

PERMIT NUMBER: B 2700160

DATE ACCEPTED:



COMMERCIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 5094 DORSEY HALL DR		Unit: 205
City: ELLICOTT CITY	State: MD	Zip Code: 21142
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot: 11205	Tax Map:	Parcel: Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use:	Estimated Cost: \$
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None Renovation of existing space to include... NO X-RAY		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records):		
Owner's Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

TENANT INFORMATION REQUIRED

Business Name:	Contact Name:
Street Address:	
City:	State: Zip Code:
Phone:	Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name:
Street Address:	
City:	State: Zip Code:
Phone:	Email:

CONTRACTOR INFORMATION REQUIRED

Business Name:	
Licensee's Name:	License #:
Street Address:	
City:	State: Zip Code:
Phone:	Email:

ARCHITECT/ENGINEER INFORMATION REQUIRED - INDIVIDUAL WHO SIGNED PLANS

Business Name:	Name:
Street Address:	
City:	State: Zip Code:
Phone:	Email:

BUILDING CHARACTERISTICS (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes:#	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	

ADDITIONAL COMMERCIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Area of Construction: sq ft	Gross Area: sq ft	Height: ft	# of Stories:
Construction Classification(s):		Use Group:	
Was the tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No		Shell Building Permit # (for interior completions):	

ADDITIONAL MULTI-FAMILY INFORMATION IF APPLICABLE

# of efficiency units (MF):	# of 1 BR (MF):	# of 2 BR (MF):	# of 3 BR (MF):
Energy Method: <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI <input type="checkbox"/> A 90.1	Gross Area: sq ft	Occupiable Area: sq ft	

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE _____ DATE SIGNED _____

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: **Approved.**

<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input type="checkbox"/> Health 5/19/22	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: \$200.00	PAYMENT: will pay online	ACCEPTED BY: MJP			