

PERMIT NUMBER: B 20004434

DATE ACCEPTED:

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: 14612 MUSTANG PATH		Unit:
City: GLENWOOD	State: MD	Zip Code: 21738
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: SINGLE FAMILY DWELLING	Proposed Use: SAME	Estimated Cost: \$ 50,000
Trade Work to Be Completed (Separate Permits Required):		
<input type="checkbox"/> Mechanical (HVACR)	<input checked="" type="checkbox"/> Electrical	<input checked="" type="checkbox"/> Plumbing
<input type="checkbox"/> None		
90 SF ADDITION 8' X 11'-2 1/2" ENLARGE EXIST KITCHEN		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): KYLE SWISHER	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 14612 MUSTANG PATH	
City: GLENWOOD	State: MD
Phone: 443 928-3080 CELL	Email: kswisher@me.com
Zip Code: 21738	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: T.W. BOYS CO. INC	Contact Name: HARRY PIRZUNG
Street Address: 14777 ADDISON WAY	
City: WOODBINE	State: MD
Phone: 410 489-6570	Email: hgp@twboys.com
Zip Code: 21297	

CONTRACTOR INFORMATION REQUIRED

Business Name: T.W. BOYS CO. INC.	License #: MHC LIC 127672
Licensee's Name: HARRY PIRZUNG	
Street Address: 14777 ADDISON WAY	
City: WOODBINE	State: MD
Phone: 410 489-6570	Email: hgp@twboys.com
Zip Code: 21297	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth:	Bsmt Width:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area:	sq ft	Occupiable Area:
sq ft				

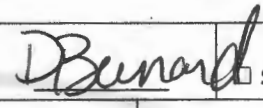
AGREEMENT/ DISCALIMER REQUIRED

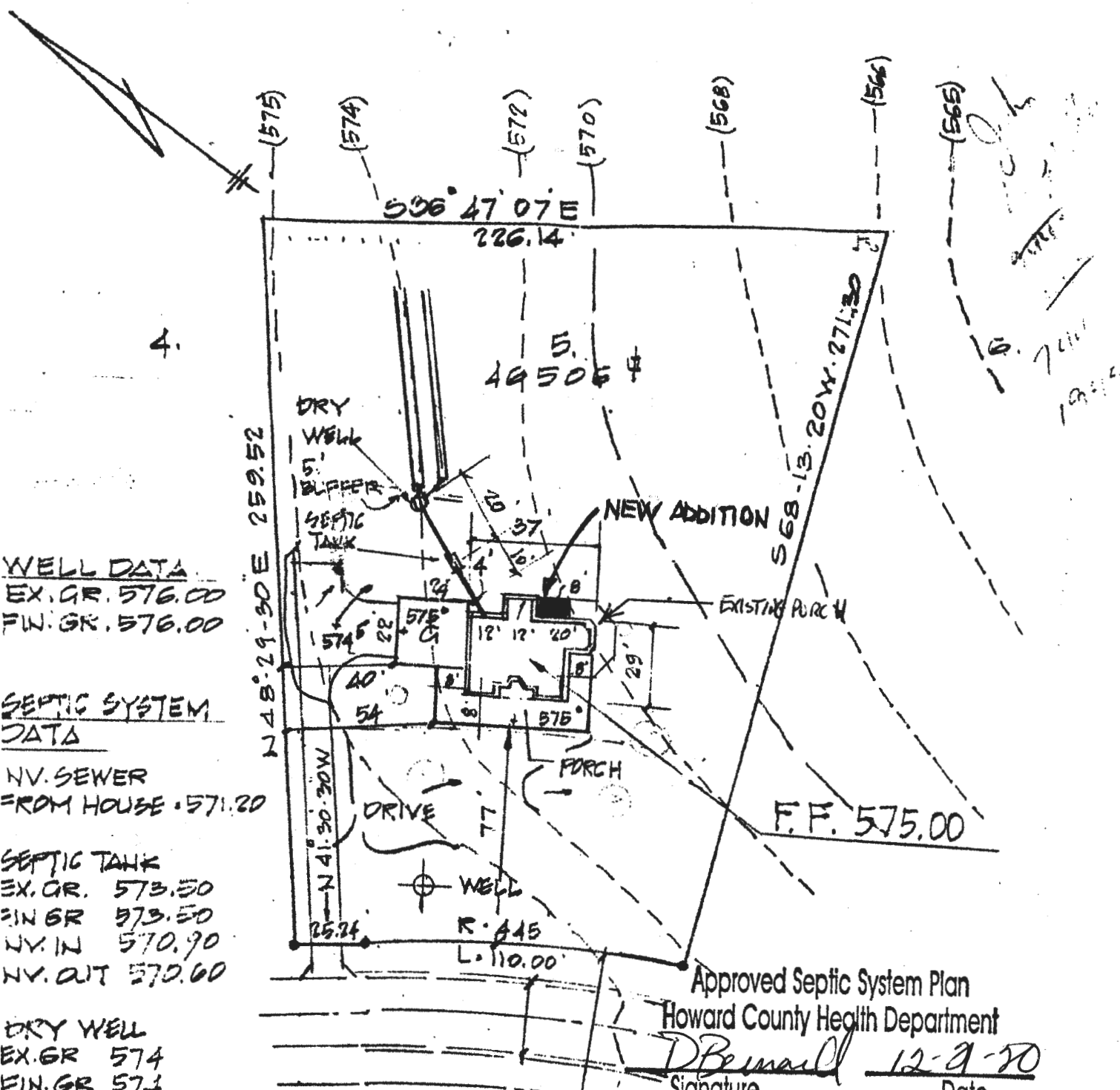
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

APPLICANT'S ORIGINAL SIGNATURE:  DATE SIGNED: 12/09/20

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 	<input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:



WELL DATA
 EX. GR. 576.00
 FIN. GR. 576.00

SEPTIC SYSTEM
 DATA

NV. SEWER
 FROM HOUSE 571.20

SEPTIC TANK
 EX. GR. 573.50
 FIN. GR. 573.50
 NV. IN 570.90
 NV. OUT 570.60

DRY WELL
 EX. GR. 574
 FIN. GR. 574
 INV. 570.20
 TRENCH INV. @ 4'
 EX. GR. 574.
 INV. 570

2 TRENCHES - 70' EA.
 10' APART - INV @ 4'

Approved Septic System Plan
 Howard County Health Department
 DBernall 12-2-70
 Signature Date

MUSTANG PATH

B20004434
 PLOT PLAN

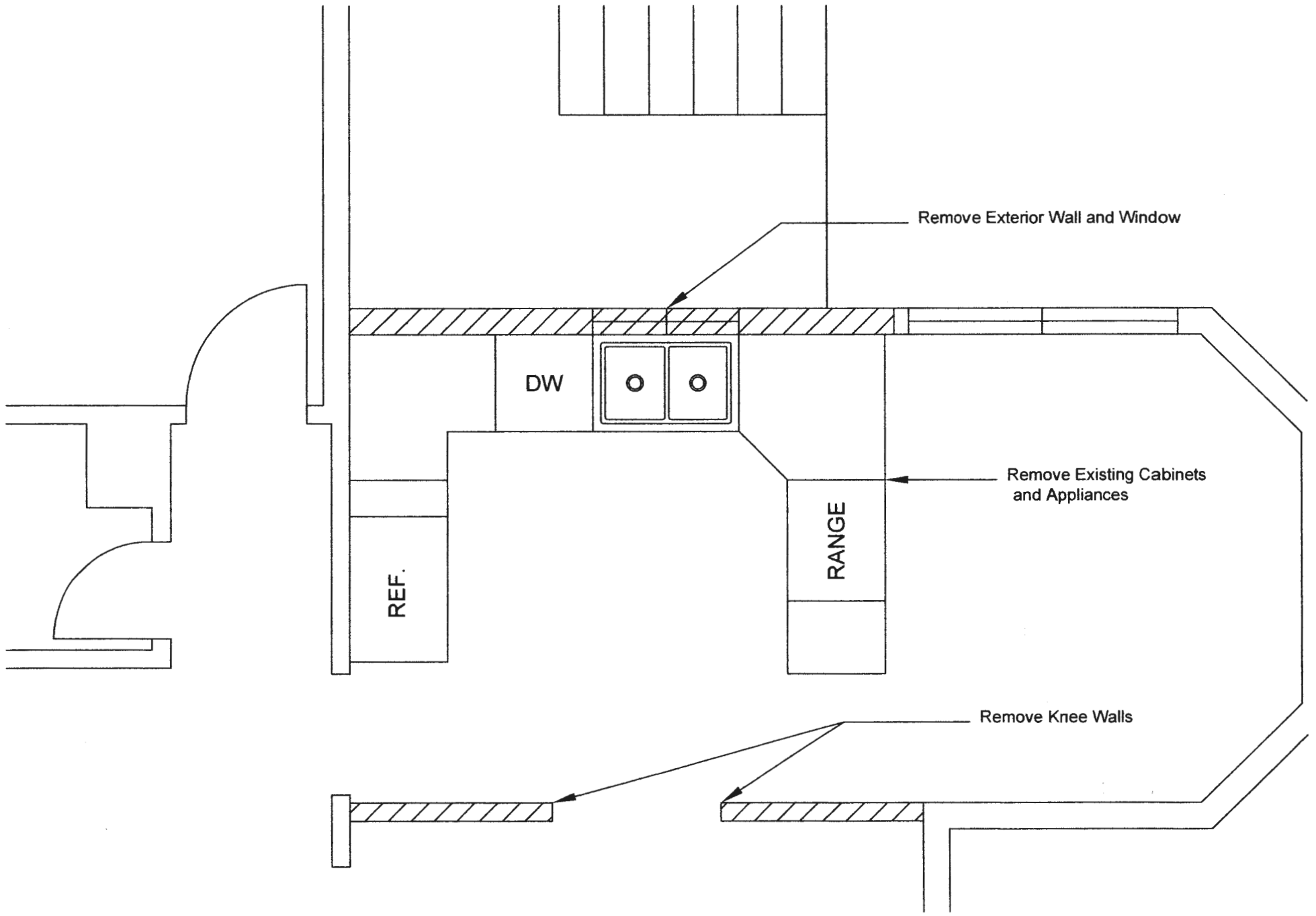
LOT 5

14612 MUSTANG PATH

GLENWOOD ESTATES
 SECT. 1

E.D.# HO.CO.MD
 SCALE: 1" = 50' MAR. 26, 1984

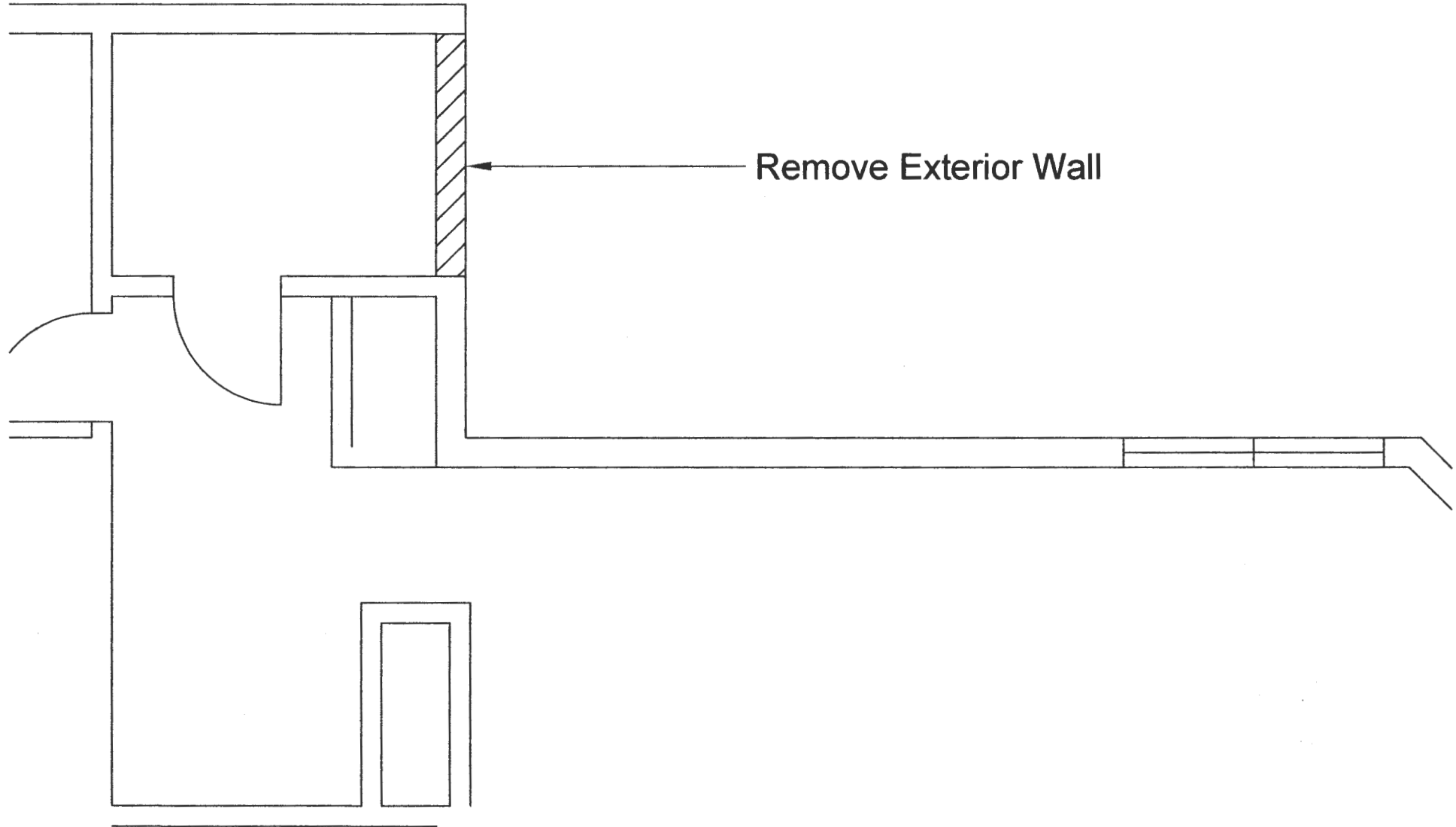
PLAT 3496



T.W. BOYS CO., INC.
 14777 ADDISON WAY
 WOODBINE MD 21776

Swisher Addition

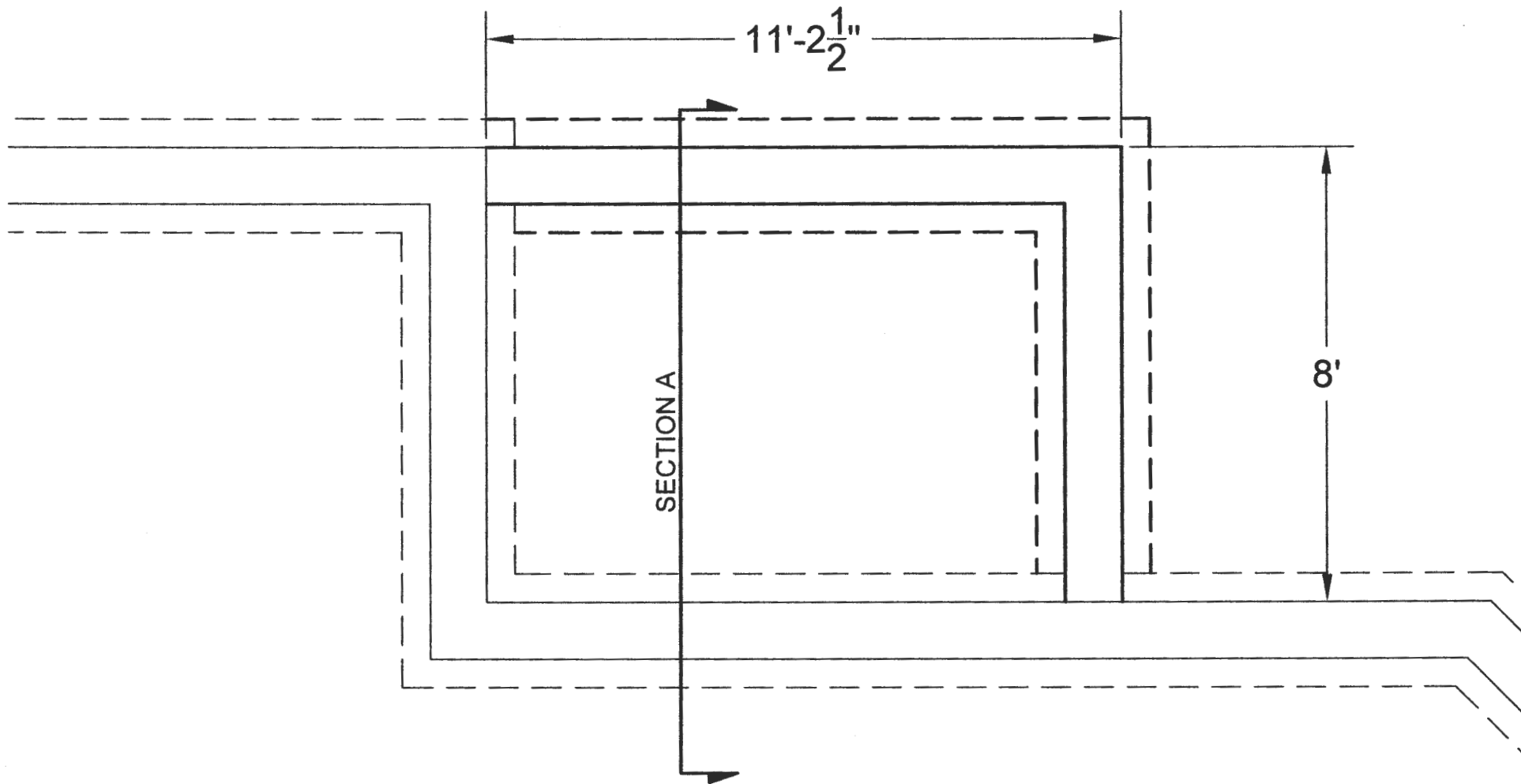
First Floor Demolition Plan
 SCALE 3/8"=1'



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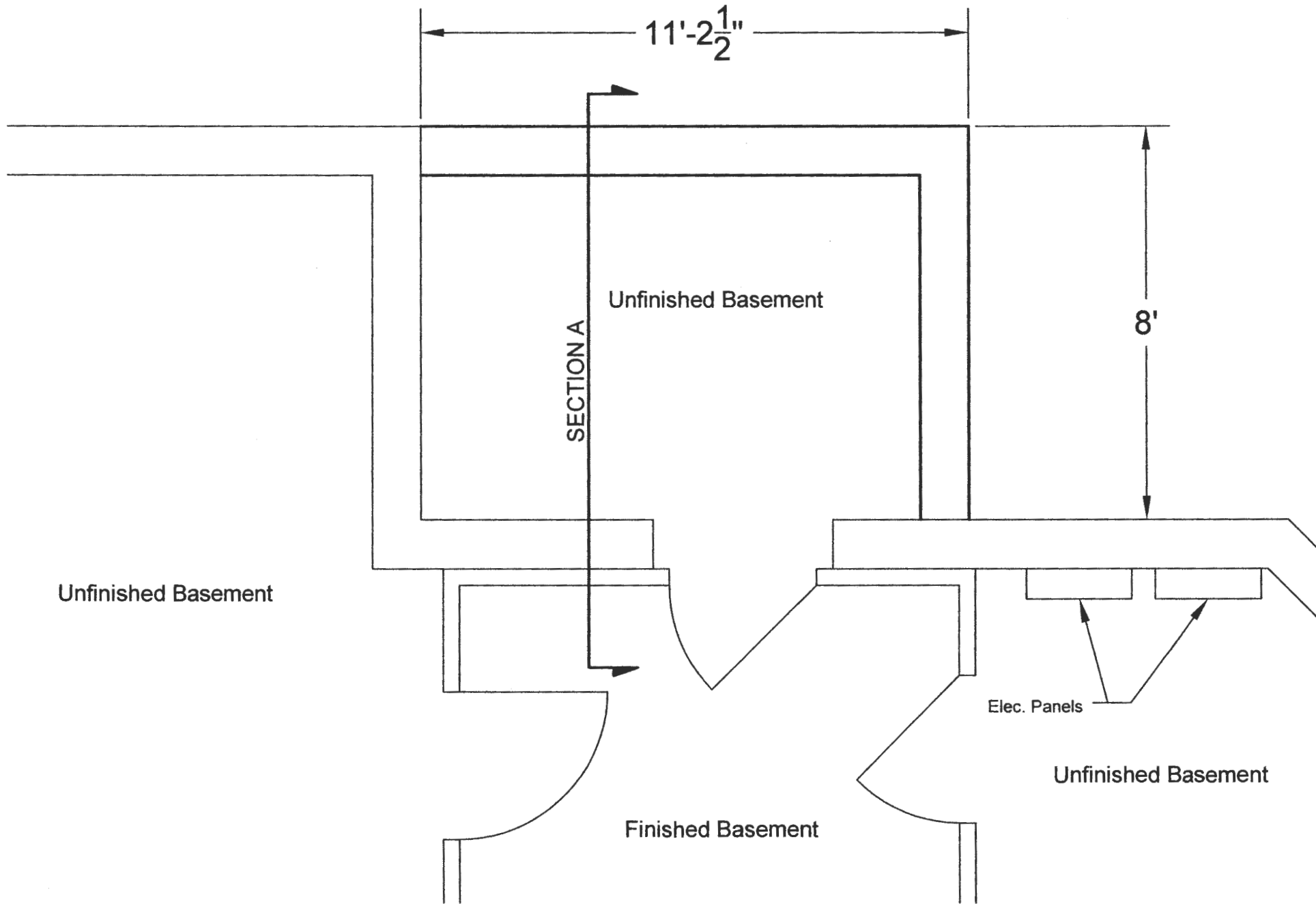
Second Floor Demo Plan
SCALE 3/8"=1'



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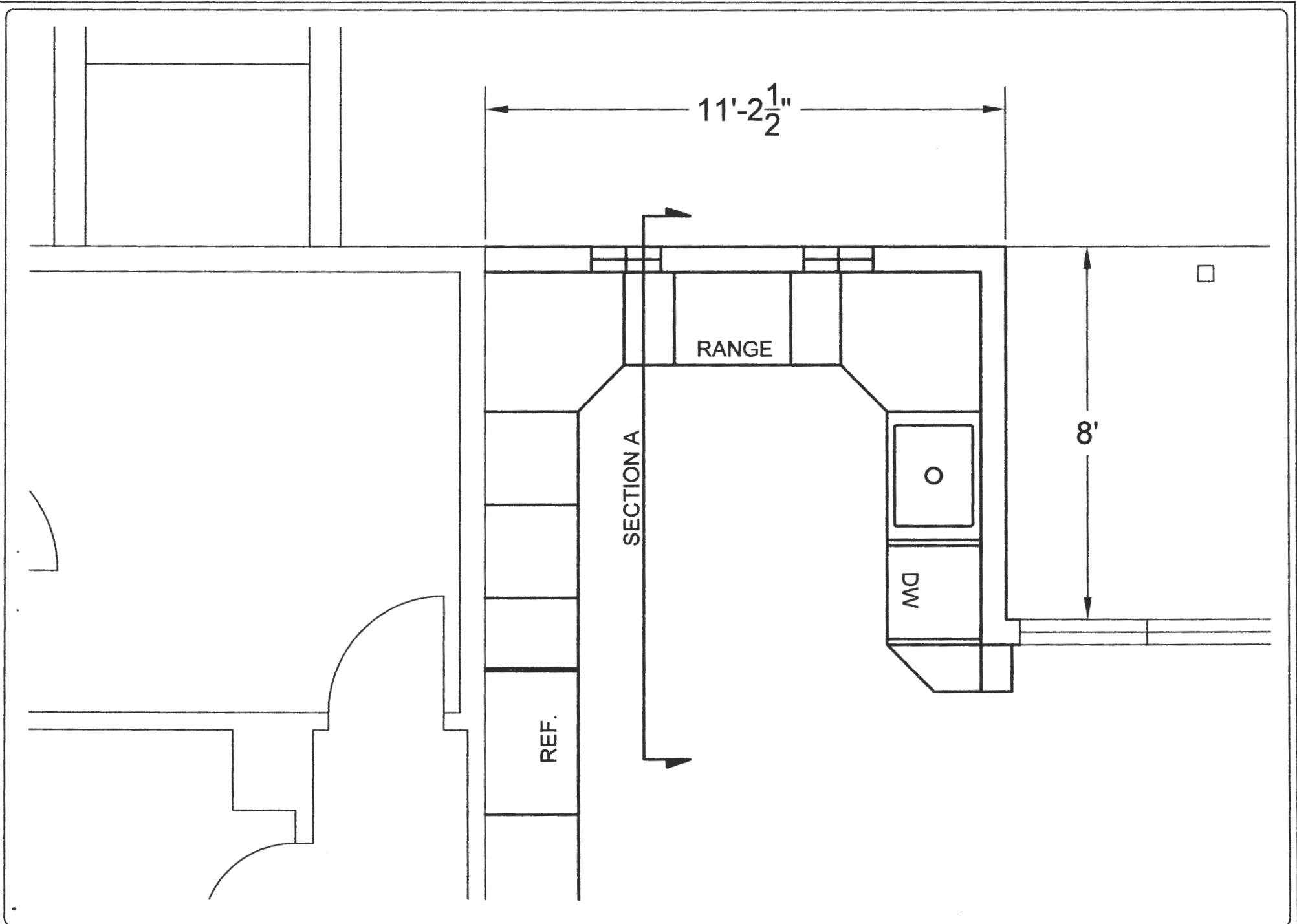
Foundation Plan
 SCALE 3/8"=1'



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Swisher Addition

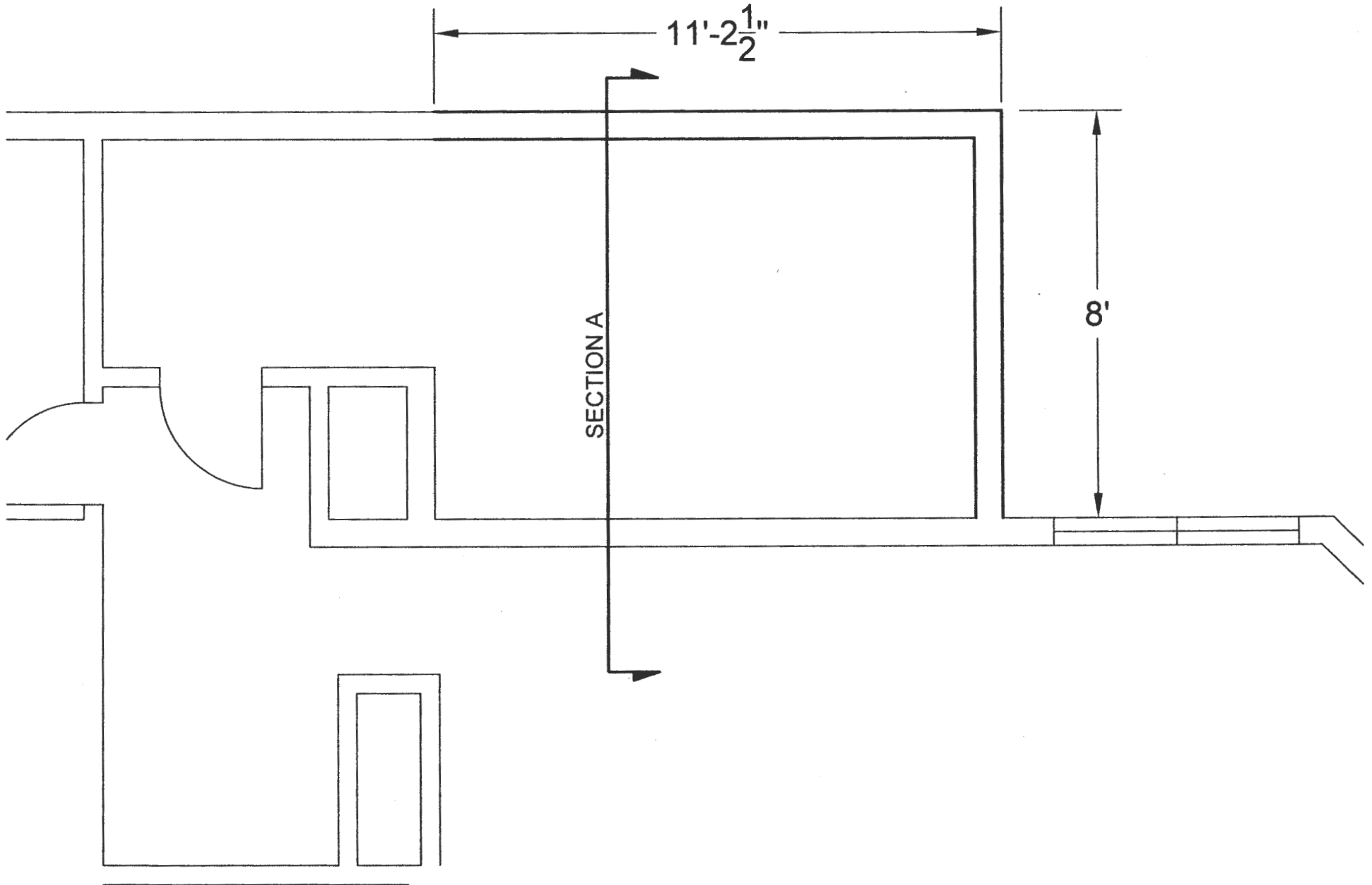
Basement Floor Plan
 SCALE 3/8"=1'



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Swisher Addition

First Floor Plan
 SCALE 3/8"=1'



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Swisher Addition

Second Floor Plan

SCALE

3/8"=1'



T.W. BOYS CO., INC.
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Swisher Addition

Rear Elevation
SCALE 1/4"=1'

Swisher Addition

T.W. BOYS CO., INC.

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WOODBINE MD 21776

