



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: 1213 Adelgate Ct
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. #: _____ SOP/WP/BA #: _____
 Census Tract: _____ Subdivision: 0000
 Section: _____ Area: _____ Lot: 6
 Tax Map: 0008 Parcel: 0351 Grid: 0008
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD w/ solar
 Estimated Construction Cost: \$ 34,924.50
 Description of Work: Installation of 51 ground-mounted solar panels, 15.3 KW

Occupant or Tenant: Jill Wardell
 Was tenant space previously occupied? Yes No
 Contact Name: Jill Wardell
 Address: 1213 Adelgate Ct
 City: Woodbine State: MD Zip Code: 21797
 Phone: 443-486-4433 Fax: _____
 Email: jwardell@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: _____	
	2 nd floor: _____	
Area of construction (sq. ft.): _____	Basement: _____	
Use group: _____	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: _____	
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>	
<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: _____	
> 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: Jill Wardell
 Address: 1213 Adelgate Ct
 City: Woodbine State: MD Zip Code: 21797
 Phone: 443-486-4433 Fax: _____
 Email: jwardell@gmail.com

Applicant's Name & Mailing Address (if other than stated herein)
 Applicant's Name: Solar Energy Wo.-ld
 Address: 5681 Main St
 City: Elkridge State: MD Zip Code: 21043
 Phone: 410-579-2004 Fax: _____
 Email: jstokes@solar-energyworld.com

Contractor Company: Solar Energy World
 Contact Person: John Stokes
 Address: 5681 Main St
 City: Elkridge State: MD Zip Code: 21043
 License No.: _____
 Phone: 410-579-2004 Fax: _____
 Email: jstokes@solar-energyworld.com

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

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input type="checkbox"/> Private
<u>Sewage Disposal</u>
<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
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<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.

Margaret Dixon
 Applicant's Signature

Margaret Dixon
 Print Name

Email Address: _____

Date: 6/20/18

Title/Company: _____

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>6/20/18</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	#

