



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: 6802 Owings Overlook
City: HIGHLAND State: MD Zip Code: 20777
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Owings Prop
Section: _____ Area: _____ Lot: 21
Tax Map: _____ Parcel: 0044 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: L1AC

Property Owner's Name: CHRISTOPHER YANG
Address: 6802 OWINGS OVERLOOK
City: HIGHLAND State: MD Zip Code: 20777
Phone: 301-854-0163 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: TOM BARNA
Address: 485 DOTSIE DR
City: WESTMINSTER State: MD Zip Code: 21154
Phone: 410-751-6065 Fax: _____
Email: _____

Existing Use: SFD
Proposed Use: SFD with Deck
Estimated Construction Cost: \$ 56,000.00
Description of Work: 20x40 Deck with STEPS

Contractor Company: Russett Deck Professionals
Contact Person: TOM BARNA
Address: 485 DOTSIE DR
City: WESTMINSTER State: MD Zip Code: 21154
License No.: 43872
Phone: 410-751-6065 Fax: 410-751-2232
Email: TOM-ERIN@RussettDecks.com

Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: TOM BARNA
Address: 485 DOTSIE DR
City: WESTMINSTER State: MD Zip Code: 21154
Phone: 410-751-6065 Fax: _____
Email: TOM-ERIN@RussettDecks.com

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: _____	Depth	Width
Gross area, sq. ft./floor: _____	1 st floor: _____	2 nd floor: _____
Area of construction (sq. ft.): _____	Basement: _____	
Use group: _____	<input type="checkbox"/> Finished Basement	
Construction type: _____	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Structural Steel	No. of Bedrooms: _____	
<input type="checkbox"/> Masonry	Multi-family Dwelling	
<input type="checkbox"/> Wood Frame	No. of efficiency units: _____	
<input type="checkbox"/> State Certified Modular	No. of 1 BR units: _____	
	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
<input type="checkbox"/> Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input 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 type="checkbox"/> Private	
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.

Tom Bar
Applicant's Signature
TOM-ERIN@RussettDecks.com
Email Address
President - Russett Deck Professionals
Title/Company

TOM BARNA
Print Name
June 29, 2010
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>6/29/10 [Signature]</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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	#

