

RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS JUL 16 2020
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
 www.howardcountymd.gov LICENSES & PERMITS DIVISION

BUILDING SITE ADDRESS REQUIRED

Street Address: 12070 Old Frederick Rd. Unit: _____
 City: Marriottsville State: MD Zip Code: 21104
 Subdivision/Village/Complex Name: Reddick Prop. SDP/WP/BA #: _____
 Lot: 2 Tax Map: 10 Parcel: 297 Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: SFD Proposed Use: SFD Estimated Cost: \$ 55,000
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
 Building 18x40 inground pool w/surrounding concrete pad.
 3 1/2-4 1/2'-7' deep, 24,000 gallons, fence to code
 6505F

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Jason Boone + Tina Hyatt Primary Residence: Yes No
 Owner's Street Address: 12070 Old Frederick Rd.
 City: Marriottsville State: MD Zip Code: 21104
 Phone: 443-864-1594 Email: _____

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: RH + K Permits Contact Name: Karen Rowley
 Street Address: 293 Southland Ct
 City: Dunkirk State: MD Zip Code: 20754
 Phone: 410-507-7705 Email: KHKpermits@yahoo.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Stevens Pools License #: 23797
 Licensee's Name: Doug Stevens
 Street Address: 1925 Norfolk Dr.
 City: Owings State: MD Zip Code: 20736
 Phone: 410-610-6846 Email: jromano@stevenspools.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: _____ Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: _____ Roadside Tree Project: No Yes: # _____
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:
 # of Bedrooms (SF): _____ # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: _____ # Full Baths: _____ # Half Baths: _____ # Fireplaces: _____
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: _____ 1st Fl Depth: _____ 2nd Fl Width: _____ 2nd Fl Depth: _____ Bsmt Width: _____ Bsmt Depth: _____
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: _____ sq ft Occupiable Area: _____ sq ft

AGREEMENT/ DISCALIMER REQUIRED

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.

Karen Rowley 7/15/20
 APPICANT'S ORIGINAL SIGNATURE DATE SIGNED

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health SHA CID

SUBMITTAL FEES: \$275.00 PAYMENT: CK# 2963 ACCEPTED BY: DROPPY