



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: 2814 BRIDALWREATH CT
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: BELLE HAVEN EST.
 Section: _____ Area: _____ Lot: H
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 924 AC

Existing Use: YARD
 Proposed Use: DECK
 Estimated Construction Cost: \$ 10,300
 Description of Work: 27x20' PT DECK W/STAIRS AND RAIL, 5400sqft

Occupant or Tenant: DAVE + KELLY HARMS
 Was tenant space previously occupied? Yes No
 Contact Name: KELLY HARMS
 Address: 2814 BRIDALWREATH CT
 City: WOODBINE State: MD Zip Code: 21797
 Phone: 202-345-1446 Fax: _____
 Email: KHARMS@BSL.NET

Property Owner's Name: DAVE + KELLY HARMS
 Address: 2814 BRIDALWREATH CT
 City: WOODBINE State: MD Zip Code: 21797
 Phone: 202-345-1446 Fax: _____
 Email: KHARMS@BSL.NET

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: GEORGE M. KARR
 Address: 1371 JAY RD
 City: ELDESBURG State: MD Zip Code: 21784
 Phone: 410 781-0217 Fax: _____
 Email: JKARR4@GMAIL.COM

Contractor Company: CUSTOM CRAFTSMEN
 Contact Person: GEORGE KARR
 Address: 1371 JAY RD
 City: ELDESBURG State: MD Zip Code: 21784
 License No.: 20047
 Phone: 410 781-0217 Fax: _____
 Email: JKARR4@GMAIL.COM

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 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 type="checkbox"/> Finished Basement | |
| Use group: | <input checked="" 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 checked="" 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 type="checkbox"/> No | Roof: | |
| Roadside Tree Project Permit # | <input type="checkbox"/> State Certified Modular | |
| | <input checked="" 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 type="checkbox"/> No | |
| Heating System | |
| <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input checked="" 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.

George M. Karr
 Applicant's Signature
JKARR4@GMAIL.COM
 Email Address
OWNER / CUSTOM CRAFTSMEN
 Title/Company

GEORGE M. KARR
 Print Name
9/17/14
 Date

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>9/17/14</u> | <u>H. OSUNA</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: | |

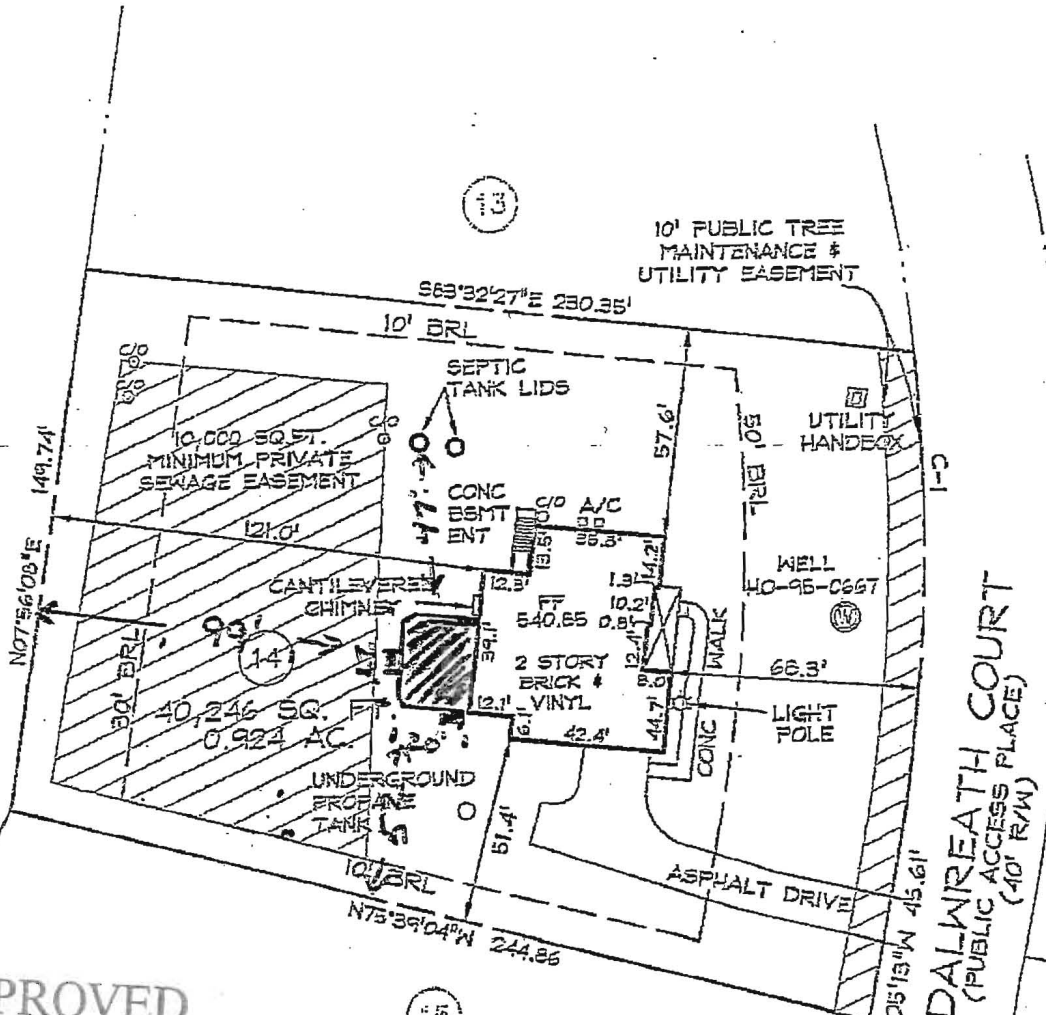
| | |
|----------------|----|
| Filing Fee | \$ |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # |

| CURVE TABLE | | | | | | |
|-------------|---------|---------|-----------|--------|-------------|------------|
| CURVE | RADIUS | LENGTH | DELTA | TAN | CHD. BRG. | CHD. DIST. |
| C1 | 490.00' | 136.73' | 16°33'33" | 69.85' | S01°46'27"W | 153.24' |

MARYLAND COORDINATE SYSTEM MD 83 (1987)



7



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN H. OSWALD DATE: 9/17/14

DESC. OF WORK: 27' x 20' PT DECK w/stairs & rail.

1" = 50'

NOTES:

1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT THIS IDENTIFICATION MAY NOT BE REQUIRED, FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. THE ACCURACY OF THE APPARENT SETBACK DIMENSIONS FROM THE PROPERTY LINES TO THE IMPROVEMENTS IS WITHIN 1 FOOT OF BEING

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEYING WORK REFLECTED IN IT, AND THAT IT IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION .12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE.

I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 239, EXPIRATION DATE 7/3/14.

Richard B. Switzer 9-25-13