



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: 7-2-14

Permit No.: B14002327

Health

Building Address: 5610 Chamblis Drive
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 6
Tax Map: _____ Parcel: _____ Grid: 28-23
Zoning: RC-DEO Map Coordinates: 4933-H6 Lot Size: 99.1 acres

Existing Use: Field/pasture
Proposed Use: Temporary tent for one-day fundraising event
Estimated Construction Cost: \$ 16,000
Description of Work: Erect one 30'x300' tent and one 40'x160' tent with side walls.
Flame retardant certificate attached. Tent will be set up between 9/18/14 through 9/22/14.
Occupant or Tenant: Howard Community College Educational Foundation, Inc.
Was tenant space previously occupied? Yes No
Contact Name: Melissa Matley
Address: 10901 Little Patuxent Parkway
City: Columbia State: MD Zip Code: 21044
Phone: 410-218-3856 Fax: 443-518-4477
Email: mmatley@howardcc.edu

Property Owner's Name: George Doetsch
Address: 5610 Chamblis Drive
City: Clarksville State: MD Zip Code: 21029
Phone: 410-978-1800 Fax: _____
Email: gdoetsch@appleford.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Melissa Matley
Address: 10901 Little Patuxent Parkway
City: Columbia State: MD Zip Code: 21044
Phone: 410-218-3856 Fax: 443-518-4477
Email: mmatley@howardcc.edu

Contractor Company: Virginia Tent Rental
Contact Person: Lorena Kush
Address: P.O. Box 5124
City: Charlottesville State: VA Zip Code: 22905
License No.: 1218154
Phone: 434-296-7595 Fax: 434-296-7911
Email: info@valentrental.com

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

Commercial Building Characteristics	Residential Building Characteristics
Height: 18 ft.	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: 1	Depth _____ Width _____
Gross area, sq. ft./floor: 15,400 SF	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.): 15,400 SF	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group:	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> 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

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 type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Fire suppression - extinguishers
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.

Melissa Matley
Applicant's Signature
mmatley@howardcc.edu
Email Address
Executive Director, Howard Community College Educational Foundation
Title/Company

Melissa Matley
Print Name
7.2.14
Date

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>7/2/14</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/2/14</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? <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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>110</u>
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>0004123</u>

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

See 2013 - B13003375