

Health

RECEIVED

MAY 26 2021

PERMIT NUMBER: B 21002036

DATE ACCEPTED:

LICENCES & 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: **7013 Mink Hollow Road** Unit: _____
 City: **Highland** State: **MD** Zip Code: **20777**
 Subdivision/Village/Complex Name: **1002** SDP/WP/BA #: _____
 Lot: **PAR 1** Tax Map: **0040** Parcel: **0343** Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: **Residence** Proposed Use: **Residential Pool** Estimated Cost: **\$60,000.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Install 15x30 fiberglass in-ground swimming pool to include electrical, bonding, cartridge filter, variable speed pump, concrete decking and safety features per code.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): **Drew & Pamela Hynes** Primary Residence: Yes No
 Owner's Street Address: **7013 Mink Hollow Road**
 City: **Highland** State: **MD** Zip Code: **20777**
 Phone: **(202) 253-1127** Email: **pamelahollandhynes@live.com**

APPLICANT NAME REQUIRED INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: **Wall To Wall Construction, LLC** Contact Name: **Gregory Wall**
 Street Address: **11 Newburg Ave**
 City: **Catonsville** State: **MD** Zip Code: **21228**
 Phone: **(410) 788-3990** Email: **gwall@walltowall.net**

CONTRACTOR INFORMATION REQUIRED

Business Name: **Wall To Wall Construction, LLC**
 Licensee's Name: **Gregory Wall** License #: **123700**
 Street Address: **11 Newburg Ave**
 City: **Catonsville** State: **MD** Zip Code: **21228**
 Phone: **(410) 361-0231** Email: **gwall@walltowall.net**

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): _____ # 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 FI Width: _____ 1st FI Depth: _____ 2nd FI Width: _____ 2nd FI Depth: _____ Bsmt Width: _____ Bsmt Depth: _____
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: _____ sq ft Occupable 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: **5/25/21**

FOR OFFICE USE ONLY

AGENCIES REQUIRED/APPROVALS: _____ CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PR DPZ DED Health SHA CID
 SUBMITTAL FEES: **\$275.00** PAYMENT: **CK# 2222** ACCEPTED BY: **DROPOX**

