



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: 12801 Amberwoods way
 City: Sykesville State: MD Zip Code: 21784
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ \$15,000
 Description of Work: 20'x26' Pole Barn

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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 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

Property Owner's Name: Christopher Brecht
 Address: 12801 Amberwoods way
 City: Sykesville State: MD Zip Code: 21784
 Phone: 410-489-6761 Fax: _____
 Email: Brecht803@verizon.net

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

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: _____

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.

Applicant's Signature: [Signature]
 Email Address: Brecht803@verizon.net
 Title/Company: _____

Print Name: Chris Brecht
 Date: 8/15/18

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>8-15-18</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	#

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

3140 West Ward Road Suite 103
Dunkirk, Maryland 20754
Ph: 410-286-9712 Fax: 410-286-9716
Toll-Free: 1-800-235-4681

Established 1979

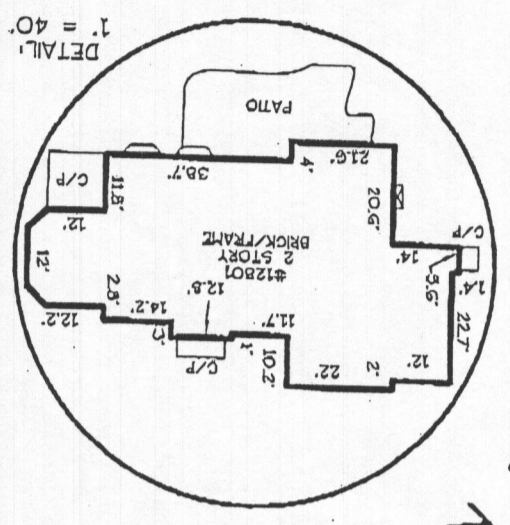
ADVANCED SURVEYS

AMBERWOODS
3RD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 100'
PROJECT#26236
AUGUST 2009
DRAWN BY: BTG
CAD FILENAME: AMBERWOODS-SI-SH2-L1.DWG
CHECKED BY: *[Signature]*

12801 AMBERWOODS WAY
LOCATION DRAWING LOT 1 SECTION 1 SHEET 2
FRANCIS B. COLLINSON PLS #10104 08/27/09
PLAT#9700

ATTENTION USER: SURVEY ORDER MUST BE ON FILE WITH ADVANCED SURVEYS BEFORE THIS DOCUMENT CAN BE USED.

I hereby certify that the improvements shown hereon to the best of my professional knowledge and ability, have been located by a transit, tape or total-station survey.



ADDITIONAL NOTES

- 1) The subject property falls in flood zone "C" as shown on the flood hazard boundary map dated 07/08/91.
- 2) This is not a boundary survey or lot stakeout. No title research furnished to or done by this office.
- 3) This plat shows the principal structure and significant structures (close to the apparent property lines) as required by Maryland law. However, additional internal structures may not be shown. Fences shown as "X" are approximate only.
- 4) The exact location of fences and boundary lines can be accomplished with a boundary survey.
- 5) The licensee either personally prepared this drawing or was in responsible charge over its preparation and the surveying work reflected in it, all in compliance with requirements set forth in Regulation .12 of Chapter 05 Minimum Standards of Practice.
- 6) The source of data, bearings, and/or coordinates used on this drawing are based on the record plat or deed referenced: PLAT#9700

REQUIRED NOTES PER COMAR 09.1306

- 1) This plat is of benefit to a consumer only insofar as it is required by a lender or title insurance company or its agent in connection with contemplated transfer, financing or refinancing.
- 2) This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
- 3) This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
- 4) The level of accuracy of apparent setback distances is within 3 feet +/-.

APPROVED
WALK-THRU BUILDING PERMIT
BP#
APP. SAN Dana Bernhardt A#
DESC OF WORK: Shed 8-15-18
Approved As Shown