



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: 2823 Bridalwreath Ct.
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Belle Haven Estates
 Section: _____ Area: _____ Lot: 18
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 49,999 sqft

Existing Use: _____
 Proposed Use: Deck
 Estimated Construction Cost: \$8,000
 Description of Work: Deck off back of house
135 sqft

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

Property Owner's Name: MIKE AND AMY JONSEN
 Address: 2823 BRIDALWREATH CT
 City: WOODBINE State: MD Zip Code: 21797
 Phone: 616-350-3557 Fax: _____
 Email: _____

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

Contractor Company: J.B. TRAWICK LANDSCAPE
 Contact Person: Bob TRAWICK
 Address: 604 W. WATERSVILLE RD
 City: WOODBINE State: MD Zip Code: 21771
 License No.: 381011
 Phone: 301-607-4012 Fax: _____
 Email: Bob@jtrawickco.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 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 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 checked="" 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.

Bob J. Trawick
 Applicant's Signature
Bob@jtrawickco.com
 Email Address

 Title/Company

JAMES TRAWICK
 Print Name
4-29-15
 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>4/29/15</u>	<u>H. Oswald</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	#

NON-BUILDABLE STORMWATER
MANAGEMENT PRESERVATION
PARCEL 'H'
PLAT NO. 19950

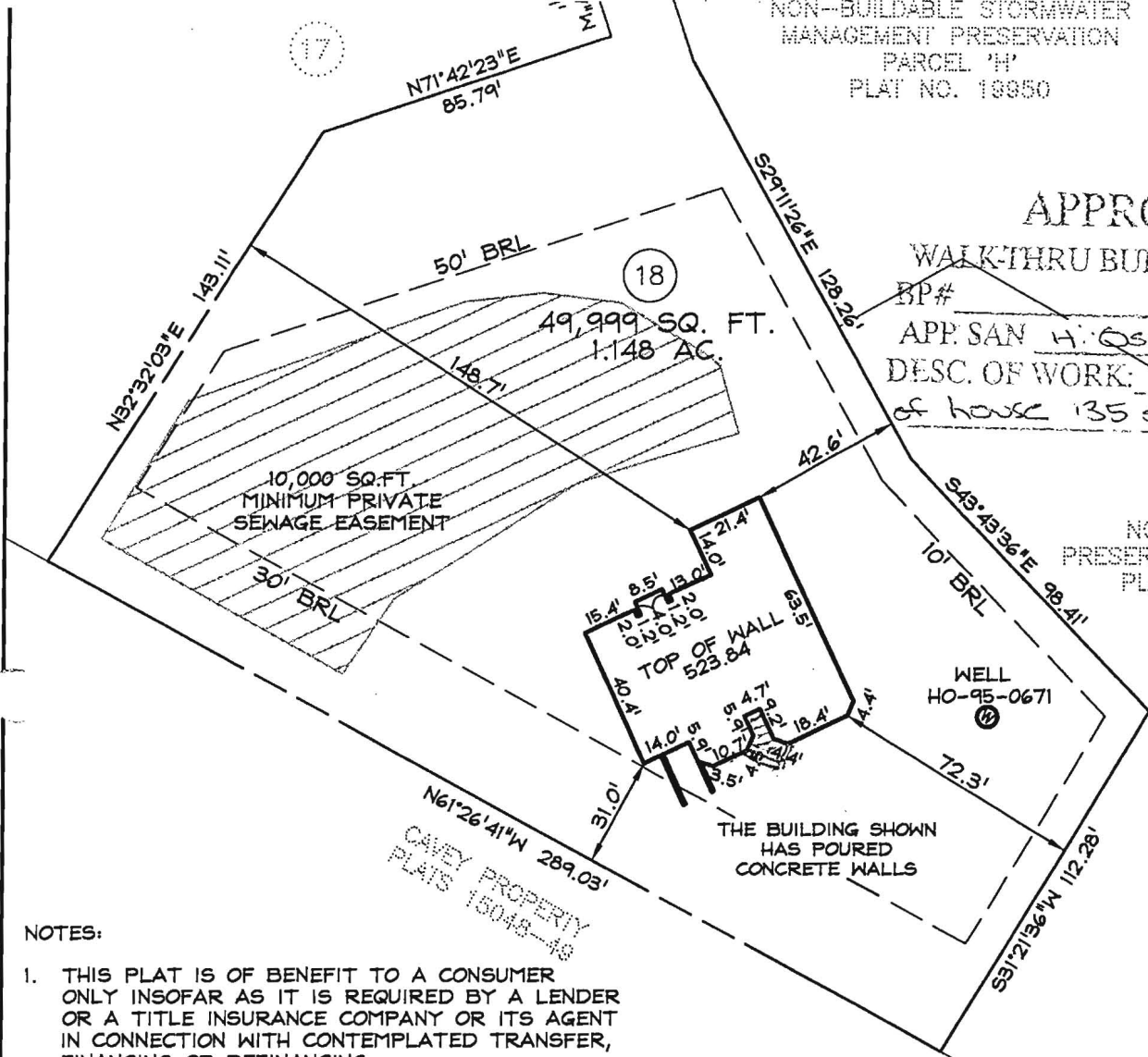


APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN H. Oswald DATE: 4/29/15
DESC. OF WORK: Deck off back
of house 135 sqft.

P/O
NON-BUILDABLE
PRESERVATION PARCEL 'G'
PLAT NO. 19951



CAVEY PROPERTY
PLATS 15045-48

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 GREATER THAN OR LESS THAN THE DIMENSIONS SHOWN.
5. THE BEARINGS SHOWN HEREON ARE BASED ON THE MARYLAND COORDINATE SYSTEM NAD '83 (1991).
6. THE SUBJECT PROPERTY LIES WITHIN FLOOD ZONE "C" (AREAS OF MINIMAL FLOODING) AS SHOWN ON FLOOD INSURANCE RATE MAP NO.240044 0014B. DATED 12-4-86.

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 7/6/14.

Robert B. Southard 6-3-13



Planners
Surveyors
Engineers
Landscape Architects

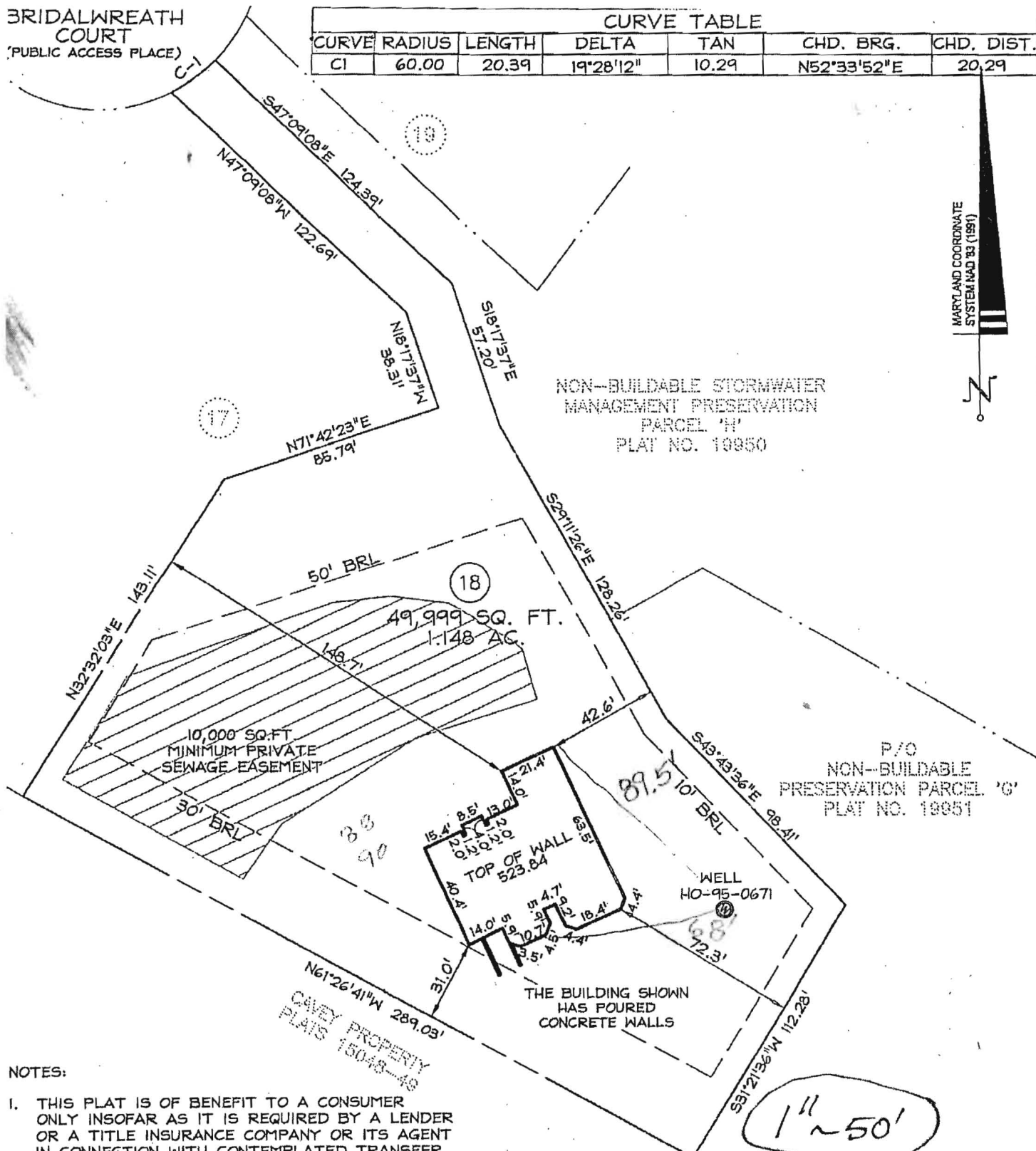
192 East Main Street
Westminster, MD 21157
410.386.0560
410.386.0564 (Fax)
DDC@DDCinc.us
www.DDCinc.us

LOCATION DRAWING / WALL CHECK
2823 BRIDALWREATH COURT
LOT 18
BELLE HAVEN ESTATES
PLAT No. 19950
ELECTION DIST. No.4 HOWARD COUNTY, MD

DDC JOB#:	06116.5
DATE:	05-30-2013
SCALE:	1"=50'
DRN. BY:	DAP
CHK. BY:	RBS

BRIDALWREATH COURT
(PUBLIC ACCESS PLACE)

CURVE TABLE						
CURVE	RADIUS	LENGTH	DELTA	TAN	CHD. BRG.	CHD. DIST.
C1	60.00	20.39	19°28'12"	10.29	N52°33'52"E	20.29



NON-BUILDABLE STORMWATER
MANAGEMENT PRESERVATION
PARCEL 'H'
PLAT NO. 19950

P/O
NON-BUILDABLE
PRESERVATION PARCEL 'G'
PLAT NO. 19951

CAVEY PROPERTY
PLATS 1504B-49

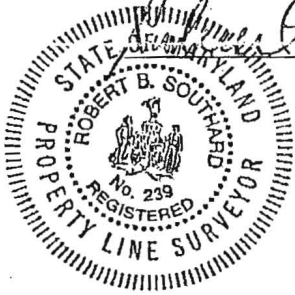
1" ~ 50'

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