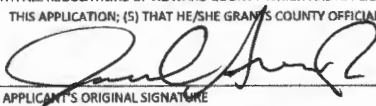


PERMIT NUMBER: B **20004264**

DATE ACCEPTED:

<b>RESIDENTIAL BUILDING PERMIT APPLICATION</b>					
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 <a href="http://www.howardcountymd.gov">www.howardcountymd.gov</a>					
<b>BUILDING SITE ADDRESS</b> <small>REQUIRED</small>					
Street Address: <b>14940 Michele Drive</b>					Unit:
City: <b>Glenelg</b>			State: <b>MD</b>		Zip Code: <b>21737</b>
Subdivision/Village/Complex Name:				SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:		
<b>DESCRIPTION OF WORK</b> <small>REQUIRED</small>					
Existing Use: <b>Single Family Dwelling</b>		Proposed Use: <b>Front Porch</b>		Estimated Cost: <b>\$38.00</b>	
Trade Work to Be Completed ( <i>Separate Permits Required</i> ): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None					
<b>Install approximately 8 feet deep by 19 feet wide covered front porch at front door.</b>					
<b>PROPERTY OWNER INFORMATION</b> <small>REQUIRED</small>					
Owner(s) Name(s) ( <i>As it appears on tax records</i> ): <b>Jeffery Starcher</b>					Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: <b>14940 Michele Drive</b>					
City: <b>Glenelg</b>			State: <b>MD</b>		Zip Code: <b>21737</b>
Phone: <b>(410) 707-5651</b>			Email: <b>jstarcher@sandyspringbank.com</b>		
<b>APPLICANT NAME</b> <small>REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</small>					
Business Name: <b>Stand Out Services</b>			Contact Name: <b>Joel Isaacs</b>		
Street Address: <b>16460 Old Frederick Road</b>					
City: <b>Mount Airy</b>			State: <b>MD</b>		Zip Code: <b>21771</b>
Phone: <b>(410) 365-3382</b>			Email: <b>standoutservicesllc@gmail.com</b>		
<b>CONTRACTOR INFORMATION</b> <small>REQUIRED</small>					
Business Name: <b>Stand Out Services, LLC</b>					
Licensee's Name: <b>Joel Isaacs</b>			License #: <b>132529</b>		
Street Address: <b>16460 Old Frederick Road</b>					
City: <b>Mount Airy</b>			State: <b>MD</b>		Zip Code: <b>21771</b>
Phone: <b>(410) 365-3382</b>			Email: <b>standoutservicesllc@gmail.com</b>		
<b>ARCHITECT/ENGINEER INFORMATION</b> <small>INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</small>					
Business Name:			Name:		
Street Address:					
City:			State:		Zip Code:
Phone:			Email:		
<b>BUILDING CHARACTERISTICS</b> <small>REQUIRED</small>					
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)					Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)		Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:				Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None			Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac		
<b>ADDITIONAL RESIDENTIAL INFORMATION</b> <small>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</small>					
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: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1 <sup>st</sup> Fl Width:		1 <sup>st</sup> Fl Depth:	2 <sup>nd</sup> Fl Width:	2 <sup>nd</sup> Fl Depth:	Bsmt Width:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area:		sq ft	Occupiable Area: sq ft
<b>AGREEMENT/ DISCALIMER</b> <small>REQUIRED</small>					
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				<b>11/28/20</b> DATE SIGNED	
<b>FOR OFFICE USE ONLY</b> <small>CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY</small>					
<b>AGENCIES REQUIRED/APPROVALS:</b>					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> PMA	<input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT: <b>121120</b>		ACCEPTED BY:	



