

PERMIT NUMBER: B 20001950

DATE ACCEPTED:

Karen Rowley

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: 12053 Open Run Rd. Unit:
City: Ellicott City State: MD Zip Code: 21042
Subdivision/Village/Complex Name: Riverwood SDP/WP/BA #:
Lot: 00 Tax Map: 29 Parcel: 20 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: SFD Proposed Use: SFD Estimated Cost: \$ 59,000
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
Building 20x36 Inground pool w/ surrounding concrete deck
3 1/2'-6' deep, 600 SF, 19,000 gallons
LOD = 3000 SF

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Philip Bevin Primary Residence: Yes No
Owner's Street Address: 12053 Open Run Rd.
City: Ellicott City State: MD Zip Code: 21042
Phone: 443-415-2802 Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: KH+K Permits Service Contact Name: Karen Rowley
Street Address: 293 Southland Ct
City: Pookirk State: MD Zip Code: 20754
Phone: 410 507 7705 Email: khkpermits@seya.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Stevensons Pools
Licensee's Name: Doug Stevens License #: 23797
Street Address: 1925 Norfolk Dr.
City: Owings State: MD Zip Code: 20736
Phone: 410 650 6840 Email: iromano@stevensonspools.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 6-19-20
APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

PR DPZ DED SHA CID

SUBMITTAL FEES: \$275.00 PAYMENT: CK# 1929 ACCEPTED BY: DROPBOX

RECEIVED

JUN 19 2020

LICENSES & PERMITS DIVISION

