



# 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.: 616004487

Building Address: 11995 OLD FREDERICK RD  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 Occupant or Tenant: \_\_\_\_\_  
 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:	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<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	<u>11/16</u>	<u>Cancelled PS/SE</u>

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

**Freemon, Robert**

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**From:** Greg <buldawg519@aol.com>  
**Sent:** Tuesday, November 01, 2016 4:06 PM  
**To:** Freemon, Robert  
**Subject:** RE: 11995 Old Frederick Rd.

I cancelled the permit.  
Thank you for your response.  
Greg Streaker

B16004487 R12

Sent from AOL Mobile Mail  
Get the new AOL app: mail.mobile.aol.com

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On Tuesday, November 1, 2016 Freemon, Robert <[rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)> wrote:

Hi Greg,

I forgot to ask in my last email about the foundation of the proposed shed. Is the foundation of the replacement shed going to be constructed with a gravel bed or a concrete floor?

B16004487 R12

*Robert Freemon*

*Howard County Health Department*

*8930 Stanford Blvd. Columbia, MD 21045*

*Well and Septic Program*

*Phone: 410-313-6357*

*Email: [rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)*

*<https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>*

DEPARTMENT OF FINANCE  
 P.O. BOX 3367  
 ELLICOTT CITY, MARYLAND  
 21041-3367



**WATER & SEWER BILL**

Account # 211010027443  
 Invoice # 201000298133

Property Location : 11995 OLD FREDERICK RD

JOHN R & E GWENN STREAKER  
 11995 OLD FREDERICK RD  
 MARRIOTTSVILLE MD 21104

We Need Your Feedback - We're interested in your opinion of our service. To take a 3-minute survey, visit [howardcountymd.gov/water\\_survey.htm](http://howardcountymd.gov/water_survey.htm)

PREVIOUS READING DATE	PRESENT READING DATE	NUMBER OF DAYS	TOTAL GALLONS	AVG. DAILY CONS. (GALLONS)	
03/01/2013	05/30/2013	91	11969	132	
(USAGE = CONSUMPTION x RATE)	PREVIOUS READING	PRESENT READING	CONSUMPTION (100 CUBIC FEET)	RATE	AMOUNT CHARGED
Balance Forward					0.00
Water Usage - Winter	69	79	10	1.620	16.20
Water Usage - Summer	79	85	6	1.810	10.86
Water User Charge					12.27
State Septic Bay Restoration					15.00
<b>NET AMOUNT</b>					<b>\$ 54.33</b>
AFTER 07/08/2013					<b>\$ 59.76</b>

TO PAY WITH VISA, MC, AMEX OR DISCOVER CARD  
 PLEASE SEE INSTRUCTIONS ON THE REVERSE SIDE OF THIS BILL

SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

# DRAIN RELIEF, INC.

P.O. Box 297

LISBON, MARYLAND 21765

Phone (410) 465-2285

If Payment Is Not Received In 30 Days  
10% Service Charge Will Be Added Each Month.

CUSTOMER'S ORDER NO.		PHONE			DATE	
NAME		ATT BERT NIXSON			July 24/14	
ADDRESS		1805 Sand Hill Rd Marvathville Md 21104				
SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT.	MDSE. RET'D.	PAID OUT
QTY.	DESCRIPTION				PRICE	AMOUNT
	capped off well on Sand Hill Rd filled with stone 20' x 10' concrete plug. on July 23/14					
	OK'D 7/24/14 BN Nixon					
RECEIVED BY						TAX
						TOTAL