



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.: B14001914

Building Address: 13626 Highgrove Rd
 City: Beltsville State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 6
 Tax Map: 40 Parcel: 115 Grid: 10
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.15 AC
 Existing Use: SFD
 Proposed Use: SFD w/ tank
 Estimated Construction Cost: \$ 8000
 Description of Work: install a 1000 gal underground propane tank
 Occupant or Tenant: owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: NVR Inc
 Address: 9720 Patuxent Woods Dr.
 City: Columbia State: MD Zip Code: 21046
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1253
 City: Sikesville State: MD Zip Code: 21784
 Phone: 4433401229 Fax: _____
 Email: Jeremy@appliedandapproved.com
 Contractor Company: Tech Air
 Contact Person: John Grant
 Address: 8099 D Hillmark Ct
 City: Fredrick State: MD Zip Code: 21704
 License No.: 91274
 Phone: 4435454393 Fax: _____
 Email: _____
 Engineer/Architect Company: Contractor
 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:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.):	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group:	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" 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: Jeremy Clancy Print Name: Jeremy Clancy
 Email Address: Jeremy@appliedandapproved.com Date: 6/4/14
Health & Safety Building RECEIVED



HEALTH

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: 12/13/13

Permit No.: B13004520

Building Address: 13026 Highgrove Rd
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: GP 14-022
 Census Tract: _____ Subdivision: Schooley Mill
 Section: _____ Area: _____ Lot: 6
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant Lot
 Proposed Use: Single family house
 Estimated Construction Cost: \$ 300,000
 Description of Work: New 2 story 4 Mount Vernon II with 3 car garage, covered porch finished lower level
 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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.):	Basement: <input checked="" type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group:	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: <u>4</u> Multi-family Dwelling
<input type="checkbox"/> Reinforced Concrete	No. of efficiency units: _____
<input type="checkbox"/> Structural Steel	No. of 1 BR units: _____
<input type="checkbox"/> Masonry	No. of 2 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 3 BR units: _____
<input type="checkbox"/> State Certified Modular	Other Structure: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Dimensions: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Footings: _____
Roadside Tree Project Permit #	Roof: _____
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

Property Owner's Name: NVIC INC
 Address: 9720 Patuxent Woods Drive
 City: Columbia State: MD Zip Code: 21046
 Phone: 410-379-5956 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Jim Kerwin
 Address: P.O. Box 552
 City: Woodbine State: MD Zip Code: 21797
 Phone: 443-309-7792 Fax: _____
 Email: Jim@DecaturbuildingServices.com

Contractor Company: NV Homes
 Contact Person: Ryan Johnson
 Address: 9720 Patuxent Woods Drive
 City: Columbia State: MD Zip Code: 21046
 License No.: 56
 Phone: 410-379-5956 Fax: _____
 Email: _____

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G-13000374</u>	
Building Shell Permit Number:	

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Jim Kerwin
 Applicant's Signature
Jim@DecaturbuildingServices.com
 Email Address
AGENT NV Homes
 Title/Company

Jim KERWIN
 Print Name
12/13/2013
 Date
RECEIVED
 DEC 13 2013
 LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>12/11/13</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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 77115