



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: 2507 GOOSE CHASE WAY
 City: WEST FRIENDSHIP State: MD Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: CLOVEDFIELD II
 Section: _____ Area: _____ Lot: 3
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: BUILD NEW DECK, STEPS, SIP
DECK 1 4x14 DECK 2 14x12 SIP 12'x12'

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

Property Owner's Name: BEN & ALICIA McNECHOLS
 Address: 2507 GOOSE CHASE WAY
 City: WEST FRIENDSHIP State: MD Zip Code: _____
 Phone: 443-456-2547 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: MARYLAND DECK & SHED
 Contact Person: JIM SARAZIN / TROY SLEIFER
 Address: 8026 GREEN TREE CT
 City: ELKREIDGE State: MD Zip Code: 21075
 License No.: 127788
 Phone: 443-755-9825 Fax: _____
 Email: JSARAZIN@SANDKORP.NET

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 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 checked="" type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" 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 _____ Print Name _____
 Email Address _____ Date _____
 Title/Company _____

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>9/1/15</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:	

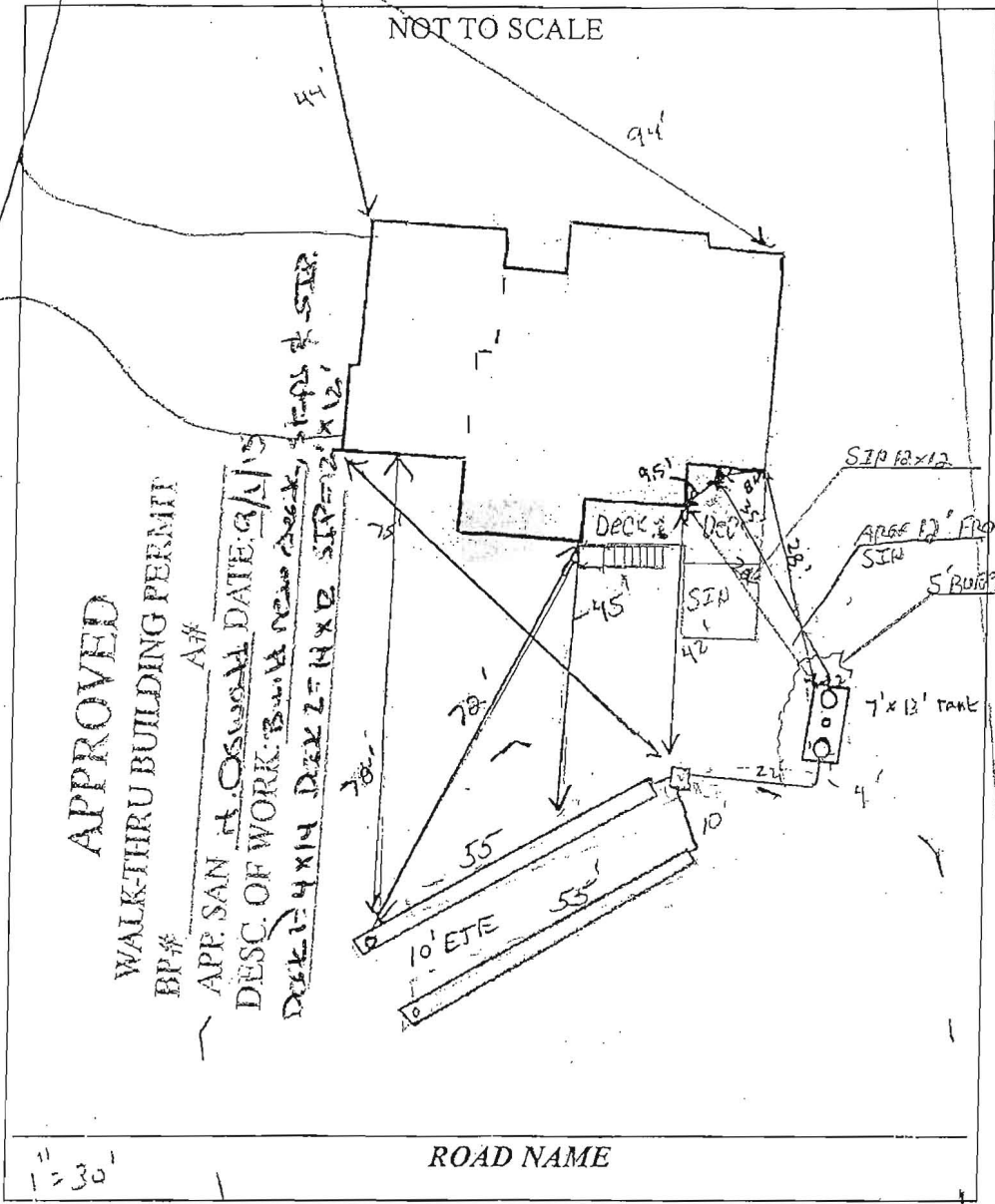
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

HO-95-1334

NOT TO SCALE

TRENCH/DRAINFIELD DATA		
WIDTH	INLET	BOTTOM
2	3	8
NUMBER OF TRENCHES		2
TOTAL LENGTH		110'
ABSORPTION AREA _____		
DISTRIBUTION BOX LEVEL <u>Levelers</u>		
DISTRIBUTION BOX BAFFLE <u>Yes</u>		
DISTRIBUTION BOX PORT <u>Yes</u>		

SEPTIC TANK DATA	
SEPTIC TANK I LEVEL	<u>YES</u>
MANUFACTURER	<u>ECOPOD EGO</u>
CAPACITY	<u>1000</u> GAL
SEAM LOC	<u>TOP</u>
TANK LID DEPTH	<u>2'</u>
BAFFLES	<u>YES</u>
BAFFLE FILTER	<u>NO</u>
MANHOLE LOC	<u>REAR + FRONT</u>
6" PORT LOC	<u>YES</u>
WATERTIGHT TEST	<u>YES</u>
SLOTTED	<u>YES</u>
DATE ON LID	<u>10/28/14</u>
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	_____



APPROVED
WALK-THRU BUILDING PERMIT

BP# _____
APP SAN # _____
OSWALD DATE: 9/1/15
DESC OF WORK: B.W.A. NEW DECK, STEPS & SIP.
DECK 2 4x14 DECK 2 12x12 SIP 12x12

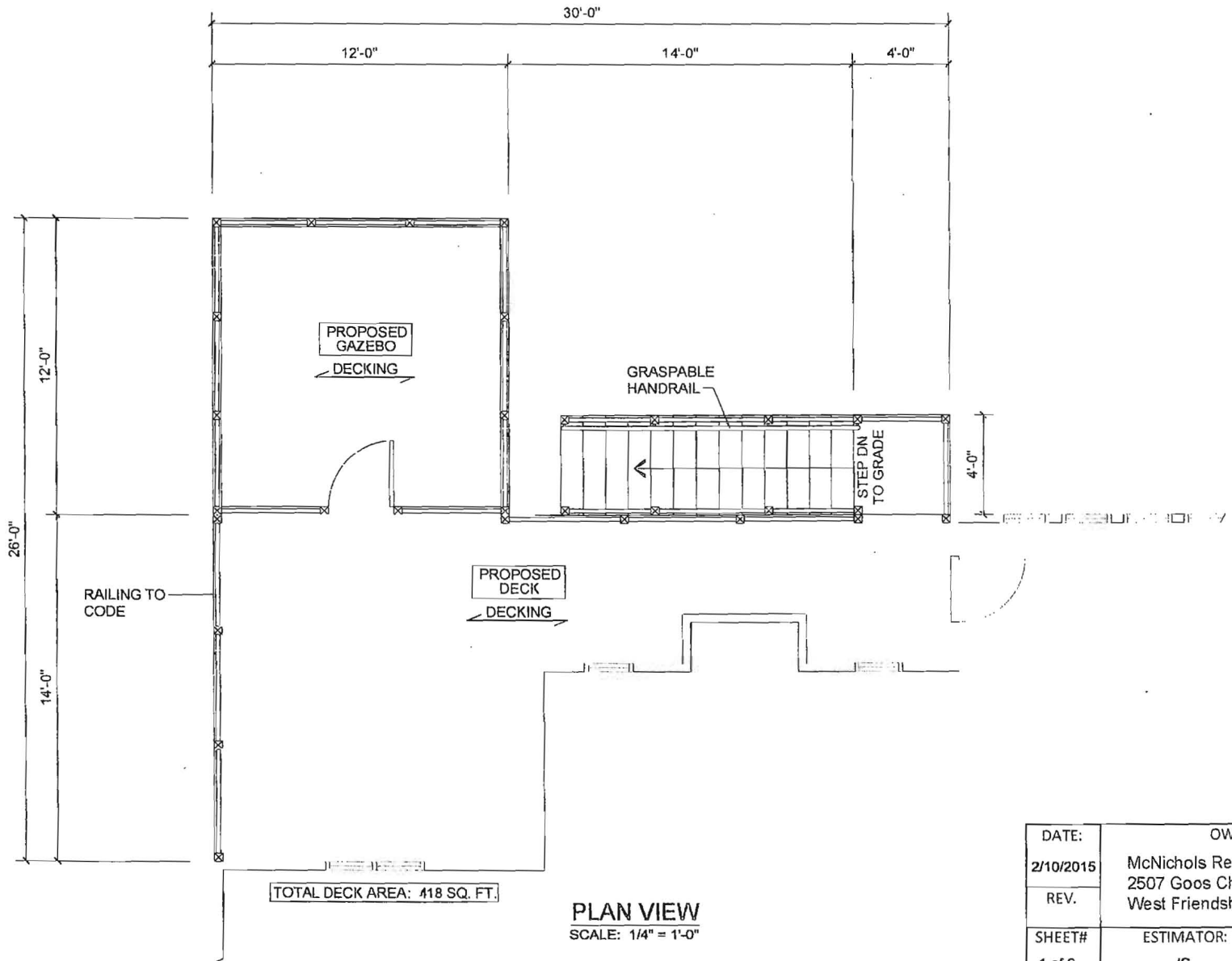
1"=30'

ROAD NAME

PRE-CONSTRUCTION: 11/10/14 BAT tank stacked, SEAT area stakes are in. Set BAT tank per stake-out. Install D box @ start of highest trench. Run 2x55' trench across septic area as shown on approved BAT plan. (Kw)

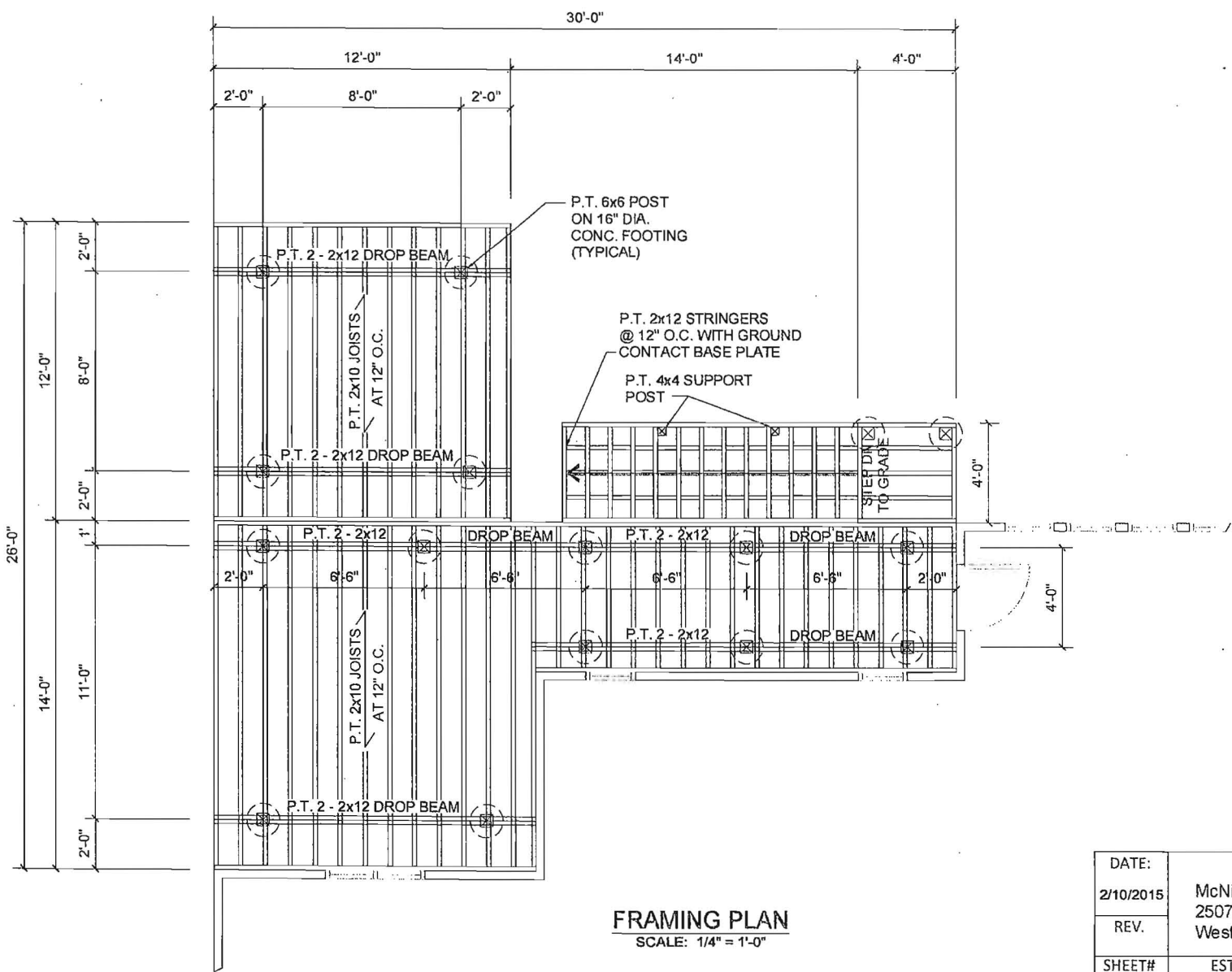
INSTALLATION: 12/5/14 BAT tank installed and house connection made. Tank level and pipes have fall. (SC) (Kw) 12/8/14 system completed. D box level. Need startup report from manufacturer (Kw) 6/22/15 start-up record. (Kw)

FINAL INSPECTOR [Signature] DATE OF APPROVAL 6/22/15



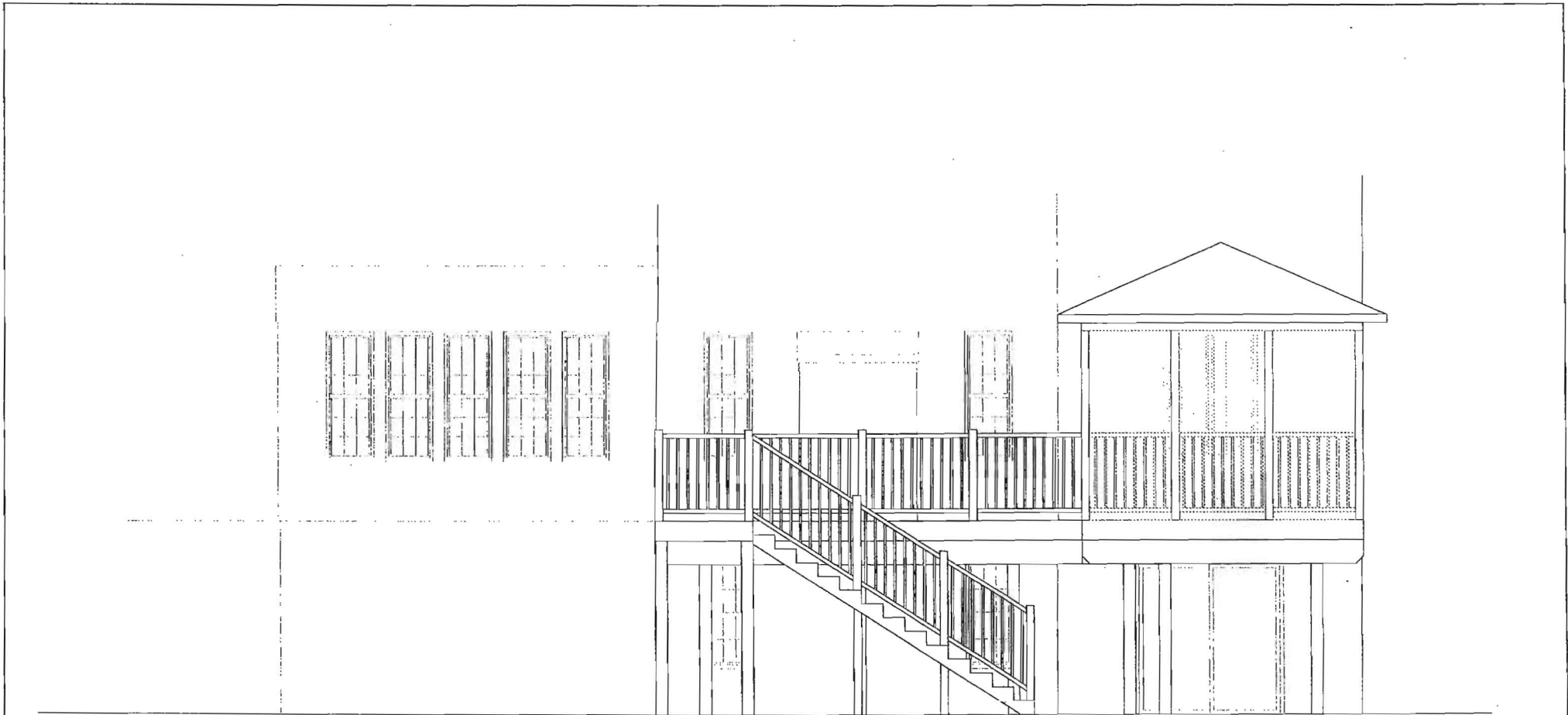
DATE:	OWNER:	
2/10/2015	McNichols Residence 2507 Goos Chase West Friendship, MD	
REV.	ESTIMATOR:	DRAWN BY:
SHEET#	JS	D.L.
1 of 6		

TROY



FRAMING PLAN
SCALE: 1/4" = 1'-0"

DATE:	OWNER:	
2/10/2015	McNichols Residence 2507 Goos Chase West Friendship, MD	
REV.		
SHEET#	ESTIMATOR:	DRAWN BY:
2 of 6	JS	D.L.



REAR ELEVATION

SCALE: 1/4" = 1'-0"

DATE:	OWNER:	
2/10/2015	McNichols Residence 2507 Goos Chase West Friendship, MD	
REV.		
SHEET#	ESTIMATOR:	DRAWN BY:
4 of 6	JS	D.L.