

PERMIT NUMBER: B

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](http://www.howardcountymd.gov)

**BUILDING SITE ADDRESS** *REQUIRED*

Street Address: **11762 Chapel Estates Drive** Unit: \_\_\_\_\_  
 City: **Clarksville** State: **MD** Zip Code: **21029**  
 Subdivision/Village/Complex Name: **Chapel Woods** SDP/WP/BA #: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grading Permit #: \_\_\_\_\_

**DESCRIPTION OF WORK** *REQUIRED*

Existing Use: **SFD** Proposed Use: **16' x 18' Pergola** Estimated Cost: \$ **15,000.00**  
 Trade Work to Be Completed (Separate Permits Required):  
 Mechanical (HVACR)  Electrical  Plumbing  None  
*16' x 18' Pergola*

**PROPERTY OWNER INFORMATION** *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): **Donald Easley** Primary Residence:  Yes  No  
 Owner's Street Address: **11762 Chapel Estates Drive**  
 City: **Clarksville** State: **MD** Zip Code: **21029**  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**APPLICANT NAME** *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: **Outdoor Architects** Contact Name: **Mark Storch**  
 Street Address: **5913 Sandy Ridge**  
 City: **Elkridge** State: **MD** Zip Code: **21075**  
 Phone: **410 245 7417** Email: **MarkStorch117@Gmail.com**

**CONTRACTOR INFORMATION** *REQUIRED*

Business Name: **Outdoor Architects**  
 Licensee's Name: **Mark Storch** License #: **79271**  
 Street Address: **5913 Sandy Ridge**  
 City: **Elkridge** State: **MD** Zip Code: **21075**  
 Phone: **410 245 7417** Email: **MarkStorch117@Gmail.com**

**ARCHITECT/ENGINEER INFORMATION** *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name: **NA** 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): **5** # 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  
 1<sup>st</sup> Fl Width: \_\_\_\_\_ 1<sup>st</sup> Fl Depth: \_\_\_\_\_ 2<sup>nd</sup> Fl Width: \_\_\_\_\_ 2<sup>nd</sup> Fl Depth: \_\_\_\_\_ Bsmt Width: \_\_\_\_\_ Bsmt Depth: \_\_\_\_\_  
 Energy Method:  Prescriptive  Performance  UA Alternative  ERI Gross Area: \_\_\_\_\_ sq ft Occupiable Area: \_\_\_\_\_ sq ft

**AGREEMENT/DISCLAIMER** *REQUIRED*

THE UNDERSIGNED HERE BY 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.

*Mark Storch* \_\_\_\_\_ **9/18/2021**  
 APPL \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

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

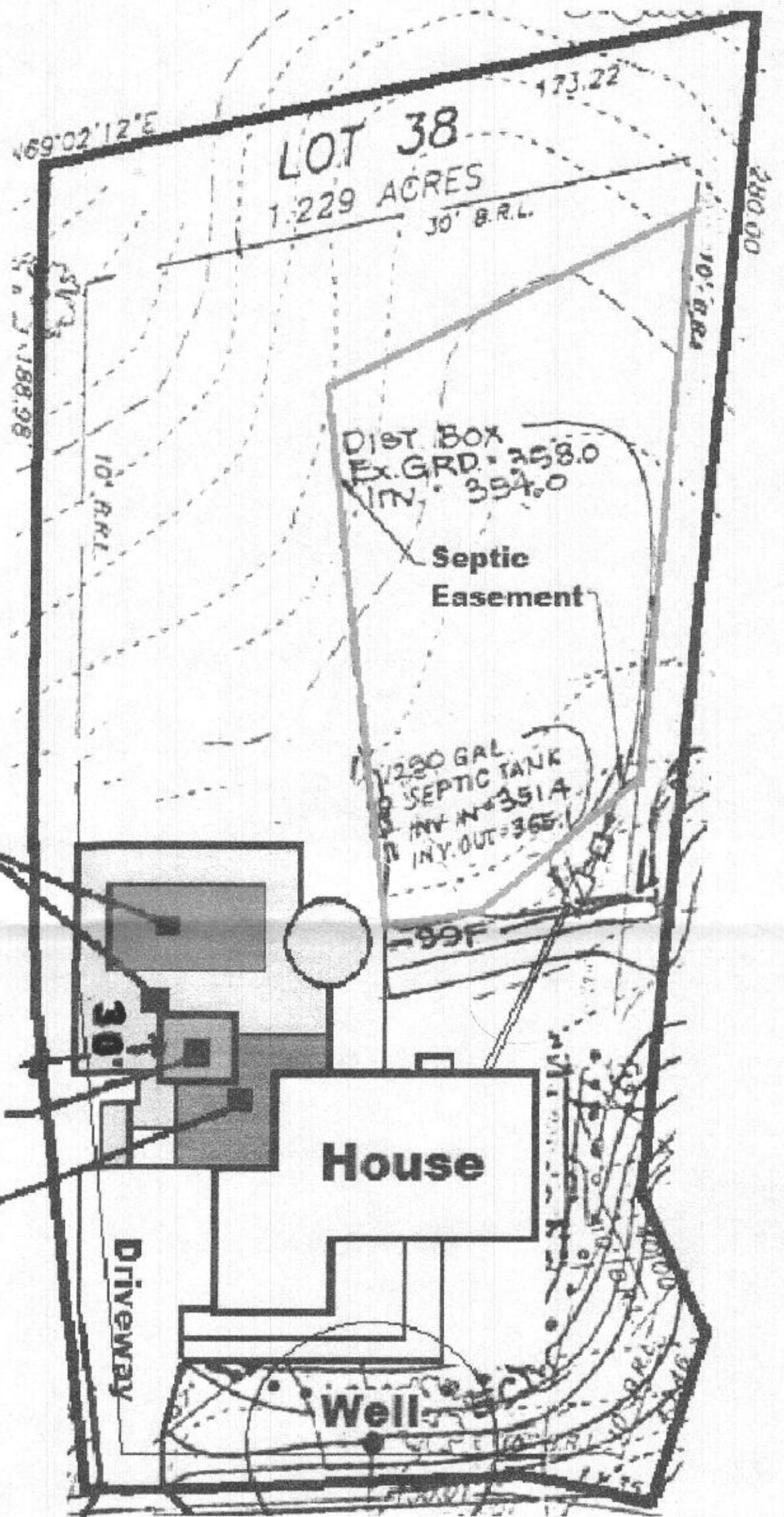
AGENCIES REQUIRED/APPROVALS:  
 PR \_\_\_\_\_  DPZ \_\_\_\_\_  DED \_\_\_\_\_  Health *RIZ*  SHA  CID

SUBMITTAL FEES: \_\_\_\_\_ PAYMENT: \_\_\_\_\_ ACCEPTED BY: \_\_\_\_\_

# Easley

11762 Chapel Estates Dr  
Clarksville, MD 21029

Scale: 1" = 30'



Existing pool  
& Patio

Proposed Pergola  
16' x 18'

Existing Deck

APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

APP. SAN Robert Freeman DATE: 9/25/2001

DESC. OF WORK: 16x18' Pergola