



# 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: 13037 HALL SHOP ROAD  
 City: HIGHLAND State: MD Zip Code: 20777  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Randy & Brandy Ortner  
 Address: 13037 Hall Shop Road  
 City: HIGHLAND State: MD Zip Code: 20777  
 Phone: 410 302 9140 Fax: Same  
 Email: BrandyOrtner@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Wayne Cassano  
 Address: 8775 CENTRE PARK DR #659  
 City: COLUMBIA State: MD Zip Code: 21045  
 Phone: 410 977 5781 Fax: 410 992 5765  
 Email: Wayne.Cassano@Yahoo.com

Existing Use: SINGLE FAMILY HOME  
 Proposed Use: SAME WITH ELEVATOR  
 Estimated Construction Cost: \$ 5000 00  
 Description of Work: ELEVATOR SHAFT WITH CAB THREE STORIES 147 SF

Contractor Company: Cassano Remodeling  
 Contact Person: Wayne Cassano  
 Address: 8775 CENTRE PARK DR #659  
 City: COLUMBIA State: MD Zip Code: 21045  
 License No.: 08010016414  
 Phone: 410 977 5781 Fax: 410 992 5765  
 Email: Wayne.Cassano@Yahoo.com

Occupant or Tenant: Randy & Brandy Ortner  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: Brandy Ortner  
 Address: 13037 HALL SHOP ROAD  
 City: HIGHLAND State: MD Zip Code: 20777  
 Phone: 410 302 9140 Fax: Same  
 Email: BrandyOrtner@gmail.com

Engineer/Architect Company: AISA Schmitt  
 Responsible Design Prof.: Yes  
 Address: 2734 THORN BROOK RD  
 City: ELLICOTT CITY State: MD Zip Code: 21042  
 Phone: 410 461 3462 Fax: Same  
 Email: AISA1@Verizon.net

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 <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: <u>Elevator</u>	
	Dimensions: <u>7' x 7' / 147 SF</u>	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: <u>concrete</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: <u>asph/flt</u>	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<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.

Applicant's Signature: Wayne Cassano Print Name: Wayne Cassano  
 Email Address: Wayne.Cassano@Yahoo.com Date: August 2016  
 Title/Company: Resident Cassano Remodeling

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>8-2-16</u>	<u>Beinoud</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	#

