



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.: _____

13552 Mitchells way

Building Address: 13552 Mitchells way
 City: Friendship State: MD Zip Code: 21794
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Cloudfield
 Section: _____ Area: _____ Lot: PAR A
 Tax Map: 15 Parcel: 4 Grid: 8
 Zoning: _____ Map Coordinates: _____ Lot Size: 15.83(A)

Existing Use: SFD
 Proposed Use: SFD w/ screened porch - deck
 Estimated Construction Cost: \$ 24,000
 Description of Work: Constr 16x20 vinyl screened porch and 16x12x17 vinyl open deck w/ steps

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: Dunbar
 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:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.):	Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group:	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input type="checkbox"/> 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

Property Owner's Name: DELEK HAYTON
 Address: 5149 Chestwood Ln
 City: Friendship State: MD Zip Code: 21794
 Phone: 410-222-1670 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Michelle Clancy
 Address: PO Box 310
 City: Parm. Hill State: MD Zip Code: 21728
 Phone: 410-222-7514 Fax: _____
 Email: Michelle@AppliedandApproved.com

Contractor Company: North American Deck Patio
 Contact Person: Bob Lanning
 Address: 312 Highland Trl
 City: Pt. Frederick State: MD Zip Code: 21778
 License No.: 92401
 Phone: 301-925-2627 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Utilities	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" 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 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.

Michelle Clancy
 Applicant's Signature
Michelle@AppliedandApproved.com
 Email Address
Permits
 Title/Company

Michelle Clancy
 Print Name
4/8/17
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

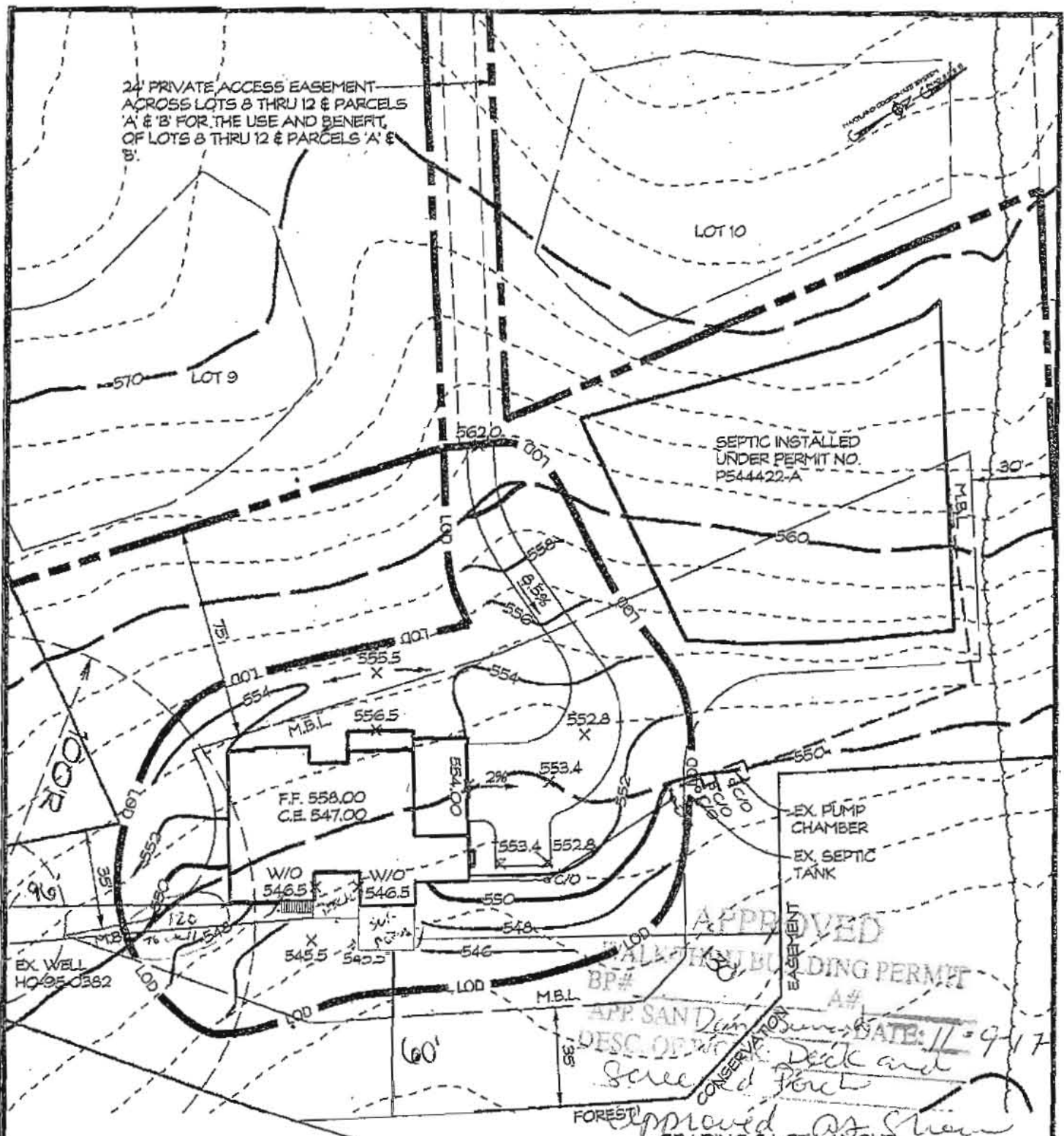
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11-9-17</u>	<u>Bennett</u>

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

OPZ 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	#

24' PRIVATE ACCESS EASEMENT
ACROSS LOTS 8 THRU 12 & PARCELS
'A' & 'B' FOR THE USE AND BENEFIT,
OF LOTS 8 THRU 12 & PARCELS 'A' &
'B'.



BUILDER TO VERIFY AVAILABILITY OF
BASEMENT SEWER SERVICE PRIOR TO
DWELLING STAKEOUT.

THERE ARE NO WELLS OR SEPTIC SYSTEMS
WITHIN 100' OF THE PROPERTY BOUNDARY
UNLESS OTHERWISE SHOWN HERE ON.

Phyllis Alexander
CARROLL LAND SERVICES, INC.

11-1-2016
DATE

EXISTING GRADES SHOULD BE FIELD
VERIFIED WHEN HOUSE STAKEOUT IS DONE.

DATE	REVISIONS

APPROVED
BUILDING PERMIT
DATE: 11-9-17
DESC OF WORK: Deck and
Screened Pond
APPROVED AS SHOWN
GRADING & LOT LAYOUT
PLOT PLAN - PARCEL 'A'

CLOVERFIELD

SECTION I

3rd ELECTION DISTRICT * HOWARD COUNTY, MD.
TAX MAP: 15 BLOCK: 8 PARCEL: 4



429 East Main Street Westminster, MD 21157-8539
(410) 848-1790 FAX (410) 848-1791

DRAWN BY:	BM
DESIGN BY:	
REVIEW BY:	
DATE:	10/24/16
SCALE:	1" = 50'
JOB NO:	2013039
SHEET:	2 OF 2

