



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: 12161 MT ALBERT RD
 City: ELICOTT CITY State: MD Zip Code: 21042
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 20
 Tax Map: 0022 Parcel: 0108 Grid: 0018
 Zoning: _____ Map Coordinates: _____ Lot Size: 2.09 ac

Property Owner's Name: Phillip & Margie Galt Vase
 Address: 12161 MT ALBERT RD
 City: ELICOTT CITY State: MD Zip Code: 21042
 Phone: _____ 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 family
 Proposed Use: _____
 Estimated Construction Cost: \$ 80,000
 Description of Work: NEW ATTACHED Garage and convert existing garage to room + mud room

Contractor Company: Covey Construction + Consulting
 Contact Person: Lynn Covey
 Address: 16836 HARDY RD
 City: Mt. Airy State: MD Zip Code: 21771
 License No.: 129119
 Phone: 410 984 2522 Fax: _____
 Email: CoveyConsulting@gmail.com

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Lynn Covey
 Address: 16836 Hardy Rd
 City: Mt. Airy State: MD Zip Code: 21771
 Phone: 410 984 2522 Fax: _____
 Email: CoveyConsulting@gmail.com

Engineer/Architect Company: Ronald Johnston Assoc.
 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:	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 checked="" type="checkbox"/> Craw Space	
Construction type:	<input checked="" 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	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" 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: CoveyConsulting@gmail.com
 Title/Company: RESIDENT

Print Name: LYNN COVEY
 Date: 2/19/17

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>

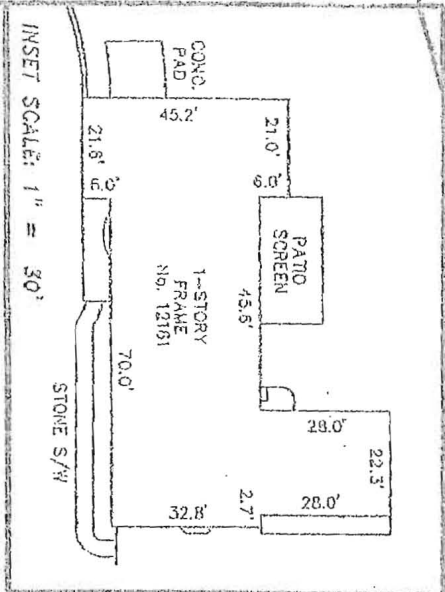
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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



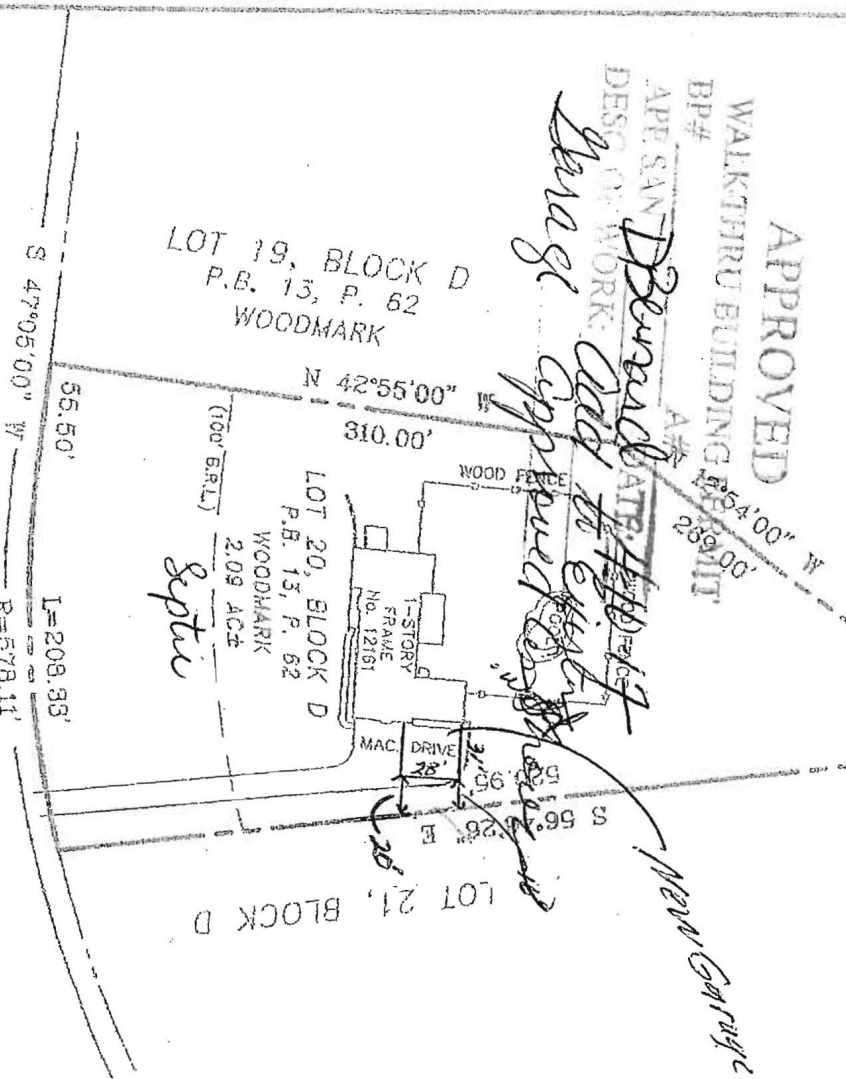
INSET SCALE: 1" = 30'

APPROVED

WALKTHRU BUILDING PERMIT

APR 15, 2014
 DATE: 10/14/14
 APPEAL DATE: 10/14/14
 APPEAL NO. 12151
 APPEAL NO. 12151
 APPEAL NO. 12151

Beauchamp
Adapt to existing
Septic
New Garage



MOUNT ALBERT ROAD
 (50' R.O.W.)

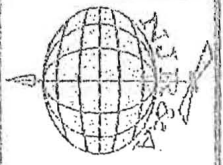
I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.



M.H. ROSHAM, L.S.
 MD REG. NO. 11243

DATE: 10/14/14

ADDRESS:
 12161 MOUNT ALBERT ROAD
 ELLICOTT CITY, MARYLAND 21042



NJR & ASSOCIATES, LLC.
 LAND SURVEYING AND PLANNING
 1815 MONTEVIDEO ROAD
 JESSUP, MARYLAND 20794
 TEL: (410) 799-9089 FAX: (410) 799-9093

LOCATION DRAWING
 LOT 20, BLOCK D
 P.B. 13, P. 62
 WOODMARK
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 100' DATE: OCTOBER 5, 2014

FILE No.	
NJR	L05370
CLIENT	MD16356

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.

Handwritten signature

