



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: 14329 MUSGROVE FARM CT
 City: GLENWOOD State: MD Zip Code: 21738
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 27
 Tax Map: 21 Parcel: 12 Grid: 12
 Zoning: _____ Map Coordinates: _____ Lot Size: 33080sq

Existing Use: Residential SINGLE FAMILY
 Proposed Use: Residential SINGLE FAMILY
 Estimated Construction Cost: \$ _____ 20,000
 Description of Work: INSTALL INGROUND SWIMMING POOL
23x40
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Barbara Schaeffer
 Address: 7905 Solley Rd
 City: Glen Burnie State: MD Zip Code: 21060
 Phone: 410-733-0433 Fax: 410-360-9309
 Email: allaboutpermits@hotmail.com

Property Owner's Name: Richard & Lura Fleece JR
 Address: 14329 Musgrove Farm CT
 City: GLENWOOD State: MD Zip Code: 21738
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Barbara Schaeffer
 Address: 7905 Solley Rd
 City: Glen Burnie State: MD Zip Code: 21060
 Phone: 410-733-0433 Fax: 410-360-9309
 Email: allaboutpermits@hotmail.com

Contractor Company: Leisure Contracting LLC
 Contact Person: Glen Lail
 Address: 210 CLYDE AVE
 City: BALTIMORE State: MD Zip Code: 21227
 License No. : 85655
 Phone: 443 790 3005 Fax: _____
 Email: _____

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 type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<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 checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input 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 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.

Barbara Schaeffer
 Applicant's Signature
 allaboutpermits@hotmail.com
 Email Address
 Owner / All About Permits
 Title/Company

Barbara Schaeffer
 Print Name
9/3/2015
 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>9/3/15</u>	<u>H. Oswald</u>

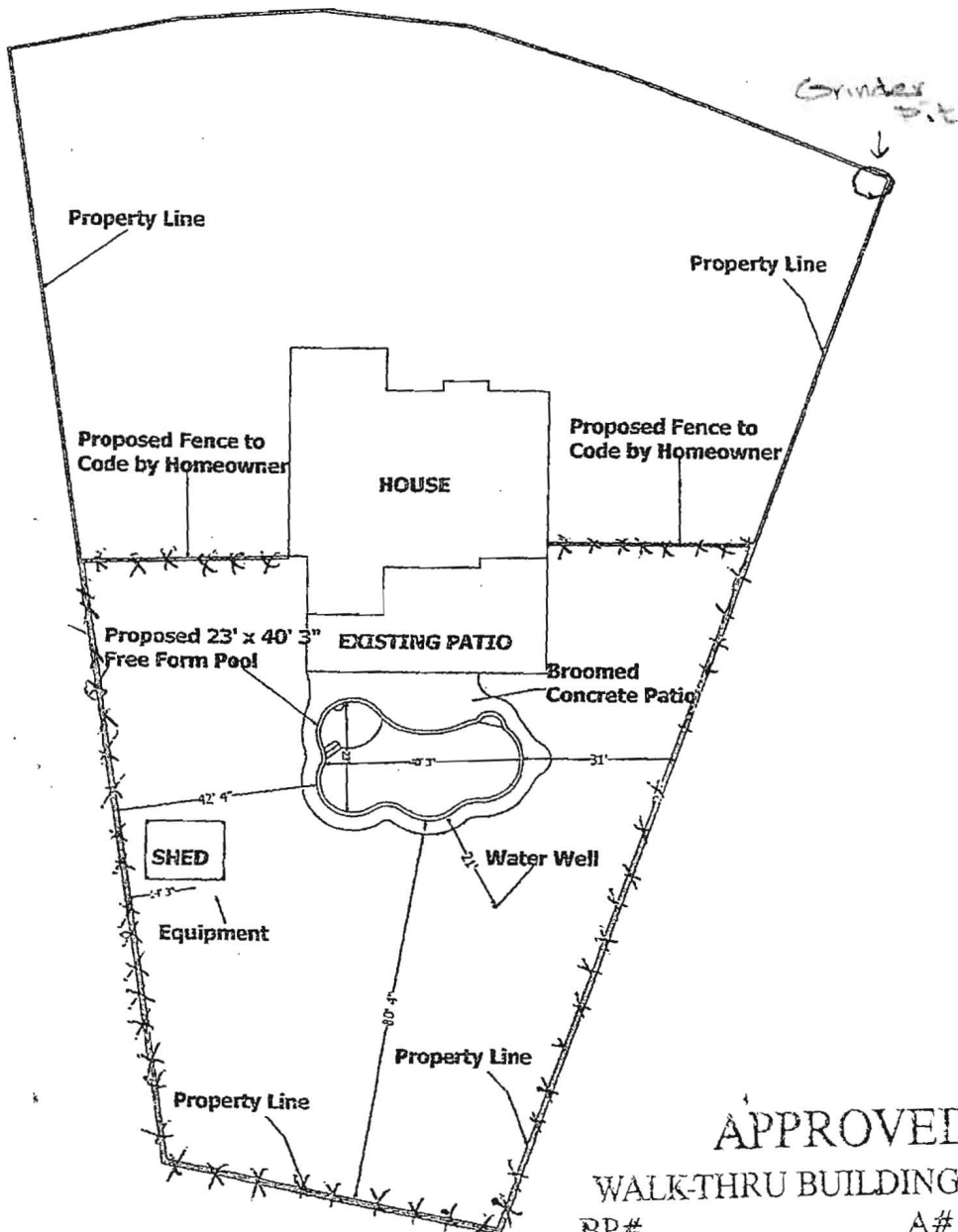
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Rick & Lura Fleece
14329 Musgrove Farm Ct
Glenwood, MD 21738
Scale: 1" = 40'



APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN 4.05 DATE: 9/3/15
DESC. OF WORK: Install 23x40'
inground swimming pool.