



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: 11610 Clarksville
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: _____
Proposed Use: _____
Estimated Construction Cost: \$ _____
Description of Work: 8x10 landing deck
and 20 ft in length, SW
part done in papers
Occupant/Tenant Name: Jackqueline Ambush
Was tenant space previously occupied? Yes No
Contact Name: same as above
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Jackqueline Ambush
Address: 11610 Clarksville Pike
City: Ellicott City State: MD Zip Code: 21042
Phone: 410 707 5941 Fax: _____
Email: jambush@comcast.net

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

Contractor Company: John Durney
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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | |
| No. of stories: | <input checked="" type="checkbox"/> 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 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: | |
| ➤ 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | <u>well</u> |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input type="checkbox"/> Private | |
| Heating System | |
| <input checked="" 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 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.

[Signature]
Applicant's Signature
jambush@comcast.net
Email Address

Jackqueline Ambush
Print Name
5/30/17
Date

Title/Company _____

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>5/31/17</u> | <u>H. Oswald</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>55.00</u> |
| Permit Fee | \$ | |
| Tech Fee | \$ | |
| Excise Tax | \$ | |
| PSFS | \$ | |
| Guaranty Fund | \$ | |
| Add'l per Fee | \$ | |
| Total Fees | \$ | |
| Sub- Total Paid | \$ | |
| Balance Due | \$ | |
| Check | # | |

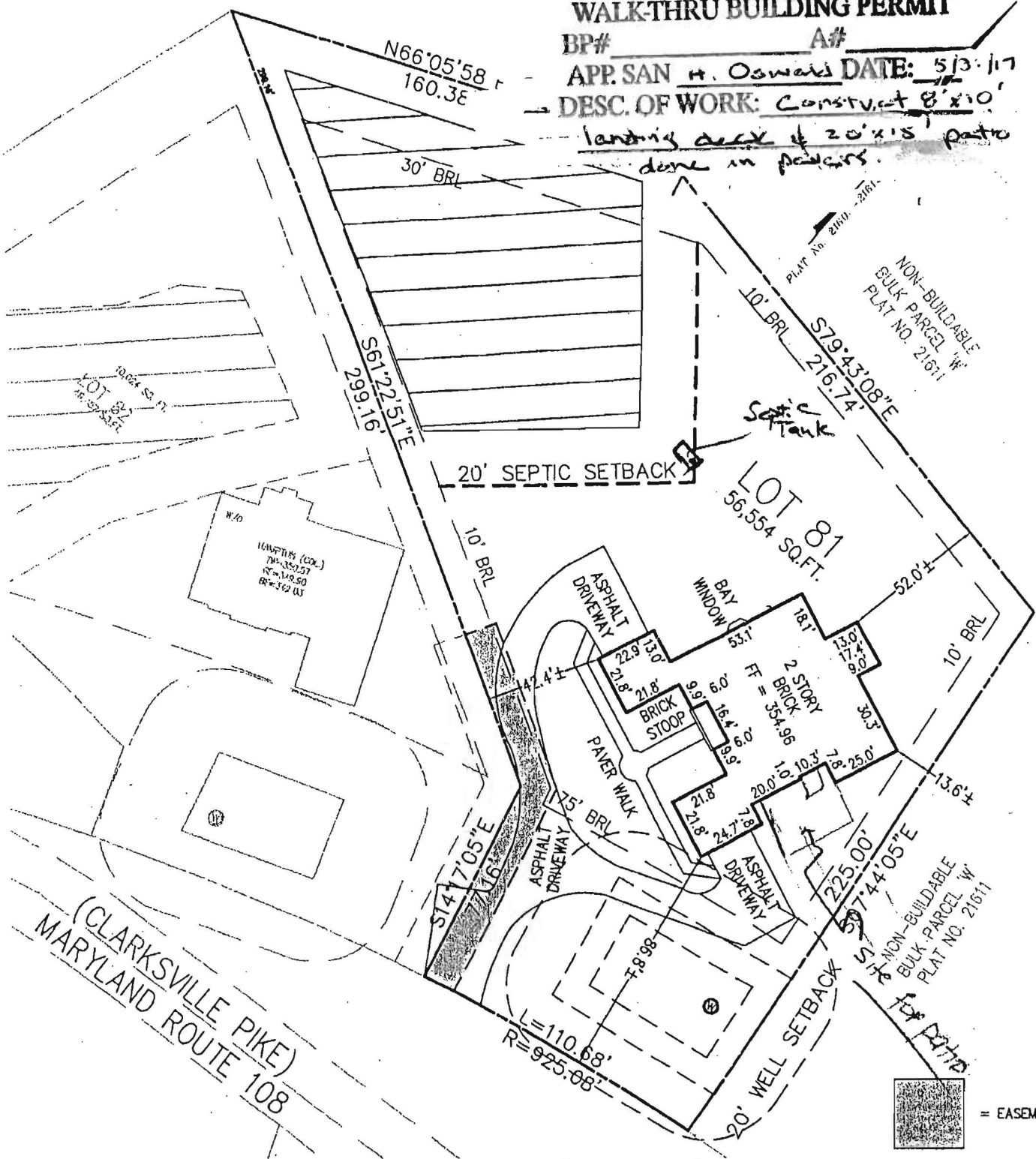
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/13.

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN H. Oswald DATE: 5/3/17
 DESC. OF WORK: Construct 8'x10' landing deck & 20'x15' patio done in pavers.



= EASEMENT

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

1" = 50'

ADDRESS: 11610 FOX RIVER DRIVE
 ELLICOTT CITY, MD 21043

SURVEYOR'S NOTE

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS 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. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN 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. THIS DRAWING WAS PREPARED W/O THE BENEFIT OF A TITLE REPORT.

SIGNATURE: 21328 6/5/12
 MD. LIC NO. DATE

**LOCATION DRAWING LOT #81
 HOMEWOOD CROSSING**

D.B. 9808, PG. 204
 PLAT No. 21603-21612
 THIRD ELECTION DISTRICT
 HOWARD COUNTY



Land Planning
 Engineering
 Land Surveying

ESE Consultants Inc.
 7164 Columbia Gateway Dr.
 Suite 203
 Columbia, MD 21046
 TEL: 410-872-9105
 FAX: 410-872-4870