



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: 12410 All Daughters Lane
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 30,000.00
 Description of Work: Build a 732 sqft Deck off of the rear of the house

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Frank Winter
 Address: 2609 Robe Drive
 City: Kingsville State: MD Zip Code: 21087
 Phone: 443 850 5314 Fax: _____
 Email: mwbuild921@gmail.com

Property Owner's Name: Sreenath vellanki
 Address: 12410 All daughters Lane
 City: Highland State: MD Zip Code: 20777
 Phone: 410 336 3925 Fax: _____
 Email: svellanki@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Frank Winter
 Address: 2609 Robe dr
 City: Kingsville State: MD Zip Code: 21087
 Phone: 443 850 5314 Fax: _____
 Email: mwbuild921@gmail.com

Contractor Company: MW Enterprise
 Contact Person: Frank Winter
 Address: 2609 Robe dr
 City: Kingsville State: MD Zip Code: 21087
 License No.: 103867
 Phone: 443 850 5314 Fax: _____
 Email: mwbuild921@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:	
	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 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 type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input 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 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: Frank Winter
 Email Address: mwbuild921@gmail.com
 Contractor: MW Enterprise
 Title/Company: _____

Print Name: Frank Winter
 Date: 9/20/2019

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>9/26/19</u>	<u>RB</u>

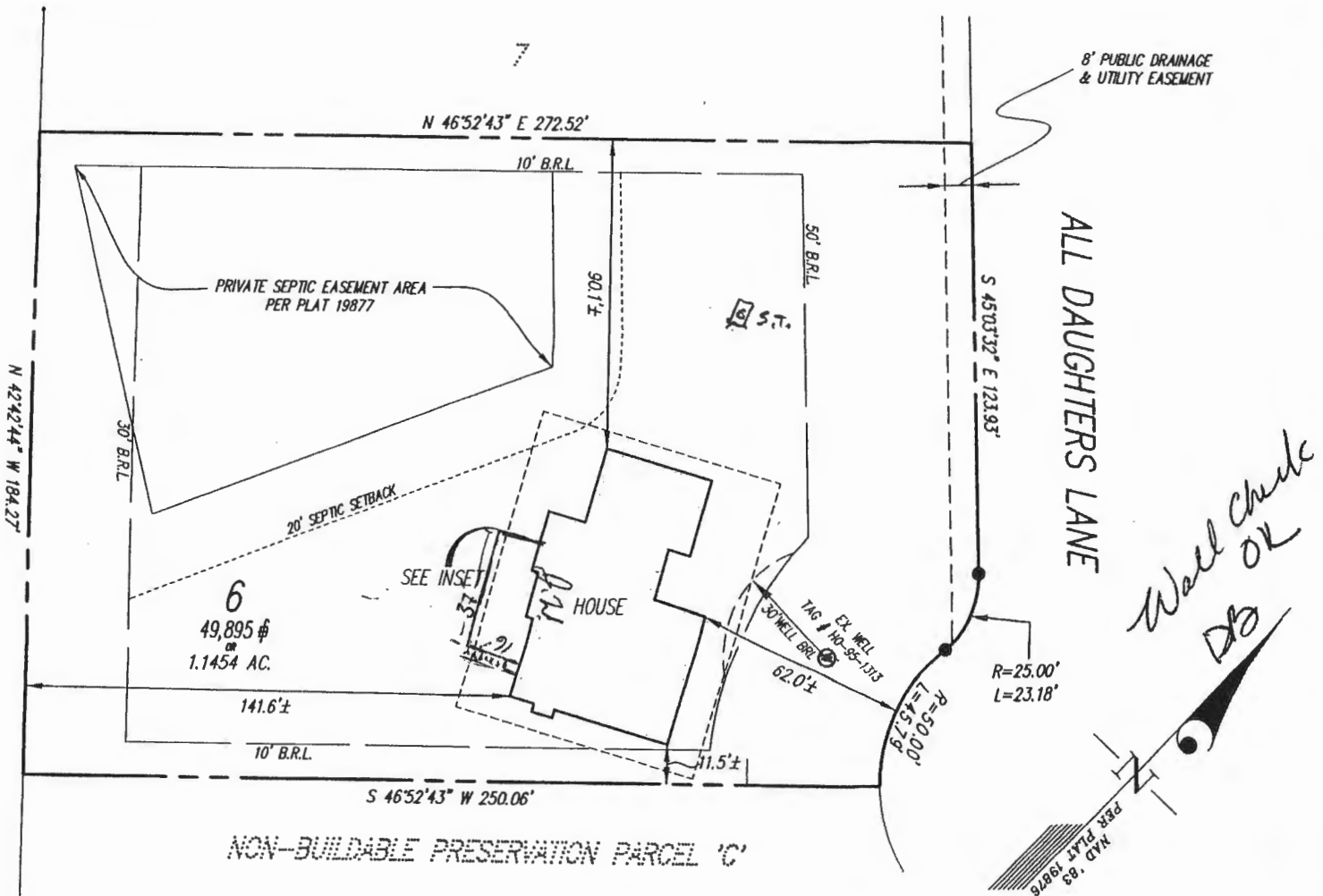
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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

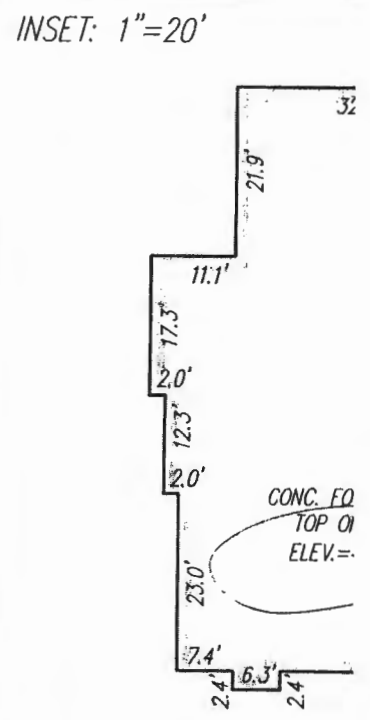
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PROPERTY BOUNDARY LINES SHOWN HEREON ARE PER A THIS IS NOT A "LOCATION DRAWING" AND IS NOT

THE PROPERTY SHOWN HEREON LIES WITHIN ZONE ANNUAL CHANCE FLOODPLAIN) AS SHOWN ON THE NUMBER 24027C01400, EFFECTIVE DATE NOVEMBER

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SETBACK DISTANCES SHOWN HEREON ARE TO THE HAVE AN ACCURACY OF ± 0.1' FOOT.



Wall Check OK DB

APPROVED
WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *Builer* DATE: *9/26/2019*
 DESC. OF WORK: *732 ft Deck w/stairs to grade*

SURVEYOR'S CERTIFICATE
 THIS IS TO CERTIFY TO:
 "MB ORCHARD ESTATES, LLC"

THAT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF,

(SPEC)
 ORCH