



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

DLRP 2017 NOV 13 PM 12:5

Date Received: \_\_\_\_\_

Permit No.: B17004049

CB170288

Building Address: 12562 FOLLY QUARTER RD  
 City: Ellicott City State: MD Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Residential  
 Proposed Use: Residential - Small Apartment  
 Estimated Construction Cost: \$ 100K  
 Description of Work: Replace existing concrete slabs & shingles 20sq' with 40sq' + 80sq' with 40sq'  
 Occupant/Tenant Name: Michael Davis  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: Michael Davis  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MD Zip Code: \_\_\_\_\_  
 Phone: 410-299-6855 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Michael Davis  
 Address: 12562 Folly Quarter Rd  
 City: Ellicott City State: MD Zip Code: \_\_\_\_\_  
 Phone: 410-299-6855 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Michael Davis  
 Address: 12562 Folly Quarter Rd  
 City: Ellicott City State: MD Zip Code: 21117  
 Phone: 410-299-6855 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: James H. White Construction Co.  
 Contact Person: James H. White  
 Address: 4400 Middlebrook Rd  
 City: Ellicott City State: MD Zip Code: 21117  
 License No.: 95580  
 Phone: 301-231-0305 Fax: \_\_\_\_\_  
 Email: James.H.White@jhwconstruction.com

Engineer/Architect Company: James H. White Construction Co.  
 Responsible Design Prof.: James H. White  
 Address: 4400 Middlebrook Rd  
 City: Ellicott City State: MD Zip Code: 21117  
 Phone: 301-231-0305 Fax: \_\_\_\_\_  
 Email: James.H.White@jhwconstruction.com

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 <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"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<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 checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" 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: <u>Gas</u>	
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 COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: \_\_\_\_\_ Print Name: Michael Davis  
 Email Address: \_\_\_\_\_ Date: Nov 13 17  
 Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

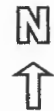
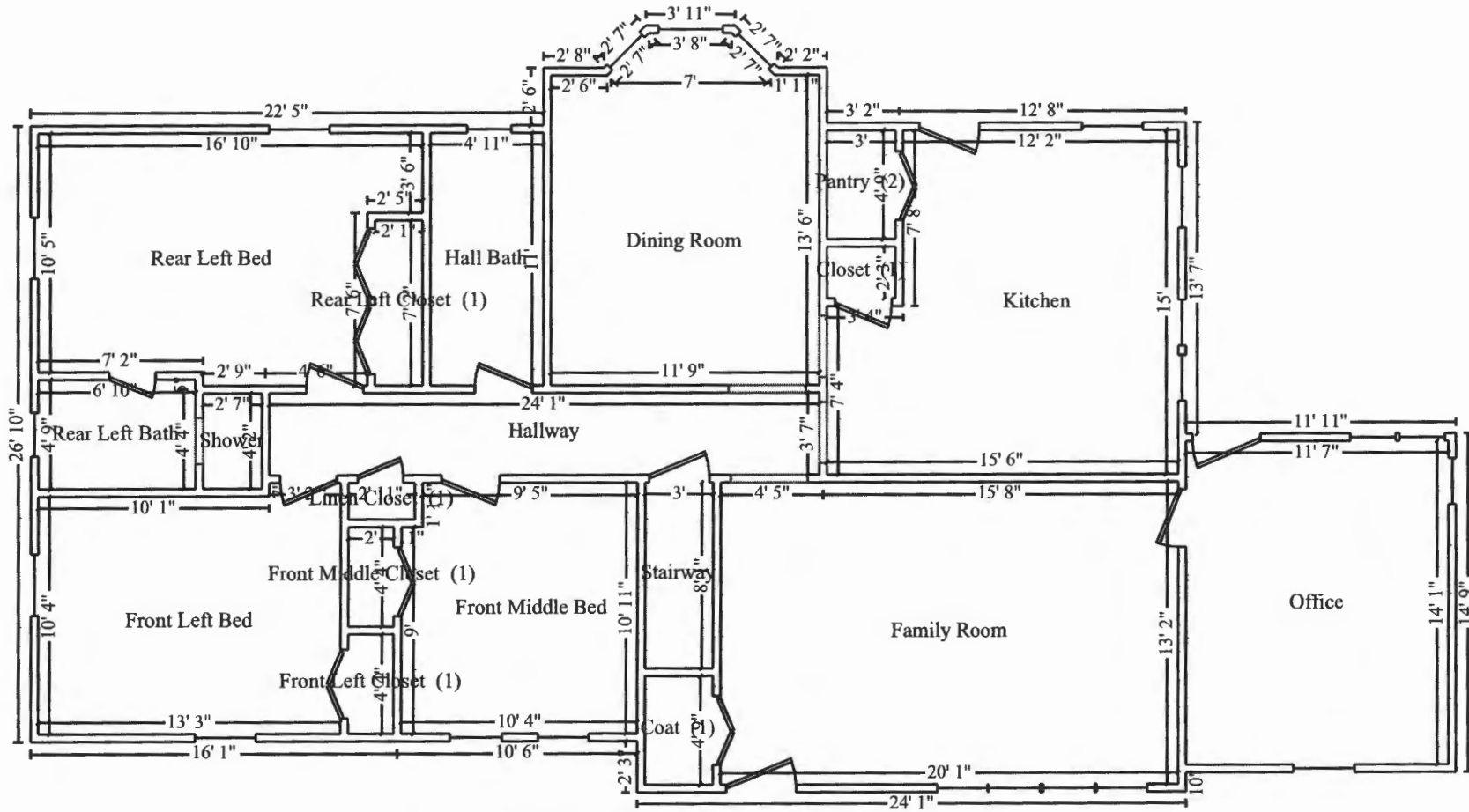
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/12/18</u>	<u>[Signature]</u>

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	\$ <u>75.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1204</u>

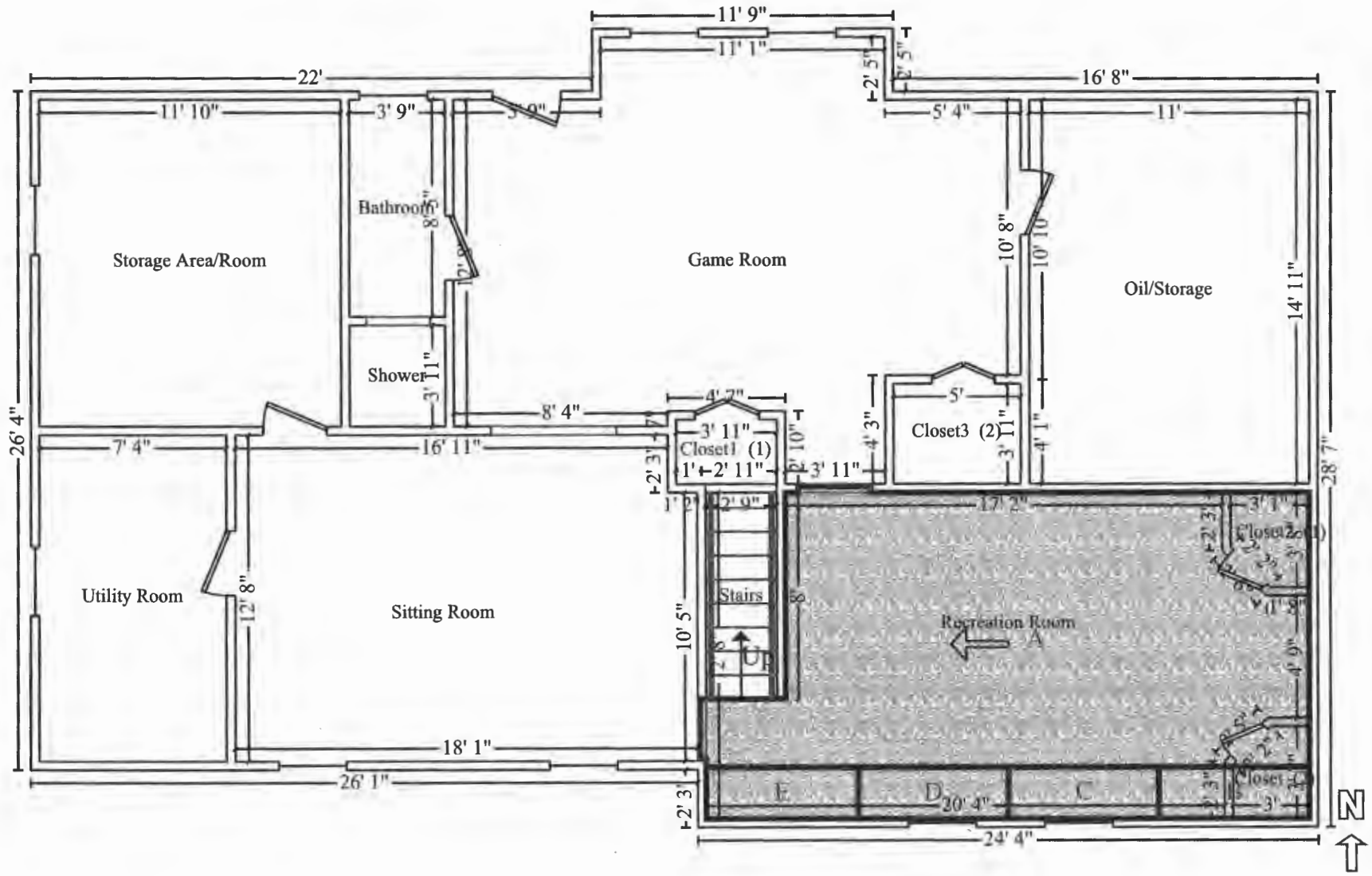
Existing

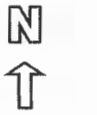
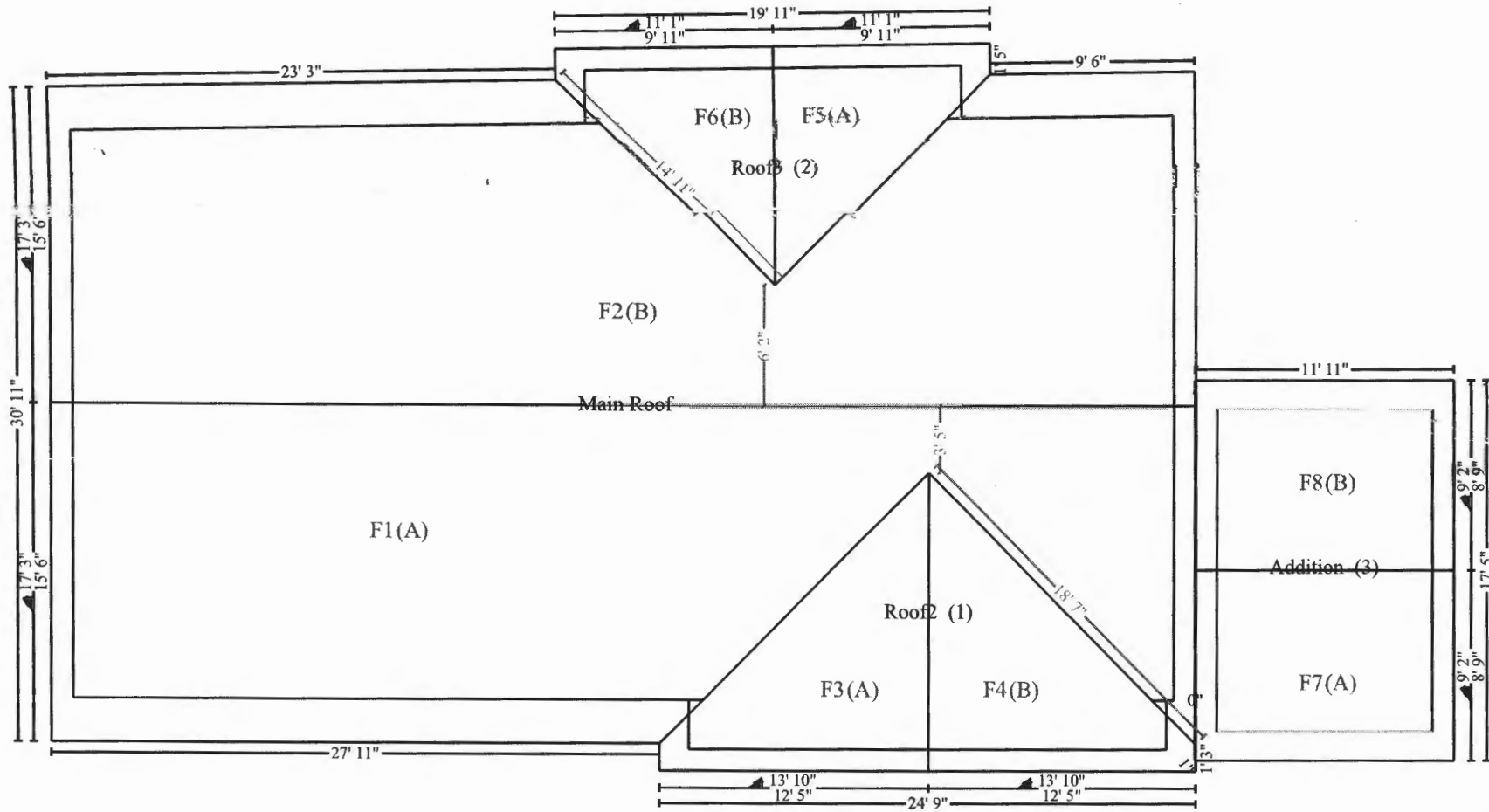


Main Level

Approved B17004049  
2/12/18 RAE

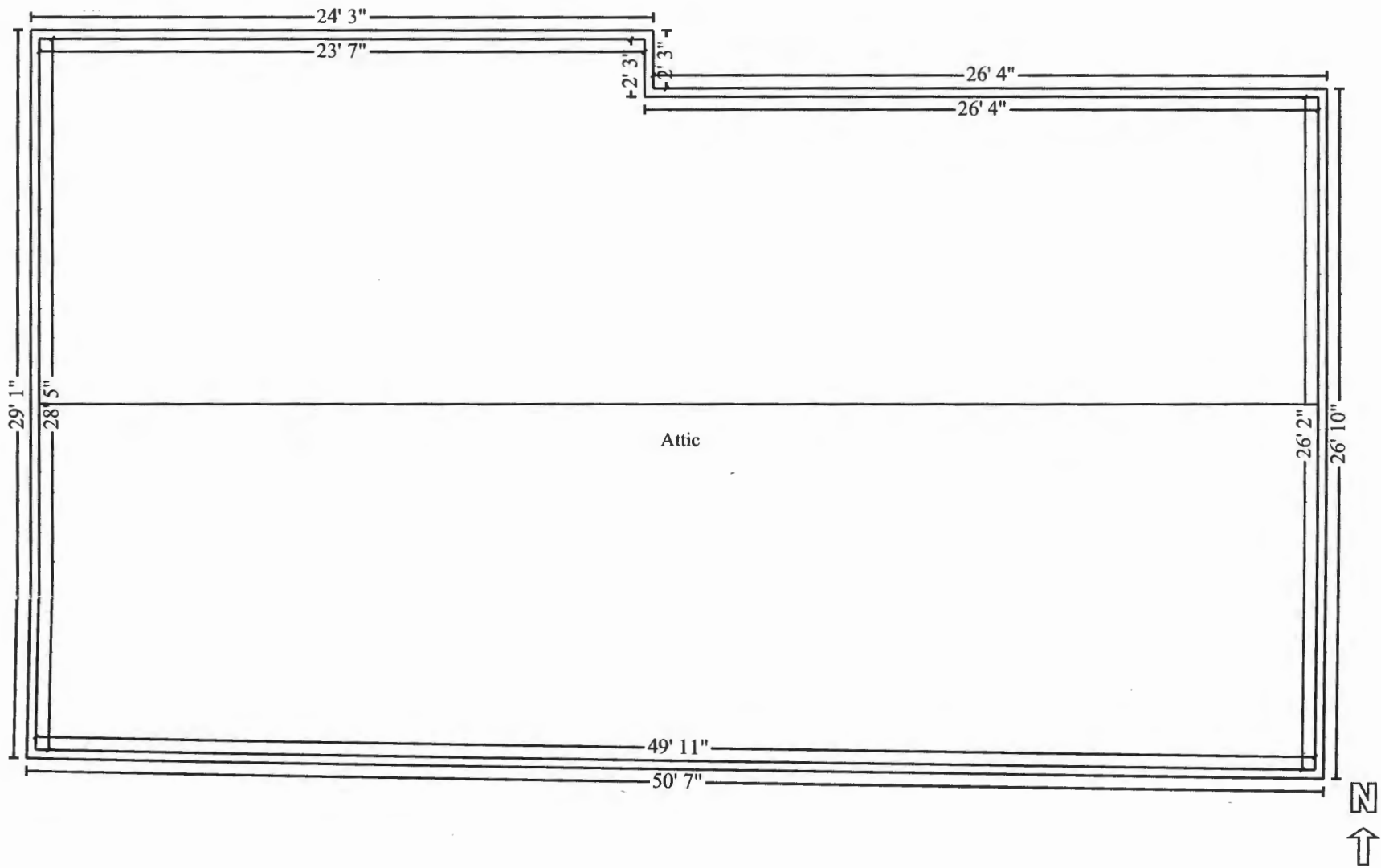
Existing





Roof

Attic



N



Attic