



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: 11624 Norwicks Lane
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 16
Tax Map: 0016 Parcel: 0333 Grid: 0008
Zoning: _____ Map Coordinates: _____ Lot Size: 5 ac.

Existing Use: SFD
Proposed Use: Inground pool 1000sq ft w/spa
Estimated Construction Cost: \$ _____
Description of Work: Inground granite pool w/spa
1000sq ft pool 50sq ft spa
3-8 ft deep pool

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 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 checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Jimmy and Amy Chang
Address: 11624 Norwicks Lane
City: Ellicott City State: MD Zip Code: 21042
Phone: (443) 878-8987 Fax: _____
Email: jinc168@gmail.com

Applicant's Name & Mailing Address (If other than stated herein)
Applicant's Name: Timothy Rowan
Address: 16643 Frederick Rd
City: Mt Airy State: MD Zip Code: 21771
Phone: 410 489-0707 Fax: _____
Email: tim@rowanlandscape.com

Contractor Company: Rowan Landscape + Pool Co Inc
Contact Person: Kari Whitehead
Address: 16643 Frederick Rd.
City: Mt Airy State: MD Zip Code: 21771
License No.: 16659
Phone: (410) 489-0707 Fax: _____
Email: Kari@rowanlandscape.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: 16643 Frederick Rd
City: Mt Airy State: MD Zip Code: 21771
Phone: (410) 489-0707 Fax: _____
Email: Kari@rowanlandscape.com

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 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: _____
Email Address: tim@rowanlandscape.com
Title/Company: President Rowan Landscape + Pool Co Inc.

Print Name: Timothy M. Rowan
Date: 9-21-16

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>9/21/16</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	\$
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

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B08000174

Building Address 11624 NORWICH LANE
FILICOTT CITY MD 21042
 Suite/Apt. #: SDP/WP/Petition #:
 Census Tract Subdivision KINGS GIFT
 Section 110 Area Lot 16
 Tax Map 16 Parcel 333 Grid 168
 Zoning R-D150 Coordinates Lot size 5.0

Property Owner's Name JIN C. CHANG
 Address 6001 Helen Dorsey Way
 City Columbia State MD Zip Code 21045
 Home Phone 403-878-8987 Work Phone
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone Fax

Existing Use VACANT LOT
 Proposed Use SINGLE FAMILY RESIDENCE
 Estimated Construction Cost \$ 250,000
 Description of Work

Contractor Company
 Contact Person JIN C. CHANG
 Address 6001 Helen Dorsey Way
 City Columbia State MD Zip Code 21045
 License No.
 Phone 403-878-8987 Fax

Occupant or Tenant
 Contact Name
 Address
 City State Zip Code
 Phone Fax

Engineer or Architect Company
 Contact Person
 Address
 City State Zip Code
 Phone Fax

BUILDING DESCRIPTION - **COMMERCIAL**

BUILDING DESCRIPTION - **RESIDENTIAL**

Building Characteristics	Utilities
Height: <u> </u>	Water Supply: <u> </u>
No. of stories: <u> </u>	<input type="checkbox"/> Public
Gross area, sq. ft. per floor: <u> </u>	<input type="checkbox"/> Private
Use group: <u> </u>	Sewage Disposal: <u> </u>
Construction type: <u> </u>	<input type="checkbox"/> Public
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Private
<input type="checkbox"/> Structural Steel	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Masonry	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Heating System: <u> </u>
<input type="checkbox"/> State Certified Modular	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u> </u>
	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	<input type="checkbox"/> # of Heads <u> </u>

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <u> </u>
Depth <u> </u> Width <u> </u>	<input checked="" type="checkbox"/> Public
1st floor: <u> </u>	<input type="checkbox"/> Private
2nd floor: <u> </u>	Sewage Disposal: <u> </u>
Basement: <u> </u>	<input type="checkbox"/> Public
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	<input checked="" type="checkbox"/> Private
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u> </u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Height: <u> </u>	Heating System: <u> </u>
Multi-family dwellings: <u> </u>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: <u> </u>	Natural Gas <input type="checkbox"/>
No. of 1 BR units: <u> </u>	Propane Gas <input type="checkbox"/>
No. of 2 BR units: <u> </u>	Sprinkler system: <u> </u>
No. of 3 BR units: <u> </u>	N/A <input type="checkbox"/>
Other Structure: <u> </u>	<input type="checkbox"/> NFPA #13D
Dimensions: <u> </u>	<input type="checkbox"/> NFPA #13R
Footings: <u> </u>	<input type="checkbox"/> Other: <u> </u>
Roof Height: <u> </u>	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

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 JIN C. CHANG
 Title/Company OWNER

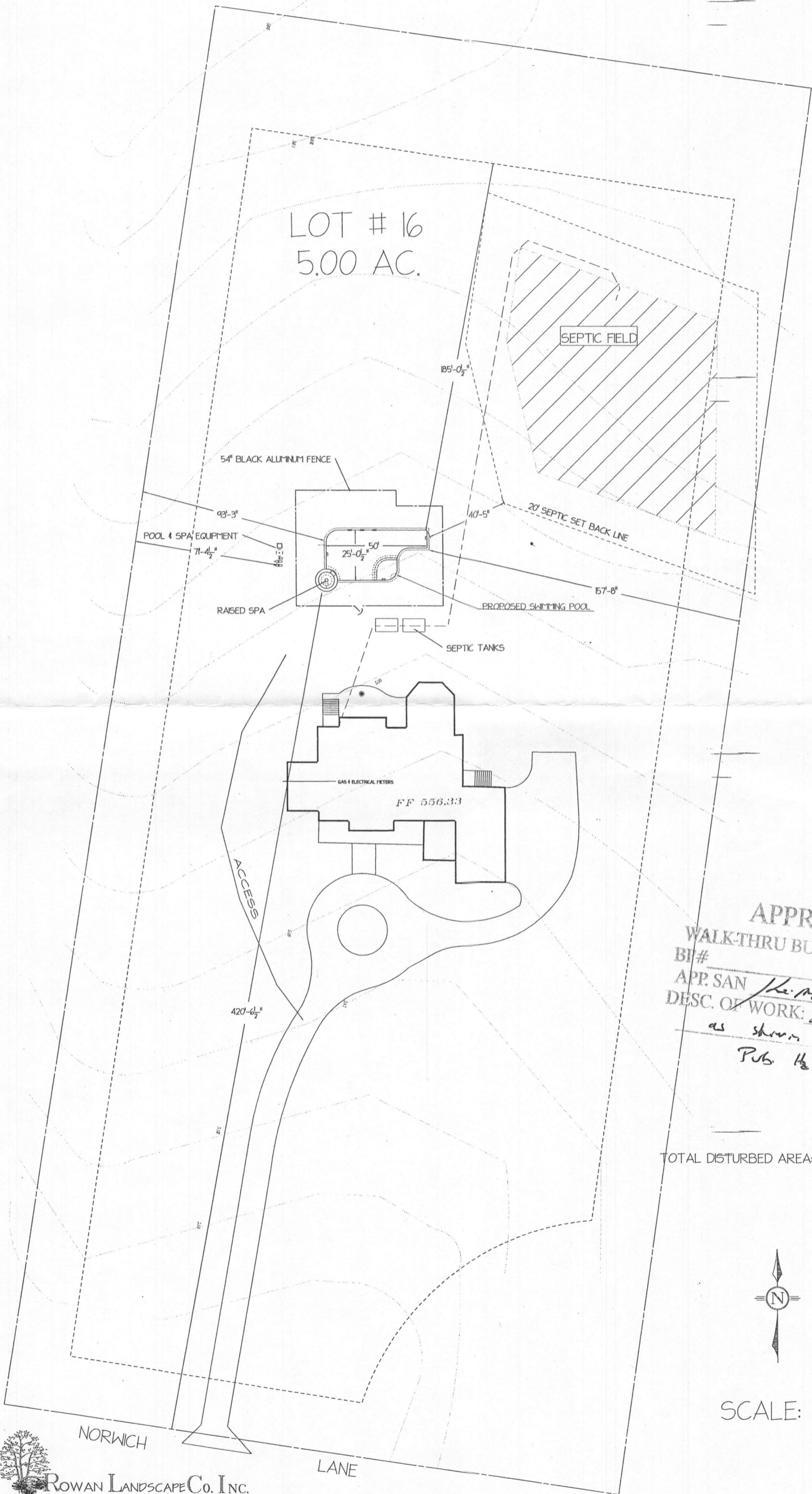
Print Name JIN C. CHANG
 Date 1/2/08

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>2/19/2008</u>	<u>R. Buckner</u>
<input type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: White: Building Official Green: LDD, DPZ		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u> </u>	Filing fee \$ <u>100</u>
Rear: <u> </u>	Permit fee \$ <u> </u>
Side: <u> </u>	Excise tax \$ <u> </u>
Side St.: <u> </u>	Add'l per. fee \$ <u> </u>
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u> </u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ <u> </u>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u> </u>
Lot Coverage for NewTown Zone <u> </u>	Check # <u>502</u>
SDP/Red-line approval date <u> </u>	Validation # <u> </u>
Accepted by <u> </u>	

JIMMY & AMY CHANG
11624 NORWICH LANE, ELLICOTT CITY MD 21042



APPROVED
WALK-THRU BUILDING PERMIT
BI# _____ A# _____
APP. SAN *K. M. King* DATE: 9/21/16
DESC. OF WORK: *Install Pool*
as shown
Pub Ho.

TOTAL DISTURBED AREA: 4,800 SQ. FT.



SCALE: 1" = 50' 0"