



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: 1923 Archer's Glen
 City: Sykesville State: MD Zip Code: 21784
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Archer's Glen
 Section: _____ Area: _____ Lot: 21
 Tax Map: _____ Parcel: B Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: _____
 Address: 1923 Archer's Glen
 City: Sykesville State: MD Zip Code: 21784
 Phone: 410-491-5454 Fax: 410-491-0854
 Email: mhb1945@gmail.com
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Brian Rodriguez
 Address: 12170 Hall Shop Rd
 City: Clarksville State: MD Zip Code: 21029
 Phone: 443-564-5574 Fax: _____
 Email: RodriguezLCinc.info@gmail.com

Existing Use: _____
 Proposed Use: Construction of outdoor living space.
 Estimated Construction Cost: \$ 16,500.00
 Description of Work: Construction of a New deck on outside of home of 35.5' x 16' x 19' with stairs.
 Occupant/Tenant Name: Philip Kim
 Was tenant space previously occupied? Yes No
 Contact Name: Philip Kim
 Address: 1923 Archer's Glen
 City: Sykesville State: MD Zip Code: 21784
 Phone: 410-491-5454 Fax: _____
 Email: mhb1945@gmail.com

Contractor Company: Rodriguez Landscaping & Construction, Inc.
 Contact Person: Brian Rodriguez
 Address: 12170 Hall Shop Rd
 City: Clarksville State: MD Zip Code: 21029
 License No.: MHC # 123673
 Phone: 443-564-5574 Fax: _____
 Email: RodriguezLCinc.info@gmail.com

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 checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:		
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Structural Steel	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> Masonry	Multi-family Dwelling	
<input checked="" type="checkbox"/> Wood Frame <u>Deck</u>	No. of efficiency units:	
<input type="checkbox"/> State Certified Modular	No. of 1 BR units:	
	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	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input checked="" 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.

Brian Rodriguez
 Applicant's Signature
 Email Address: RodriguezLCinc.info@gmail.com
Brian Rodriguez
 Print Name
6/20/2017
 Date
Residen Rodriguez Landscaping & Construction, Inc.
 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>Colin D. 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	#

LAYOUT 3/1/06 INSP 4 _____
INSP 2 _____ INSP 5 _____
INSP 3 _____ INSP 6 _____

ISSUE DATE: 2/28/06

APPROVAL DATE: 3/7/06

PERMIT

INDEXED

TAX ID #03-341259

P 5 24142

A 514921-Z

**ON-SITE SEWAGE DISPOSAL SYSTEM
HOWARD COUNTY HEALTH DEPARTMENT
BUREAU OF ENVIRONMENTAL HEALTH**

WTC III Plumbing & Heating, Inc. IS PERMITTED TO INSTALL ALTER

ADDRESS: 1820 Gillis Falls Road PHONE NUMBER: 410-489-4457

SUBDIVISION: Archer's Glen LOT NUMBER: 21

ADDRESS: 1723 Archers Glen PROPERTY OWNER: Jerry Freishtat

SEPTIC TANK CAPACITY (GALLONS): 1500 OUTLET BAFFLE FILTER REQUIRED

PUMP CHAMBER CAPACITY (GALLONS) n/a COMPARTMENTED TANK REQUIRED

NUMBER OF BEDROOMS: 5

SQUARE FEET PER BEDROOM: 180

LINEAR FEET OF TRENCH REQUIRED: 170 HOUSE SERVED BY PUBLIC WATER

TRENCHES:	Trench to be 3.0 feet wide. Inlet 3.0 feet below original grade. Bottom maximum depth 6.5 feet below original grade. Effective area begins at 4.0 feet below original grade. 3.5 feet of stone below distribution pipe.
LOCATION:	Keep the distribution box at the highest elevation in the approved SDA.
NOTES:	No basement gravity service. Due to drought conditions during perc testing, approvable holes must have 8' from observed groundwater. Do not go deeper than 6'5 for bottom of trenches..

PLANS APPROVED: Peter A. Yencsik Reviewed by: _____ DATE: 8/19/05

NOTES: PERMIT VOID AFTER 2 YEARS
CONTRACTOR IS RESPONSIBLE FOR SCHEDULING A PRE-CONSTRUCTION INSPECTION FOR ALL INSTALLATIONS
WATERTIGHT SEPTIC TANKS REQUIRED
ALL PARTS OF SEPTIC SYSTEM SHALL BE 100 FEET FROM ANY WATER WELL UNLESS SPECIFICALLY AUTHORIZED
MANHOLE RISERS REQUIRED ON ALL SEPTIC TANKS AND PUMP CHAMBERS UNLESS SPECIFICALLY AUTHORIZED
CONTRACTOR RESPONSIBLE FOR COMPLIANCE WITH APPLICABLE REGULATIONS, GUIDELINES AND THE TERMS OF THIS PERMIT

**NEITHER THE HOWARD COUNTY COUNCIL NOR THE HEALTH DEPARTMENT IS
RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM
PERMITTEE RESPONSIBLE FOR OBTAINING FINAL APPROVAL ON THIS PERMIT
ALL 410-313-1771 FOR INSPECTION OF SEPTIC SYSTEM**

1514921-Z

