



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: 11540 Chapel Rise
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Chapel Rise
Section: _____ Area: _____ Lot: 8
Tax Map: 0029 Parcel: 0026 Grid: 0008
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: single family dwelling (SFD)
Proposed Use: SFD with pool + spa
Estimated Construction Cost: \$ #40,000
Description of Work: Inground pool - 900 sq. ft.; with spa - 80 sq. ft with 5ft. fence

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

Property Owner's Name: Charles Cullen + Sophie Gorski-Cullen
Address: 11540 Chapel Rise
City: Clarksville State: MD Zip Code: 21029
Phone: 443-838-8322 Fax: _____
Email: csgullen@gmail.com
csgullen@gmail.com

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

Contractor Company: Rowan Landscape + Pool Co.
Contact Person: Tim Rowan
Address: 16643 Frederick Rd
City: Mt Airy State: MD Zip Code: 21771
License No.: 16659
Phone: 443-398-0887 Fax: _____
Email: tim@rowanlandscape.com

Engineer/Architect Company: _____
Responsible Design Prof.: Rowan Landscape + Pool Co
Address: 16643 Frederick Road
City: Mt Airy State: MD Zip Code: 21771
Phone: 443 398-0887 Fax: _____
Email: tim@rowanlandscape.com

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:	
> 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 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
tim@rowanlandscape.com
Email Address
President
Title/Company

Print Name
Timothy N. Rowan
Date
6/29/17

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>7/5/17</u>	<u>H. Osward</u>

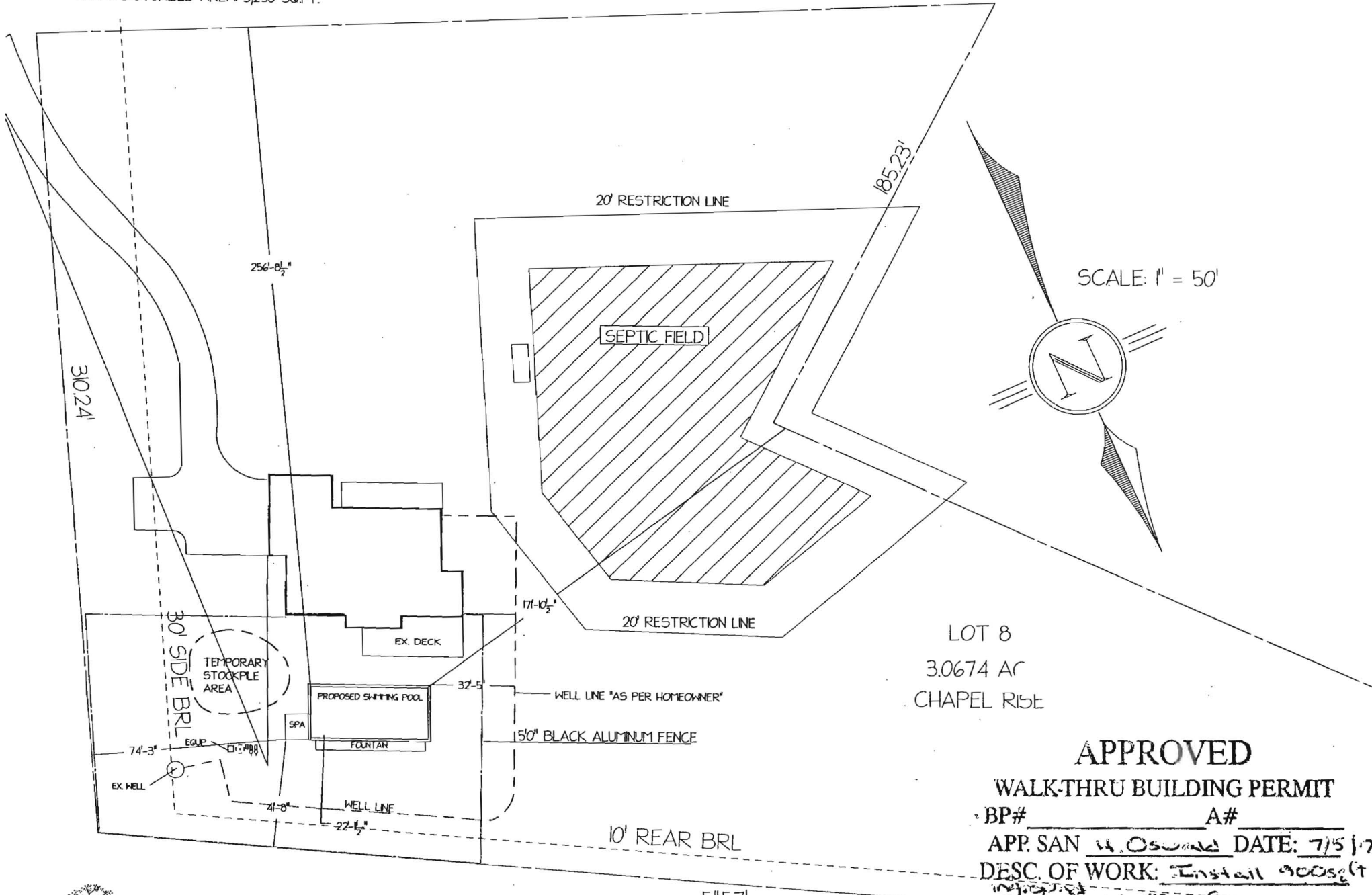
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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

NOTE:
TOTAL DISTURBED AREA: 3,250 SQ.FT.



LOT 8
3.0674 AC
CHAPEL RISE

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN W. OSWALD DATE: 7/5/17
DESC. OF WORK: Install 900sqft
in-ground
pool with 80sqft spa w/
fence.

**ROWAN LANDSCAPE Co. INC.**
16643 FREDERICK ROAD MT. AIRY, MD 21771
410-489-0707
TIM@ROWANLANDSCAPE.COM
WWW.ROWANLANDSCAPE.COM

CULLEN & GORSKI RESIDENCE
11590 CHAPEL RISE, CLARKSVILLE MD 21029

PLAT REF. 22022