

BUILDING SITE ADDRESS REQUIRED

Street Address: 11340 Cotswold Spring Farm Ln, Ellicott City, MD 21042 Unit:
 City: Ellicott City State: MD Zip Code: 21042
 Subdivision/Village/Complex Name: Brentwood SDP/WP/BA #:
 Lot: 27 Tax Map: Parcel: 0441 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Backyard Space Proposed Use: Pleasure + Enjoyment Estimated Cost: \$15000
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
 Deck Height: 10 Feet No staircase
 Dimension: 33' x 24' "1" shape Main Materials: Treated Wood, PVC and Trex decking board
 Total Area: 576 sqft

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): MING & EN-JIA YU Primary Residence: Yes No
 Owner's Street Address: 11340 Cotswold Spring Farm Ln, Ellicott City MD 21042
 City: State: Zip Code:
 Phone: 443-324-2226 Email: YUS3017@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: MING & EN-JIA YU Contact Name: MING & EN-JIA YU
 Street Address: 11340 Cotswold Spring Farm Lane
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 443-324-2226 Email: YUS3017@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Self-built
 Licensee's Name: License #: RECEIVED
 Street Address: JUL 20 2020
 City: State: Zip Code:
 Phone: Email: LICENSES & PERMITS DIVISION

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: N/A 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.

APPLICANT'S ORIGINAL SIGNATURE: [Signature] DATE SIGNED: 7/14/2020

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

PR: DPZ: DED: Health [Signature] SHA: CID:

SUBMITTAL FEES: \$ 5200 PAYMENT: [Signature] CLK# 3661 ACCEPTED BY: [Signature]

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 08/16/2020

To: Robert "Spencer" Freemon Bureau of Environmental Health
(Reviewer/Requestor's Name) (Division)

From: Ming Yu (443) 324-2226
(Your Name, Company Name) (Phone Number)

Subject: Project name Deck
 Project site address [REDACTED] Farm Ln, Ellicott City, MD 21042
 Permit # B20002376 SDP # _____
 Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of Site Plan with well system *and septic location*
(be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model Name/ # _____
- Other _____

Contact Person Information: (Required)

Ming Yu Telephone No: (443) 324-2226
 Please Print Name E-Mail Address: yus3017@gmail.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING MYHOWARD.INFO. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by DROPSBOX

White-Plan Review / Yellow-Applicant / Pink-Permit Division
 T:\Operations\Updated forms\HoCoTransmittalForm04.2020

RECEIVED

AUG 17 2020

LICENSES & PERMITS
 DIVISION

EX DRIVEWAY TO BE REMOVED BY DEVELOPER OF BRANTWOOD 3/1 (FOI-73) NOT PART OF THIS SUBMISSION

REDUCED BACKFILL WITH OPTIONAL CONSERVATORY

Total linear ft req

Ex. Height of trench

Depth of trench

Depth of stone & distribution

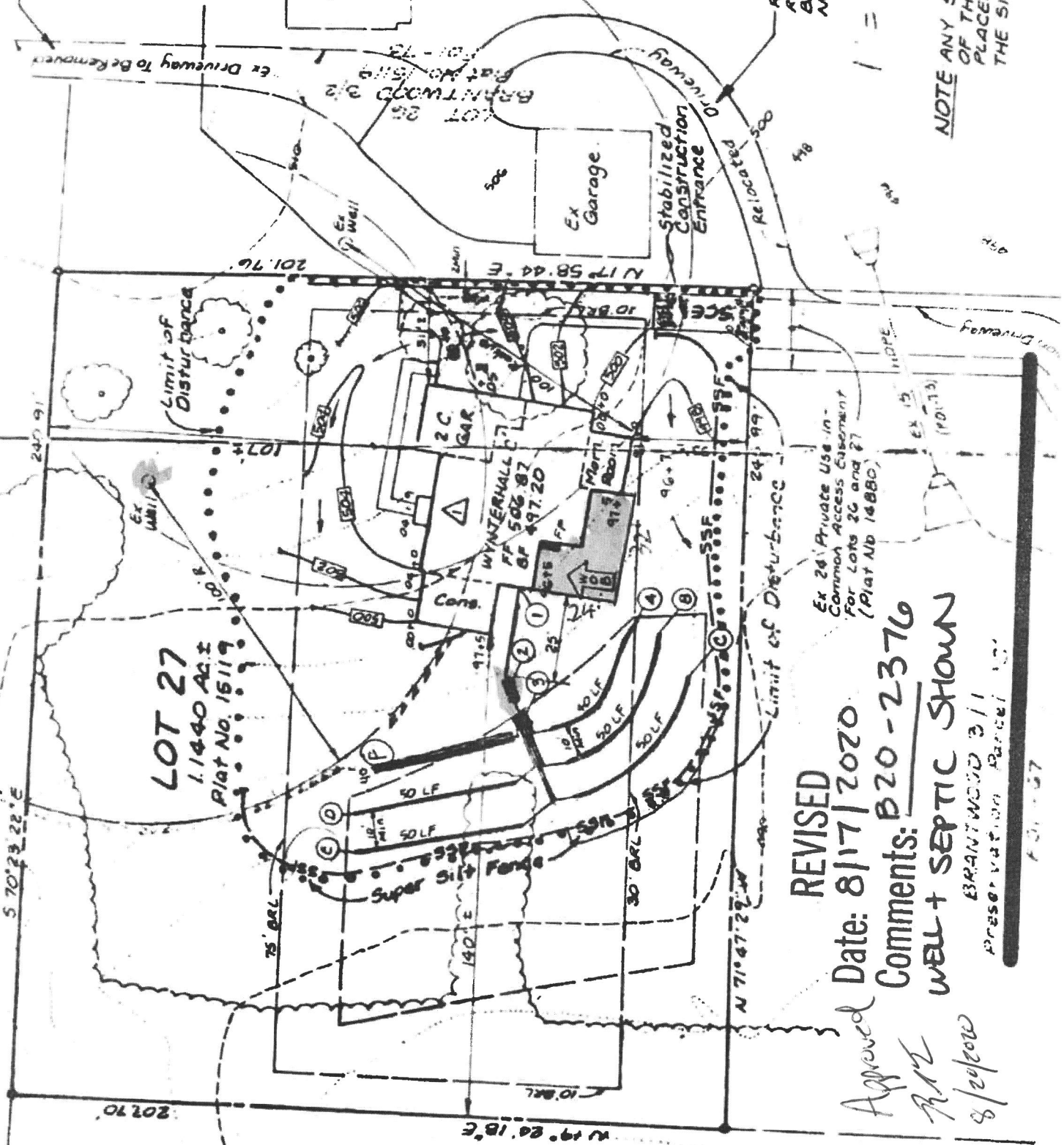
Approved Sept Howard County

[Signature]
Signature

RELOCATED DRIVEWAY REMOVED BY DEVELOPER OF BRANTWOOD 3/1 (FOI-73) NOT PART OF THIS SUBMISSION

1" = 40'

NOTE ANY SPOIL FROM THE SEPTIC SYSTEM PLACED ON THE UPHILL OF THE SILT FENCE



LOT 27
1.1440 AC ±
Plat No. 15117

REVISED

Approved Date: 8/17/2020

Comments: B20-2376

well + SEPTIC SHOWN

BRANTWOOD 3/1
PRESERVATION DISTRICT

Ex 24 Private Use in Common Access Easement For Lots 26 and 27 (Plat No 14880)

Approved
8/20/2020

FOI-73