



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.: B15003048

Building Address: 8200 FREE STATE RD
 City: LAVEL State: MD Zip Code: 20723
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: CARMAX AUTO DEALERSHIP
 Proposed Use: SAME NO CHANGE
 Estimated Construction Cost: \$ 100,000.00
 Description of Work: CONSTRUCT PHOTO STATION FOR AUTOS
 Occupant or Tenant: OCCUPANT
 Was tenant space previously occupied? Yes No
 Contact Name: MIKE RAMSEY
 Address: 1570 LINDA VISTA DR.
 City: SAN MARCOS State: CA Zip Code: 92028
 Phone: 760 744 3133 Fax: 760 744 5132
 Email: mramsey@lusardi.com

Property Owner's Name: CARMAX
 Address: 12800 TUCKAHOE CREEK PKWY
 City: RICHMOND State: VA Zip Code: 23238
 Phone: 804-747-0428 Fax: _____
 Email: Randy_Smith@Carmax.com
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: SAME AS CONTACT
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: LSARDI CONSTRUCTION CO. #
 Contact Person: MIKE RAMSEY
 Address: 1570 LINDA VISTA DR
 City: SAN MARCOS State: CA Zip Code: 92028
 License No.: CATE 207287 13961800
 Phone: 760 744 3133 Fax: 760 744 5132
 Email: mramsey@lusardi.com

Engineer/Architect Company: EMPIRE 3 CONSULTANTS
 Responsible Design Prof.: TRAVIATH MOCK
 Address: 7010 ARLINGTON AVE STE 205
 City: RIVERSIDE State: CA Zip Code: 92503
 Phone: 951-509-1900 Fax: 951-509-1911
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling: <input type="checkbox"/> SF Townhouse	
No. of stories: <u>1</u>	Depth	Width
Gross area, sq. ft./floor: <u>42382</u>	1 st floor:	
Area of construction (sq. ft.): <u>1,214 NO ADDED SF</u>	2 nd floor:	
Use group: <u>SP</u>	Basement:	
<u>Construction type:</u>	<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	<u>Multi-family Dwelling</u>	
	No. of efficiency units:	
	No. of 1 BR units:	
	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 type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State-Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input 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 Signature: [Signature]
 Email Address: mramsey@lusardi.com
 Title/Company: DIRECTOR OF PLANNING

Print Name: MIKE RAMSEY
 Date: 6/8/2015

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>7/27/15</u>	<u>H. Oswalt</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	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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