

PERMIT NUMBER: B 21003365

DATE ACCEPTED: DILP 2021 SEP 8 AM 11:01



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: 3714 BOLD RULER CT		Unit:
City: GLENELG	State: MD	Zip Code: 21737
Subdivision/Village/Complex Name: JACKSON PROP INCL RSB		SDP/WP/BA #:
Lot: 2	Tax Map: 22	Parcel: 530
Grading Permit #:		

DESCRIPTION OF WORK *REQUIRED*

Existing Use: RESIDENTIAL SFD	Proposed Use: RESIDENTIAL SFD	Estimated Cost: \$ 30,000.00
Trade Work to Be Completed (<i>Separate Permits Required</i>): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
CONSTRUCT 33'X23' (IRREG) INGROUND CONCRETE SWIMMING POOL (650 SQ FT, 3'-6" DEPTH) WITH FENCE AND GATES TO CODE, PAVER PATIO (805 SQ FT), AND GARDEN WALL (40" MAX HT)		

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (<i>As it appears on tax records</i>): ANTHONY MILLER	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 3714 BOLD RULER CT	
City: GLENELG	State: MD
Phone: (410) 980-9868	Email: DIANE.JAMESPERMITS@GMAIL.COM
Zip Code: 21737	

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
Phone: (410) 980-9868	Email: DIANE.JAMESPERMITS@GMAIL.COM
Zip Code: 21037	

CONTRACTOR INFORMATION *REQUIRED*

Business Name: SUNSET POOL CONTRACTORS	
Licensee's Name: ALAN ENG	License #: 65155
Street Address: PO BOX 4760	
City: CROFTON	State: MD
Phone: (240) 601-6037	Email: AENG@SUNSETGROUPMD.COM
Zip Code: 21114	

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 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)
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 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 type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input 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				
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd 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: 650 sq ft	Occupiable Area: 0 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 **9/3/21**

FOR OFFICE USE ONLY

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 9/14/21	<input type="checkbox"/> SHA
SUBMITTAL FEES: \$ 275.00		PAYMENT: * WILL PAY ONLINE		ACCEPTED BY: AKH

