



Building Permit Application

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

DL P 2019 000 22 445:02

Date Received: _____

Permit No.: B19002775

Building Address: 16171 CARPERS MILL RD
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input 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

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 _____ Print Name _____
 Email Address _____ Date _____
 Title/Company _____

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>9-3-19</u>	<u>Burand</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	\$ <u>75.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>46607</u>

PARCEL 34

450.00'

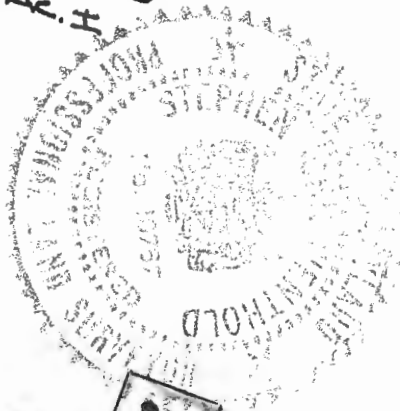
N07°30'W

N73°50'W

S70°46'E

LIBER 471
FOLIO 368
5.0 AC. ±

- NOTE:
1. PROPERTY PREDATES MODERN DAK ZONING.
 2. PROPERTY DESCRIPTION DOES NOT CLOSE MATHEMATICALLY BY 714.



PARCEL 223

PARCEL 203

468.00'

S18°43'W

CARRS MILL ROAD

370.00'



Approved Septic System Plan
Howard County Health Department

[Signature]
Signature

9-31-19
Date

P 19002775

- BUILDINGS THAT HOUSE ANIMALS LIVESTOCK
- TREES

SEPTIC - 129'
WELL - 111'

PARCEL 34

450.00'

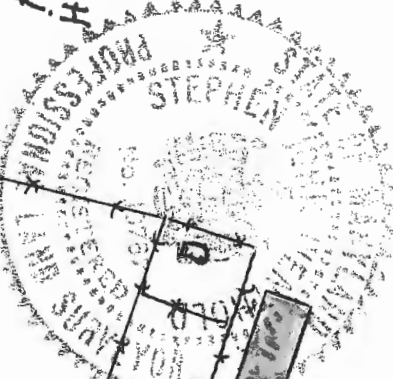
N07°30' W

N73°50' W

S70°46' E

LIBER 471
FOLIO 368
5.0 AC. ±

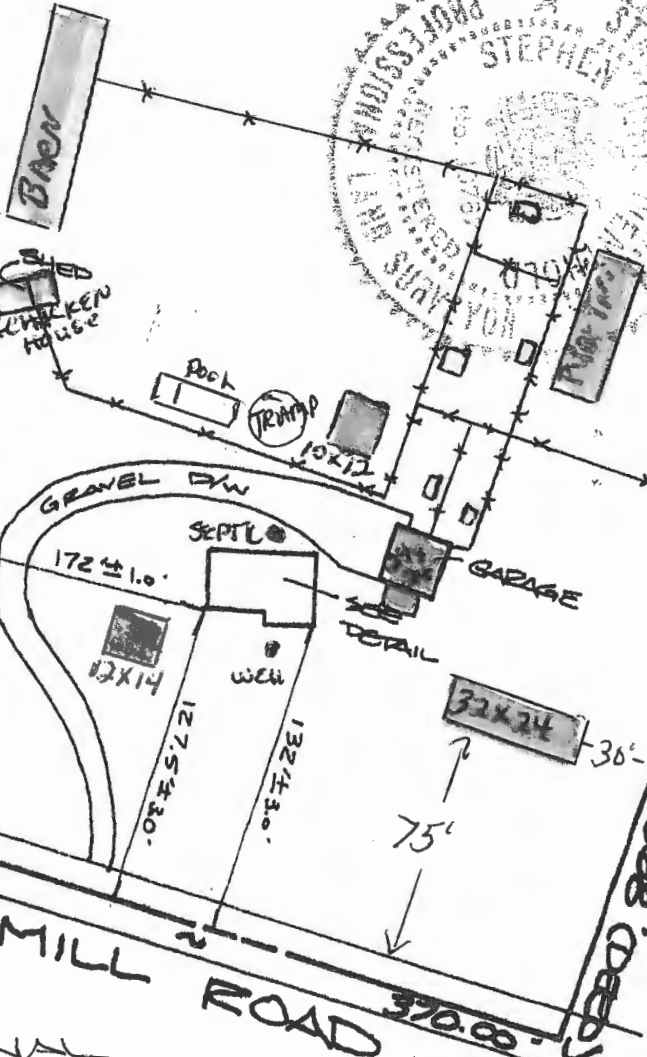
- 1. PROPERTY PREDATES MODERN DAY ZONING.
- 2. PROPERTY DESCRIPTOR DOES NOT CLOSE MATHEMATICALLY BY 7.4'



PARCEL 223

PARCEL 203

468.00'

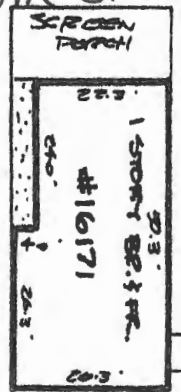


REVISED
Date: 9/10/19
B19002715
Comments: Revised

distance from structure to property line

DETAIL

SCALE: 1" = 40'



GOLF ROAD
S18°43' W

CARRS MILL ROAD
370.00'

- PERSONAL
- DOG HOUSES
- AGRICULTURAL

WELL - 92'
SEPTIC - 134'

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 9-4-19

To: YVETTE MERSON
(Person's Name and Division)

From: LISA COOCH (301) 538-2928 **RECEIVED**
(Your Name, Company Name and Telephone Number)

Subject: Project name _____

Project site address 1671 CARRS MILLS

Permit # B19002775 SDP # _____

Other information pertinent to this project _____

SEP 05 2019
PLAN REVIEW DIVISION

✓ Please check the attachments below that you are submitting with this transmittal:

Letter of response to address plan review comment letter

Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**

Letter Summarizing Changes

Energy conservation calculations

✓ Copies of REVISED PLOT PLANS (be specific).

CHANGED USE OF
BUILDINGS TO PERSONAL
MARKED IN PURPLE

Health Department Request

✓ DPZ/DED Request

Applicant's Request

Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____

Other _____

Contact Person Information: (Required)

WILLIAM COOCH
Please Print Name

Telephone No: 301-538-2928

E-Mail Address: WCOOCH@AHL.COM

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by AKH

PER DPZ
Bldg
Health

PARCEL 34

450.00'

N07°30'W

N73°05'0" W

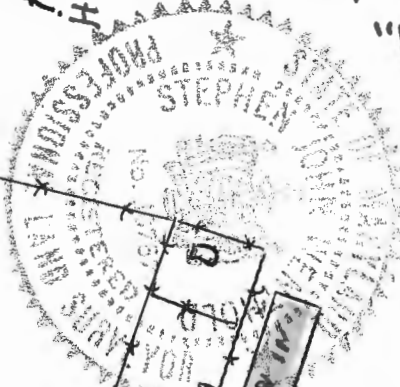
S70°46'E

REVISED
Date: 9/4/19
Comments: B19062775

LIBER 471
FOLIO 368
5.0 AC. ±

CHANGED USE OF
BUILDINGS MARKED
IN PURPLE TO
"PERSONAL"

1. PROPERTY PREDATES MODERN DAY ZONING.
2. PROPERTY DESCRIPTION DOES NOT CLOSE MATHEMATICALLY BY 7.1'.

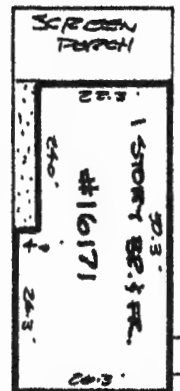


PARCEL 223

PARCEL 203

468.00'

DETAIL
SCALE: 1" = 40'



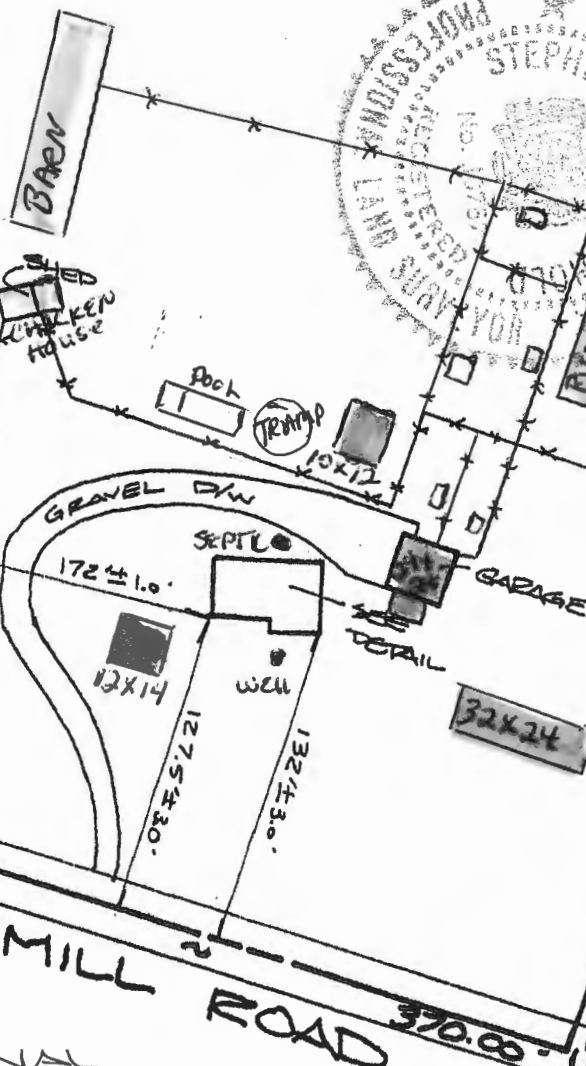
TAX

LINE OF ROAD
S18°43'W

CARRS MILL ROAD 370.00'

- PERSONAL
- DOG HOUSES
- AGRICULTURAL

WELL - 92'
SEPTIC - 134'



**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 9-10-19
To: ANNETTE - DPZ
(Person's Name and Division)
From: LISA COACH (301) 538-2928
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 16171 CARRS MILL RD.
Permit # B19002775 SDP # _____
Other information pertinent to this project _____

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
 - Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
 - Letter Summarizing Changes CHANGE DISTANCE FROM STRUCTURE TO PROPERTY LINE
 - Energy conservation calculations
 - Copies of PLST PLANS (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

LISA COACH
Please Print Name
Telephone No: 301-538-2928
E-Mail Address: MAJIKSTONY@AOL.COM

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Received by: [Signature] CC: Health Dept. no fee

