



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: 4288 Buckskin Wood Drive
 City: Ellicott City State: MD Zip Code: 21042
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single family home basement
 Proposed Use: Gym, family room
 Estimated Construction Cost: \$ 5,000
 Description of Work: non-structural partitions walls, drywall, electrical outlets, mouldings
 Occupant/Tenant Name: Steve Grimes
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Steve Grimes
 Address: 4288 Buckskin Wood Drive
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 410 531 5177 Fax: _____
 Email: lists@grimesplace.com

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

Contractor Company: (subcontractors)
 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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
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 type="checkbox"/> Crawl Space	
Construction type:	<input 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 checked="" 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 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 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.

J. M. [Signature]
 Applicant's Signature
lists@grimesplace.com
 Email Address

 Title/Company

Steve Grimes
 Print Name
27 Apr 2017
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

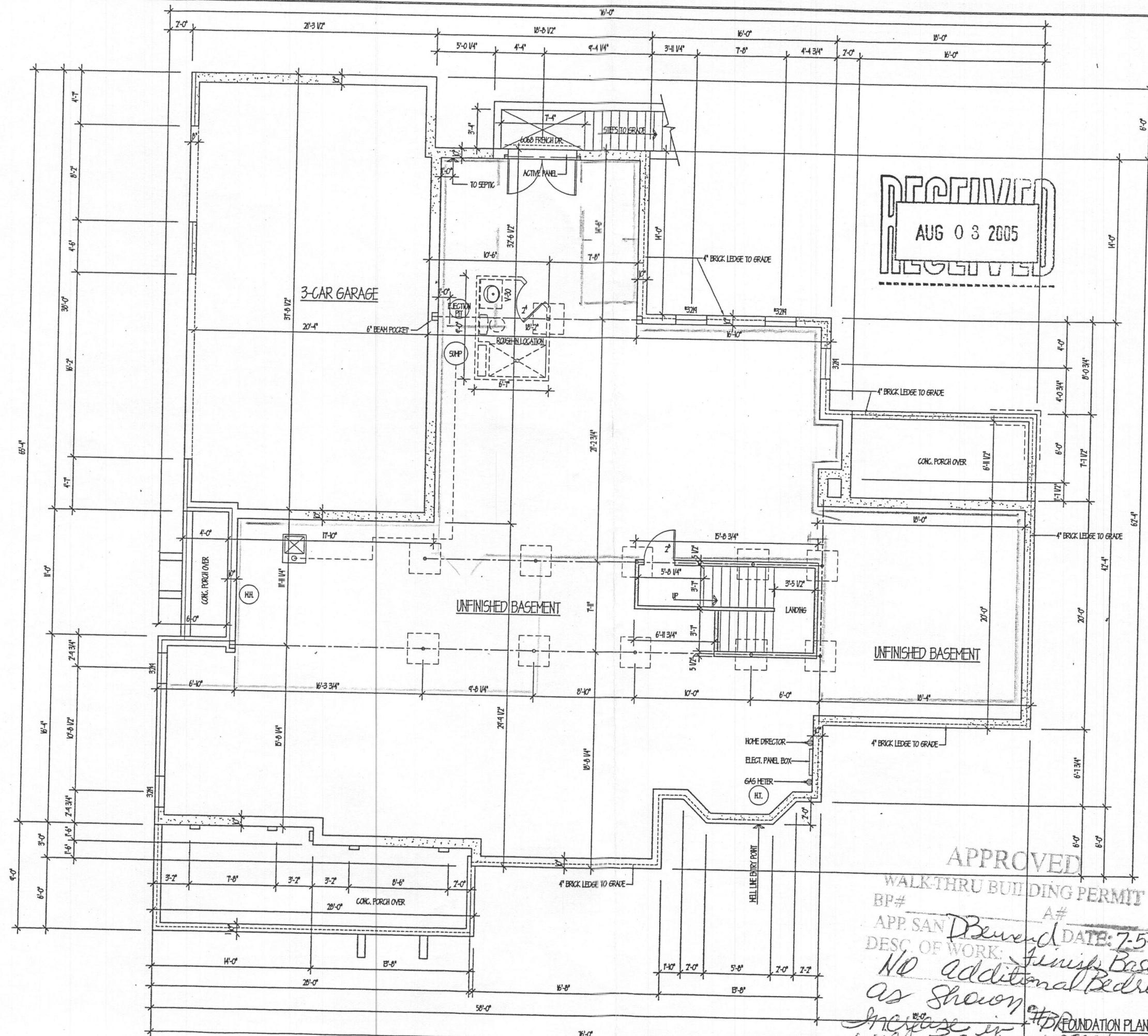
PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
Health	<u>7-5-17</u>	<u>D. 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	\$ <u>135.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#



NOTE: ALL FINAL MECHANICAL LOCATIONS (SUCH AS WATER HEATERS, FURNACES, ETC.) ARE SUBJECT TO FIELD CONDITIONS

RECEIVED
AUG 03 2005
ISSUED

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP SAN *Benard* DATE: *7-5-16*
DESC OF WORK: *Finish Basement*
No additional Bedrooms
as shown
Increase in # of bedrooms
will require upgrade in SS.

ALL DIMENSIONS ARE APPROXIMATE AND SUBJECT TO CHANGE
BASED ON FIELD CONDITIONS

PROFESSIONAL CERTIFICATION:
I CERTIFY THAT THESE DOCUMENTS WERE PREPARED
OR APPROVED BY ME AND THAT I AM A DULY LICENSED
ARCHITECT UNDER THE LAWS OF THE STATE OF
MARYLAND, LICENSE # 3387-R, EXPIRATION DATE 10/7/05

dw taylor
ASSOCIATES, INC.
ARCHITECT
5024 BORSLEY HALL DRIVE SUITE 203
ELLSWORTH CITY, MARYLAND 21042
TELEPHONE: (410) 884-1181
FAX: (410) 997-2924
MFTD@DWTAI.COM

REVISIONS	
date	remarks

Drawn by: HJH	checked by:
Scale: 1/4" = 1'-0"	Date: 11-8-01
PROJECT TITLE	
COLUMBIA BUILDERS THE 'KK' HOUSE	
CONTENT	
FOUNDATION PLAN CUSTOM LOT# BR-33	
PROJECT NUMBER	DRAWING NUMBER
1340	A7

WITNESS:	BUYER	DATE
WITNESS:	BUYER	DATE
WITNESS:	COLUMBIA BUILDERS, INC.	PRESIDENT
		DATE