



# 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: 5/10/17

Permit No.: \_\_\_\_\_

Building Address: 11008 Hidden Fox Ct  
City: ellicott city State: MD Zip Code: 21042  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 10  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Residential  
Proposed Use: \_\_\_\_\_  
Estimated Construction Cost: \$ \$7,000  
Description of Work: Garage/Ramada/Pavilion  
16X18 FT

Occupant/Tenant Name: Jimmie Owens  
Was tenant space previously occupied?  Yes  No  
Contact Name: Jimmie Owens  
Address: Same as above  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: 301-440-4898 Fax: \_\_\_\_\_  
Email: dalcow95@hotmail.com

Property Owner's Name: Jimmie Owens  
Address: 11008 Hidden Fox Ct  
City: ellicott city State: MD Zip Code: 21042  
Phone: 301-440-4898 Fax: \_\_\_\_\_  
Email: dalcow95@hotmail.com

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: Hector A. Rivera  
Address: 13501 Loyola St  
City: Silver Spring State: MD Zip Code: 20906  
Phone: 301-933-7594 Fax: \_\_\_\_\_  
Email: Bestbladesinfo@gmail.com

Contractor Company: Best Blades Services LLC  
Contact Person: Hector Rivera  
Address: 13501 Loyola St  
City: Silver Spring State: MD Zip Code: 20906  
License No.: 106267  
Phone: 301-933-7594 Fax: \_\_\_\_\_  
Email: Bestbladesinfo@gmail.com

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:	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<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"/> <b>Roadside Tree Project Permit</b>	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
<b>Roadside Tree Project Permit #</b>	<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 checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" 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.

Hector A. Rivera  
Applicant's Signature  
Bestbladesinfo@gmail.com  
Email Address  
Owner  
Title/Company

Hector A. Rivera  
Print Name  
5/10/17  
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>5-10-17</u>	<u>D. Brumfield</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	#

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



**APPROVED**

WALKTHRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

APP. SAN Bengal DATE: 5-10-17

DESC. OF WORK: Day to

16 x 18 FT

Approved As Shown