



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: 4405 COLLEGE AVE
 City: ELICOTT CITY State: MD Zip Code: 21043
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: JUDITH & ROBERT MILLER
 Address: 4405 COLLEGE AVE
 City: ELICOTT CITY State: MD Zip Code: 21043
 Phone: 443-510-3279 Fax: _____
 Email: j.miller@abd-architects.com

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

Existing Use: SFD
 Proposed Use: SFD of detached garage
 Estimated Construction Cost: \$ 1100,000
 Description of Work: DETACHED GARAGE FOR ANTIQUE CAR STORAGE, 26'x30' 1 STORY
 Occupant/Tenant Name: ROBERT & JUDITH MILLER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: SELF
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: ARCHITECTURE BY DESIGN, P.A.
 Responsible Design Prof.: JUDITH MILLER, AIA
 Address: 8355 COURT AVE
 City: ELICOTT CITY State: MD Zip Code: 21043
 Phone: 410-400-3210 Fax: _____
 Email: j.miller@abd-architects.com

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input checked="" type="checkbox"/> SF Dwelling	<input type="checkbox"/> SF Townhouse
No. of stories: <u>N/A</u>	Depth	Width
Gross area, sq. ft./floor: _____	1 st floor: <u>720</u>	_____
Area of construction (sq. ft.): _____	2 nd floor: _____	_____
Use group: _____	Basement: _____	_____
Construction type:	<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 checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>0</u>	_____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	_____
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____	_____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____	_____
Roadside Tree Project Permit # _____	No. of 2 BR units: _____	_____
	No. of 3 BR units: _____	_____
	Other Structure: <u>N/A</u>	_____
	Dimensions: _____	_____
	Footings: _____	_____
	Roof: _____	_____
	<input type="checkbox"/> State Certified Modular	_____
	<input checked="" type="checkbox"/> Manufactured Home	_____

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	<u>NONE</u>
<input type="checkbox"/> Private	_____
Sewage Disposal	
<input type="checkbox"/> Public	<u>NONE SEPTIC</u>
<input type="checkbox"/> Private	_____
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: _____
 Email Address: j.miller@abd-architects.com
 Home Owner: _____

JUDITH A MILLER
 Print Name
 4/12/18
 Date

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>4/12/18</u>	<u>H. Oswald</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	#

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

