



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: 4011 Candle light Drive
 City: Dayton State: MD Zip Code: 21036
 Suite/Apt. #: N/A SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: 0006
 Section: _____ Area: _____ Lot: 43
 Tax Map: 0022 Parcel: 0090 Grid: 0019
 Zoning: Residential Map Coordinates: _____ Lot Size: 41,785 SQ

Property Owner's Name: Jigna + Vidit Majmudar
 Address: 4011 Candle light dr.
 City: Dayton State: MD Zip Code: 21036
 Phone: _____ Fax: _____
 Email: jigmaje@hotmail.com
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: storage - unfinished
 Proposed Use: Finished office/Den
 Estimated Construction Cost: \$ 6,500.00
 Description of Work: Converting unfinished storage in basement to finished office/Den
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: All Pro Contracting Services
 Contact Person: Kevin Ciambuschini
 Address: 1101 S. Main St
 City: Mt Airy State: MD Zip Code: 21771
 License No.: 99063
 Phone: 410-336-3236 Fax: _____
 Email: wyebelly@gmail.com
 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 st floor: <u>40' x 50'</u>	_____
Area of construction (sq. ft.): _____	2 nd floor: <u>40' x 50'</u>	_____
Use group: _____	Basement: <u>2050 SQ</u>	
Construction type:	<input checked="" type="checkbox"/> Finished Basement - <u>Partial</u>	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	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"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	_____
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	_____
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	_____
<input type="checkbox"/> Other: _____	_____
<u>Sprinkler System:</u>	
<input checked="" 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] Print Name: Kevin Ciambuschini
 Email Address: wyebelly@gmail.com Date: _____
 Title/Company: owner - All Pro Contracting Services

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? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes 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

