



# 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: 1704 Cattail Meadows Dr  
 City: Woodbine State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Cattail Woods, Sec II  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 23  
 Tax Map: No 7 Parcel: 137 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 60,000 SF

Property Owner's Name: Edward R. Quinn Jr  
 Address: 1704 Cattail Meadows Dr  
 City: Woodbine State: MD Zip Code: 21797  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: Squinnhome@yahoo.com  
 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: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: Tent install (temporary, 4 days) for wedding (July 16 2016) in back yard of residence.  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact 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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: _____	<b>Depth</b> <b>Width</b>	
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____	_____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____	_____
Use group: _____	Basement: _____	
_____	<input type="checkbox"/> Finished Basement	
_____	<input type="checkbox"/> Unfinished Basement	
_____	<input type="checkbox"/> Crawled Space	
_____	<input type="checkbox"/> Slab on Grade	
<b>Construction type:</b>		
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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	
<b>Water Supply</b>	
<input type="checkbox"/> Public	_____
<input type="checkbox"/> Private	_____
<b>Sewage Disposal</b>	
<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	_____
<b>Heating System</b>	
<input type="checkbox"/> Electric <input 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	_____
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 \_\_\_\_\_ Print Name \_\_\_\_\_  
 Email Address \_\_\_\_\_ Date \_\_\_\_\_  
 Title/Company \_\_\_\_\_

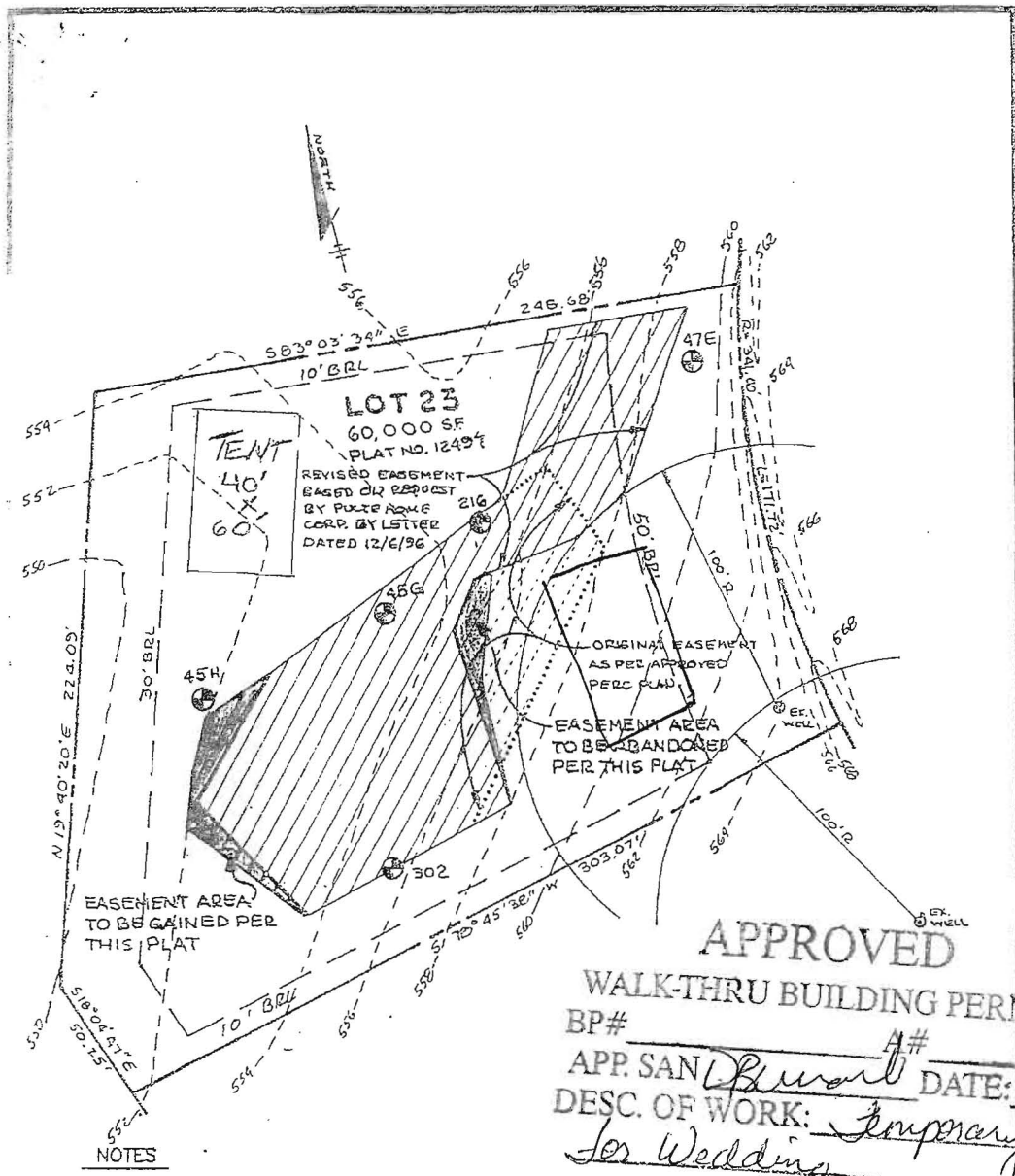
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health		<u>J. J. DeWard</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	#



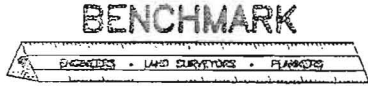
**NOTES**

1. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREAS AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF THE ENVIRONMENT.
2. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF 10,000 SQUARE FEET AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWERAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENT INTO THE PRIVATE SEWERAGE EASEMENT. RECORDATION OF A MODIFIED SEWERAGE EASEMENT PLAT SHALL NOT BE NECESSARY.
3. UNLESS OTHERWISE SHOWN, NO WELLS OR SEWERAGE EASEMENTS ARE LOCATED WITHIN 100 FEET OF THE PROPERTY.
4. PERCOLATION TEST HOLES SHOWN HEREON HAVE BEEN FIELD LOCATED SHOWN AS (S)



APPROVED FOR PRIVATE WATER AND SEWERAGE SYSTEM  
HOWARD COUNTY HEALTH DEPARTMENT

*Jane M. Bogle* 11-19-98  
HOWARD COUNTY HEALTH OFFICER DATE



**ENGINEERING INC.**

**CATTAIL WOODS**  
**LOT 23**  
MODIFIED SEWERAGE  
EASEMENT PLAT  
TAX MAP NO. T  
PARCEL 137  
4TH ELECTION DISTRICT  
HOWARD COUNTY, MD