

PERMIT NUMBER: B

2100374

DATE ACCEPTED: DILP 2021 SEP 28 PM 1:37

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: 1000 ROUTE 97 | | Unit: |
| City: COOKSVILLE | State: MD | Zip Code: 21723 |
| Subdivision/Village/Complex Name: PROPERTY OF JASON T PETT & JENNIFER K PETT SDP/WP/BA #: | | |
| Lot: PAR 1 | Tax Map: 8 | Parcel: 401 Grading Permit #: |

DESCRIPTION OF WORK REQUIRED

| | | |
|--|----------------------------------|------------------------------------|
| Existing Use: RESIDENTIAL | Proposed Use: RESIDENTIAL | Estimated Cost: \$30,000.00 |
| Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None | | |
| CONSTRUCT 50'X20' INGROUND POOL W/ FENCE AND GATES TO CODE, 2317 SQ FT PATIO AND WALKS | | |
| <i>CONCRETE (3'-6" DEPTH)</i> | | |

PROPERTY OWNER INFORMATION REQUIRED

| | |
|--|--|
| Owner(s) Name(s) (As it appears on tax records): JASON PETT | Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Owner's Street Address: 1000 HOODS MILL RD | |
| City: COOKSVILLE | State: MD Zip Code: 21723 |
| Phone: (410) 980-9868 | Email: DIANE.JAMESPERMITS@GMAIL.COM |

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

| | |
|---|--|
| Business Name: SCHWALLENBERG'S PERMIT SVCS INC | Contact Name: JAMES SCHWALLENBERG |
| Street Address: 1601 BISHOP RD | |
| City: EDGEWATER | State: MD Zip Code: 21037 |
| Phone: (410) 980-9868 | Email: DIANE.JAMESPERMITS@GMAIL.COM |

CONTRACTOR INFORMATION REQUIRED

| | |
|---|---|
| Business Name: SUNSET POOL CONTRACTORS | |
| Licensee's Name: ALAN ENG | License #: 65155 |
| Street Address: PO BOX 4706 | |
| City: CROFTON | State: MD Zip Code: 21114 |
| Phone: (410) 353-1432 | Email: AENG@SUNSETGROUPMD.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: <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 checked="" type="checkbox"/> No |
| Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well) |
| Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input 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: Bsmt Depth: |
| Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI | | Gross Area: 1,000 sq ft Occupiable Area: 0 s | | |

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 CO 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 DESCRIBE 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

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|--------------------------------|-----------------------------|
| APPLICANT'S ORIGINAL SIGNATURE | DATE SIGNED: 9/28/21 |
|--------------------------------|-----------------------------|

FOR OFFICE USE ONLY

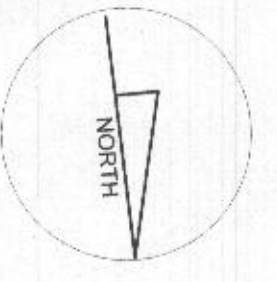
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|--|---|---|--|---|
| CHECKS PAYABLE TO: DIRECTOR OF FINANCE, OF HOWARD COUNTY | | | | |
| AGENCIES REQUIRED/APPROVALS: | | | | |
| <input checked="" type="checkbox"/> PR | <input checked="" type="checkbox"/> DPZ | <input checked="" type="checkbox"/> DED | <input checked="" type="checkbox"/> Health 10/15/2021 | <input type="checkbox"/> SHA <input type="checkbox"/> CID |
| SUBMITTAL FEES: \$ 275.00 | PAYMENT: CK# 21948* | | ACCEPTED BY: AKH | |

CK IS FOR \$250 ONLY - WILL PAY TECH FEE ONLINE

B21003711

Environmental Health
OCT 01 2021
H&E Health Depart

SUNSET POOL CONTRACTORS
PO BOX 4706
CROFTON, MD 21114
MHIC NO 65155
PETT RESIDENCE
1000 MD-97
COCKEVILLE, MD 21723
SCALE 1"=60'0"



Approved B21003711
R/E 10/15/2021

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Health
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