

PERMIT NUMBER: B

20002598

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

BUILDING SITE ADDRESS REQUIRED

Street Address: 15055 Bushy Park Rd. City: Woodbine State: MD Zip Code: 21797

DESCRIPTION OF WORK REQUIRED

Existing Use: Deck Proposed Use: Deck Estimated Cost: \$23,400.00 BUILD 24'x16' DECK w/ STAIRS TO LANDING AND STAIRS FROM LANDING TO GRADE. COMPOSITE DECKING & VINYL RAIL. SFD

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Anil E. Deane Therese M. Deane Primary Residence: Yes City: Woodbine State: Md Zip Code: 21797

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Sunscape Deck Builders LLC Contact Name: Tony Rubenstein Street Address: 6514 Church St. City: Sykesville State: Md Zip Code: 21784

CONTRACTOR INFORMATION REQUIRED

Business Name: Sunscape Deck Builders LLC Licensee's Name: Anthony Rubenstein License #: 43544 Street Address: 6514 Church St. City: Sykesville State: Md Zip Code: 21784

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)

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: Basement/Foundation Info: 1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth: Energy Method: 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 DATE SIGNED 7/27/20

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health SHA CID SUBMITTAL FEES: PAYMENT: ACCEPTED BY:

