

PERMIT NUMBER: B 20004015

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: 773 CHESSIE CROSSING WAY Unit: _____
 City: WOODBINE State: MD Zip Code: 21797
 Subdivision/Village/Complex Name: CHESSIE CROSSING SDP/WP/BA #: _____
 Lot: 13 Tax Map: 3 Parcel: 4 Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: _____ Proposed Use: _____ Estimated Cost: \$ 50,000 -
 Trade Work to Be Completed (Separate Permits Required):
 Mechanical (HVACR) Electrical Plumbing None
RENOVATION OF KITCHEN SIZE TO REMAIN THE SAME
RENOVATION OF BATHROOM ADD APPROX. 60 SF TO EXISTING BATH
205 B DEP D.M.C.P.R

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): MICHAEL & JADE BLEVINS Primary Residence: Yes No
 Owner's Street Address: 773 CHESSIE CROSSING WAY
 City: WOODBINE State: MD Zip Code: 21797
 Phone: _____ Email: _____

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: COMMUNITY MAINTENANCE Contact Name: BEN NORTHINGTON
 Street Address: 9689 GERWIG LANE UNIT "H"
 City: COLUMBIA State: MD Zip Code: 21046
 Phone: 301-792-9175 Email: BNORTHINGTON@CMSREPAIR.COM

CONTRACTOR INFORMATION REQUIRED

Business Name: COMMUNITY MAINTENANCE
 Licensee's Name: _____ License #: _____
 Street Address: 9689 GERWIG LANE "H"
 City: COLUMBIA State: MD Zip Code: 21046
 Phone: 301-792-9175 Email: BNORTHINGTON@CMSREPAIR.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: 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): 6 # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: _____ # Full Baths: 4 # Half Baths: 1 # 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.

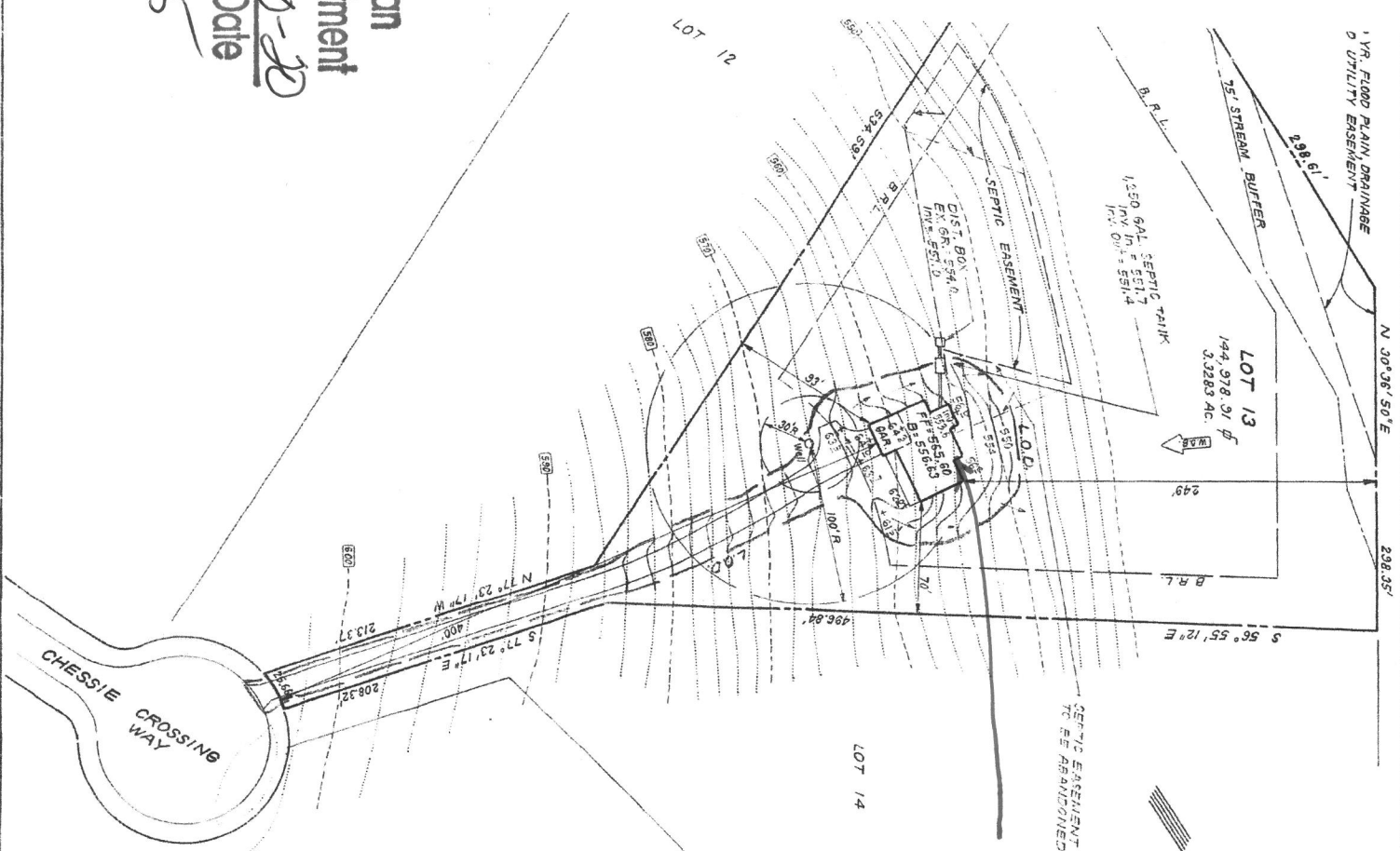
Ben Northington APPLICANT'S ORIGINAL SIGNATURE 10/30/2020 DATE SIGNED

FOR OFFICE USE ONLY

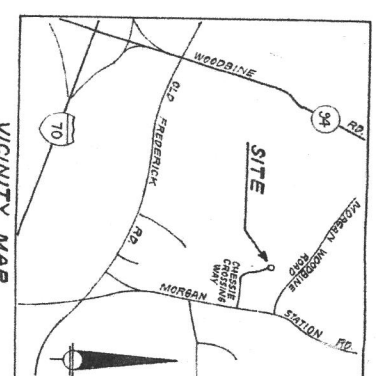
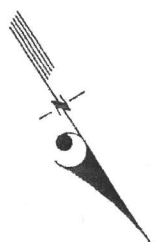
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health Benard SHA CID
 SUBMITTAL FEES: _____ PAYMENT: B 13520 ACCEPTED BY: KCP BOX
CKA 3625

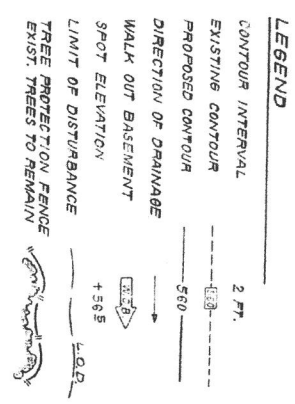
Approved Septic System Plan
 Howard County Health Department
Sana Bernard
 Signature
 11-30-20
 Date
 B20004015



NEW 22" X 51"
 WINDOWS



- GENERAL NOTES**
1. Existing Topography was taken from plans by others.
 2. Reference: Plat Number 10459
 3. Length of Trenches to be determined at time of Permit issuance.
 4. Total Area Disturbed = 20,425 sq ft



		CLARK • FINEBROCK & SACKETT, INC. ENGINEERS • PLANNERS • SURVEYORS		
DESIGNED	JME	SITE DEVELOPMENT PLAN LOT 13 SECTION 1 CHESSIE CROSSING TAX MAP 3 PARCEL 4 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND	SCALE	1" = 50'
DRAWN	CCM		DRAWING	1 OF 1
CHECKED			JOB NO.	98-116
DATE	July, 1998	FOR: CARLEIGH HOMES	FILE NO.	98-116 X
		9855 Diversified Lane Ellicott City, Md. 21042		

EXISTING & NEW BASEMENT
FLOOR PLAN
SCALE 1/4" = 1'-0"

773 CHESSIE CROSSING WAY
WOODBRINE, MD 21797

