



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: 2026 DROVERS LANE
 City: COOKSVILLE State: MD Zip Code: 21723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: VISTA RIDGE
 Section: _____ Area: _____ Lot: 8
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: RESIDENTIAL HOUSE
 Proposed Use: 12 X 18 DECK
 Estimated Construction Cost: \$ 8K
 Description of Work: CONSTRUCT NEW 12 X18 DECK AREA w/Steps
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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:	Depth _____ Width _____
Gross area, sq. ft./floor:	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.):	Basement: <input checked="" type="checkbox"/> Finished Basement
Use group:	<input checked="" type="checkbox"/> Unfinished Basement
Construction type:	<input checked="" type="checkbox"/> Crawl Space <input checked="" type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input checked="" type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<input checked="" type="checkbox"/> Masonry	No. of efficiency units: _____
<input checked="" type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input checked="" type="checkbox"/> State Certified Modular
	<input checked="" type="checkbox"/> Manufactured Home

Property Owner's Name: MR & MRS BHUTANI
 Address: 2026 DROVERS LANE
 City: COOKSVILLE State: MD Zip Code: 21723
 Phone: _____ Fax: _____
 Email: SUMITBHUTANI@GMAIL.COM
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: TOMMY GRIEST OF BENT PALM
 Address: PO BOX 1830
 City: OLNEY State: MD Zip Code: 20830
 Phone: 301 448 0500 Fax: _____
 Email: BENTPALMLLC@GMAIL.COM

Contractor Company: BENT PALM DESIGN BUILD LLC
 Contact Person: TOMMY GRIEST
 Address: PO BOX 1830
 City: OLNEY State: MD Zip Code: 20830
 License No.: 129910
 Phone: 301 448 0500 Fax: _____
 Email: BENTPALMLLC@GMAIL.COM

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

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input checked="" type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input checked="" 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 checked="" type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" 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 _____
 Print Name TOMMY GRIEST
 Email Address BENT PALM LLC@GMAIL.COM
 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>6/15/17</u>	<u>H. O...</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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input checked="" 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	\$ <u>55</u>
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

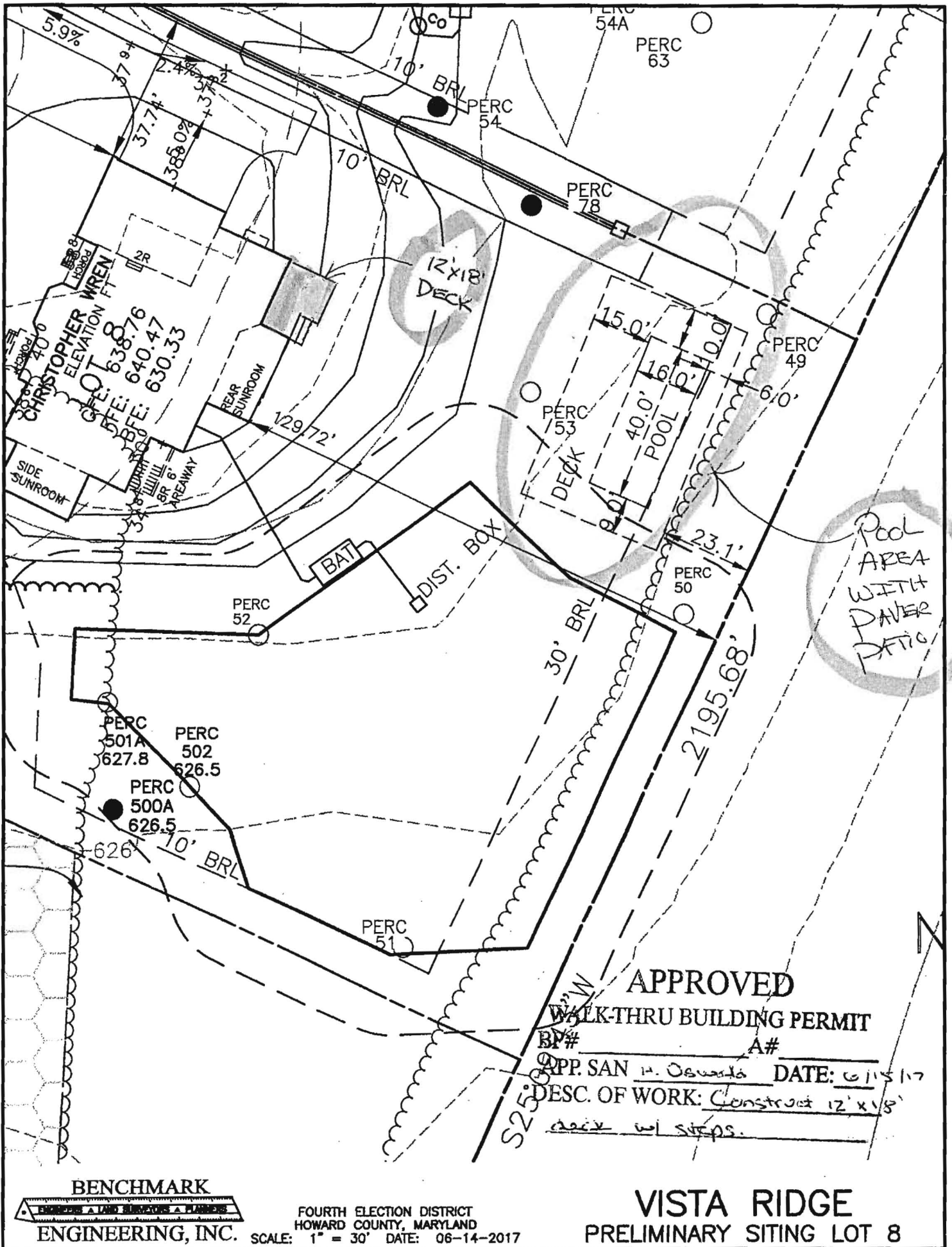
Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



BENCHMARK
 ENGINEERING, INC.

FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 30' DATE: 06-14-2017

VISTA RIDGE
 PRELIMINARY SITING LOT 8