



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: 11/3/17

Permit No.: B170039510

Building Address: 8300 OLD COLUMBIA RD
 City: FULTON State: MD Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: ST FRANCIS ASSO
 Section: _____ Area: _____ Lot: 1
 Tax Map: # 46 Parcel: 337 Grid: 3
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: _____

Existing Use: CHURCH
 Proposed Use: CHURCH
 Estimated Construction Cost: \$ 75000.00
 Description of Work: REPLACE 120 TON AC/HEAT SYSTEMS OUTSIDE ON PAD INCLUDES RECONSTRUCTION OF EXISTING GAS ELECTRIC DUCT
 Occupant/Tenant Name: ST. FRANCIS OF ASSIS PARISH
 Was tenant space previously occupied? Yes No
 Contact Name: KEVIN KENDALL - PARISH MANAGER
 Address: 8300 OLD COLUMBIA RD
 City: FULTON State: MD Zip Code: 20759
 Phone: 410-792-4470 Fax: 410-792-0472
 Email: KEVIN.KENDALL@STFRANCISASSISPARISH.COM

Property Owner's Name: ST. FRANCIS OF ASSIS
 Address: 8300 OLD COLUMBIA RD
 City: FULTON State: MD Zip Code: 20759
 Phone: 410-792-0470 Fax: 410-792-0472
 Email: _____

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

Contractor Company: A.C. PRADA CO.
 Contact Person: MR PAT PRADA
 Address: 12122 CALAWAY RD.
 City: BELTSVILLE State: MD Zip Code: 20705
 License No.: 8461
 Phone: 301-419-2574 Fax: 301-470-4251
 Email: UNAC@ACPRADA.COM

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>20'</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	Depth _____ Width _____
Gross area, sq. ft./floor: <u>17,000</u>	1 st floor: _____
	2 nd floor: _____
Area of construction (sq. ft.): <u>2,000</u>	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 checked="" 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 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 type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" 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 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.

Applicant's Signature: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 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>11/16/17</u>	<u>[Signature]</u>

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:	

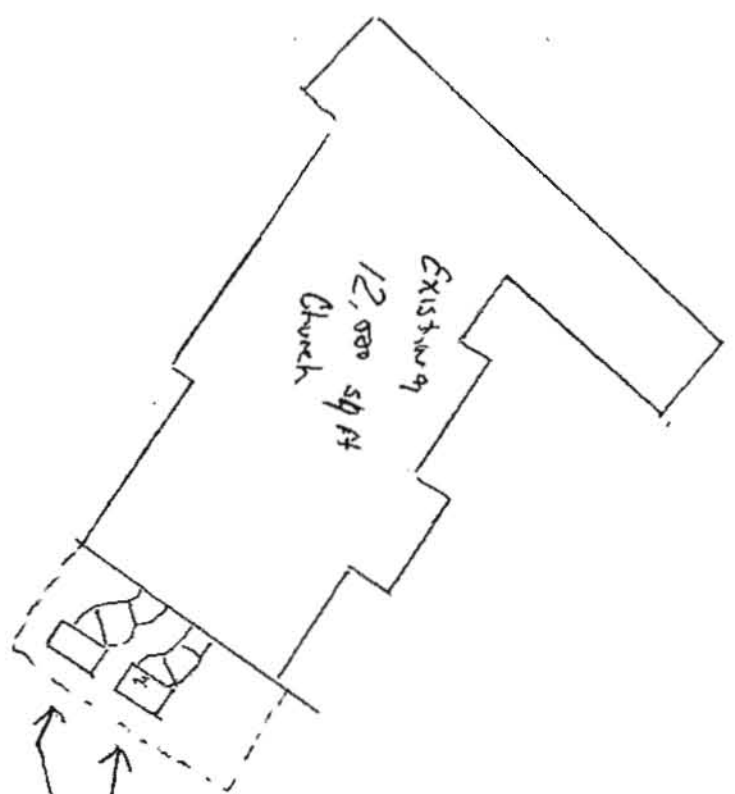
Filing Fee	\$ <u>200.00</u>
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>100</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

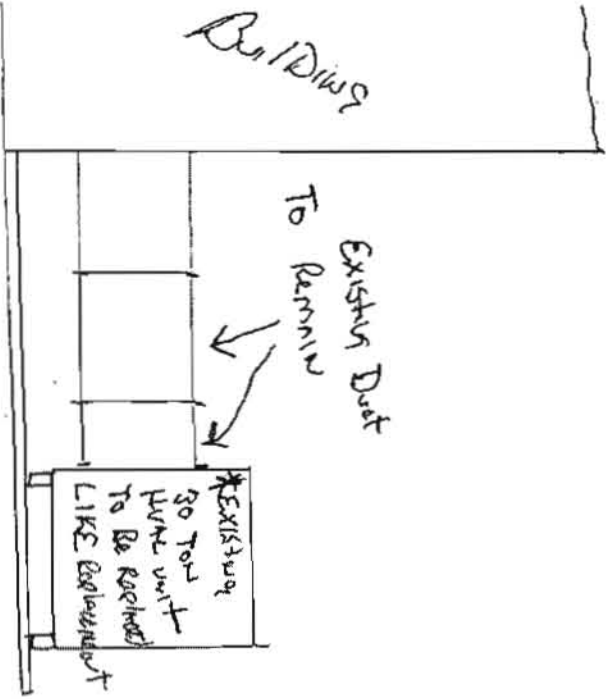
KHVAC Like Replacement

St. Francis Church
8300 Old Columbia Rd
Fulton MD. 20759

Approved B17003956
R/W 11/16/17



Two existing 30 Ton units to be replaced with like replacements (Submittal Attached)



RECEIVED

NOV 03 2017

LICENSES & PERMITS DIVISION

[Signature]

Daniel J. Millik

Masters Lic. #

15671