



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.: B18004545

Building Address: 14565 Edgewoods Way
 City: Glenelg State: MD Zip Code: 21737
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Doug NAVE
 Address: 14565 Edgewoods Way
 City: Glenelg State: MD Zip Code: 21737
 Phone: 443-677-6278 Fax: _____
 Email: dNAVE@ncctel.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: FENCE/RETAINING WALL
 Estimated Construction Cost: \$52,000
 Description of Work: INSTALLATION OF 5 1/2' x 38LF Concrete FENCE Retaining Wall

Contractor Company: LIFE TIME IMPROVEMENTS INC
 Contact Person: MARK YOUNG
 Address: PO Box 1034
 City: Gambells State: MD Zip Code: 54
 License No.: 47153
 Phone: 410-721-7717 Fax: 866-908-7216
 Email: lifetimerepairs@gmail.com

Occupant or Tenant: OCCUPANT
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: John Schneider P.E
 Responsible Design Prof.: _____
 Address: 100 N. Rolling Rd
 City: CATONSVILLE State: MD Zip Code: 21228
 Phone: 410-744-1945 Fax: _____
 Email: SchneiderP@comcast.net

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input 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 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	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:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input 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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]
 Email Address: lifetimerepairs@gmail.com
 Title/Company: President / Life Time Improvements

Print Name: MARK D. Young
 Date: 12/17/13

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>1-15141Beward</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>55.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check		<u>2655</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA
 T:\Operations\Updated Forms\Building appimp 8.2012.doc

Customer wants to pick up

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/15.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.



*NTS
a little off
Scale (1-50)*

Approved because wall is not affecting well or Septic area

Approved Septic System Plan
Howard County Health Department

Diane Bernard 1-15-14
Signature Date

B13004545



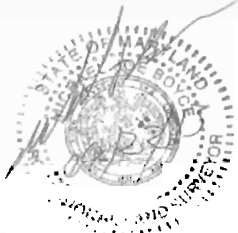
ADDRESS: 14565 EDGEWOODS WAY
GLENELG, MD 21737

SURVEYOR'S NOTE

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER U.S.F. PURPOSE AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE PURPOSES OF TITLE OR CREDIT FINANCING, OR REFINANCING. THIS DRAWING WAS PREPARED FOR THE BENEFIT OF THE CLIENT.

21328 04/22/13
SIGNATURE: MICHAEL J. BOYCE REG. LIC. NO. DATE

LOCATION SURVEY
LOT #40
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19268
FOURTH (4TH) ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

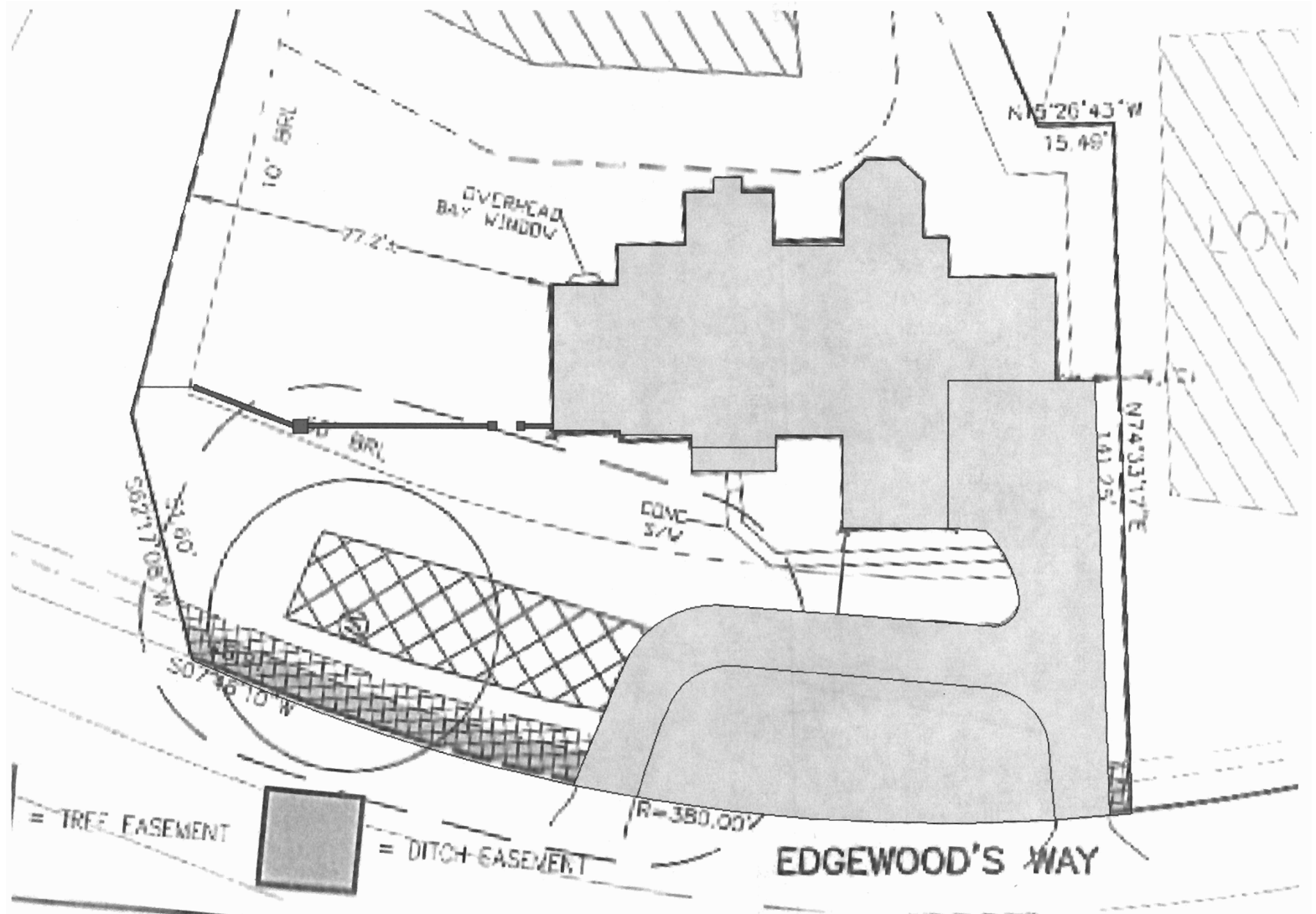


ESE Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 4/22/13 SCALE: 1"=60' FILE: Lot-40
CHK'D: MJB JOB#: 1498 DRAWN: RWA

Apr 22, 2013 12:43 PM

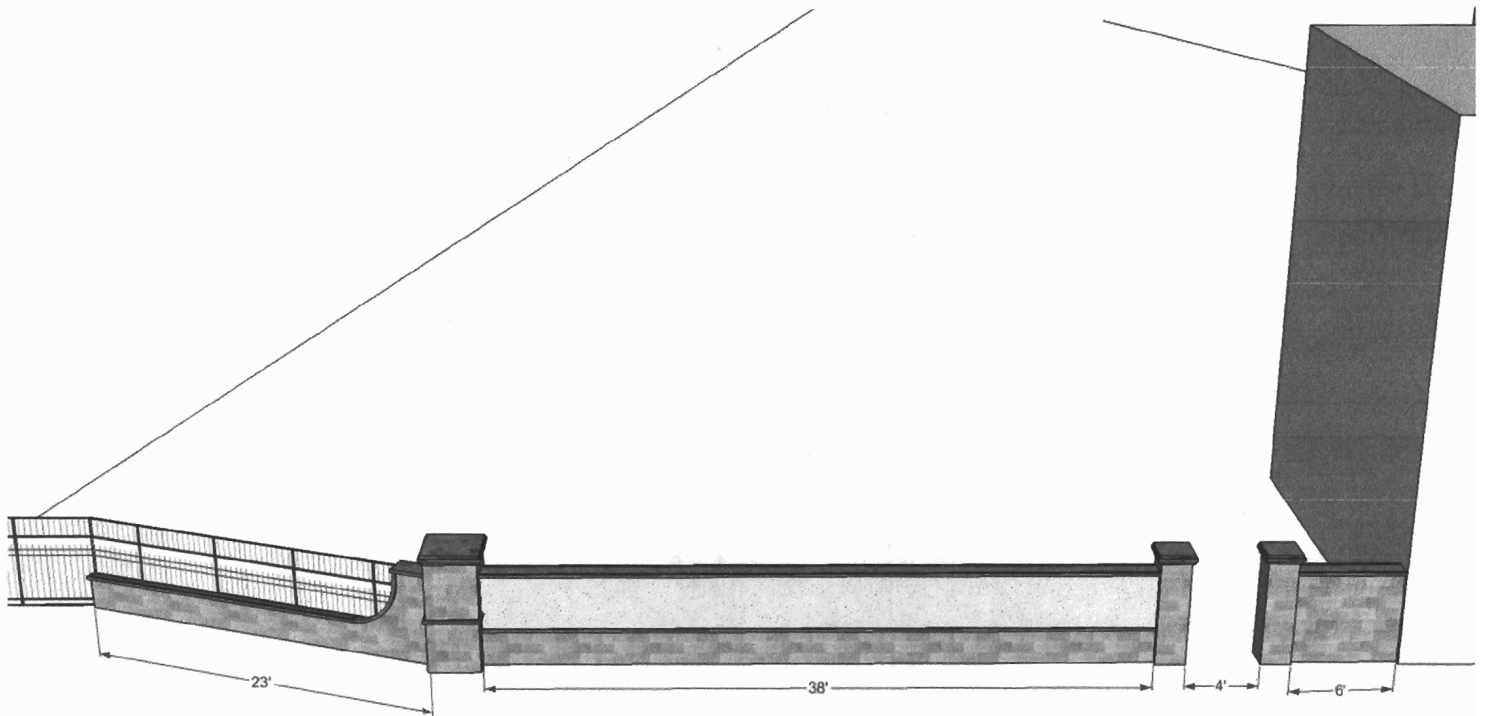


SURVEYOR'S NOTE

COPY THAT THE POSITION OF THE EXISTING DRIVEWAY WAS
 FULLY ESTABLISHED BY AN ADJACENT

ADDRESS: 14585 EDGEWOOD
 BLENHEG, MD 2

FIGURE 1



Wall Cross Section

Concrete Fence Wall
8"W x 5'6" Above Grade
#4 Rebar 48" on center both
ways

