



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: 5319 AERIE COURT
 City: CLARKSVILLE State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: EAGLE POINT LANDING
 Section: _____ Area: _____ Lot: 4
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 3 AC

Property Owner's Name: MANUEL & CHRISTINE MIRANDA
 Address: 5319 AERIE COURT
 City: CLARKSVILLE State: MD Zip Code: 21029
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: APPLIED & APPROVED PERMITS
 Address: PO BOX 310
 City: PERRY HALL State: MD Zip Code: 21128
 Phone: 443-610-7514 Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD W/FENCE AROUND POOL
 Estimated Construction Cost: \$ 8,000
 Description of Work:
INSTALL APROX 77' OF 8' HIGH VINYL FENCE
& APPROX 86' OF 6' HIGH ALUMINUM & VINYL
FENCE
 Occupant/Tenant Name: OWNER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: THE DECK & FENCE COMPANY
 Contact Person: RICHARD DAVID
 Address: 408 HEADQUARTERS DRIVE #1
 City: MILLERSVILLE State: MD Zip Code: 21108
 License No.: 125136
 Phone: 410-846-5210 Fax: _____
 Email: _____

Engineer/Architect Company: CONTRACTOR
 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: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
	<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	Multi-family Dwelling
<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: _____
<input checked="" type="checkbox"/> 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

Utilities	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input checked="" 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 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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature] Print Name: MICHELLE CLANCY
 Email Address: MICHELLE@APPLIEDANDAPPROVED.COM Date: 8/1/18
 Title/Company: PERMITS

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>8/1/18</u>	<u>[Signature]</u>

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

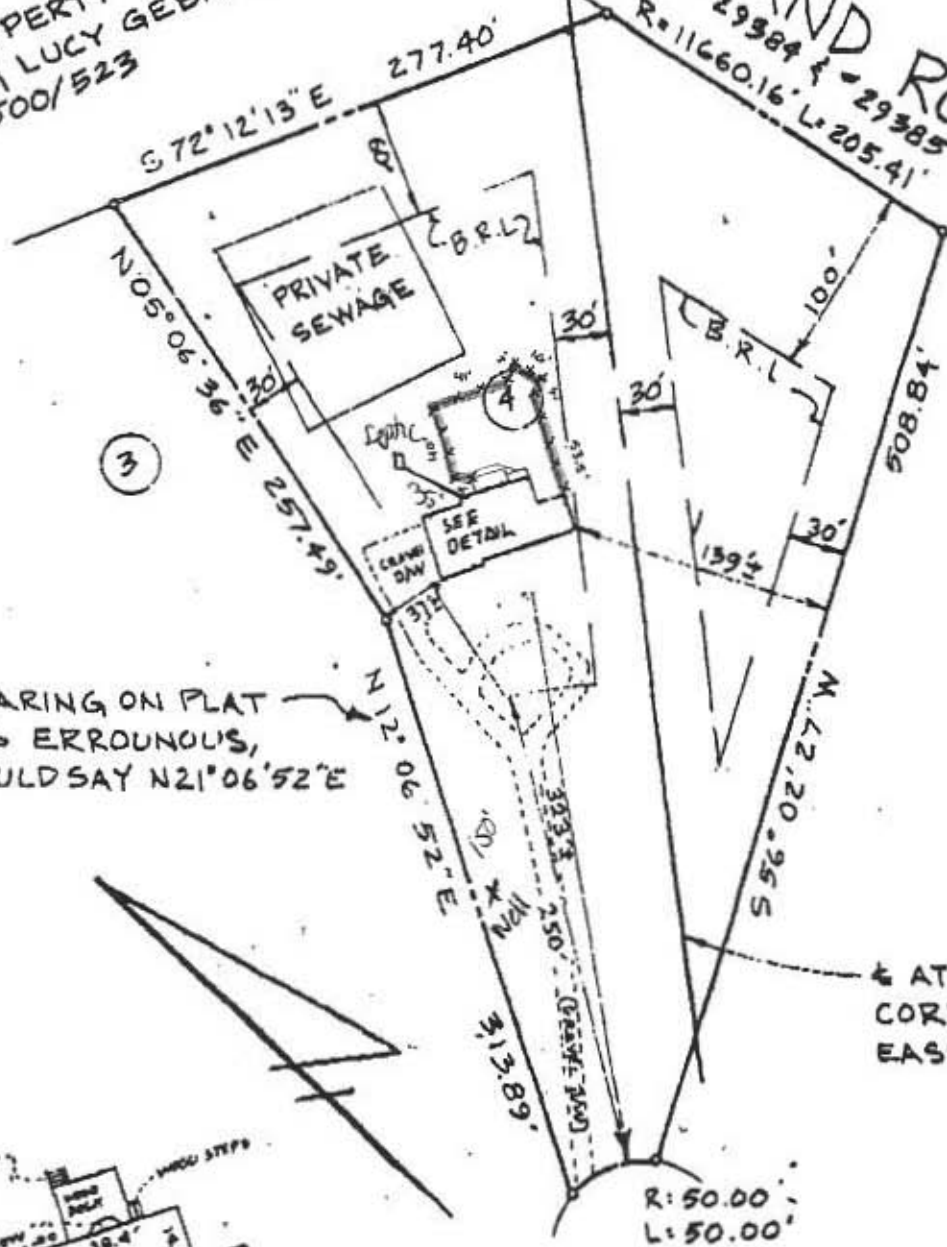
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input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

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSPS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

PROPERTY OF
JACK & LUCY GEBHARD
500/523

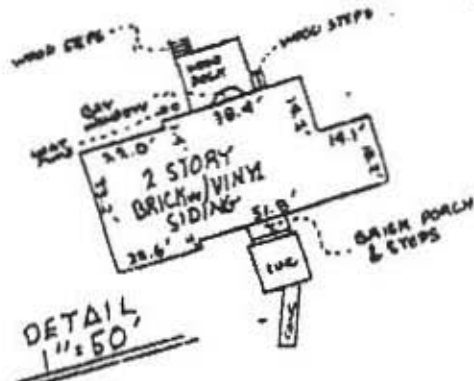
MARYLAND ROUTE 32
S.H.A. PLAT # 29384 & 29385
R=11660.16' L=205.41'

32



BEARING ON PLAT
IS ERRONEOUS,
SHOULD SAY N 21° 06' 52\"/>

& ATLANTIC SEABOARD
CORP. GAS PIPELINE
EASEMENT UNDEFINED
WIDTH
266/251



AERIE COURT

SCALE: 1" = 100'

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APR. SAN *[Signature]* DATE: 2/1/80
DESC. OF WORK: *Proposed fence as shown*
no impact to build & settle
LOT 4 *split*

TOP OF CONC. BLOCK ELEV. = 531.37.

B.R.L. DENOTES BUILDING RESTRICTION
LINE

"FAGLE POINT LANDING"