



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: 09/11/14

Permit No.: B14003321

Building Address: 14341 Fox Creek Ct
 City: Cooksville State: MD Zip Code: 21723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Monticello
 Section: _____ Area: _____ Lot: _____
 Tax Map: 8 Parcel: 110 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.03acs

Existing Use: Vacant Lot
 Proposed Use: Residential property
 Estimated Construction Cost: \$ 450,000
 Description of Work: New home construction
Excavation Foundation, Framing
MEP, Finishing
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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>63'8" 65'</u>
Area of construction (sq. ft.):	2 nd floor: <u>63'8" 65'</u>
Use group:	Basement: <u>63'8" 65'</u>
Construction type:	<input checked="" 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: <u>5</u>
<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:
	Footings:
	Roof:
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home
<input checked="" type="checkbox"/> Roadside Tree Project Permit	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Roadside Tree Project Permit #	

Property Owner's Name: Farajah Ukondwa
 Address: 4783 Leyden Way
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 410 666 9960 Fax: _____
 Email: Tanza8@yahoo.com

Applicant's Name & Mailing Address, (if other than stated herein) same
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: Owner to act as Contractor

Contractor Company: M&R Construction Group LLC
 Contact Person: Farajah Ukondwa
 Address: 4783 Leyden Way
 City: Ellicott City State: MD Zip Code: 21042
 License No.: 105993 OWNER
 Phone: 410 666 9960 Fax: _____
 Email: Tanza8@yahoo.com

Engineer/Architect Company: Jonathan Rivera - Architect
 Responsible Design Prof.: Jonathan Rivera - Architect
 Address: 1242 Morgan Station Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: 443 226 5745 Fax: _____
 Email: Jrivera@jra-design.com

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>614000301</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.

Applicant's Signature: [Signature]
 Email Address: Tanza8@yahoo.com
 Title/Company: Owner

Print Name: Farajah Ukondwa
 Date: 9/11/2014
 RECEIVED
 SEP 11 2014

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 LICENSES & PERMITS DIVISION
 PLEASE WRITE NEATLY & LEGIBLY
 FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		<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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ N/A
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 132

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

Simplified ECP approved by Jimmy W.