



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: 12235 Frederick Road
 City: Ellicott City State: MD Zip Code: 21042
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: John Peters
 Address: 12235 Frederick Road
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 843-442-3586 Fax: _____
 Email: j03pete@gmail.com

Existing Use: _____
 Proposed Use: New Garage/Breezeway
 Estimated Construction Cost: \$ _____
 Description of Work: Construct 3 car garage 30x36 w/ 8x12 breezeway attached to existing garage
 Occupant or Tenant: _____
 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: Clarksville Construction
 Address: 9050 F Red Branch Rd
 City: Columbia State: MD Zip Code: 21045
 Phone: 443-386-3099 Fax: 410-531-2966
 Email: adamAugust@clarksvilleconstruction.net

Contractor Company: Clarksville Construction
 Contact Person: Adam August
 Address: 9050 Red Branch Road
 City: Columbia State: MD Zip Code: 21045
 License No.: 78947
 Phone: 443-386-3099 Fax: _____
 Email: info@clarksvilleconstruction.net

Engineer/Architect Company: Melissa Clark
 Responsible Design Prof.: _____
 Address: _____
 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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<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:	
<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:	
➤ 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 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: Adam August
 Print Name: Adam August
 Email Address: adamAugust@clarksvilleconstruction.net
 Title/Company: President
 Date: 11/06/19

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>Melissa Clark</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	#

4 BEDROOMS = 120 LF OF TRENCH

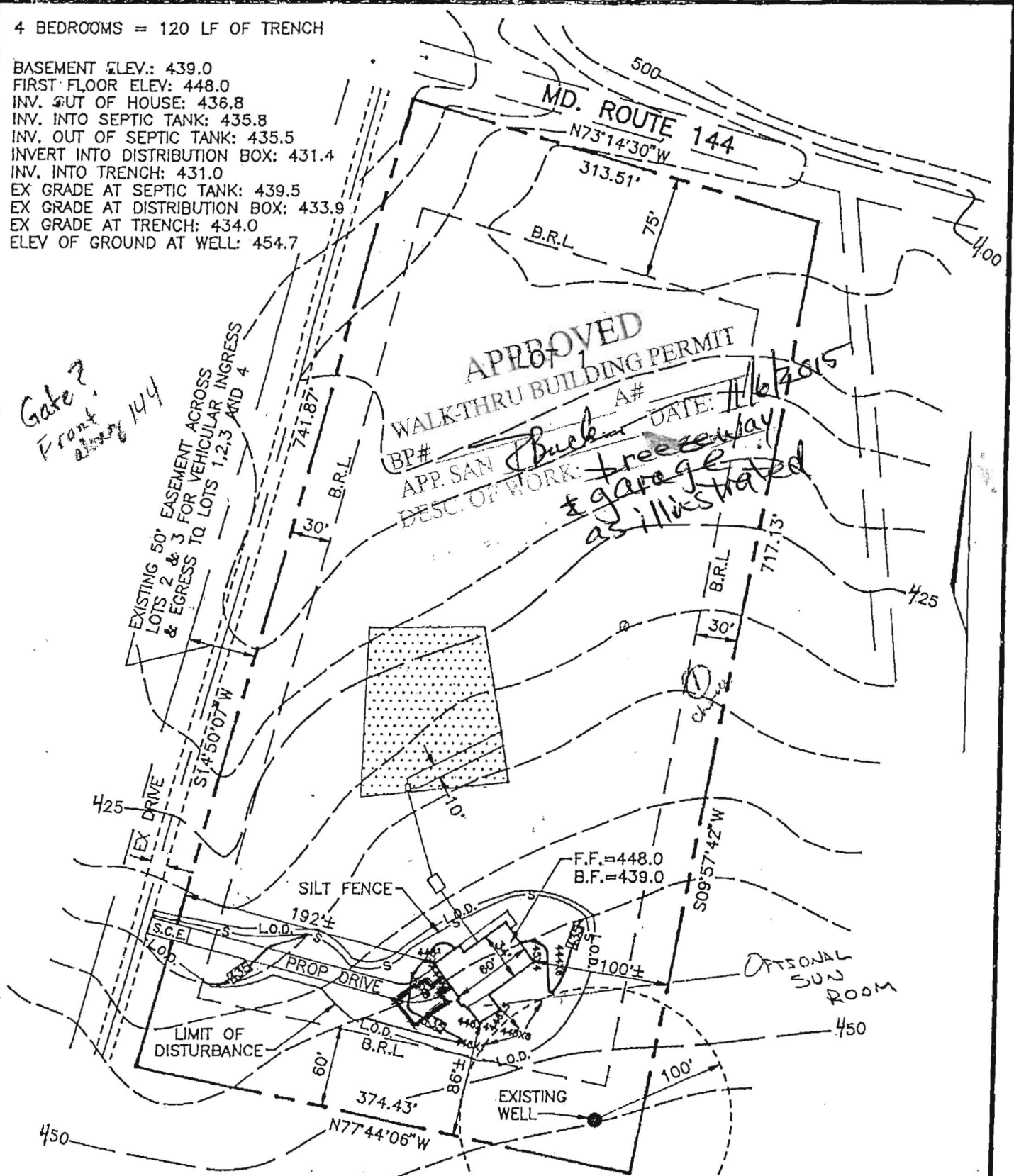
BASEMENT ELEV.: 439.0
 FIRST FLOOR ELEV.: 448.0
 INV. OUT OF HOUSE: 436.8
 INV. INTO SEPTIC TANK: 435.8
 INV. OUT OF SEPTIC TANK: 435.5
 INVERT INTO DISTRIBUTION BOX: 431.4
 INV. INTO TRENCH: 431.0
 EX GRADE AT SEPTIC TANK: 439.5
 EX GRADE AT DISTRIBUTION BOX: 433.9
 EX GRADE AT TRENCH: 434.0
 ELEV OF GROUND AT WELL: 454.7

*Gate?
Front
Along 144*

EXISTING 50' EASEMENT ACROSS
 LOTS 2 & 3 FOR VEHICULAR INGRESS
 & EGRESS TO LOTS 1, 2, 3 AND 4

APPROVED
 WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN *Buck* DATE: *11/6/85*
 DESC. OF WORK: *freezenway / garage & driveway as illustrated*



NOTE
 *PERC FIELD & WELL LOCATION ARE FROM HEALTH DEPARTMENT RECORDS.
 *TOPOGRAPHY SHOWN HEREON SUPPLIED BY CLIENT

PREPARED FOR:
 CHUCK FEAGA
 3433 ORANGE GROVE COURT
 ELLICOTT CITY, MARYLAND 21042

1" = 100'

12235 Frederick Road #2 STONE

