



# 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.: \_\_\_\_\_

Building Address: 17770 Hardy Rd.  
 City: MT Airy State: MD Zip Code: 21771  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Jacob Lambert  
 Address: 17770 Hardy Rd  
 City: MT Airy State: MD Zip Code: 21771  
 Phone: 240 481 0242 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: Residential  
 Proposed Use: Residential  
 Estimated Construction Cost: \$ 25,000  
 Description of Work: Replace rotted Log Wall on back of House with new 2x6 Wood Frame wall  
 Occupant or Tenant: Jacob Lambert  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Michael Kilpatrick  
 Address: 1045 Long Corner Rd  
 City: MT Airy State: MD Zip Code: 21771  
 Phone: 301 928 1203 Fax: \_\_\_\_\_  
 Email: M.Kilpatrick@MASTCONSTRUCTIONLLC.COM

Contractor Company: MAST CONSTRUCTION LLC  
 Contact Person: Mike Kilpatrick  
 Address: 1045 Long Corner Rd  
 City: MT Airy State: MD Zip Code: 21771  
 License No.: 92245  
 Phone: 301 928 1203 Fax: \_\_\_\_\_  
 Email: M.Kilpatrick@MASTCONSTRUCTIONLLC.COM

Engineer/Architect Company: Structural Eng. Unlimited  
 Responsible Design Prof.: Wan  
 Address: 3280 Urbana Pike Suite 101  
 City: Farmville State: MD Zip Code: 21754  
 Phone: 301 748 2769 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 <sup>st</sup> floor: 2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
Use group:	<input checked="" type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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:
> 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 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 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's Signature: Michael Kilpatrick Print Name: Michael Kilpatrick  
 Email Address: M.Kilpatrick@MASTCONSTRUCTIONLLC.COM Date: 10-15-15  
 Title/Company: Project Manager / MAST

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

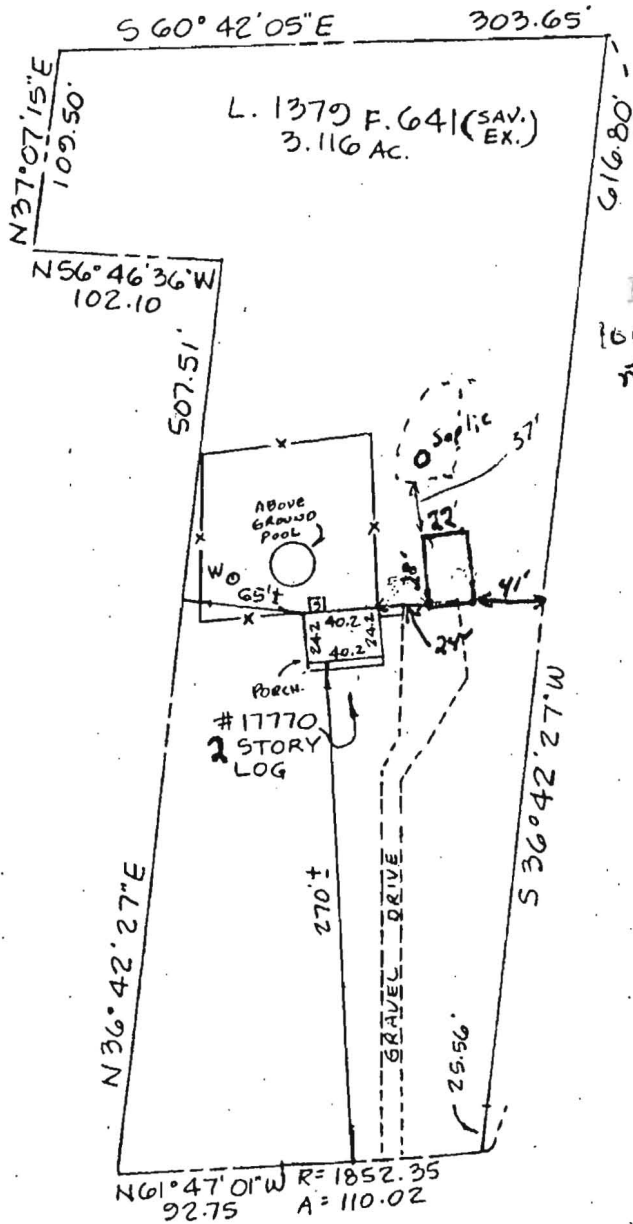
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

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	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

CASE No. 21-3116

NOTE: This location for this purposes only — not to be used for determining property lines. Property corner Markers Not guaranteed by this location




**APPROVED**  
 WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN H. Oswald DATE: 10/15/15  
 DESC. OF WORK: Replace rotted log wall on back of house w/ new 2x6 wood frame wall.

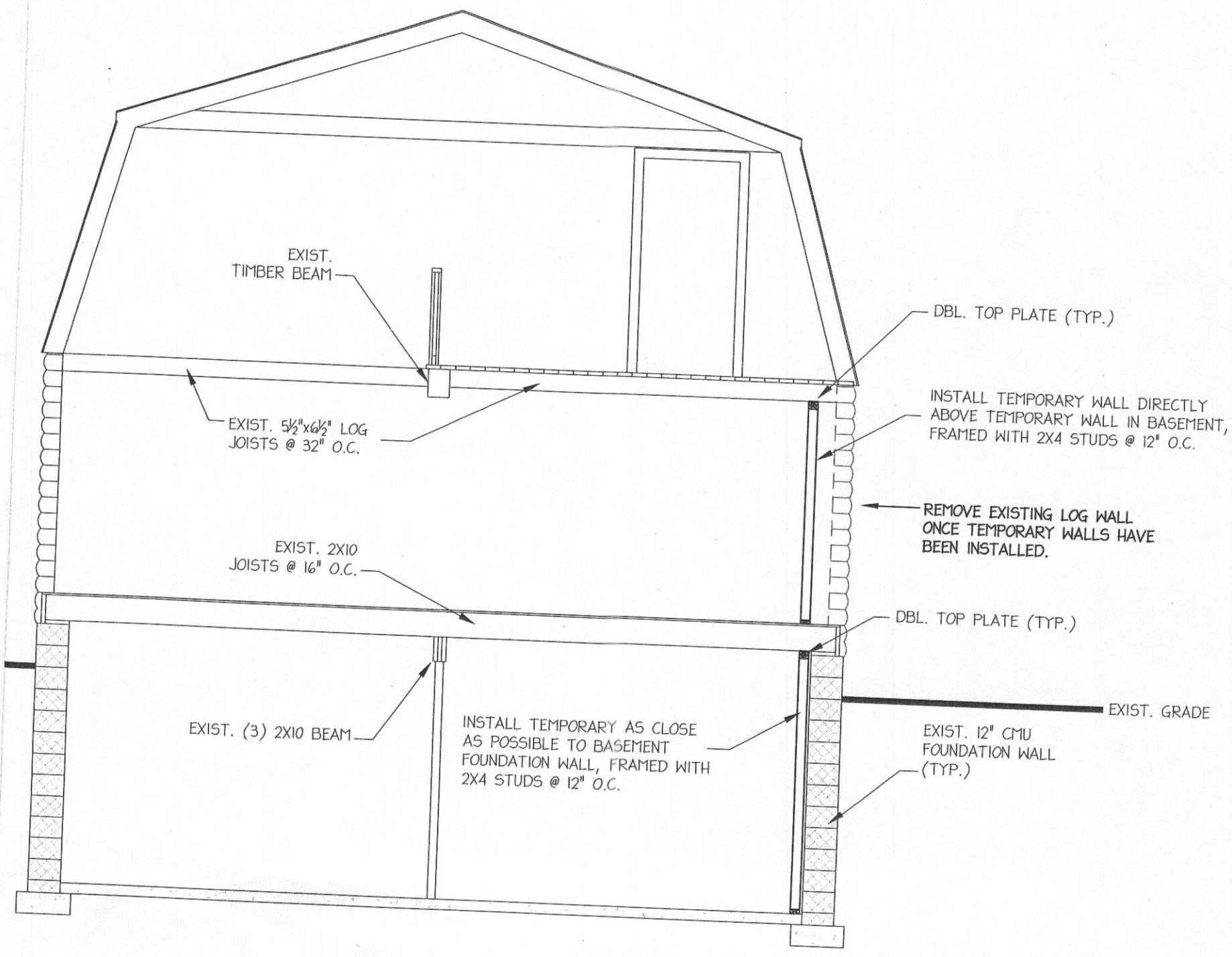
LOCATION OF HOUSE  
 PROPERTY OF  
 C.L.H. & D.W. CASTO  
 LIBER 1379 FOLIO 641  
 HOWARD COUNTY, MD.

HARDY ROAD

HUD FLOOD PANEL NO. 240044-0007B

ZONE: C

<p><b>CERTIFICATE</b></p> <p>I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY.</p> 	<p><b>REFERENCES</b></p> <p>PLAT BK.</p> <p>PLAT NO.</p>	<p><b>HALLER ASSOCIATES</b></p> <p>SURVEYING • ENGINEERING • PLANNING</p> <p>(301) 663-1843 522 TRAIL AVENUE, FREDERICK, MARYLAND 21701</p>
	<p>LIBER 1379</p> <p>FOLIO 641</p>	



## SECTION - TEMPORARY SUPPORT FOR REAR WALL REPLACEMENT

Scale: 1/4" = 1'-0"

