



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: 2/26/14

CB140174

Permit No.: B14000519

Building Address: 1045 Long Corner Rd
 City: Mt Airy State: MD Zip Code: 21771
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 0006 Parcel: 0184 Grid: 0011
 Zoning: _____ Map Coordinates: _____ Lot Size: 5 AC

Property Owner's Name: Douglas & Dinah Mast
 Address: 1045 Long Corner Rd
 City: Mt Airy State: MD Zip Code: 21771
 Phone: 240-405-0768 Fax: _____
 Email: d.mast@mastconstructionllc.com

Existing Use: Born
 Proposed Use: Shop
 Estimated Construction Cost: \$ 20,000
 Description of Work: Remove existing pole shed foundation + install new block foundation 1288 sq' 'AS BUILT'
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact 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: Self
 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: _____	Depth: <u>28'</u> <u>46'</u>
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
	<input type="checkbox"/> Finished basement
	<input type="checkbox"/> Unfinished basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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: _____
Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
Public	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Sewage Disposal	
Public	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System	
Electric	<input type="checkbox"/>
Oil	<input type="checkbox"/>
Natural Gas	<input type="checkbox"/>
Propane Gas	<input type="checkbox"/>
Other:	<u>No Utility</u>
Sprinkler System:	
Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>
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: Douglas Mast
 Print Name: Douglas Mast
 Email Address: d.mast@mastconstructionllc.com
 Date: 2-26-14
 Title/Company: Owner

RECEIVED
 FEB 26 2014
 LICENSES & PERMITS DIVISION

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>5/13/14</u>	<u>R. Bueker</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>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3538</u>



Liber: 762
 Folio: 625
 5.001 acres
 (more or less)

N/F
 L. 782
 F. 530

N/F
 L. 2624
 F. 407

S 31° 00' 00" E 924.84'

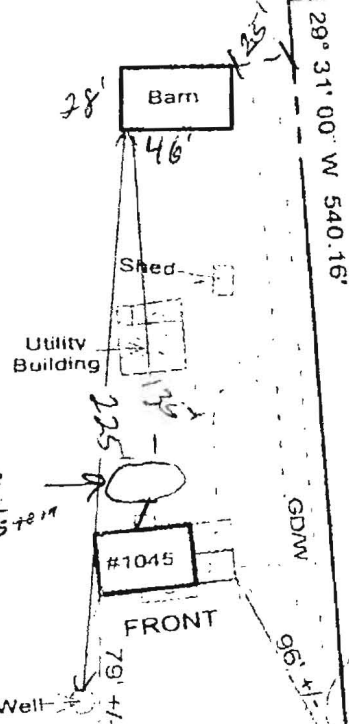
Approved Septic System Plan
 Howard County Health Department

B14000519
 Approved construction on
 foundation of former 'BARN'

R. Bucker 5/13/2014
 Signature Date

Waiver for Percolation
 Certification Plan
 requirement. (MSD, 5/12/14)

N/F
 L. 973
 F. 170



N 64° 29' 00" E 248.66'

LONG CORNER ROAD

LOCATION DRAWING

Scale: