



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: 8112 Holly Manor Way
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Deck
 Proposed Use: Screening porch on deck
 Estimated Construction Cost: \$ _____
 Description of Work: Screen and porch
20x25

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Abiodun & Ayodele Arewa
 Address: 8112 Holly Manor Way
 City: Fulton State: MD Zip Code: 20759
 Phone: 301-512-0873 Fax: 301-868-4049
 Email: ayodelearewa@yahoo.com

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

Contractor Company: Abiodun & Ayodele Arewa
 Contact Person: Ayodele Arewa
 Address: 8112 Holly Manor Way
 City: Fulton State: MD Zip Code: 20759
 License No.: _____
 Phone: 301-512-0873 Fax: 301-868-4049
 Email: ayodelearewa@yahoo.com

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input 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 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	
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 type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input 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.

A.A. Arewa
 Applicant's Signature
ayodelearewa@yahoo.com
 Email Address

 Title/Company

Ayodele Arewa
 Print Name
6/20/18
 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>6/20/18</u>	<u>[Signature]</u>

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

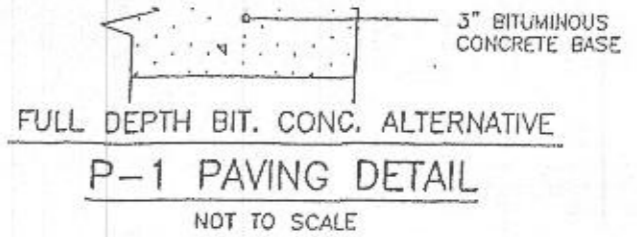
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Abiodun and Ayodale
Arewa

8112 Holly Manor Way
Fulton MD, 20759



1. 100 SQUARE
2. ENVIRONMENT FOR INDIV. THIS AREA IS RESTRICTED BECOME NULL AND VOID COUNTY HEALTH OFFICER PRIVATE SEWERAGE EASE SHALL NOT BE NECESSA.
3. EXACT LENGTH OF SE AT THE TIME OF PRECON
4. SPOIL FROM THE TRE SIDE OF THE EXCAVATION
5. SEDIMENT AND EROSION CONSERVATION DISTRICT MARYLAND STANDARDS AT CONTROL
6. STORMWATER MANAGE EXTENDED DETENTION PO
7. THE EXISTING WELL (1) LOCATED BY BENCHMARK ACCURATELY SHOWN.
8. DRIVEWAY CULVERT C/F-08-090.

APPROVED
WALK-THRU BUILDING PERMIT
BP# [Signature]
APP. SAN [Signature] DATE: 7/27/12
DESC. OF WORK: [Signature]
860 sq ft

* Be aware septic line runs under proposed deck.
Deck footers must stay 1ft away from the septic line.



- 428.5
- 434.0
- 427.8
- 427.5
- 429.1
- 431.0
- 427.2
- 427.0
- 431.0

APPROVED
WALK-THRU BUILDING PERMIT
BP# [Signature]
APP. SAN [Signature] DATE: 6/24/12
DESC. OF WORK: 20x25' deck
BORDS [Signature] as shown in
BORDI SUSAN GAY THE [Signature]
MAP 45, GRID 6, PARCEL 20
12202 LIME KILN RD
LF. 4584/261
ZONE: RR

PLAN VIEW

HO