads: |

| BUILDING DESCRIPTION - RESIDENTIAL | |
|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| Building Characteristics | Utilities |
| <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | <u>Water Supply</u> |
| <u>Depth</u> <u>Width</u> | <input type="checkbox"/> Public |
| 1 st floor: | <input type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input checked="" type="checkbox"/> Private |
| <input checked="" type="checkbox"/> Unfinished Basement | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: <u>5</u> | <input type="checkbox"/> Electric |
| | <input type="checkbox"/> Oil |
| <u>Multi-family Dwelling</u> | <input checked="" type="checkbox"/> Natural Gas |
| No. of efficiency units: | <input type="checkbox"/> Propane Gas |
| No. of 1 BR units: | |
| No. of 2 BR units: | |
| No. of 3 BR units: | |
| Other Structure: | |
| Dimensions: | |
| Footings: | <input checked="" type="checkbox"/> Roadside Tree Project Permit |
| Roof: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> State Certified Modular | Roadside Tree Project Permit # |
| <input type="checkbox"/> 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.

Applicant's Signature _____
 Email Address _____
 Title/Company _____

Print Name _____
 Date 2/7/11

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) | <u>11</u> | |
| PSZA (Engineering) | | |
| Health | <u>2/11</u> | <u>[Signature]</u> |
| Fire Protection | | |

Is Sediment Control approval required for 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 New Town Zone: _____
 SDP/Red-line approval date: _____

| | |
|-----------------|------------------|
| Filing Fee | \$ <u>150.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |

