



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: 11204 Colie Ct
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: 605102 Subdivision: Fulton Manor valley
 Section: _____ Area: _____ Lot: 6
 Tax Map: 41 Parcel: _____ Grid: 41-19
 Zoning: RR-DEU Map Coordinates: _____ Lot Size: 1.12 AC

Property Owner's Name: Alexander Abawi
 Address: 11204 Colie Ct
 City: Fulton State: MD Zip Code: 20759
 Phone: 571-205-9160 Fax: _____
 Email: alex.abawi@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: property owner
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

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

Existing Use: residential
 Proposed Use: residential
 Estimated Construction Cost: \$ 10,000
 Description of Work: finish basement
1,590 square feet
 Occupant/Tenant Name: Alexander Abawi
 Was tenant space previously occupied? Yes No
 Contact Name: Alexander Abawi
 Address: 11204 Colie Ct
 City: Fulton State: MD Zip Code: 20759
 Phone: 571-205-9160 Fax: _____
 Email: Alex.abawi@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 st floor: <u>48'</u>	<u>56'</u>
Area of construction (sq. ft.):	2 nd floor: <u>48'</u>	<u>56'</u>
Use group:	Basement: <u>48'</u> <u>56'</u>	
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of 1 BR units:	
Roadside Tree Project Permit #	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<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 checked="" 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: Alexander Abawi Print Name: Alexander Abawi
 Email Address: Alex.abawi@gmail.com Date: _____
 Title/Company: property owner

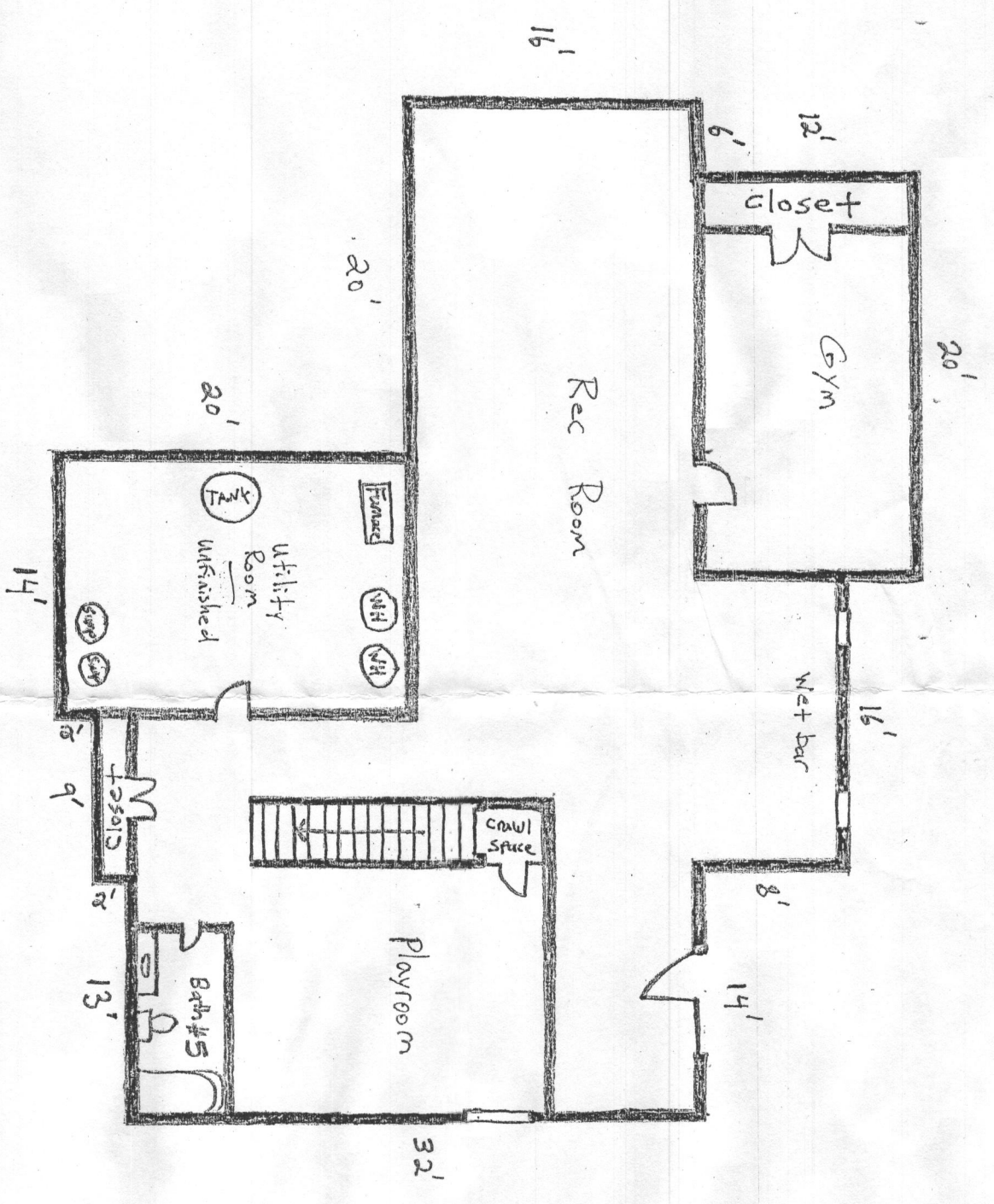
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1/3/18</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	#



Basement Floor Plan
 (1,590 sq ft)
 Finished

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____
 APP SAN W. M. [Signature] DATE: 1/31/18
 DESC OF WORK: king & basement
 as shown.
 No additional [Signature]