

PERMIT NUMBER: B 20002679

DATE ACCEPTED:

Health



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: 3604 Burgess Estates Drive, Unit:
City: Ellicott City, State: MD, Zip Code: 21042
Subdivision/Village/Complex Name: Benson Branch Overlook, SDP/WP/BA #:
Lot: 5, Tax Map:, Parcel:, Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use:, Proposed Use:, Estimated Cost: \$ 15,000
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
30x12 Wood Deck with Ramp

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Tad and Colette Lewis, Primary Residence: Yes No
Owner's Street Address: 3604 Burgess Estate Drive
City: Ellicott City, State: MD, Zip Code: 21042
Phone: 410-531-8128, Email: Sweetiepie32@protonmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Ashton Construction, Contact Name: Thomas Appl
Street Address: 12759 Folly Quarter Rd
City: Ellicott City, State: MD, Zip Code: 21042
Phone: 301-395-9303, Email: AshtonConstruction@verizon.net

CONTRACTOR INFORMATION REQUIRED

Business Name: Ashton Construction
Licensee's Name: Thomas Appl, License #: 101431
Street Address: 12759 Folly Quarter Rd
City: Ellicott City, State: MD, Zip Code: 21042
Phone: 301-395-9303, Email: AshtonConstruction@verizon.net

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: None, 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.

THY [Signature]

8-10-2020

APPLICANT'S ORIGINAL SIGNATURE

DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

PR DPZ DED Health DBurns SHA CID

SUBMITTAL FEES: PAYMENT: ACCEPTED BY: