



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: 14577 EDGEMOODS WAY
City: LOLENELO 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: _____

Existing Use: SFD
Proposed Use: SAME W/ DECK
Estimated Construction Cost: \$ 45,000
Description of Work: BUILD 400 sq ft 1BR SHARED DECK W/ STAIRS

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

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 checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: RICHARD KIRBY
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: NEWHOLTER OUTDOOR LIVING LLC
Contact Person: RYAN NEWHOLTER
Address: 6851 REDBELL RD
City: CLARKSVILLE State: MD Zip Code: 21029
License No.: 911057
Phone: 410 984 5810 Fax: _____
Email: SALES@NEWHOLTEROUTDOOR.COM

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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 type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input 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 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: [Signature]
Email Address: _____
Title/Company: _____

Print Name: RYAN NEWHOLTER
Date: 5/7/14

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>5/7/14</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? <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:

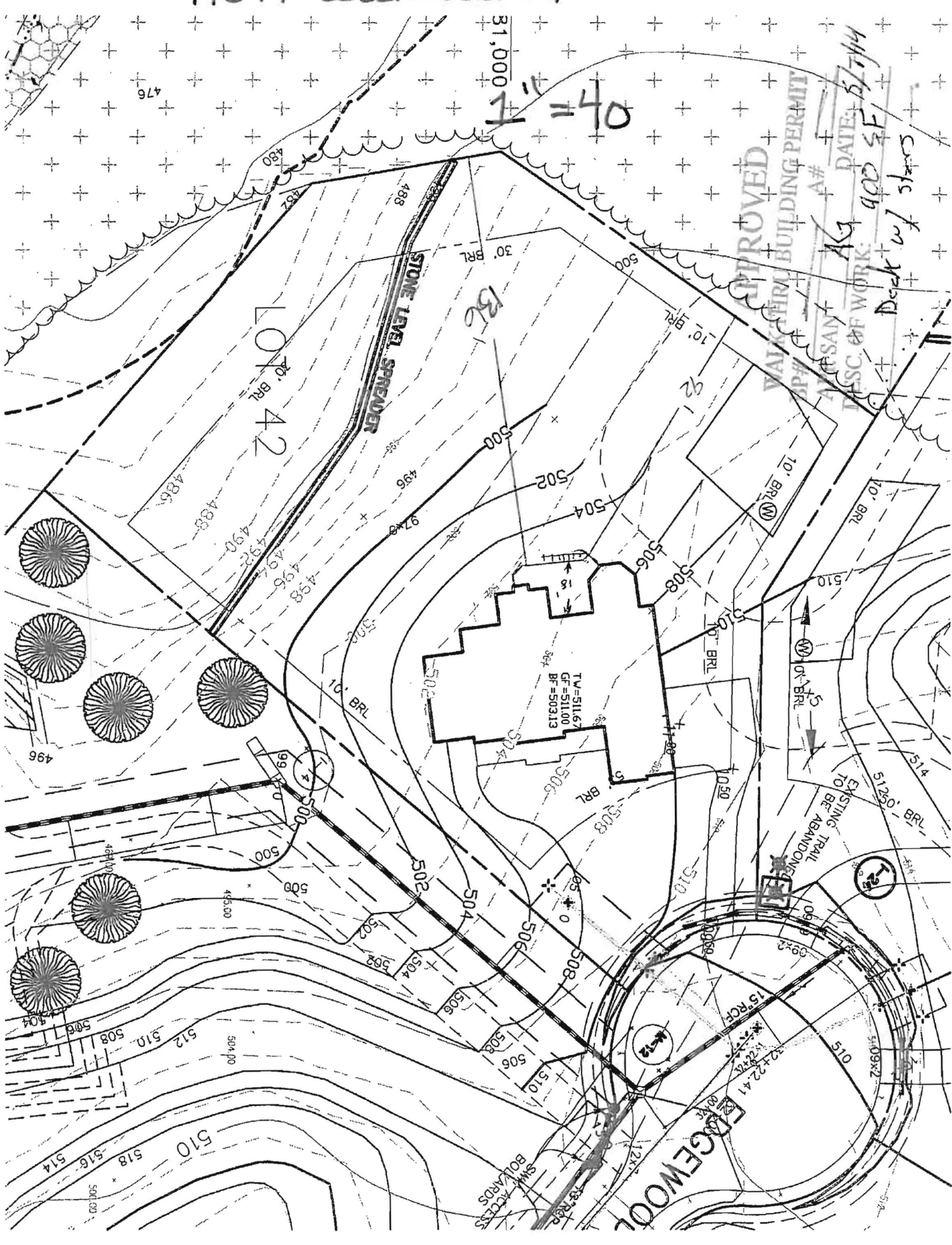
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

14577 EDGEMOODSWAY

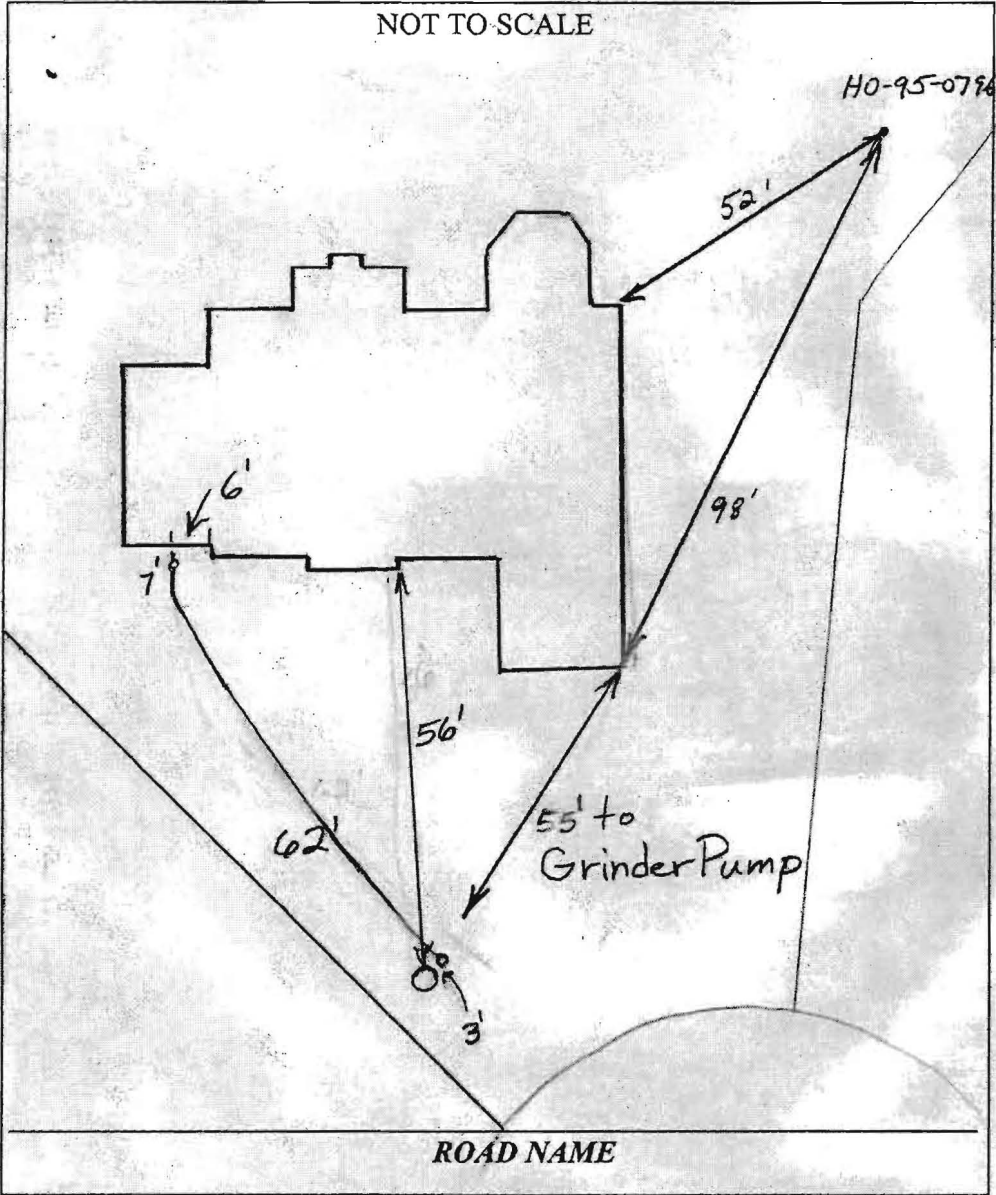
1" = 40'

APPROVED
WALKER TRAIL BUILDING PERMIT
PROJECT # 14577
DATE: 5/7/14
SCALE: 1/8" = 1'-0"
DESIGNER: [Signature]

Deck w/ stairs



NOT TO SCALE



TRENCH/DRAINFIELD DATA
 WIDTH INLET BOTTOM

NUMBER OF TRENCHES _____
 TOTAL LENGTH _____
 ABSORPTION AREA _____
 DISTRIBUTION BOX LEVEL _____
 DISTRIBUTION BOX BAFFLE _____
 DISTRIBUTION BOX PORT _____

SEPTIC TANK DATA

SEPTIC TANK 1 LEVEL _____
 MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PUMP/SEPTIC TANK LEVEL _____
 MANUFACTURER _____
 CAPACITY _____ GAL
 SEAM LOC _____
 TANK LID DEPTH _____
 BAFFLES _____
 BAFFLE FILTER _____
 MANHOLE LOC _____
 6" PORT LOC _____
 WATERTIGHT TEST _____
 SLOTTED _____
 DATE ON LID _____

PRE-CONSTRUCTION:

INSTALLATION: ~~12/10/13~~ ^{12/10/13} 12/21/2014 Made connection from grinder pump to front of house. Need final house connection. Need grinder pump approval from utilities. (BB)

3/10/14 Pump check and alarm test completed. Sewer system has been approved. (AG)
 3/10/14 County Scott e-mail approval and release of U+O for house. (AG)

FINAL INSPECTOR Andrew Gleit DATE OF APPROVAL 3/10/14