



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.: B15003082

Building Address: 13055 Crossinboro Lane
 City: Chaptank State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: 15-042
 Census Tract: 605104 Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 28 Parcel: 77 Grid: 9
 Zoning: RR D50 Map Coordinates: _____ Lot Size: 1.730
 Existing Use: _____
 Proposed Use: Regulated Measurement Bldg
 Estimated Construction Cost: \$ 100,000
 Description of Work: Regulated Bldg, 2 stories
 Occupant or Tenant: BAE
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Thomas Murphy
 Address: 101 St. 1113 4th Floor
 City: Chaptank State: MD Zip Code: 21025
 Phone: 301 351-2000 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Thomas Murphy
 Address: 215 Baltimore Dr
 City: Annapolis State: MD Zip Code: 21401
 Phone: 410 214 5142 Fax: _____
 Email: tmurphy@profplusintl.com
 Contractor Company: Prof Plus Delaware Valley, Inc
 Contact Person: Tom Murphy
 Address: 215 Baltimore Dr
 City: Annapolis State: MD Zip Code: 21401
 License No.: 1724026735
 Phone: 410 214 8792 Fax: _____
 Email: tmurphy@profplusintl.com
 Engineer/Architect Company: EN SHERKINSKY
 Responsible Design Prof.: THOMAS MURPHY
 Address: 309 Baltimore Dr Suite 217
 City: Chaptank State: MD Zip Code: 21029
 Phone: 513 456 5442 Fax: _____
 Email: pmurphy@sherkinsky.com

Commercial Building Characteristics	Residential Building Characteristics	
Height: <u>14.0</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>1</u>	Depth Width	
Gross area, sq. ft./floor: <u>2,264</u>	1 st floor: _____ 2 nd floor: _____	
Area of construction (sq. ft.): _____	Basement: _____	
Use group: _____	<input type="checkbox"/> Finished Basement	
Construction type:	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space	
<input checked="" type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Masonry	No. of Bedrooms: _____	
<input type="checkbox"/> Wood Frame	Multi-family Dwelling	
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____	
	No. of 1 BR units: _____	
	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	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: <u>B15000197</u>	
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: Thomas Murphy Print Name: Thomas Murphy
 Email Address: tmurphy@profplusintl.com Date: 7-10-15
 Title/Company: Prof Plus Delaware Valley, Inc

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>7/29/15</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? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

Filing Fee	\$ <u>200.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>5729</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA