

PERMIT NUMBER: B 22001341

DATE ACCEPTED:

DILP 2022 APR 6 AM 10:42

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: 2267 DANIELS RD Unit: _____
 City: ELLICOTT CITY State: MD Zip Code: 21043
 Subdivision/Village/Complex Name: TWIN ACRES SDP/WP/BA #: _____
 Lot: _____ Tax Map: _____ Parcel: _____ Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: SFD Proposed Use: SFD Estimated Cost: \$3,100.00
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
 1,000 SQUARE FOOT OF DECK (COMPOSITE & VINYL)
 IRREGULAR SHAPE (DEMO EXISTING + REPLACE)

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): TIM FRAZIER Primary Residence: Yes No
 Owner's Street Address: 2267 DANIELS RD
 City: ELLICOTT CITY State: MD Zip Code: 21043
 Phone: (301) 377-6427 Email: MDHPERIMITS@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: MARYLAND DECKS & HARDSCAPE Contact Name: Helen Gaynor
 Street Address: 616 9th Street
 City: Laurel State: MD Zip Code: 20707
 Phone: (240) 646-4427 Email: MDHPERIMITS@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: MARYLAND DECKS & HARDSCAPE
 Licensee's Name: ENNER DE JESUS LARIOS License #: 129817
 Street Address: 616 9TH ST
 City: LAUREL State: MD Zip Code: 21043
 Phone: (240) 547-7528 Email: donaldnance@hotmail.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): _____ # 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/ DISCLAIMER 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.

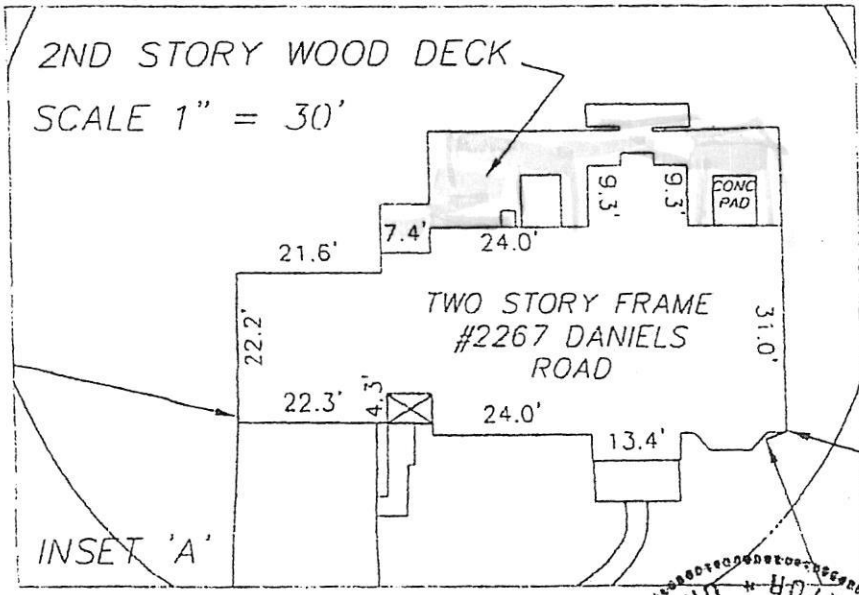
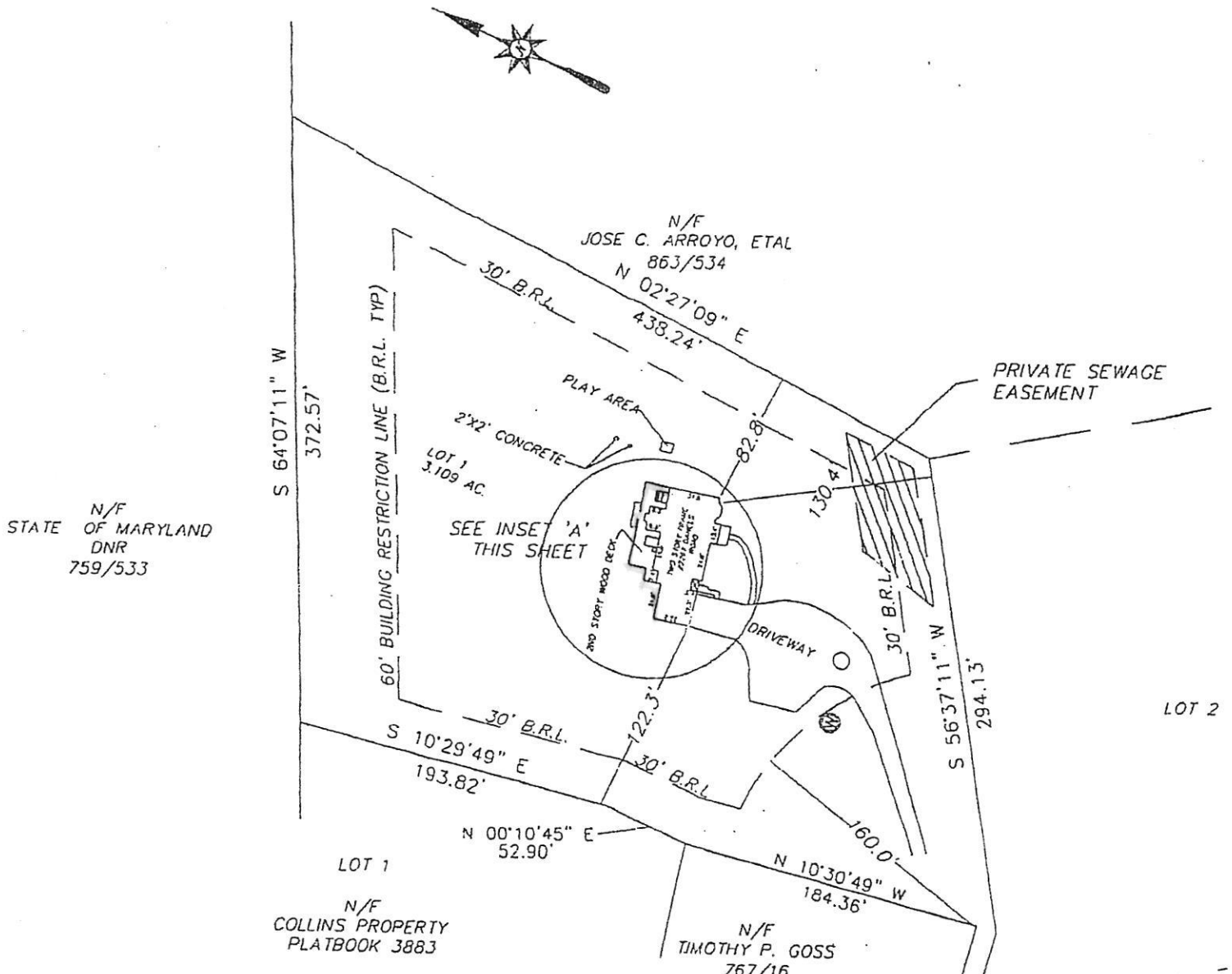
Helen Gaynor DATE SIGNED: 4-5-2022
 APPLICANT'S ORIGINAL SIGNATURE

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

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health SHA CID
 APPROVED: [Signature] 4/25/22
 SUBMITTAL FEES: \$55.00 PAYMENT: CK# 3171 ACCEPTED BY: AKH

NO TITLE INVESTIGATION PERFORMED BY J. A. RICE INC.
 NOTE: NO PORTION OF THIS STRUCTURE LIES WITHIN THE LIMITS OF A FLOOD HAZARD ZONE.
 THIS LOT LIES IN ZONE 'C' AS SHOWN ON F.E.M.A. MAP NO. 240044-C0188 PANEL 18 OF 45

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS AND THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.



THIS DOES NOT CONSTITUTE A LOT SURVEY, THIS IS TO CERTIFY THAT THE IMPROVEMENTS INDICATED HEREON ARE AS SHOWN

William C. Rice 11/10/99
 WILLIAM C. RICE, SR.
 MD. REG. PROPERTY LINE SURVEYOR NO. 523
 DATE



J.A. RICE, INC.
 P.O. BOX 1288
 MILLERSVILLE, MD. 21108
 (410) 987 4286
 Land Surveyors Civil Engineers Construction Stakeout

SCALE	1" = 100'
DRAWN BY	WSC
DATE	11/10/1999
CHECKED BY	
DATE	
FILE NO.	LUCCHESI_LOC.DWG
SHEET	1 OF 1

HOUSE LOCATION SURVEY
 STEVE LUCCHESI
 TWIN ACRES LOT 1
 PLAT-C.M.P. NO. 4335
 SECOND ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND