



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: 12813 AMBERWOODS WAY
City: SYKESVILLE State: MD Zip Code: 21784
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Amberwoods SEC 1
Section: _____ Area: _____ Lot: 3
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 3.24 AC

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 22,000
Description of Work: Demo Ex Sidewalk + Conc. Porch - Construct 10" x 14" Covered Porch - Construct New Sidewalk
Occupant or Tenant: ALAN KINNEY
Was tenant space previously occupied? Yes No
Contact Name: ALAN KINNEY
Address: 106 W 14th St
City: FREDERICK State: MD Zip Code: 21701
Phone: 301-351-5929 Fax: _____
Email: DC QUALITY@GMAIL.COM

Property Owner's Name: BRIAN KROEGER
Address: 12813 AMBERWOODS WAY
City: SYKESVILLE State: MD Zip Code: 21784
Phone: 410-824-9975 Fax: _____
Email: 107A

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: ALAN KINNEY
Address: 106 W 14th St
City: FREDERICK State: MD Zip Code: 21701
Phone: 301-351-5929 Fax: _____
Email: DC QUALITY@GMAIL.COM

Contractor Company: _____
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: _____

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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<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 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 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 type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<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: [Signature] Print Name: ALAN KINNEY / Cindy Jordan
Email Address: DC QUALITY@GMAIL.COM Date: 6/20/16
Title/Company: Pres DC QUALITY

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

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front:	Permit Fee	\$
<input checked="" type="checkbox"/> Building Officials			Rear:	Tech Fee	\$
<input checked="" type="checkbox"/> PSZA (Zoning)			Side:	Excise Tax	\$
<input checked="" type="checkbox"/> PSZA (Engineering)			Side St.:	PSFS	\$
Health	<u>6/23/16</u>	<u>[Signature]</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone:	Sub- Total Paid	\$
			SDP/Red-line approval date:	Balance Due	\$
				Check	#

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA
Operations\Updated Forms\Building applmp 8.2012.docx

