



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: 7238 Meadow Wood Way
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: House/Deck
Proposed Use: re-build existing deck
Estimated Construction Cost: \$ 4500.00
Description of Work: Build new deck
12 x 20
trex - boards

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: Lori Rose
Address: 10018 Old Fredence Rd
City: Elliott State: MD Zip Code: 21042
Phone: 410 465-4127 Fax: _____
Email: lrose119@verizon.net

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
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: <u>4/Bedrooms</u>
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: <u>concrete</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: <u>Asphalt</u>
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Mr. Crawford
Address: 7238 Meadow Wood Way
City: Clarksville State: MD Zip Code: 21029
Phone: _____ 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: Professional Deck Care
Contact Person: Lori Rose
Address: 10018 Old Frederick Rd
City: Elliott State: MD Zip Code: 21042
License No.: # 77775
Phone: 410-465-4127 Fax: 443-514-5180
Email: lrose119@verizon.net

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Yes <input checked="" 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: Lori Rose
Email Address: lrose119@verizon.net
Title/Company: Owner - Professional Deck Care

Print Name: Lori Rose
Date: 10/25/16

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>10-25-16</u>	<u>Dana Bernard</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

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP SAN Deborah DATE: 10-25-16

DESC. OF WORK: Deck
Approved as shown

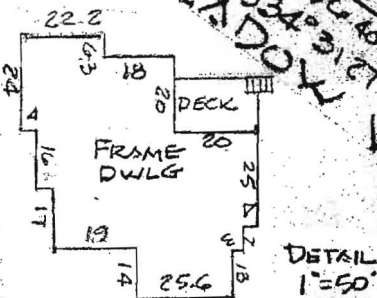
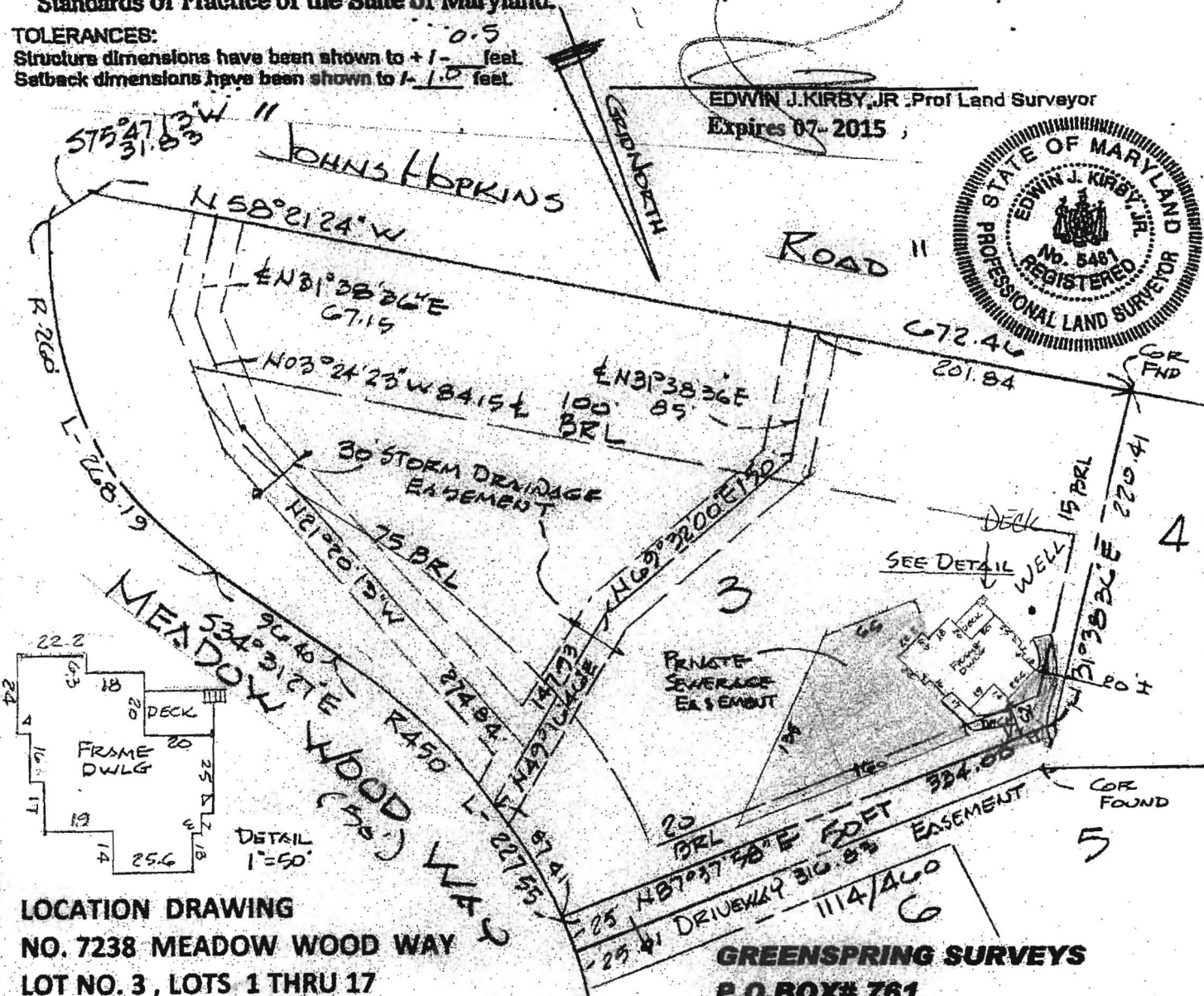
SURVEYORS CERTIFICATE:

1. This plat is a benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with a 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 such identification may not be required for the transfer of title or securing financing or refinancing.
4. This is to certify that we have surveyed the property for the purpose of locating the improvements and that they are located as shown hereon within the indicated tolerances specified below. This survey did not include the marking of property corners.
5. This plat is for title purposes only. No title report is being furnished.
6. This is to certify that this drawing meets the Minimum Standards of Practice of the State of Maryland.

TOLERANCES:

Structure dimensions have been shown to ± 0.5 feet.
Setback dimensions have been shown to ± 1.0 feet.

EDWIN J. KIRBY, JR. Prof Land Surveyor
Expires 07-2015



LOCATION DRAWING
NO. 7238 MEADOW WOOD WAY
LOT NO. 3, LOTS 1 THRU 17
SECTION 2, SHEET 1 OF 1
SIMPSON WOODS
HOWARD CO., MD.

GREENSPRING SURVEYS
P.O. BOX# 761
BROOKLANDVILLE, MD. 21022
410-337-7942 CELL 410-409-5237
FAX 410-876-3176
SURVEYORTONETSCAPE.COM

DATE: 04-26-14 SCALE: 1"=100'

A licensed Maryland Surveyor either personally prepared this Plat or was in responsible charge over its preparation and the Surveying work reflected in it, in compliance with the Maryland Minimum Standards of Practice for Land Surveyors.