



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: 14305 Fox Creek Ct.
 City: Cooksville State: MD Zip Code: 21723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: 43 Tax Map: _____ Parcel: _____

Existing Use: _____
 Proposed Use: Deck
 Estimated Construction Cost: \$ 34,000.00

Description of Work: Build new free standing deck with low maintenance materials.
Deck should be approximately 800 sq.ft divided as follows: 32x18 section, 10x12, and
11x3.5 with an L shape stairs with approximately 14-15 steps and 4x4 landing
 Decking: Trex Select in Saddle color

Occupant/Tenant Name: Ana Gouveia
 Was tenant space previously occupied? Yes No
 Contact Name: Ana Gouveia
 Address: 14305 Fox Creek Ct.
 City: Cooksville State: MD Zip Code: 21723
 Phone: 410-599-1397 Fax: _____
 Email: ana_luzia20@yahoo.com

Property Owner's Name: Ana Gouveia
 Address: 14305 Fox Creek Ct.
 City: Cooksville State: MD Zip Code: 21723
 Phone: 410-599-1397 Fax: _____
 Email: ana_luzia20@yahoo.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: DeckMaster
 Address: 6 E Diamond Ave. Ste. B
 City: Gaithersburg State: MD Zip Code: 20877
 Phone: 240-372-8755 Fax: 240-780-9143
 Email: JUGALDE@DECKMASTER-US.COM

Contractor Company: DeckMaster
 Contact Person: Jose Ugalde
 Address: 6 E Diamond Ave. Ste. B
 City: Gaithersburg State: MD Zip Code: 20877
 License No. : MHIC 128722
 Phone: 240-372-8755 Fax: 240-780-9143
 Email: JUGALDE@DECKMASTER-US.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"/> Craw Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel		
<input type="checkbox"/> Masonry		
<input type="checkbox"/> Wood Frame		
<input type="checkbox"/> State Certified Modular		
	No. of efficiency units:	
	No. of 1 BR units:	
	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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature] Jose Ugalde
Applicant's Signature **Print Name**

JUGALDE@DECKMASTER-US.COM 2/19/2020
Email Address **Date**

President/ DeckMaster
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>[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	#

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

