



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: 10475 state Route 108
 City: Columbia State: md Zip Code: 21044
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: 2.514 Lot: _____
 Tax Map: 0029 Parcel: 0034 Grid: 0012
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Mario @ Donna Gorsion
 Address: 10475 state Route 108
 City: Columbia State: md Zip Code: 21044
 Phone: 240 417 9622 Fax: _____
 Email: gorsiondo @ att.net
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: _____
 Proposed Use: pavillion
 Estimated Construction Cost: \$ 7000.00
 Description of Work: 20x30 x 9 h.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: Donna Gorsion
 Address: 10475 state Route 108
 City: Columbia State: md Zip Code: 21044
 License No.: _____
 Phone: 240 417 1045 Fax: _____
 Email: gorsiondo @ att.net

Engineer/Architect Company: Mark J Bandy inc
 Responsible Design Prof.: Mark J Bandy inc
 Address: 8312 jumping Field Court
 City: Ellicott C State: md Zip Code: 21043
 Phone: 410 750 2261 Fax: _____
 Email: MSBModels @ verizon.net

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:	
<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	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input 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: [Signature]
 Email Address: gorsiondo @ att.net
 Title/Company: owner

Print Name: Mario Gorsion
 Date: 5/16/16

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>5/16/16</u>	<u>[Signature]</u>

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:

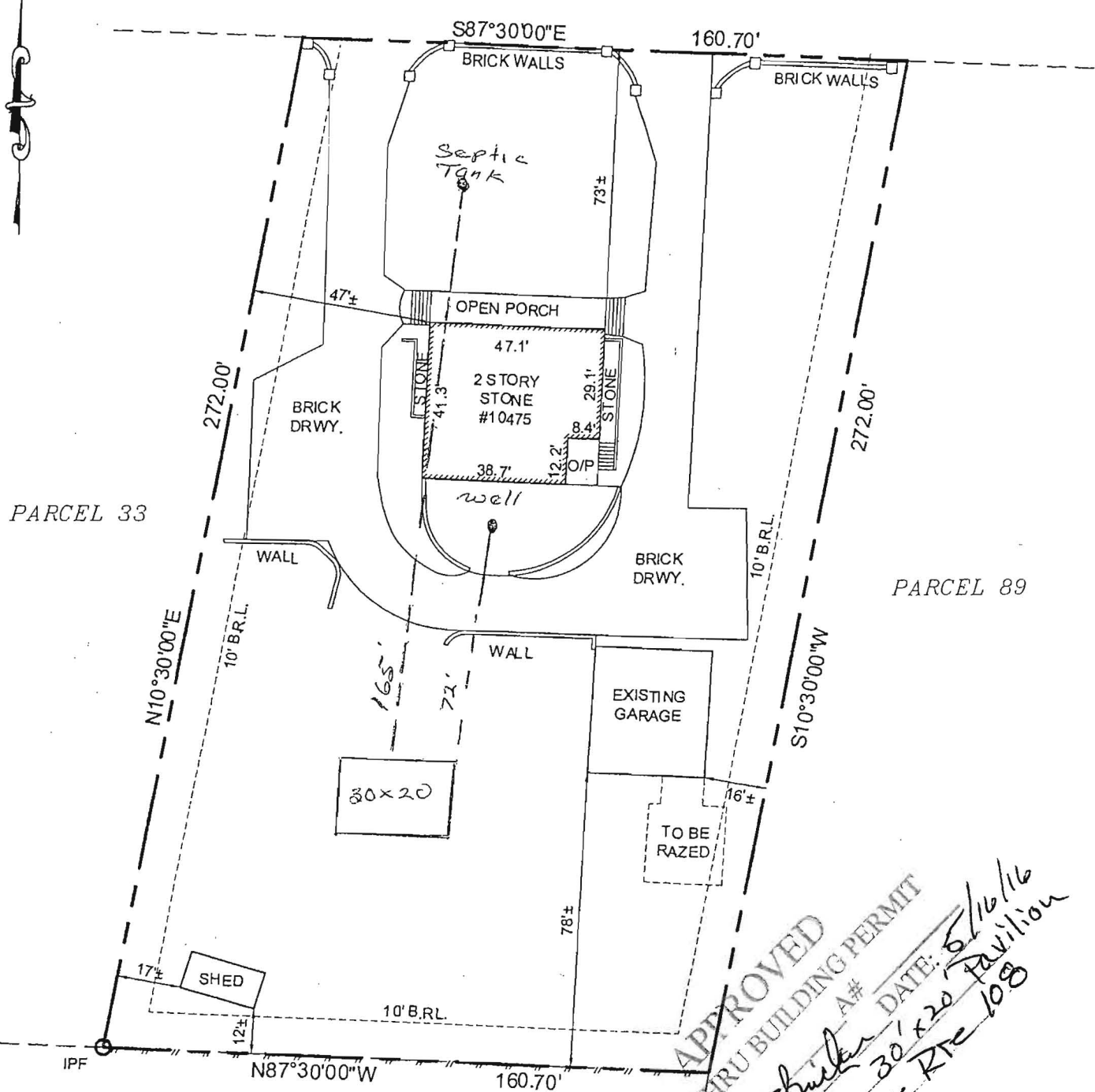
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

PARCEL 33

PARCEL 89

PARCEL 92



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN. & BUILDING DATE: 5/16/16
 DESC. OF WORK: 30' x 20' Pavilion
 10475 State Rte 108

Scale:
 1" = 40'

NOTES:

- THIS IMPROVEMENT LOCATION DRAWING:
 - IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
 - IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
 - DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
- THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
- THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.
- SUBJECT TO ALL EASEMENTS ON RECORD.
- A BOUNDARY SURVEY IS RECOMMENDED TO ACCURATELY LOCATE BOUNDARY LINES, HOUSE AND IMPROVEMENTS ON PROPERTY.

DRAWN BY: DS
 FILE: #10475HLOC_2015

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

LOCATION DRAWING
 PARCEL 34
 LIBER: 7313 FOLIO: 35
 HOWARD COUNTY



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
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Census Tract: _____ Subdivision: _____
Section: _____ Area: 2.514 Lot: 10A
Tax Map: 0029 Parcel: 0034 Grid: 0012
Zoning: R 20 Map Coordinates: _____ Lot Size: 1.000AC

Property Owner's Name: Mario and Donna Gorgon
Address: 10475 State Route 108
City: Columbia State: MD Zip Code: 21044
Phone: 240 417 9622 Fax: _____
Email: gorgonda@att.net

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

Existing Use: _____
Proposed Use: Garage For Auto, jetski, storage
Estimated Construction Cost: \$ 10,000
Description of Work: Alteration to Existing Exterior Perimeter of garage. Alteration to existing include to REMOVE and Replace deteriorating Siding Roof and garage doors. Replace EXISTING Occupant or Tenant: NO
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: _____
Contact Person: Donna Gorgon
Address: 10475 State Route 108
City: Columbia State: MD Zip Code: 21044
License No.: _____
Phone: 240 417 1046 Fax: _____
Email: gorgonda@att.net

Engineer/Architect Company: Mark J. Bandy, inc.
Responsible Design Prof.: Mark J. Bandy
Address: 8312 Jumping Field court.
City: Ellicott City State: MD Zip Code: 21095
Phone: 410 750 2262 Fax: _____
Email: U3BMODELS@VERIZON.NET

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:	
Area of construction (sq. ft.):	2 nd floor:	
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	<input type="checkbox"/> Finished Basement	
	<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:	
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	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	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input 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:	

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Applicant's Signature: [Signature]
Email Address: gorgonda@att.net
Title/Company: OWNER

Print Name: MARIO GORGON
Date: 5/16/16

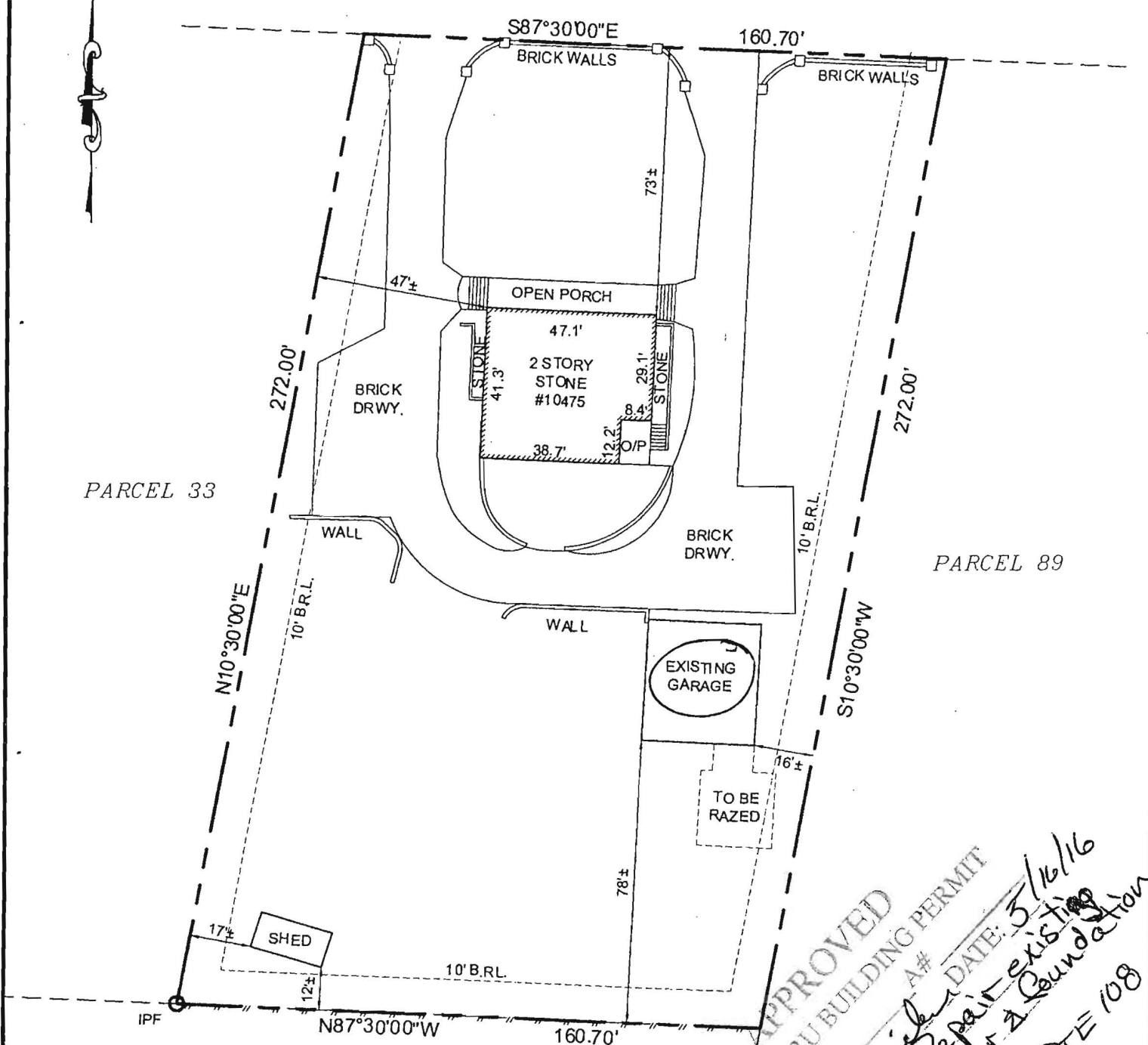
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>[Signature]</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	#



PARCEL 33

PARCEL 89

PARCEL 92

APPROVED
 WALK-THRU BUILDING PERMIT
 DP# _____ APP. SAN _____ A# _____
 DESC. OF WORK: *Garage exterior repair existing* DATE: *5/16/16*
 10475 STATE RTE 108

- NOTES:**
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