

AUG 31 2020

PERMIT NUMBER: B 20002970

DATE ACCEPTED:

LICENSES & PERMITS DIVISION

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: 12843 Folly Quarter Road
City: Ellicott City
State: MD
Zip Code: 21042
Subdivision/Village/Complex Name: Glenelg Manor Estates
Lot: 26A Tax Map: 28 Parcel: 870867

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: hot tub Estimated Cost: \$2500
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
Excavate and install PVC type conduit and wiring to the spa location in the backyard. Install dedicated circuit and weather resistant GFCI receptacle near the spa.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Brian Matthew Slater
Owner's Street Address: 12843 Folly Quarter Road
City: Ellicott City State: MD Zip Code: 21042
Phone: 443-421-5059 Email: brian.m.slater@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Contact Name: Brian Slater
Street Address: 12843 Folly Quarter Road
City: Ellicott City State: MD Zip Code: 21042
Phone: 443-421-5059 Email: brian.m.slater@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Walter Electric License #: 02931504
Licensee's Name: WALTER ELECTRIC
Street Address: 530 McCormick Drive Suite 0
City: Glen Burnie State: MD Zip Code: 21061
Phone: 410-590-5959 Email: SAMANTHA@WALTERELECTRIC.COM

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Name:
Street Address: State: Zip Code:
City: Email:
Phone:

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 DATE SIGNED 8/31/20

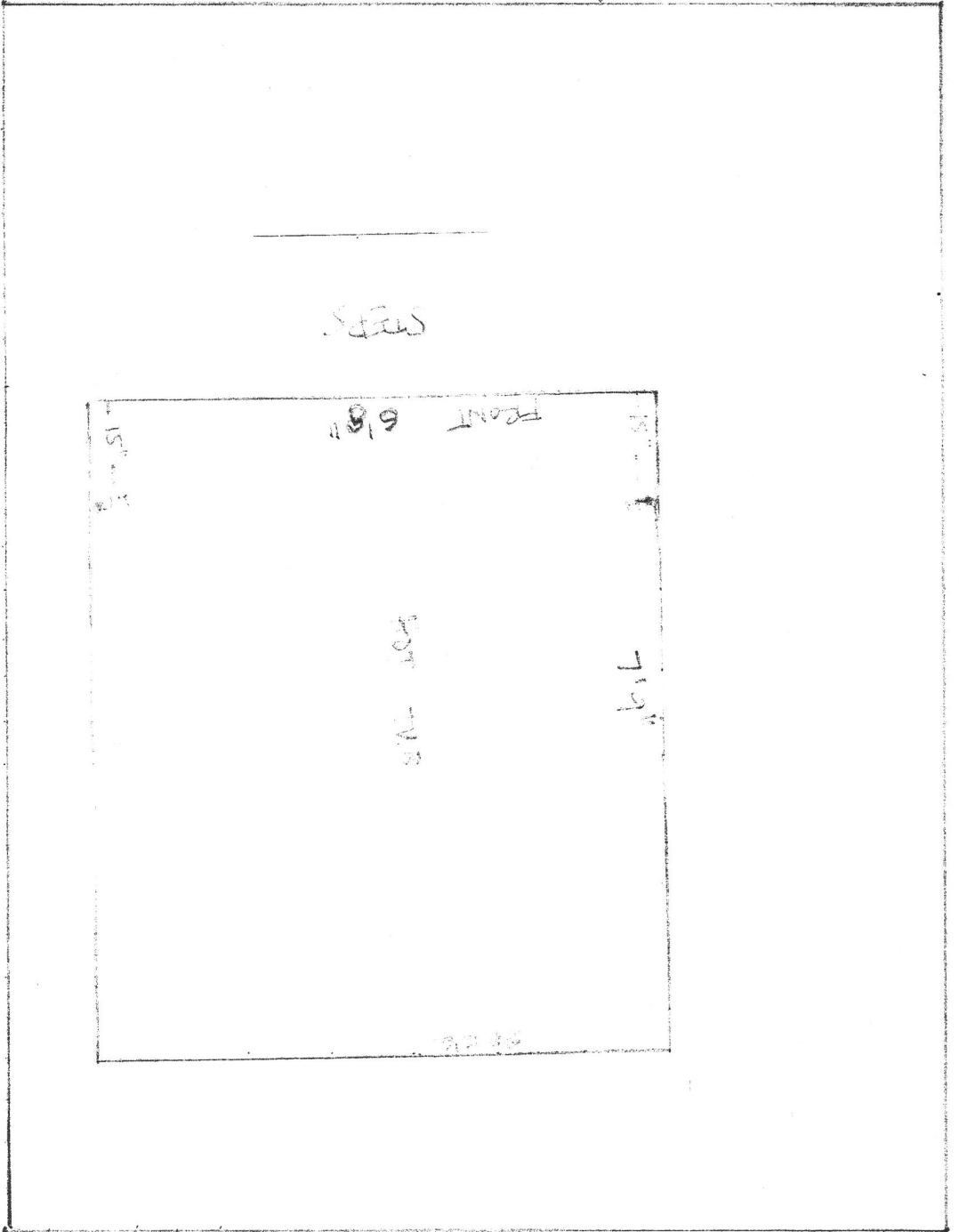
FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

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

14 1/2'

LAWN/WOODS '1'

SPRINKLER  
w/ 2 rocks



STEPS

FRONT 6'8"

6'8"

7'9"

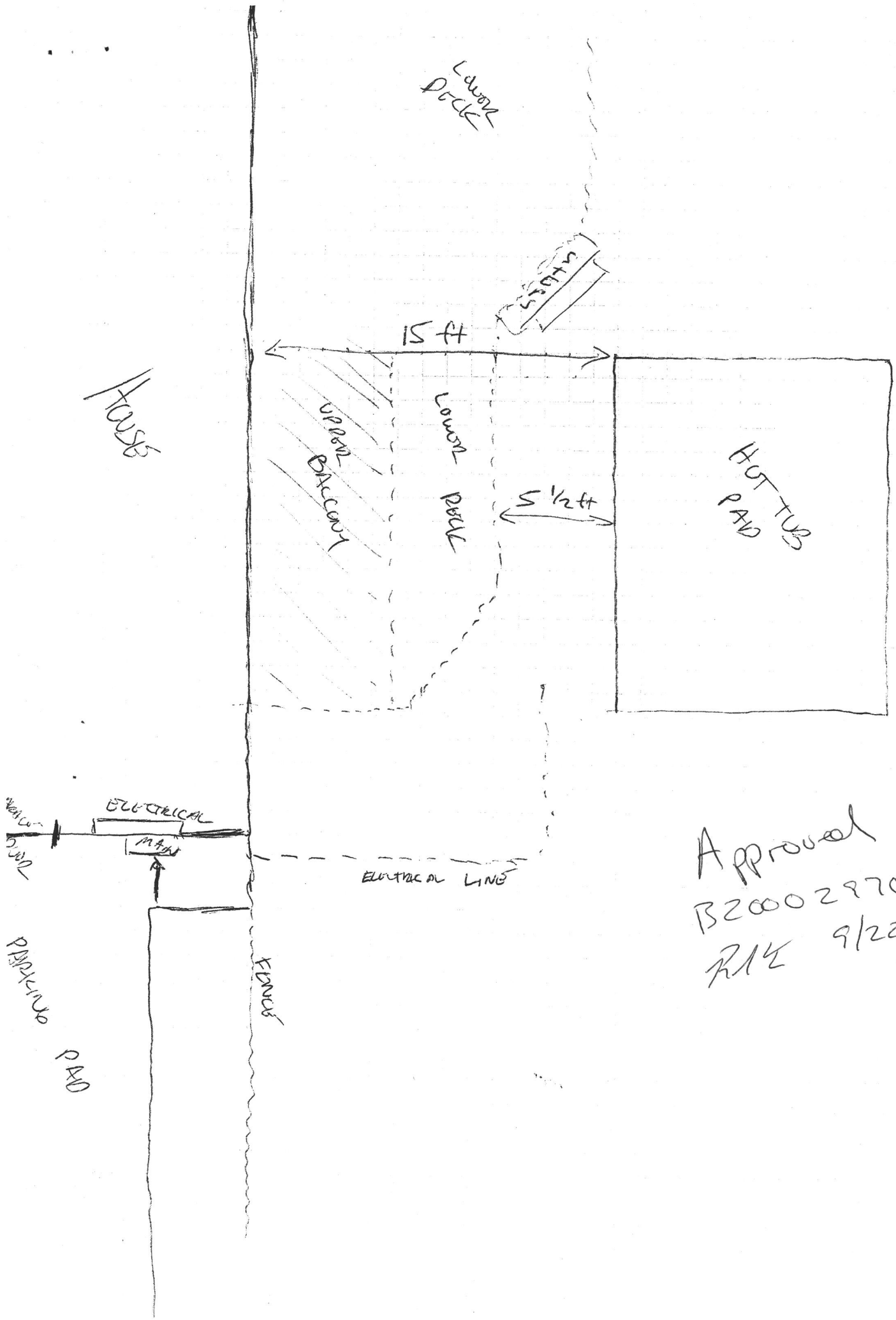
HOT TUB

15'

COVER LIFE/ETC NEEDS  
 2' CLEARANCE @ BACK  
 & 3' CLEARANCE @ SIDE

5 1/2' from deck base

HOUSE 1



Approved  
 B20002970  
 RLY 9/22/2020