



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: 11505 Crows Nest Rd.
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: RR-DEO Map Coordinates: _____ Lot Size: _____

Existing Use: _____
Proposed Use: garage (one-car)
Estimated Construction Cost: \$ 6500
Description of Work: adding a one car garage

Occupant or Tenant: occupant
Was tenant space previously occupied? Yes No
Contact Name: Dai Ly
Address: (same as above)
City: Clarksville State: MD Zip Code: 21029
Phone: 919 371 8145 Fax: _____
Email: dai.c.ly@gmail.com

Property Owner's Name: Dai Ly
Address: 11505 Crows Nest Rd
City: Clarksville State: MD Zip Code: 21029
Phone: 919 371 8145 Fax: _____
Email: dai.c.ly@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No. : _____
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:	2 nd floor:
Area of construction (sq. ft.):	Basement:	
Use group:	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<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:	
➤ 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	
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 checked="" 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:	

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: dai.c.ly@gmail.com
Email Address: _____
Title/Company: _____

Print Name: Dai C Ly
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>9/4/15</u>	<u>R. Bueh</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	#

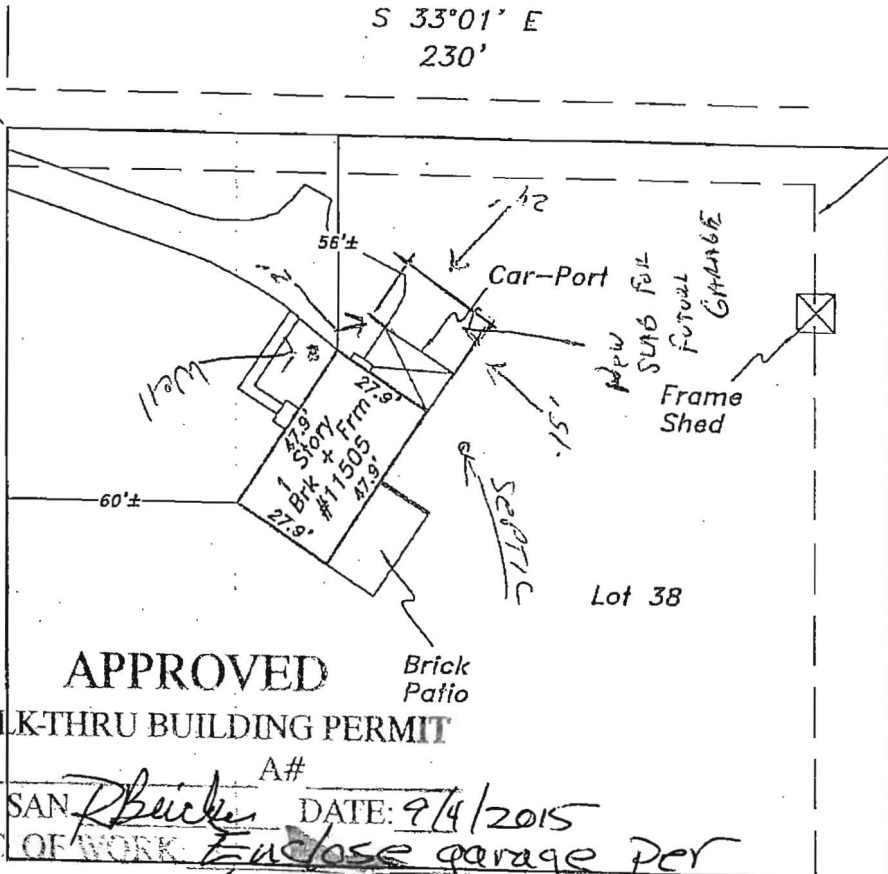
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Crow's Nest Road

THIS DRAWING IS A LOCATION DRAWING. I HEREBY ACKNOWLEDGE RECEIPT, REVIEW AND ACCEPTANCE OF THE WITHIN SURVEY.

Kahby

N 56°59' E
190.0'



APPROVED
WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN *R. Becker* DATE: 9/4/2015
DESC. OF WORK: *Enclose garage per previous approval*

60' BRL

N 33°01' W
230'
Lot 39

20' Drainage and Utility Easement

S 56°59' W
190.0'

1" = 50'
5/17/15
Site plan approved as shown for car port enclosure project + foundation for future garage. - H. Oswald #B15001674

Note: Per: Testimony request was approved by Mike Davis on 5/15/15 M.O.

The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as:
Lot 38, Section 3,
CLARKSVILLE RIDGE
recorded among the land records of Howard County, Maryland in
Plat Book 6 Plat 75



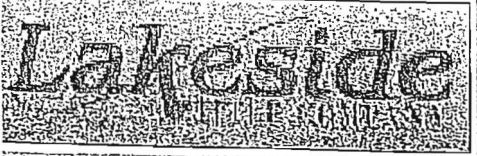
James Carl Hudgins
Property Line Surveyor #96
Expiration Date: 3/11/16

LOCATION DRAWING
11505 Crow's Nest Road
5th ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.
16205 Old Frederick Rd.
Mt. Airy, Maryland 21771
Phone: (410) 442-2031
Fax: (410) 442-1315
www.nttsurveyors.com

Scale:	1" = 50'
Date:	10-6-14
Field By:	DR
Drawn By:	DR
File No.:	LMD16373
Page No.:	1 of 2

PREPARED FOR:



This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.