

RECEIVED

PERMIT NUMBER: B 20002207

DATE ACCEPTED:

JUL 07 2020



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 12881 Folly Quarter Road
City: Ellicott City
State: MD
Zip Code: 21042
Subdivision/Village/Complex Name: Glenelg Manor Estates
Lot: 29C Tax Map: 0028 Parcel: 0346

DESCRIPTION OF WORK REQUIRED

Existing Use: Yard SPD Proposed Use: Shed site Estimated Cost: \$8,000.00
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Shed will be prefabricated off site by Myers Mini Barns. Shed will be 12'x20' and will be placed on a gravel foundation in our yard.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Randall and Mary Christensen Primary Residence: Yes
Owner's Street Address: 12881 Folly Quarter Road
City: Ellicott City State: MD Zip Code: 21042
Phone: 240-547-4321 Email: mechristensen@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Mary Christensen Contact Name: Mary Christensen
Street Address: 12881 Folly Quarter Rd
City: Ellicott City State: MD Zip Code: 21042
Phone: (240) 547-4321 Email: mechristensen@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Not being built onsite, it is a prefabricated shed to be delivered and placed in the site.
Licensee's Name: N/A License #: N/A
Street Address: N/A
City: State: Zip Code:
Phone: Email:

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: 12 1st Fl Depth: 20 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:
Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: 240 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.

APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED 7/2/2020

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

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health SHA CID
SUBMITTAL FEES: 55.00 PAYMENT: 462 ACCEPTED BY: Dmpbox

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 8/11/2020

To: HEALTH DEPT ~~DELP~~
(Reviewer/Requestor's Name) (Division)

From: Mary Christensen
(Your Name, Company Name) (Phone Number)

Subject: Project name Proposed Pre-fabricated Shed
Project site address 12881 Folly Quarter Road, Ellicott City, MD 21042
Permit # B20002207 SDP # _____
Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes *Adding well & septic system to original site plan.
- Energy conservation calculations
- Copies of PLOT PLAN (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model Name/ # _____
- Other _____

Contact Person Information: (Required)

Mary Christensen
Please Print Name

Telephone No: 240-547-4321

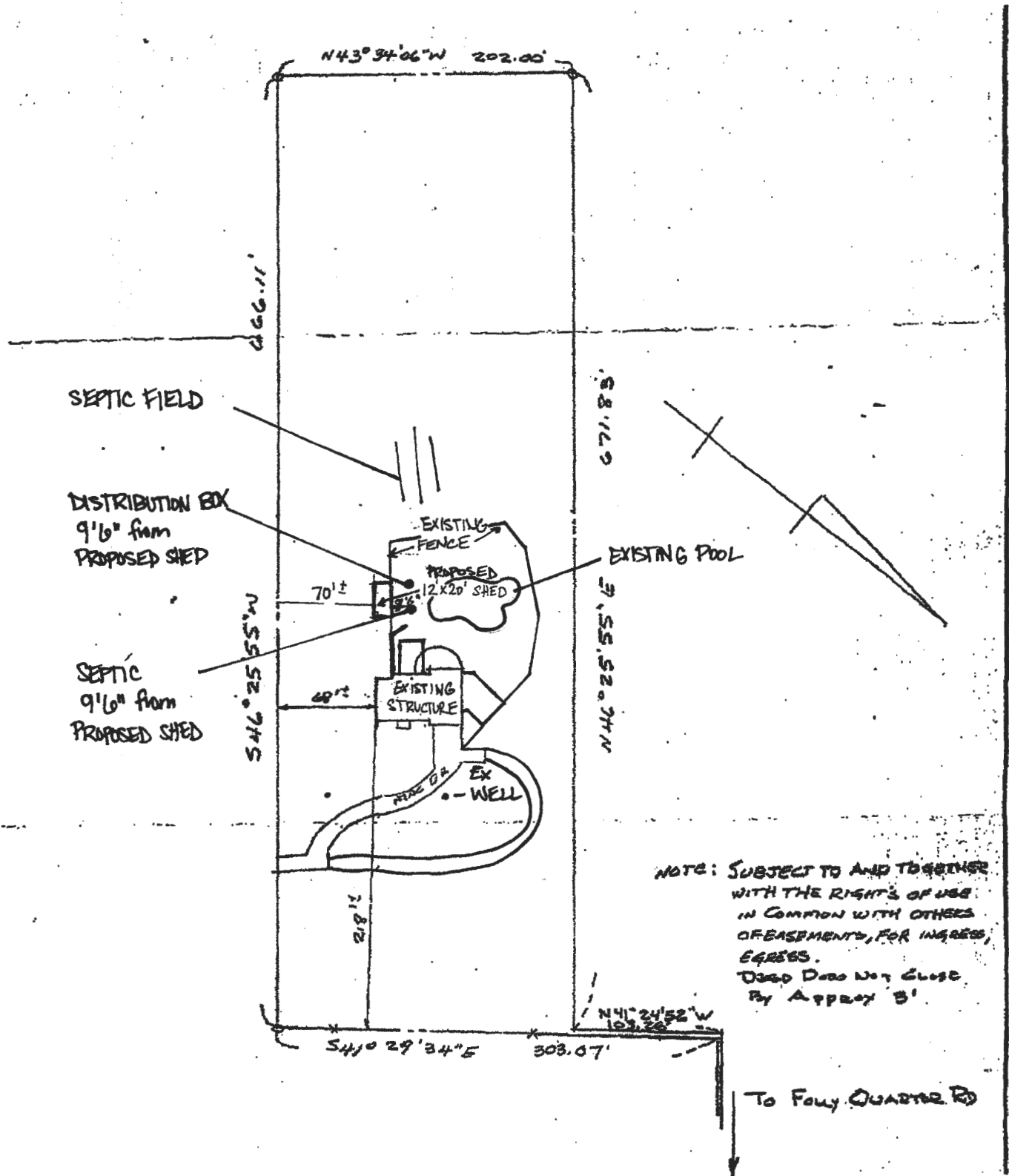
E-Mail Address: mechristensen@gmail.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING MYHOWARD.INFO. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by MAIL

RECEIVED

AUG 17 2020



MARY CHRISTENSEN
 12881 FOLLY QUARTER RD
 ELLICOTT CITY, MD 21042

REVISED
 Date: 8/17/2020
 Comments: B20-2207

WELL + SEPTIC
 SHOWN

Approved TRM
 8/20/2020