



# 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.: B19003781

Address: 6730 MONTELL CT  
City: HIGHLAND State: MD Zip Code: 20777  
Apt. # 1002 SDP/WP/BA #: \_\_\_\_\_  
Division: 1202  
Lot: 4 Tax Map: 0034 Parcel: 0243

Property Owner's Name: ALYSSA COTLER / JIM BOGARD  
Address: 6730 MONTELL CT  
City: HIGHLAND State: MD Zip Code: 20777  
Phone: 301-332-8522 Fax: N/A  
Email: ALYSSACOTLER@GMAIL.COM

Existing Use: DWELLING  
Proposed Use: DWELLING  
Estimated Construction Cost: \$ 7800.-

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: HOWARD WILT  
Address: 3106 LORD BALTIMORE DR  
City: BALTIMORE State: MD Zip Code: 21244  
Phone: 410-402-1092 Fax: \_\_\_\_\_  
Email: HOWARD@PEAKCUSTOMREMODELING.COM

Description of Work: REPAIR / REBUILD FRONT PORCH - REPLACE ENTIRE ROOF 10X 20

Contractor Company: PEAK CUSTOM REMODELING  
Contact Person: HOWARD WILT  
Address: 3106 LORD BALTIMORE DR  
City: BALTIMORE State: MD Zip Code: 21244  
License No.: 132406  
Phone: 410-402-1092 Fax: N/A  
Email: HOWARD@PEAKCUSTOMREMODELING.COM

Occupant/Tenant Name: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1st floor: <u>20' 20'</u>
Area of construction (sq. ft.): _____	2nd floor: <u>20' 20'</u>
Use group: _____	Basement: <u>20' 20'</u>
<b>Construction type:</b>	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>3</u>
<input type="checkbox"/> State Certified Modular	<b>Multi-family Dwelling</b>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" 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 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 checked="" 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: Howard Wilt  
Email Address: HOWARD@PEAKCUSTOMREMODELING.COM  
Title/Company: MANAGER/PEAKCUSTOMREMODELING

Print Name: HOWARD WILT  
Date: 10/30/2019

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>11/14/19</u>	<u>R Bealer</u>

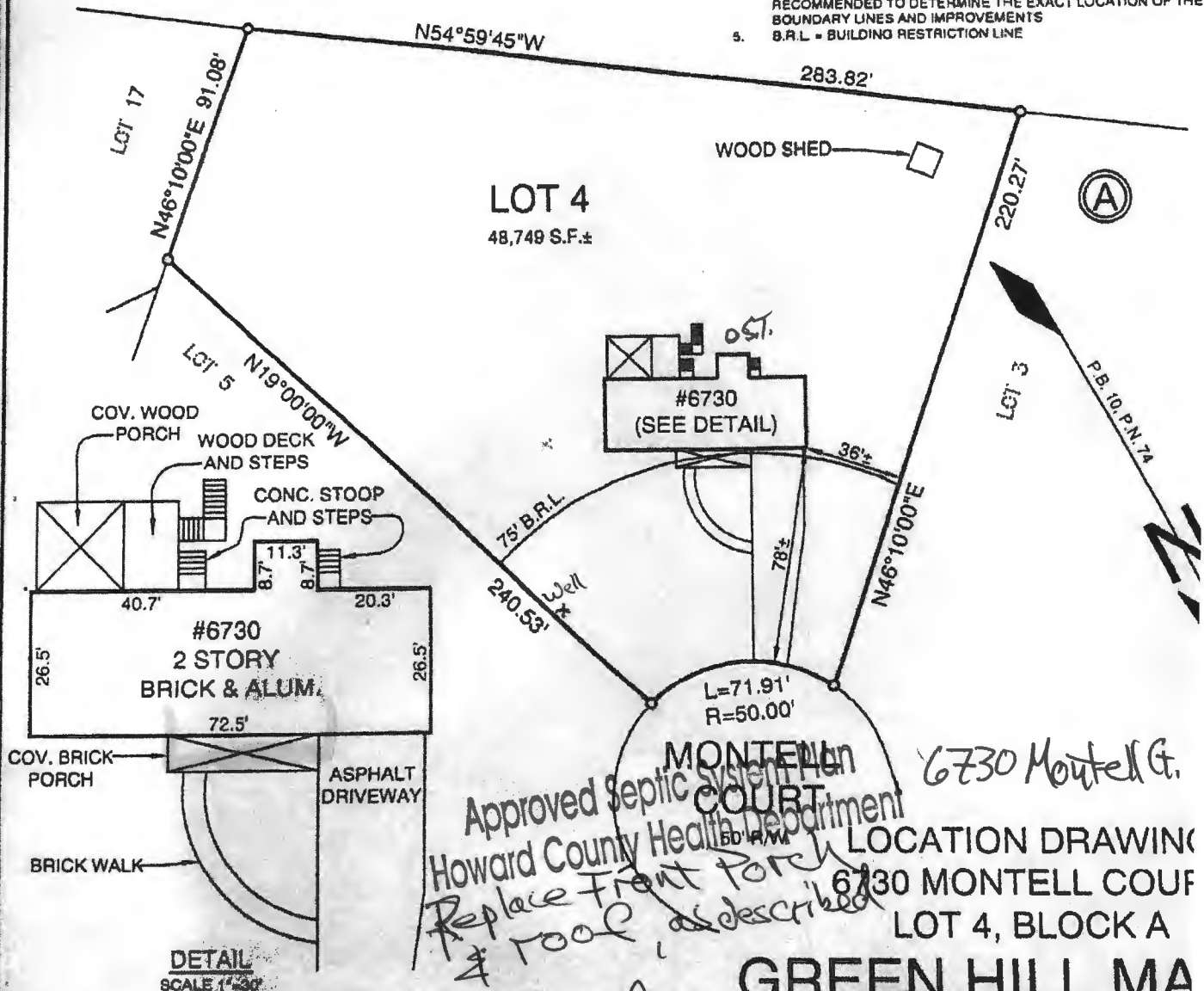
Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

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>125.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$ <u>3217</u>
Check #	<u>3217</u>

M.V. ATWELL  
L. 255, F. 138

1. OTHER EXISTING OR FUTURE ENCROACHMENTS FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY OR FOR SECURING FINANCING OR REFINANCING THE SETBACK ACCURACY IS 1 FOOT.
2. THIS PLAN OR PLAT IS NOT INTENDED TO SHOW ALL MATTERS OF THE PROPERTY SHOWN HEREON.
3. IF IT APPEARS ENCROACHMENTS MAY EXIST A BOUNDARY SURVEY IS RECOMMENDED TO DETERMINE THE EXACT LOCATION OF THE BOUNDARY LINES AND IMPROVEMENTS.
4. B.R.L. = BUILDING RESTRICTION LINE



THIS LOT DOES NOT APPEAR TO LIE WITHIN THE 100 YEAR FLOOD PLAIN AS SHOWN ON THE F.E.M.A. FLOOD HAZARD MAP 24027C-0140-D AS REVISED NOVEMBER 6, 2013.

*R. Becker*  
Signature  
11/14/19 Date  
Bl 003781

**CERTIFICATION**

I HEREBY CERTIFY THAT I WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS LOCATION DRAWING AND THE SURVEY WORK REFLECTED THEREIN IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN THE CODE OF MARYLAND TITLE 9, SUBTITLE 13, CHAPTER 2, REGULATIONS 2, AND THE POSITION OF EXISTING IMPROVEMENTS AS SHOWN HEREON, ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

*Michael D. Adcock*  
MICHAEL D. ADCOCK  
PROFESSIONAL LAND SURVEYOR  
NO. 21237 EXPIRATION DATE 11/15/2025

**Adcock & Associates · LLC**

Engineers · Surveyors · Planners

3300 North Ridge Road, Suite 160  
Ellicott City, Maryland 21043  
Phone: 443.325.7682 Fax: 443.325.7685  
Email: mike@saaland.com

REFERENCE	P.B.
DATE:	DECE
SCALE:	
FILE NO.:	