



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.: B20000086

Building Address: 8230 Sumner River Hwy
 City: Columbia State: MD Zip Code: 21045
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: A11 Tax Map: 0037 Parcel: 0418

Existing Use: Home for the elderly
 Proposed Use: Home for the elderly
 Estimated Construction Cost: \$ 5,000.00
 Description of Work: Replace existing in
wood frame to existing floor

Occupant/Tenant Name: Sumner River Place Columbia
 Was tenant space previously occupied? Yes No
 Contact Name: Giovanni
 Address: 8230 Sumner River Hwy
 City: Columbia State: MD Zip Code: 21045
 Phone: 410-313-7744 Fax: _____
 Email: _____

Property Owner's Name: SHA Sumner River Plc
 Address: PO Box 2075
 City: Rockaway State: TX Zip Code: 75070
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Ken French
 Address: 10330 S. Duffield Road
 City: Rockaway State: TX Zip Code: 75070
 Phone: 410-313-1576 Fax: 410-998-3622
 Email: ken.french@ambsadirectservices.net

Contractor Company: Ambsadirect Services Inc.
 Contact Person: Ken French
 Address: 10330 S. Duffield Road
 City: Rockaway State: TX Zip Code: 75070
 License No.: 12042
 Phone: 410-313-1575 Fax: 410-912-3527
 Email: Sales@ambsadirectservices.net

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: _____	
Area of construction (sq. ft.): _____	2 nd floor: _____	
Use group: _____	Basement: _____	
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input checked="" type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: _____	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
<input 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 checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" 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: KEN FRENCH
 Date: 01/16/2020

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>2/16</u>	<u>[Signature]</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	#