

PERMIT NUMBER: B 21002861

DATE ACCEPTED:



RESIDENTIAL 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: 4405 Oakwood Overlook Ct. Unit: _____
 City: Dayton State: MD Zip Code: 21036
 Subdivision/Village/Complex Name: 5010101.14 SDP/WP/BA #: 1001
 Lot: 31 Tax Map: 0028 Parcel: 0378 Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: N/A Proposed Use: Construction of Pole barn / shed Estimated Cost: \$500.00
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
 Build a 16x20 pole barn shed. Structure is planned to be used for equipment storage and animals / feed.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Shane C Martin Primary Residence: Yes No
 Owner's Street Address: 4405 OAKWOOD OVERLOOK COURT
 City: Dayton State: MD Zip Code: 21036
 Phone: (240) 319-8875 Email: smartin612@aol.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: N/A Contact Name: Shane C Martin
 Street Address: 4405 OAKWOOD OVERLOOK COURT
 City: Dayton State: MD Zip Code: 21036
 Phone: (240) 319-8875 Email: smartin612@aol.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Self
 Licensee's Name: N/A License #: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: N/A Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: _____ Roadside Tree Project: No Yes: # _____
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

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

Model Name & Options: _____
 # of Bedrooms (SF): _____ # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: _____ # Full Baths: _____ # Half Baths: _____ # Fireplaces: _____
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: _____ 1st Fl Depth: _____ 2nd Fl Width: _____ 2nd Fl Depth: _____ Bsmt Width: _____ Bsmt Depth: _____
 Energy Method: Prescriptive Performance UA Alternative ERI 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.

Shane Martin APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED: 26 July 2021

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DEP Health 8/10/21 SHA CID

SUBMITTAL FEES: 253 PAYMENT: 2548 ACCEPTED BY: *Drop box*

