



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: 17405 Nursery Court
 City: Mount Airy State: MD Zip Code: 21771
 Suite/Apt. #: _____ SDP/WP/EA #: _____
 Census Tract: _____ Subdivision: Nursery Acres
 Section: 2 Area: _____ Lot: 7
 Tax Map: Plat 7645 Parcel: _____ Grid: _____
 Zoning: R Map Coordinates: _____ Lot Size: 3.3

Property Owner's Name: Lawrence E Jugler
 Address: Same as to the left
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Single Family Home
 Proposed Use: Same
 Estimated Construction Cost: \$ 20,000
 Description of Work: Prefab Garage/Workshop

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

Occupant or Tenant: Owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Glick Woodworks, Dan Glick
 Contact Person: _____
 Address: 1188 Garfield Rd
 City: MT Joy State: PA Zip Code: 17552
 License No.: _____
 Phone: 717-653-6523 Fax: _____
 Email: sales@glicksheds.com

Engineer/Architect Company: Glick Woodworks
 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	<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:	
<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 type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Other: <u>None</u>	
<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: Lawrence Jugler
 Email Address: jugler@comcast.net
 Owner
 Title/Company: _____

Print Name: Lawrence Jugler
 Date: 9/30/15

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>Christina Bernard</u>

Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side SL:	
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	#

Scale (1-100)

THE PROP'Y SHOWN HEREON
LIES IN ZONE IC, AS SHOWN
ON FLOOD INSURANCE RATE
MAP NO. 240044-0007B
*PANEL MAP NOT PRINTED

APPROVED

WALK-THRU BUILDING PERMIT

BP#

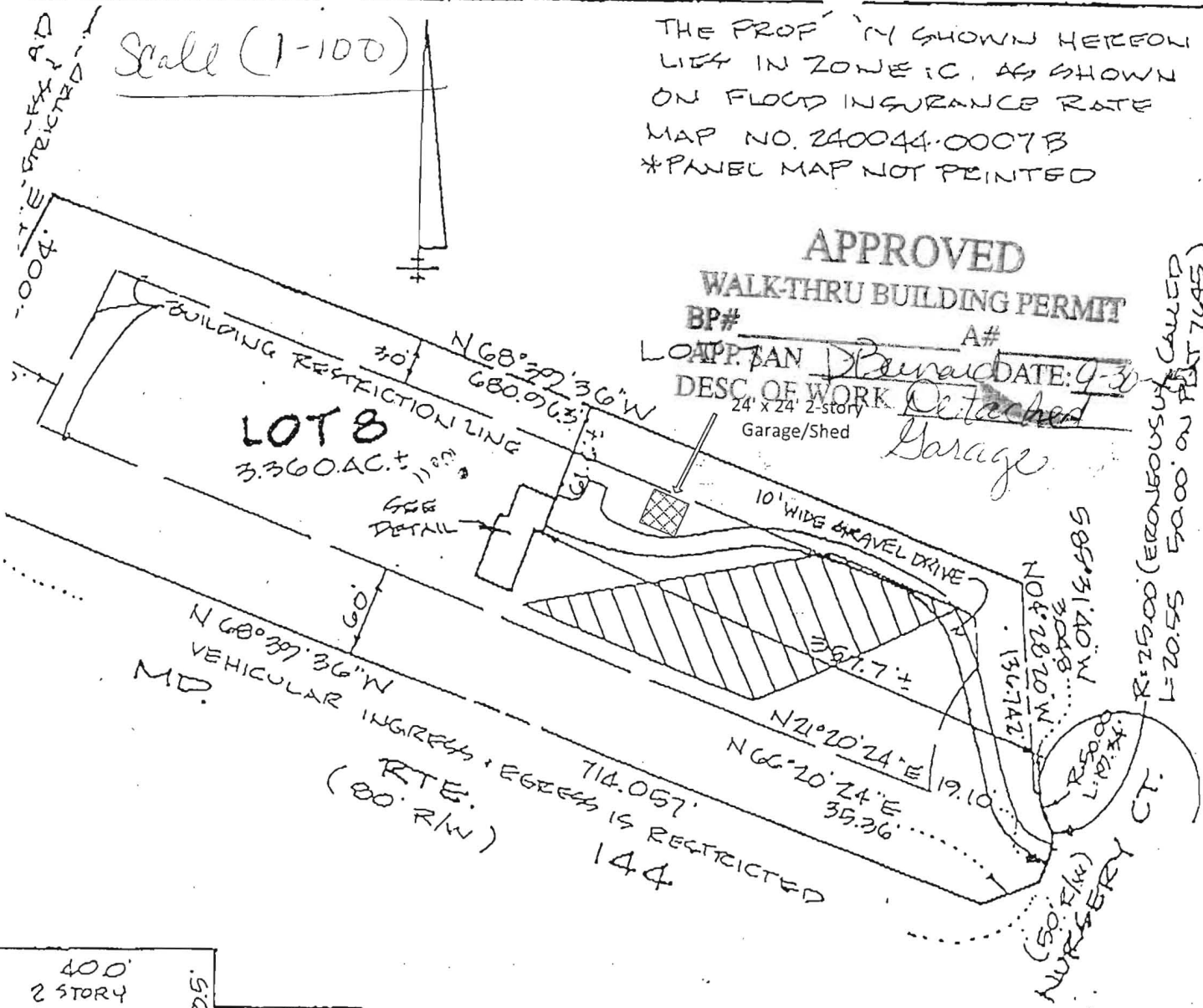
A#

LOAPP. TAN *Parade* DATE: 9-30

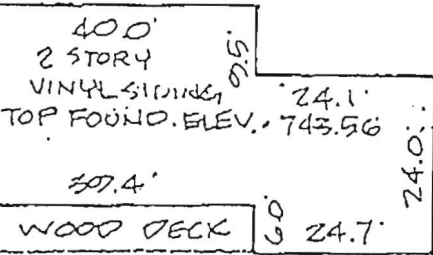
DESC. OF WORK *Detached*

Garage/Shed

Garage

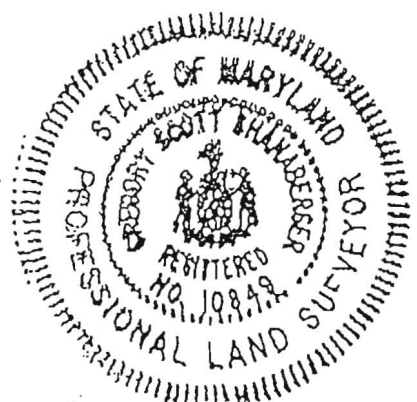


R: 25.00 (ERONGOUSLY CALLED
L: 20.55 50.00 ON PLAT 7645)



DETAIL

SCALE: 1" = 30'



I HEREBY CERTIFY THAT I HAVE LOCATED
IMPROVEMENTS SHOWN. THIS PLAT
DOES NOT REPRESENT A BOUNDARY
& CANNOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.

AS-BUILT CERTIFICATION
LOT 8
NURSERY ACRES

LOTS 2 THRU 8
SECTION 2
PLAT # 7645

