



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.: B16003968

Building Address: 8345 RESERVOIR Rd
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: 24 X 14 X 10 DECK
 Proposed Use: SAME
 Estimated Construction Cost: \$ 10,000
 Description of Work: REPLACE EXISTING 24X14X10 DECK W/ STRAIGHT SET OF STEPS
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: JAMES COX
 Address: 8345 RESERVOIR RD
 City: FELTON State: MD Zip Code: 20739
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: MD DECK WORKS INC
 Address: 8345 RESERVOIR RD
 City: FELTON State: MD Zip Code: 20739
 Phone: _____ Fax: _____
 Email: MD DECK WORKS INC@GMAIL.COM

Contractor Company: _____
 Contact Person: SALE AS ABOVE
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: 30686
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: SALE AS ABOVE
 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:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: 2 nd floor:
Area of construction (sq. ft.):	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group:	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms:
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units:
<input type="checkbox"/> Masonry	No. of 1 BR units:
<input type="checkbox"/> Wood Frame	No. of 2 BR units:
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> 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
Water Supply
<input type="checkbox"/> Public <input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public <input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
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.

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

Print Name: _____
 Date: 9/14/10

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>9-19-10</u>	<u>D. Bernard</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:

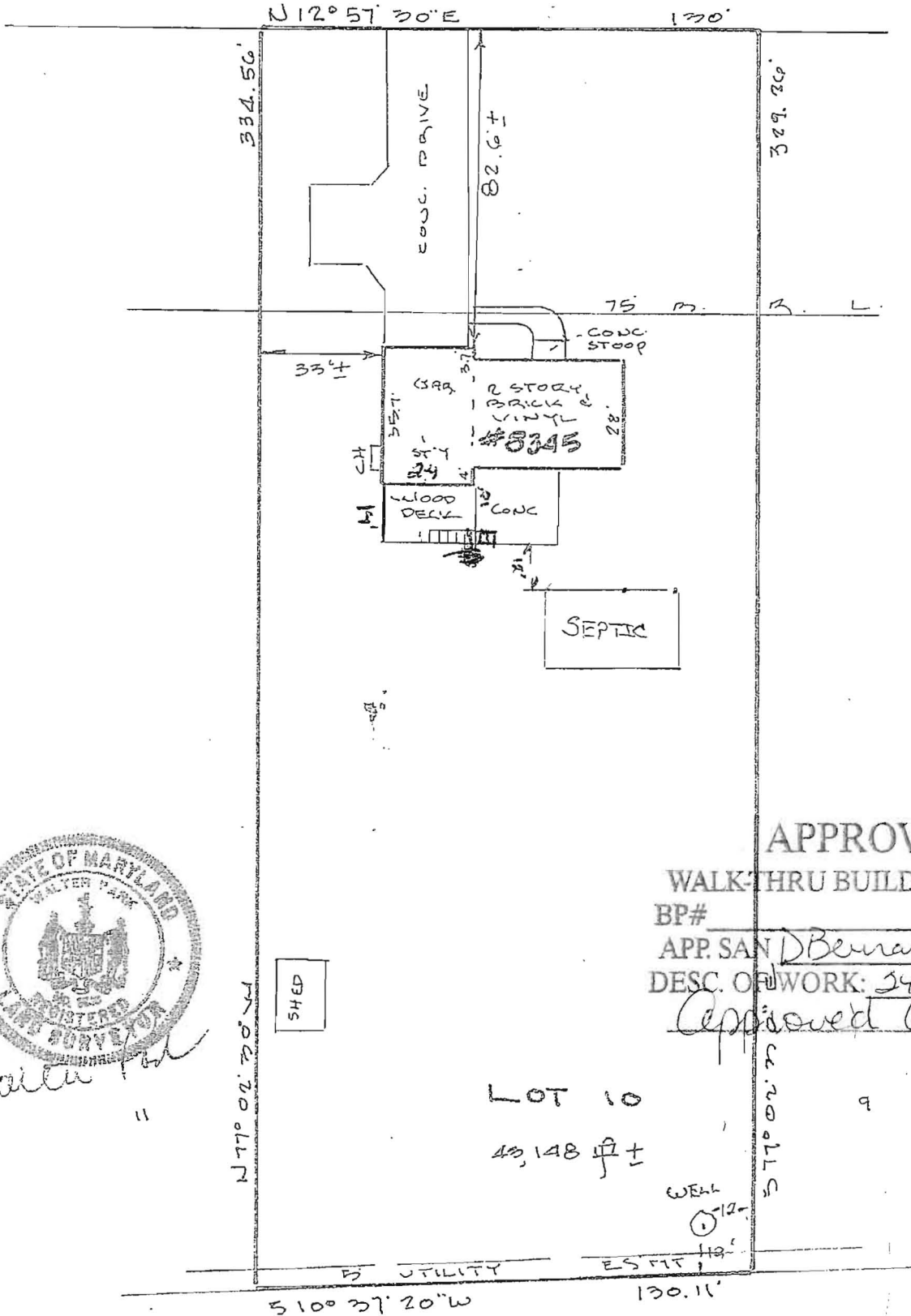
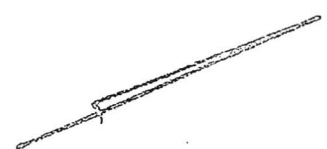
Filing Fee	\$
Permit Fee	\$ <u>55</u>
Tech Fee	\$ <u>55</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# _____

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

SECTION ONE
5TH ELECTION DISTRICT
HOWARD COUNTY, MD

PLAT BOOK 26 F. 21

RESERVOIR ROAD
60' S/W



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN D Bernard DATE: 9-19-16
DESC. OF WORK: 34 x 14 x 10 Deck

Approved as shown



Walter Ford

LOT 10
43,148 sq ft

WELL
12'

LOCATION DRAWING

CERTIFICATION

SEAL

SCALE

1"=40' DATE 11-20-03