



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: 11209 Collie Ct.
City: Fulton State: MD Zip Code: 20759
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Fulton Manor
Section: _____ Area: _____ Lot: 6
Tax Map: 41 Parcel: 05597670 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 1.173A

Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: \$ 5,000.00
Description of Work: 10'x20' Deck with stairs off the kitchen.

Occupant/Tenant Name: Alexander Abawi
Was tenant space previously occupied? Yes No
Contact Name: Alexander Abawi
Address: 11209 Collie Ct.
City: Fulton State: MD Zip Code: 20759
Phone: 571-205-4160 Fax: _____
Email: alex.abawi@gmail.com

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: <u>45'</u>	<u>56'</u>
Area of construction (sq. ft.):	2 nd floor: <u>43'</u>	<u>56'</u>
Use group:	Basement: <u>40'</u>	<u>56'</u>
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Masonry	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> Wood Frame	Multi-family Dwelling	
<input type="checkbox"/> State Certified Modular	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	

Property Owner's Name: Alexander Abawi
Address: 11209 Collie Ct.
City: Fulton State: MD Zip Code: 20759
Phone: 571-205-4160 Fax: _____
Email: alex.abawi@gmail.com

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

Contractor Company: Owner
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: _____

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>61500400</u>
Building Shell Permit Number:	<u>B15004186</u>

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.

Alexander Abawi
Applicant's Signature
alex.abawi@gmail.com
Email Address
owner
Title/Company

Alexander Abawi
Print Name
4/13/17
Date

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

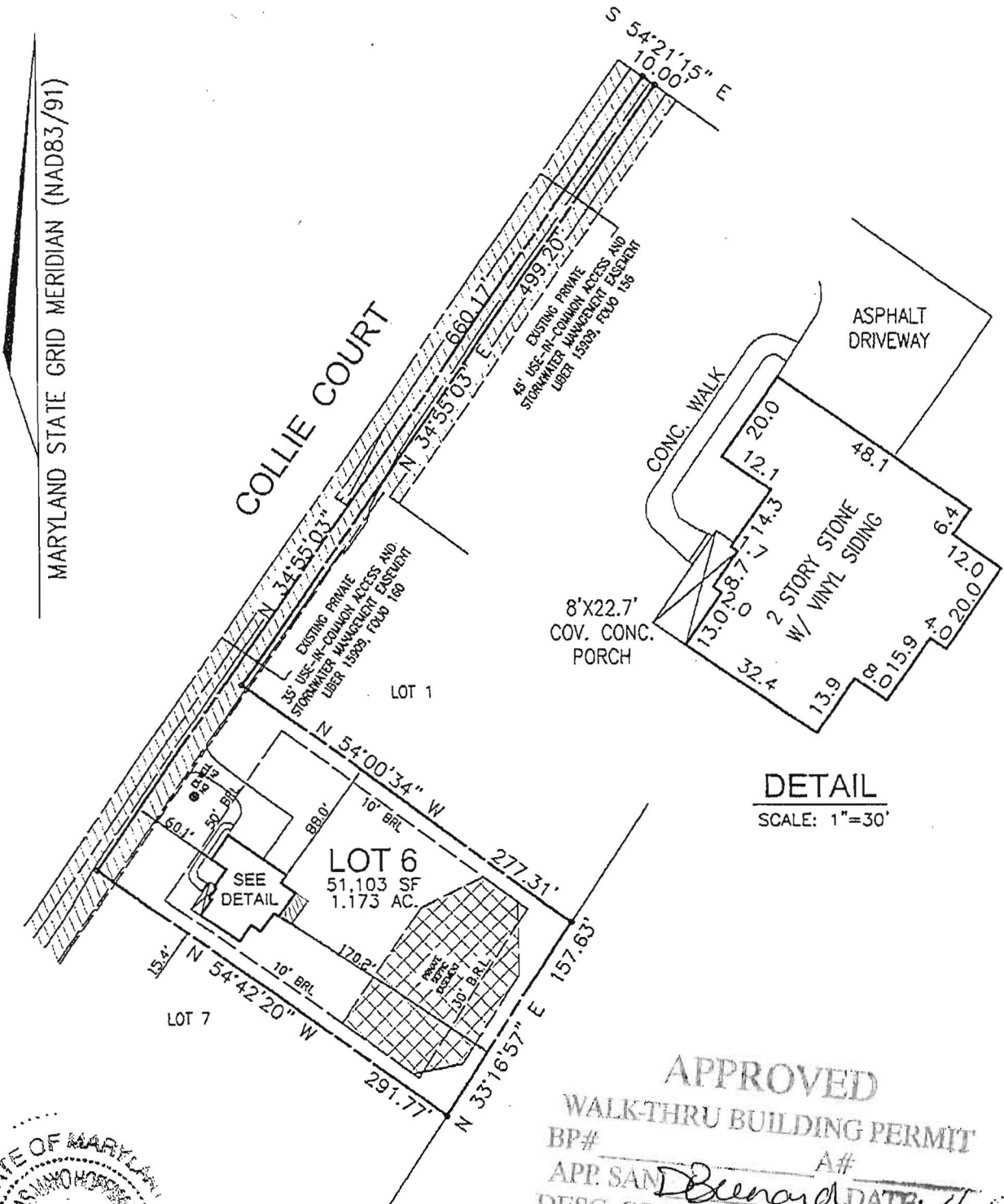
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>413-1A Bernard</u>

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	#

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY THE LENDER OR TITLE INSURANCE COMPANY OR IT'S AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR FUTURE IMPROVEMENTS. THIS PLAT DOES NOT PROVIDE THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT CONTAINS A TOLERANCE OF ACCURACY OF 0.2' MORE OR LESS.



DETAIL
SCALE: 1"=30'



I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.
Thomas M. Hoffman Jr. 1.09.17
THOMAS M. HOFFMAN JR., PROPERTY LINE SURVEYOR #267 DATE

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAND *Beenard* DATE: 4-13-17
DESC. OF WORK: 10' X 20' Deck with stairs off the kitchen.
Approved as shown
PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 267, EXPIRATION DATE JULY 28, 2018.

SCALE 1" = 100'	DATE 01/05/2017	ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLCOTT CITY, MARYLAND 21043 TEL: 410-461-7666 FAX: 410-461-8961	FINAL LOCATION DRAWING 11809 COLLIE COURT LOT 6 FULTON MANOR VALLEY PLAT NO. 23140 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN BY B.D.A.	CHECKED BY T.M.H.		
PLAT NUMBER 23139-23141	JOB NUMBER 14-24.00		