



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2016 OCT 28

Date Received: _____

Permit No.: B1604768

Building Address: 12793 F.W. Quacker Rd. Primary School W/TP
 City: Elliott City State: MD Zip Code: 21042
 Suite/Apt. #: Primary SDP/WP/BA #: 1-1009
 Census Tract: 30ndv Subdivision: mm
 Section: _____ Area: _____ Lot: _____
 Tax Map: M22 Parcel: 0146 Grid: M23
 Zoning: _____ Map Coordinates: _____ Lot Size: 0.182

Existing Use: School
 Proposed Use: School
 Estimated Construction Cost: \$ 521,000
 Description of Work: Construction of small building
to house workbooks for school
equipment
 Occupant/Tenant Name: W.A. Foundation Co. Inc.
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Glenn County School Inc.
 Address: 12793 F.W. Quacker Rd.
 City: Elliott City State: MD Zip Code: 21042
 Phone: 410-591-2600 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Ad. Lignock, II
 Address: P.O. Box 211
 City: 11th March State: MD Zip Code: 21112
 Phone: 410-497-5395 Fax: 410-497-2091
 Email: adlignock@comcast.net

Contractor Company: W.A. Foundation Co. Inc.
 Contact Person: Ad. Lignock, II
 Address: P.O. Box 211
 City: 11th March State: MD Zip Code: 21112
 License No.: 12911936
 Phone: 410-497-5395 Fax: 410-497-2091
 Email: adlignock@comcast.net

Engineer/Architect Company: W.A. Foundation Co. Inc.
 Responsible Design Prof.: T. Smith, P.E.
 Address: 570 Lawrence Ave. Suite 300
 City: Ft. Det. State: PA Zip Code: 14355
 Phone: 410-497-4100 Fax: 410-497-4101
 Email: mlk@wafound.com

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>1</u>	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

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	
<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: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: _____

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		

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	# <u>21201</u>

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



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Permit No.: B16004771

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 City: Fall River State: MD Zip Code: 21112
 Site/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 0022 Parcel: 0146 Grid: 0022
 Zoning: _____ Map Coordinates: _____ Lot Size: 0.13
 Existing Use: School
 Proposed Use: School
 Estimated Construction Cost: \$ 374,000
 Description of Work: Replacement of small building
 Occupant/Tenant Name: N/A
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Charl County School Inc
 Address: 12743 Fall River Rd
 City: Fall River State: MD Zip Code: 21112
 Phone: 410-541-6600 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Ant J. Smith
 Address: 12743 Fall River Rd
 City: Fall River State: MD Zip Code: 21112
 Phone: 410-541-6600 Fax: 410-682-2011
 Email: ant.smith@charlcountyschools.org
 Contractor Company: Lee Construction Co. Inc
 Contact Person: Ant J. Smith
 Address: 12743 Fall River Rd
 City: Fall River State: MD Zip Code: 21112
 License No.: _____
 Phone: 410-541-6600 Fax: 410-682-2011
 Email: ant.smith@charlcountyschools.org
 Engineer/Architect Company: Walter E. Gorman Assoc. Inc
 Responsible Design Prof.: W. E. Gorman
 Address: 12743 Fall River Rd
 City: Fall River State: MD Zip Code: 21112
 Phone: 410-541-6600 Fax: 410-682-2011
 Email: ant.smith@charlcountyschools.org

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<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:	

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Applicant's Signature: _____ Print Name: William A. Gorman
 Email Address: _____ Date: 10-25-16
 Title/Company: Lee Construction Co. Inc

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

AGENCY	DATE	SIGNATURE OF APPROVAL
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PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/25/16</u>	<u>[Signature]</u>

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