



# 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: 1115 Old Homewood Ct  
 City: Ellicott City State: MD Zip Code: 21042  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SF Dwelling  
 Proposed Use: SF Dwelling  
 Estimated Construction Cost: \$ 25,000 screen  
 Description of Work: backyard w/ porch, deck, patio, greenhouse (glass covering) 36x24' Irregular basement steps

Occupant/Tenant Name: Juan Wang  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: ping wang  
 Address: 906 Ridgecrest Way  
 City: Bel Air State: MD Zip Code: 21015  
 Phone: 410-528-1020 Fax: \_\_\_\_\_  
 Email: pingzy88@gmail.com

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:	
	Dimensions:	
<input checked="" type="checkbox"/> 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	

Property Owner's Name: Juan Wang  
 Address: 1115 Old Homewood Ct  
 City: Ellicott City State: \_\_\_\_\_ Zip Code: 21042  
 Phone: 410-528-1020 Fax: \_\_\_\_\_  
 Email: pingzy88@gmail.com

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

Contractor Company: Owner  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" 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.

Applicant's Signature: Juan Wang  
 Email Address: \_\_\_\_\_  
 Title/Company: Owner

Print Name: Juan Wang  
 Date: 10/13/2017

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>10/24/17</u>	<u>[Signature]</u>

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

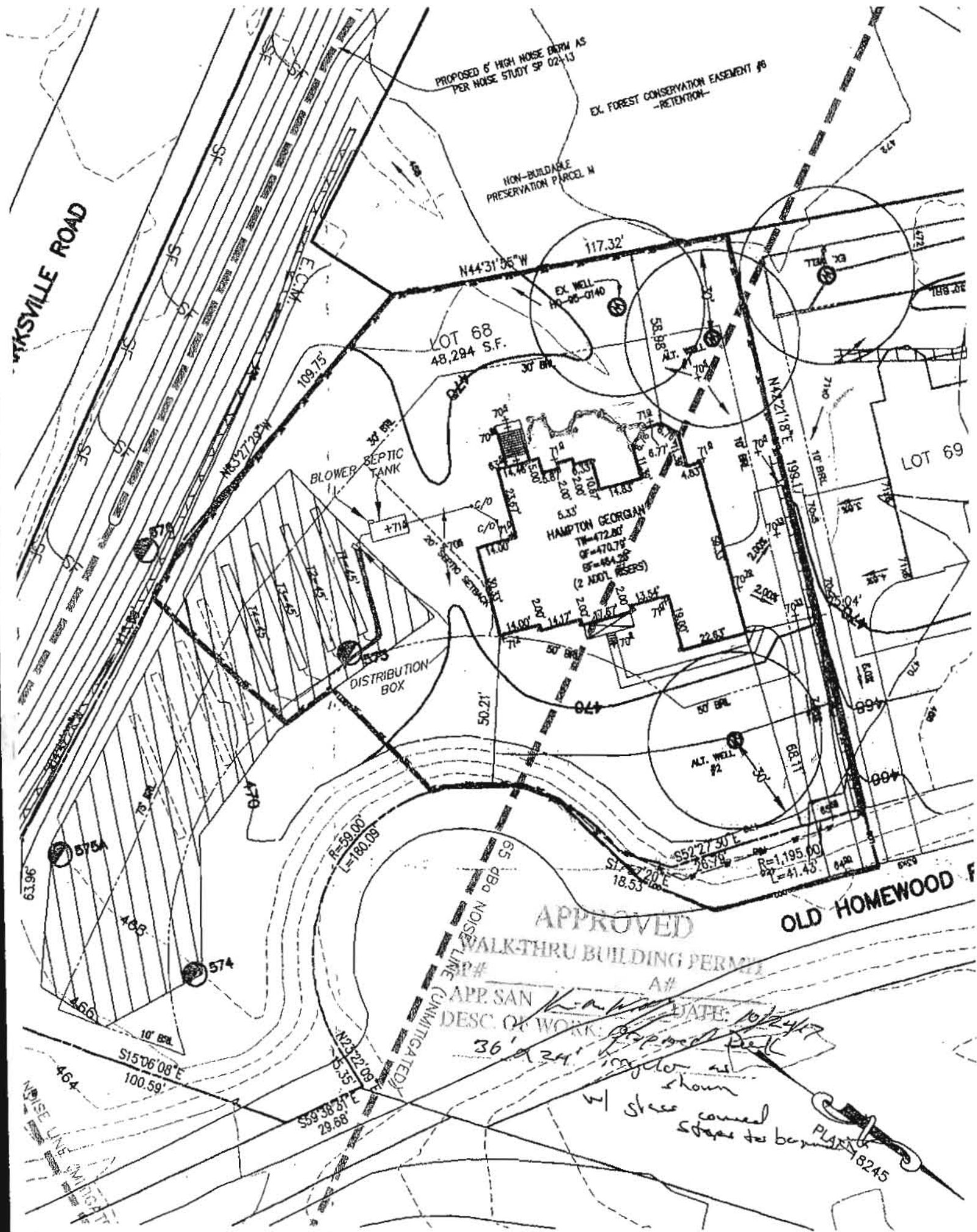
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	#

IAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS  
 ARE BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I  
 LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF  
 OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/15.

- LEGEND:**
- PERC TEST LOCATION
  - ⊙ WELL LOCATION
  - LOD- LIMITS OF DISTURBANCE
  - TW TOP OF WALL
  - GF GARAGE FLOOR
  - BF BASEMENT FLOOR
  - BRL BUILDING RESTRICTION LINE

- HOUSE OPTIONS:**
- TYPE - HAMPTON (GEORGIAN)
  - DAYLIGHT BASEMENT
  - EXPANDED FAMILY ROOM/GREAT ROOM
  - PALM BEACH SUNROOM ADDITION
  - CONSERVATORY ELITE ADDITION
  - ADD'L 1' HEIGHT TO BASEMENT FOUNDATION WALLS
  - NAPLES SUNROOM ADDITION



**BEST AVAILABLE TECHNOLOGY (BAT) NOTES:**

THE LOCATIONS OR DEPTHS TO ANY COMPONENTS MUST BE APPROVED BY THE HOWARD COUNTY HEALTH DEPARTMENT PRIOR TO INSTALLATION. A REVISED SITE REQUIRED.

PTH OF THE BAT PER THE MANUFACTURER'S SPECIFICATION IS 3 FEET COVER.

NOT BE LOCATED MORE THAN 100 FEET FROM THE TANK BASED ON THE SPECIFICATIONS.

SHALL BE MAINTAINED AND OPERATED FOR THE LIFE OF THE SYSTEM

**SEWAGE DISPOSAL SYSTEM DATA (4 BDEM):**

ITEM	DESCRIPTION	DEPTH / GRADE
1	PROPOSED INVERT AT FOUNDATION WALL: E60 ECOPOD SYSTEM	468.7'
	EX. GRADE OVER TANK:	471.0'
	PROPOSED GRADE OVER TANK:	471.5'
	INVERT IN:	467.8'
	INVERT OUT:	467.5'
2	DISTRIBUTION BOX	
	EXISTING GRADE OVER TANK:	471.0'
	PROPOSED GRADE OVER TANK:	471.0'

APPROVED WALKTHRU BUILDING PERMITS  
 APP. SAN DESC. OF WORK: 36' x 24' w/ steel covered slope to basement  
 DATE: 10/24/17  
 PLAT # 18245