



**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: 11215 Independence Way \_\_\_\_\_  
 City: Ellicott City \_\_\_\_\_ State: MD Zip Code: 21042  
 Suite/Apt. # \_\_\_\_\_ SDP/NWP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: 47 Tax Msp: 0029 Parcel: 0028  
 Existing Use: RESIDENTIAL  
 Proposed Use: RESIDENTIAL  
 Estimated Construction Cost: \$ 12,000  
 Description of Work: CONSTRUCTION OF  
 WOOD DECK  
 DIMENSIONS IRREGULAR  
 APPROX. 515 SQ FT  
 Occupant/Tenant Name: Nirav Koradia  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Nirav Koradia  
 Address: 11215 Independence Way  
 City: Ellicott City State: MD Zip Code: 21042  
 Phone: 504-432-2721 Fax: \_\_\_\_\_  
 Email: niravkoradia@gmail.com  
 Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contractor Company: SELF  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 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**  
 Height:  SF Dwelling  SF Townhouse  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft./floor: \_\_\_\_\_  
 1<sup>st</sup> floor: \_\_\_\_\_  
 2<sup>nd</sup> floor: \_\_\_\_\_  
 Area of construction (sq. ft.): \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  
 Unfinished Basement  
 Use group: \_\_\_\_\_  
 Crawl Space  
 Slab on Grade  
 Construction type: \_\_\_\_\_  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular  
 No. of Bedrooms: 3  
 Multi-family Dwelling  
 No. of efficiency units: \_\_\_\_\_  
 No. of 1 BR units: \_\_\_\_\_  
 No. of 2 BR units: \_\_\_\_\_  
 No. of 3 BR units: \_\_\_\_\_  
 Other Structure: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 Yes  No  
 Roadside Tree Project Permit # \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**  
 Electric:  Yes  No  
 Gas:  Yes  No  
**Water Supply**  
 Public  
 Private  
**Sewage Disposal**  
 Public  
 Private  
**Heating System**  
 Electric  Oil  
 Natural Gas  Propane Gas  
 Other: \_\_\_\_\_  
**Sprinkler System:**  
 Yes  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 THERE TO; (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.

*Nirav Koradia*  
 Applicant's Signature  
 NIKAVKORADIA@COMPL.COM  
 Email Address  
 5/9/18  
 Date  
 NIRAV KORADIA  
 Print Name

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)	5/9/18	<i>Nirav Koradia</i>
Health		

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

