



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: 17314 Pink Dogwood Court
City: Mount Airy State: MD Zip Code: 21771
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Whitelwood Estate
Section: _____ Area: 6.22 AC Lot: 23
Tax Map: 0007 Parcel: 0001 Grid: 0001
Zoning: _____ Map Coordinates: _____ Lot Size: 6.22 AC

Property Owner's Name: Brent + Rachel Kennedy
Address: 17314 Dogwood Court
City: Mt Airy State: MD Zip Code: 21771
Phone: 410-821-7629 Fax: _____
Email: brent.kennedy@gmail.com

Existing Use: Residential Home
Proposed Use: 20'x40' Pool Addition
Estimated Construction Cost: \$ 66,100.00
Description of Work: Install 20'x40' Inground Concrete pool - Rectangle in shape

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Cozy Pools Spas + Heat, LLC
Address: 1001 Twin Arch Road
City: Mt Airy State: MD Zip Code: 21771
Phone: 301-829-4009 Fax: 301-829-1755
Email: cozypools@gmail.com

Occupant or Tenant: Brent + Rachel Kennedy
Was tenant space previously occupied? Yes No
Contact Name: Brent + Rachel Kennedy
Address: 17314 Pink Dogwood Court
City: Mount Airy State: MD Zip Code: 21771
Phone: 410-821-7629
Email: brent.kennedy@gmail.com

Contractor Company: Cozy Pools Spas + Heat, LLC
Contact Person: Leslie Herbert
Address: 1001 Twin Arch Road
City: Mount Airy State: MD Zip Code: 21771
License No.: 99721
Phone: 301-829-4009 Fax: 301-829-1755
Email: cozypools@gmail.com

Engineer/Architect Company: Cozy Pools Spas + Heat, LLC
Responsible Design Prof.: Cozy Pools
Address: 1001 Twin Arch Road
City: Mt. Airy State: MD Zip Code: 21771
Phone: 301-829-4009 Fax: 301-829-1755
Email: cozypools@gmail.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 type="checkbox"/> Private	
Sewage Disposal	
<input 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 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: Leslie Herbert
Email Address: cozypools@gmail.com
Title/Company: President

Print Name: Leslie Herbert
Date: 8-10-16

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>8/10/16</u>	<u>R. Bricker</u>
Is Sediment Control approval required for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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

