



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.: _____

Building Address: 1201 Long Comer Rd
 City: Mt. Airy State: MD Zip Code: 21771
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Noreen Stevens
 Address: 1201 Long Corner Rd.
 City: Mt. Airy State: MD Zip Code: _____
 Phone: 240-394-0635 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Adam August
 Address: 9050 Red Branch Rd. Unit I
 City: Columbia State: MD Zip Code: 21045
 Phone: 4433863099 Fax: _____
 Email: tommchale@clarksvilleconstruction.net

Existing Use: Single Family Home
 Proposed Use: Single Family Home
 Estimated Construction Cost: \$ \$45000
 Description of Work: SFD / Remove and replace framing and drywall in partially finished basement to include: recreation room, laundry room, and adding full bathroom. Approximately 750 SQ FT
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Clarksville Construction Services
 Contact Person: Tom McHale
 Address: 9050 Red Branch Rd. Unit I
 City: Columbia State: MD Zip Code: 21045
 License No.: MHC IND 080010078947
 Phone: 4433863099 Fax: _____
 Email: tommchale@clarksvilleconstruction.net

Engineer/Architect Company: Blue House Architecture
 Responsible Design Prof.: _____
 Address: _____
 City: Mariotsville State: MD Zip Code: 20723
 Phone: _____ Fax: _____
 Email: _____

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 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<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	<u>Multi-family Dwelling</u>	
<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:	
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:	
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 _____
 Email Address _____ Date _____
 Title/Company _____

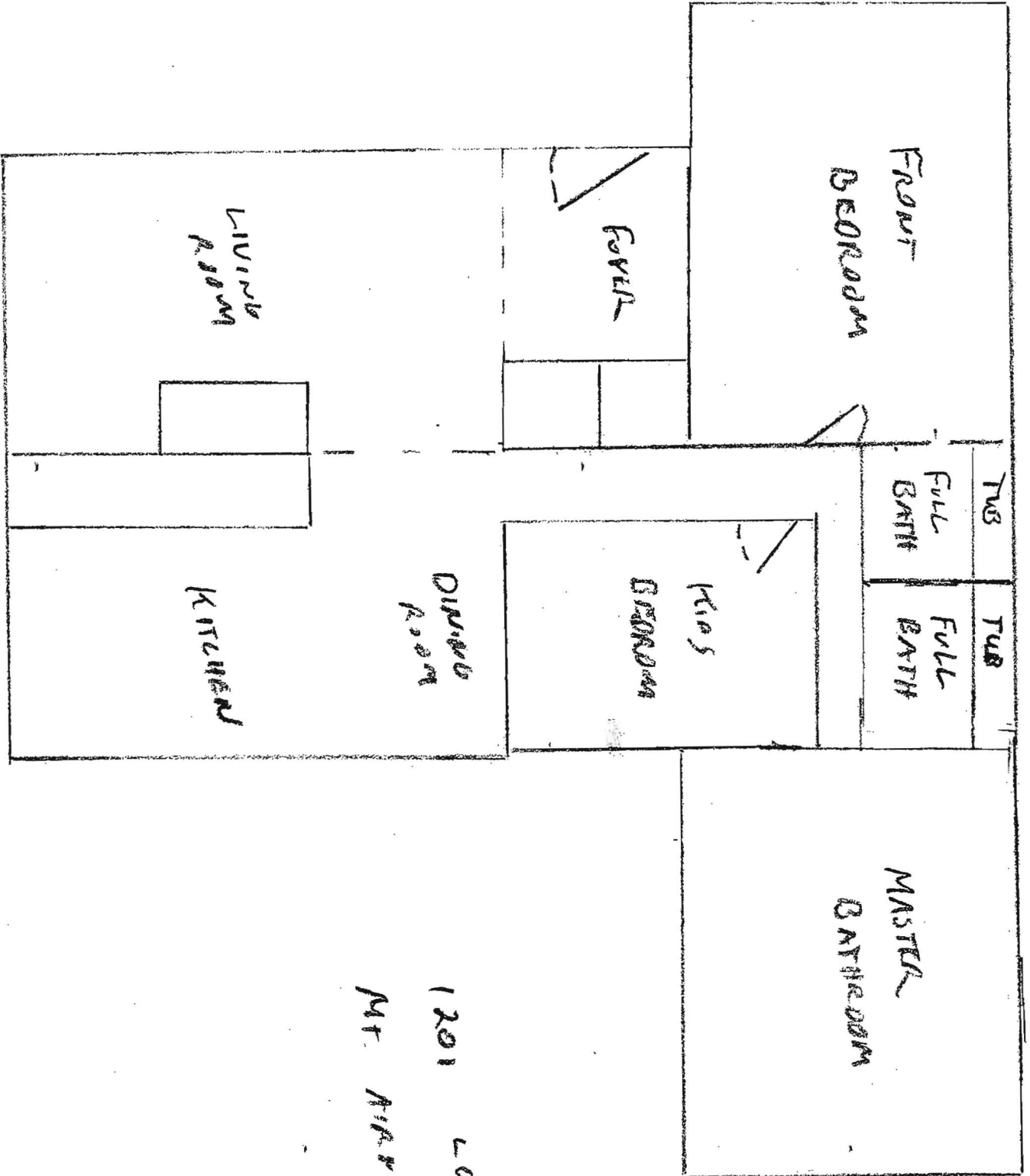
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

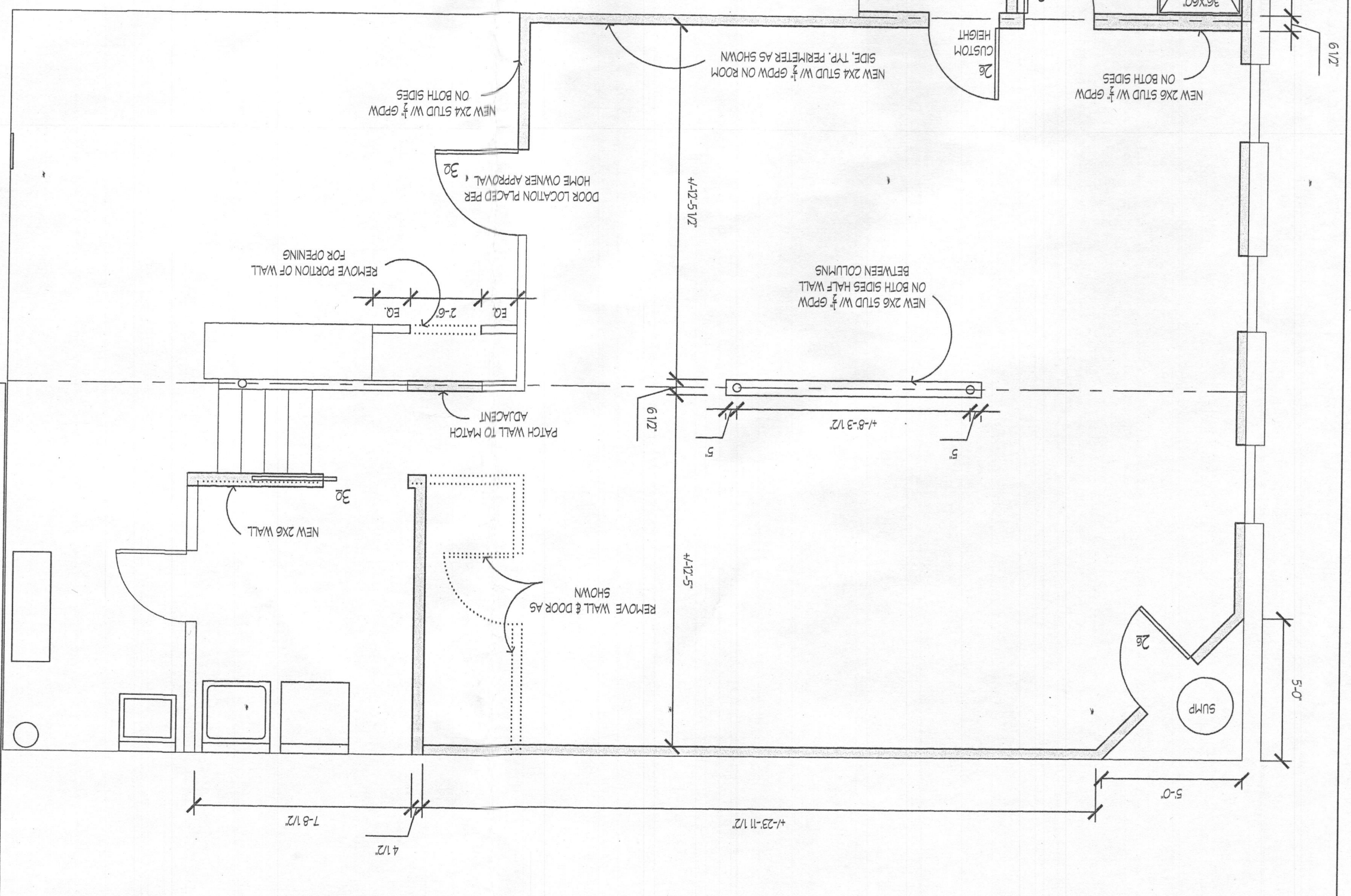
AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front:	Permit Fee	\$
Building Officials			Rear:	Tech Fee	\$
PSZA (Zoning)			Side:	Excise Tax	\$
PSZA (Engineering)			Side St.:	PSFS	\$
Health			All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone:	Sub- Total Paid	\$
			SDP/Red-line approval date:	Balance Due	\$
				Check	#

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

Main Door

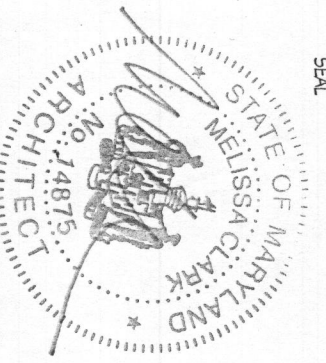


1201
LONG CORKER
MT. AIRY, MD 21772



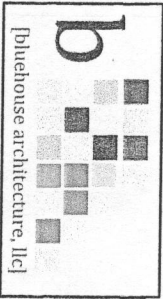
APPROVED
 WALK-THRU BUILDING PERMIT
 BF# _____ A# _____
 APP. SAN H. OSWALD DATE: 11/10/16
 DLSC. OF WORK: Remove & replace framing & drywall in partially finished basement to include rec, laundry & F.B.

PROFESSIONAL CERTIFICATION.
 I certify that these documents were prepared or approved by me, and that I am a duly licensed architect under the laws of the State of Maryland, License No. 14875, Expiration Date: 02-07-2017



DRAWING TITLE
PROPOSED BASEMENT PLAN

PROJECT NAME
**CLARKSVILLE CONSTRUCTION:
 STEVEN RESIDENCE BASEMENT**



1993 Barley Road
 Marriottsville, Maryland 21104
 mclark@bluehouseARCH.com
 www.bluehouseARCH.com
 Phone: 410-549-3377
 Fax: 410-549-3377

1201 Long Corner Rd
 Mt. Airy

SCALE: 1/4"=1'-0"
 DATE: ©11/04/2016
 FILE NO.: 16069-EX1
 PROJ. NO. 16069
 DRAWING NO. **PL-B**
 1 of 1