



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: 14341 HOWARD Rd.
 City: DAYTON State: MD Zip Code: 21036
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: PRIMARY RESIDENCE
 Proposed Use: PRIMARY RESIDENCE
 Estimated Construction Cost: \$ 20,000
 Description of Work: FINISH BASEMENT

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: KACI ARMONY & FRANCISCA BRUNEY
 Address: 14341 HOWARD Rd.
 City: DAYTON State: MD Zip Code: 21036
 Phone: 410.489.5014 Fax: 443.288.4280
 Email: KACI FRAN @ JALATUKA . com

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

Contractor Company: _____
 Contact Person: KACI ARMONY
 Address: 14341 HOWARD Rd.
 City: DAYTON State: MD Zip Code: 21036
 License No.: _____
 Phone: 240.605.0155 Fax: 443.288.4280
 Email: KMARMONY@GMAIL.COM

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 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:	<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 <input type="checkbox"/> Slab on Grade
Use group:	<input type="checkbox"/> No. of Bedrooms: Multi-family Dwelling <input type="checkbox"/> No. of efficiency units: <input type="checkbox"/> No. of 1 BR units: <input type="checkbox"/> No. of 2 BR units: <input type="checkbox"/> No. of 3 BR units: Other Structure: Dimensions:
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<input checked="" type="checkbox"/> Roadside Tree Project Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Roadside Tree Project Permit # <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home

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

Kaci Armony
 Applicant's Signature
KMARMONY@GMAIL.COM
 Email Address

 Title/Company

KACI ARMONY
 Print Name
8/22/2016
 Date

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>8/24/16</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	\$ <u>25.00</u>
Permit Fee	\$ <u>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>135.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	#

APPROVED

WALKTHRU BUILDING PERMIT

BP#

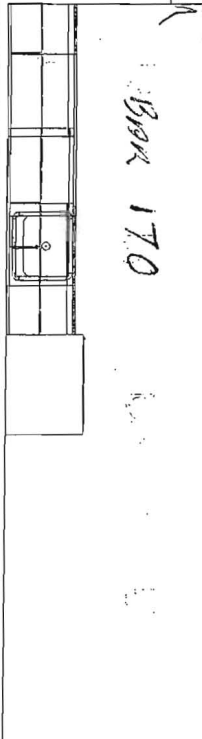
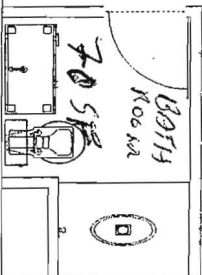
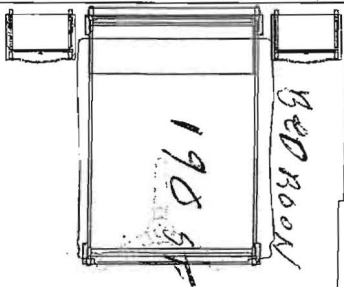
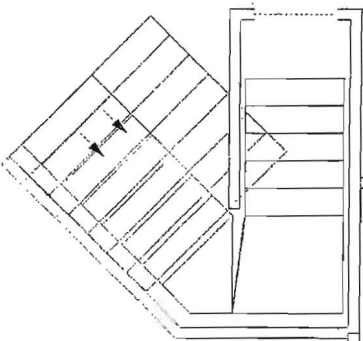
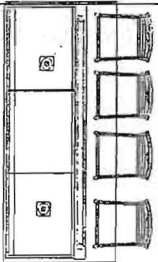
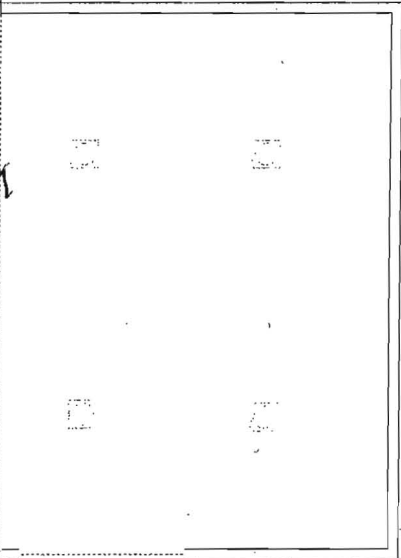
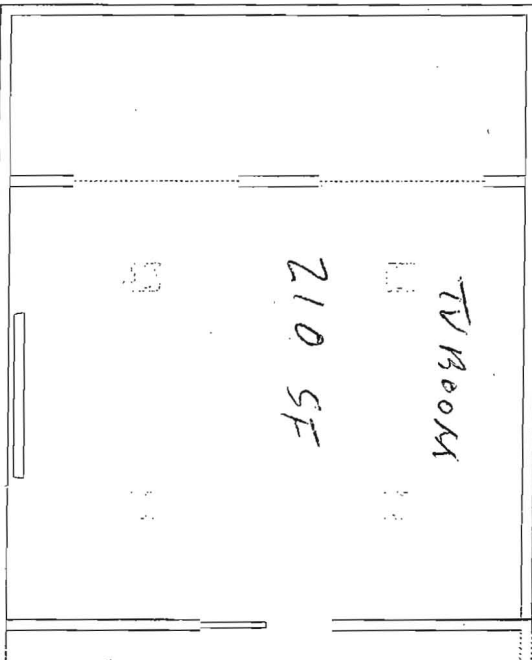
A#

APP. SAN

DATE: 8/24/16

DESC. OF WORK

Finish Basement w/ 1 walkthru
BR. SBR system sized for
SBR

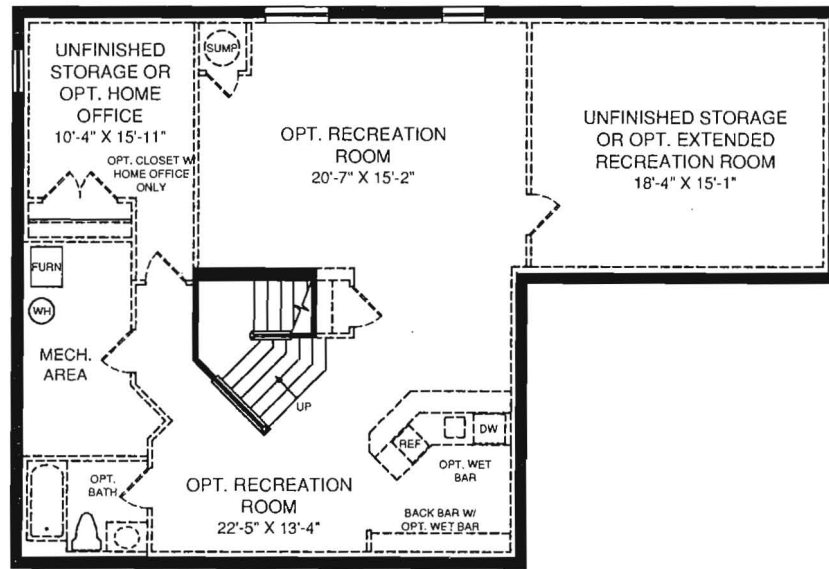


LOWER LEVEL FLOORPLAN



*SEE BLUEPRINTS FOR
ADDITIONAL REAR EXITS.

BASEMENT W/ OPT. MORNING ROOM



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