



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: 3268 DANMARC DR
 City: GLENWOOD State: MD Zip Code: 21798
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: 29 Tax Map: 14 Parcel: 106

Existing Use: RESIDENTIAL
 Proposed Use: _____
 Estimated Construction Cost: \$ 10,000
 Description of Work: BUILD 01 8x8 DECK
AMZ 12x12 DECK

Occupant/Tenant Name: DAN RINGER
 Was tenant space previously occupied? Yes No
 Contact Name: DAN RINGER
 Address: 3268 DANMARC DR
 City: GLENWOOD State: MD Zip Code: 21736
 Phone: _____ Fax: _____
 Email: DRINGER@1041100.com

Property Owner's Name: DAN RINGER
 Address: 3268 DANMARC DR
 City: GLENWOOD State: MD Zip Code: 21798
 Phone: _____ Fax: _____
 Email: DRINGER@1041100.com

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

Contractor Company: LAND ASS INC
 Contact Person: BLAIR MORAN
 Address: 7005 RIVER RD
 City: MARYLAND State: MD Zip Code: 21104
 License No.: 36116
 Phone: 410 964 2985 Fax: _____
 Email: landassinc1994@gmail.com

Engineer/Architect Company: _____
 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.): <u>208</u>	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 checked="" 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 type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" 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 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: Blair Moran Print Name: BLAIR MORAN
 Email Address: landassinc1994@gmail.com Date: 8/6/19
 Title/Company: Perms

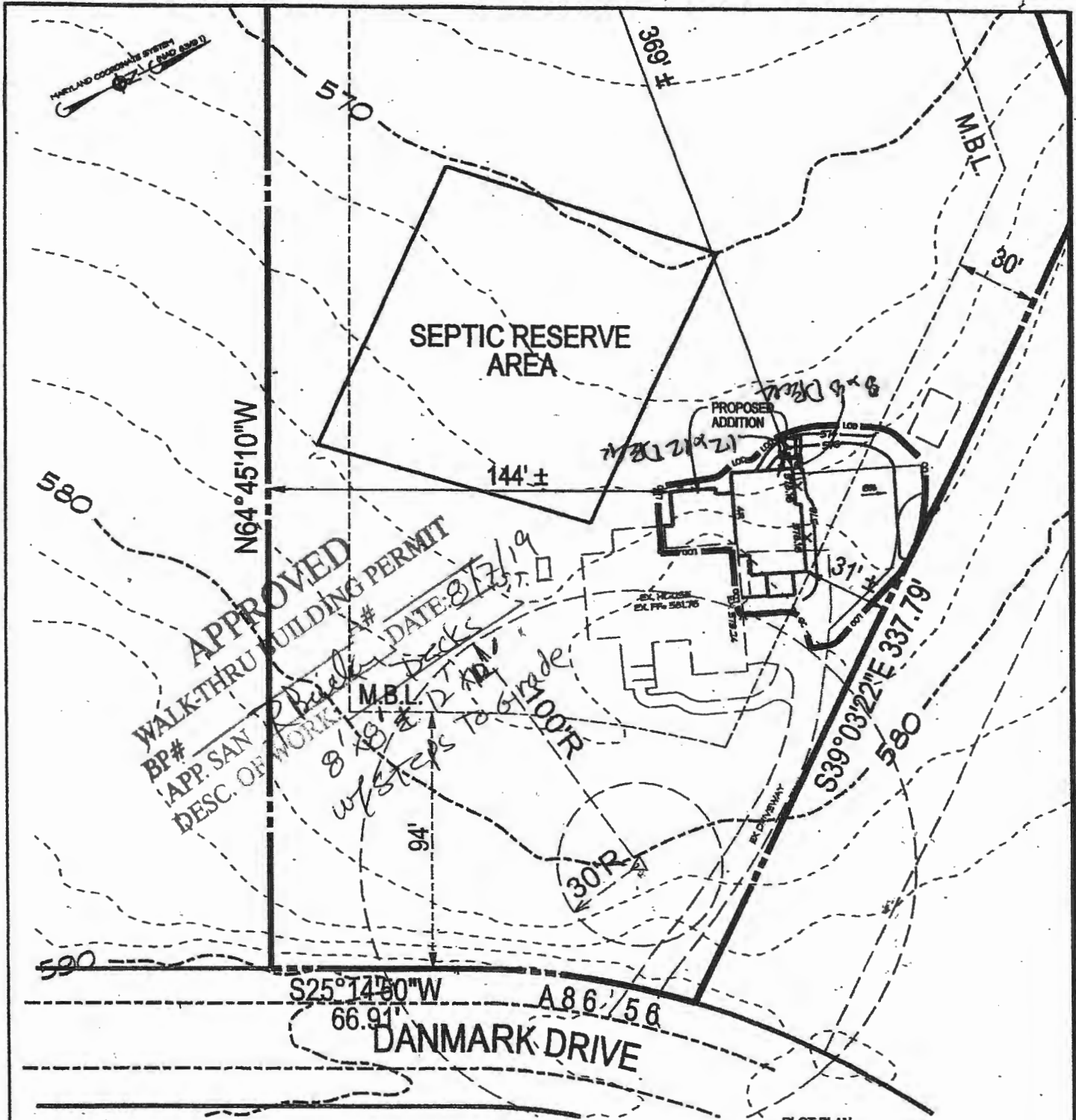
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>8/7/19 R. Beiler</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	#



APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____
 APP. SAN _____
 DESC. OF WORK: *8' x 8' Deck*
8' x 12' Deck
w/ steps to 6' grade
 DATE: *8/23/19*
 M.B.L. # _____

PLOT PLAN
 LOT 29
CHOI PROPERTY
 4th ELECTION DISTRICT * HOWARD COUNTY, MD
 TAX MAP: 14 * BLOCK: 24 * PARCEL: 108
 RECORDED IN PLAT-M.D.R. NO. 10631-10634

EXISTING GRADES SHOULD BE FIELD VERIFIED WHEN HOUSE STAKEOUT IS DONE.

DATE	REVISIONS

439 East Main Street Westminster, MD 21157-5539
 (410) 848-1790 FAX (410) 848-1791

DRAWN BY:	MC / J/LW
DESIGN BY:	JF
REVIEW BY:	JF
DATE:	9/21/17
SCALE:	1" = 50'
JOB NO:	2017084
SHEET:	2 OF 2