



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 1209 ROUND GATE CT  
 City: WOODBINE State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: PANA + SUSAN BOURG  
 Address: 1209 ROUND GATE CT  
 City: WOODBINE State: MD Zip Code: 21797  
 Phone: 410-442-1350 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Existing Use: SINGLE FAM  
 Proposed Use: ADDITION  
 Estimated Construction Cost: \$ 45,000.00  
 Description of Work: ADDITION ON FRONT  
MASTER BATH ON FIRST  
FLOOR - HANDY CAP SHOWER  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: RK REMODELING  
 Contact Person: ROBERT L. KNIGHT  
 Address: PO. BOX 279  
 City: WOODBINE State: MD Zip Code: 21797  
 License No.: 7925  
 Phone: 410-442-1888 Fax: \_\_\_\_\_  
 Email: RKVCOC@COMCAST.NET

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: <u>2</u>	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: <u>8'</u> <u>24'</u>
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
<b>Construction type:</b>	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<b>Multi-family Dwelling</b>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Grading Permit Number:</b>	
_____	
<b>Building Shell Permit Number:</b>	
_____	

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: \_\_\_\_\_  
 Email Address: RKVCOC@COMCAST.NET  
 Title/Company: FREE

Print Name: ROBERT L. KNIGHT  
 Date: 11/12/15

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

-FOR OFFICE USE ONLY-

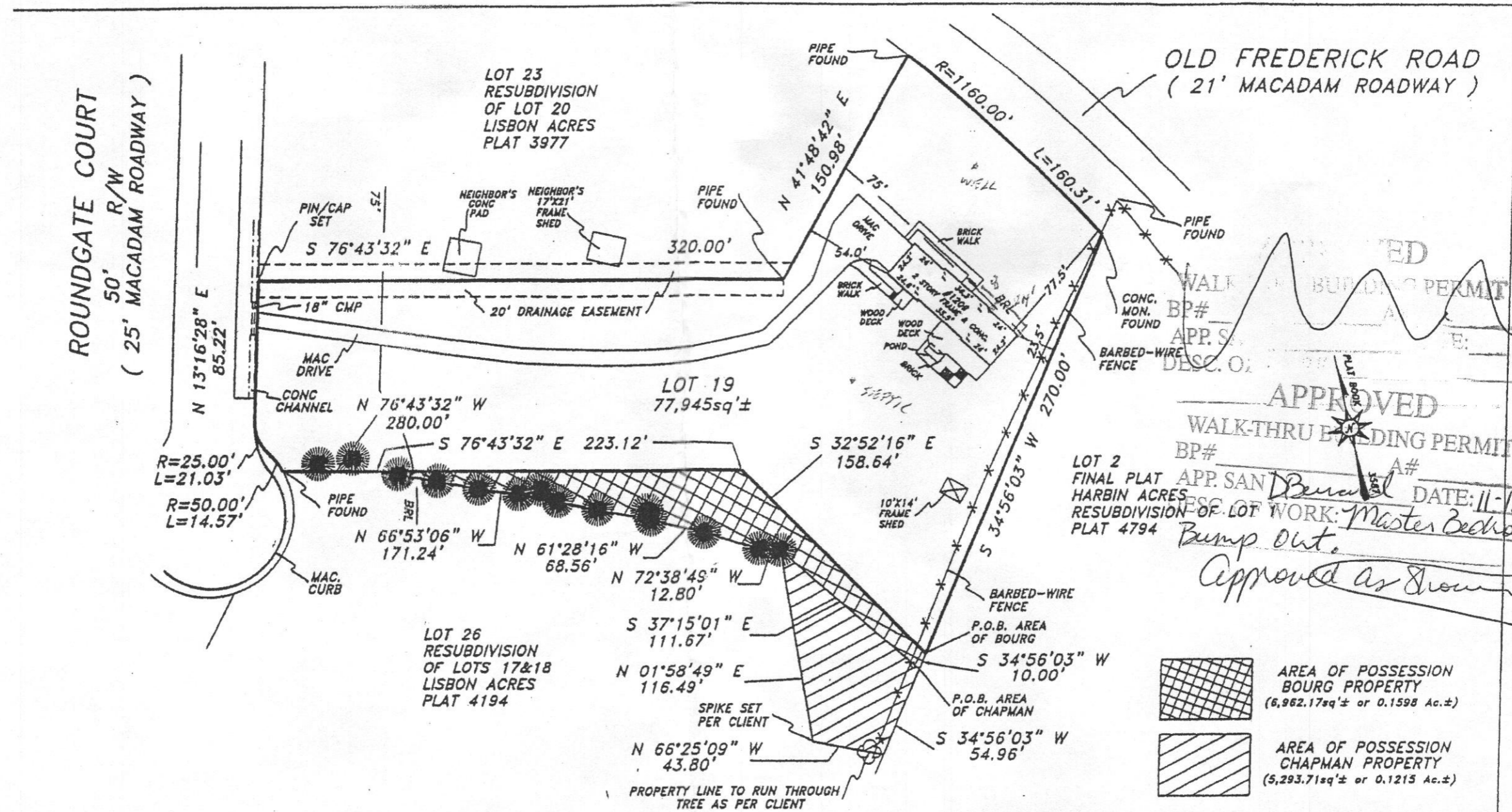
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

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: _____

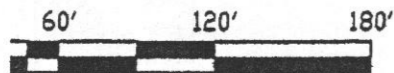
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

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



APPROVED  
WALK-THRU BUILDING PERMIT  
DATE: 11-12-15  
Approved as shown

THE BEARINGS SHOWN HEREON, ARE IN ACCORDANCE WITH THE ORIGINAL RECORDS OF THE PLAT OF LISBON ACRES RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND IN PLAT BOOK 587.



This is to certify that I have surveyed the property shown hereon, being known as LOT 19 LISBON ACRES and recorded among the land records of Howard County, Maryland in Plat 3587 for the purpose of locating or setting the corners thereof.

Subject property is shown in Zone C on the FIRM Map of Howard County, Maryland on Community Panel 240044 0006 B Effective DECEMBER 4, 1986



J. Carl Hudgins PLS #96

PLAT OF SURVEY  
1209 ROUNDGATE COURT  
4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

NTT Associates, Inc.  
16205 Old Frederick Road  
Mt. Airy, Maryland 21771  
Ph. (410)442-2031  
Fax No. (410)442-1315

Scale:	1" = 60'
Date:	9/28/07
Field By:	RIK / SCK
Drawn By:	RIK
Drawing #	MISC9165

EXHIBIT

A