



Building Address: 6840 Owings Overlook Way
 City: Highlands State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: GP13-085
 Census Tract: _____ Subdivision: Owings Prop.
 Section: n/a Area: n/a Lot: 22
 Tax Map: 40 Parcel: 44 Grid: 4
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: SK Homes@ Highlands Owings
 Address: 7090 Samuel Morse Dr.
 City: Columbia State: MD Zip Code: 21046
 Phone: 410312-5163 Fax: 410-312-4708
 Email: porla@comcast.net

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: BPS, Inc. - Pat Orla
 Address: 232-D Crocker Dr.
 City: Bel Air State: MD Zip Code: 21014
 Phone: 410-879-7848 Fax: 410-879-7847
 Email: porla@comcast.net

Existing Use: Vacant lot

Proposed Use: SED

Estimated Construction Cost: \$ 200,000.00 w/ Macaron, 3 car garage

Description of Work: Const. SED - "Limericks" 2 sty Full Bsmt, 11R 3, FB, 1HB, 3 car Garage (4 BR) opt. FP, Fin. w/bath

Occupant or Tenant:

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: same as owner

Contact Person: Bill McElwee

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: MHBR# 557

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 st floor: <u>70</u>	<u>68</u>
	2 nd floor: <u>46</u>	<u>68</u>
Area of construction (sq. ft.):	Basement: <u>60</u>	<u>68</u>
Use group:	<input checked="" type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	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 checked="" type="checkbox"/> No	Roof:	
<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>G1300045 282</u>
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.

Pat Orla
 Applicant's Signature
porla@comcast.net
 Email Address
Agen for Steuart Kret Homes
 Title/Company

BPS Inc - Pat Orla
 Print Name
3/27/14
 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		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>4/9/14 B. Bunker</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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	\$
PSPS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



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: 11/22/14

Permit No.: B14003710

Building Address: 6840 Owings Boulevard
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Owings Prop
 Section: _____ Area: _____ Lot: 22
 Tax Map: 40 Parcel: 441 Grid: 4
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.46 ac

Existing Use: SFO
 Proposed Use: SFO w/ proposed ramp
 Estimated Construction Cost: \$ 8000
 Description of Work: Install 1000 sq ft ramp on
road

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: Owings
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: St Homes @ Highland w/ing
 Address: 7090 Samuel Morse Dr
 City: Columbia State: MD Zip Code: 21046
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: Po Box 1053
 City: Columbia State: MD Zip Code: 21046
 Phone: 410-313-2455 Fax: _____
 Email: jeff@applied-appraisal.com

Contractor Company: Valley Mechanical Co
 Contact Person: William Brown
 Address: 7201 Marcellus Rd
 City: Jessup State: MD Zip Code: 20794
 License No.: 67793
 Phone: 410-709-1144 Fax: _____
 Email: _____

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

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 st floor:
Area of construction (sq. ft.):	2 nd floor:
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Utilities	
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<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" 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 type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: _____ Print Name: Jeffrey Brown
 Email Address: jeff@applied-appraisal.com Date: _____
 Title/Company: _____

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>10/22/14</u>	<u>H. Osborn</u>

Is Sediment Control approval required for issuance? Yes No
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Side:
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Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3858</u>

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

