

PERMIT NUMBER: B 21001686

DATE ACCEPTED:

RECEIVED

MAY 03 2021

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: 13602 Fox Stream Way

Unit:

City: West Friendship

State: MD

Zip Code: 21794

Subdivision/Village/Complex Name:

SDP/WP/BA #:

Lot:

Tax Map:

Parcel:

Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: Estimated Cost: \$23,160.00

Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None

Furnish and install an approx. 14x33 deck with stairs

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Nabil Primary Residence: Yes No

Owner's Street Address: 13602 Fox Stream Way

City: West Friendship

State: MD

Zip Code: 21794

Phone: (410) 200-1129

Email: nafram101@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Leon Pro Services Contact Name: Otari Gegeshidze

Street Address: 579 Nolview CT

City: Glen Burnie

State: MD

Zip Code: 21061

Phone: (443) 764-5856

Email: leonproservices@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Leon Pro Services

Licensee's Name: Otari Gegeshidze License #: MHIC 109742

Street Address: 579 Nolview CT

City: Glen burnie

State: MD

Zip Code: 21061

Phone: (443) 764-5856

Email: leonproservices@gmail.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/ 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

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

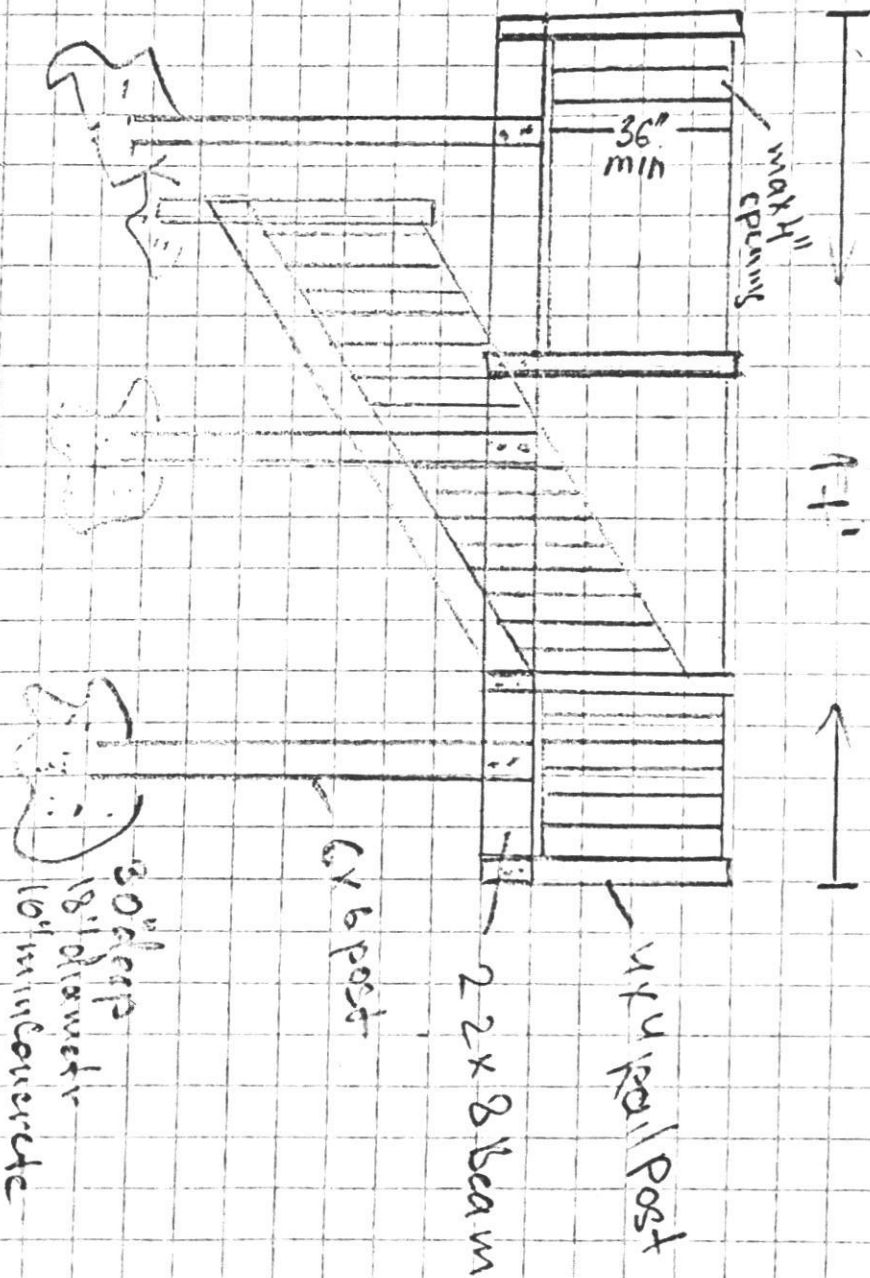
AGENCIES REQUIRED/APPROVALS:

PR DPZ DED Health SHA CID

SUBMITTAL FEES:

PAYMENT:

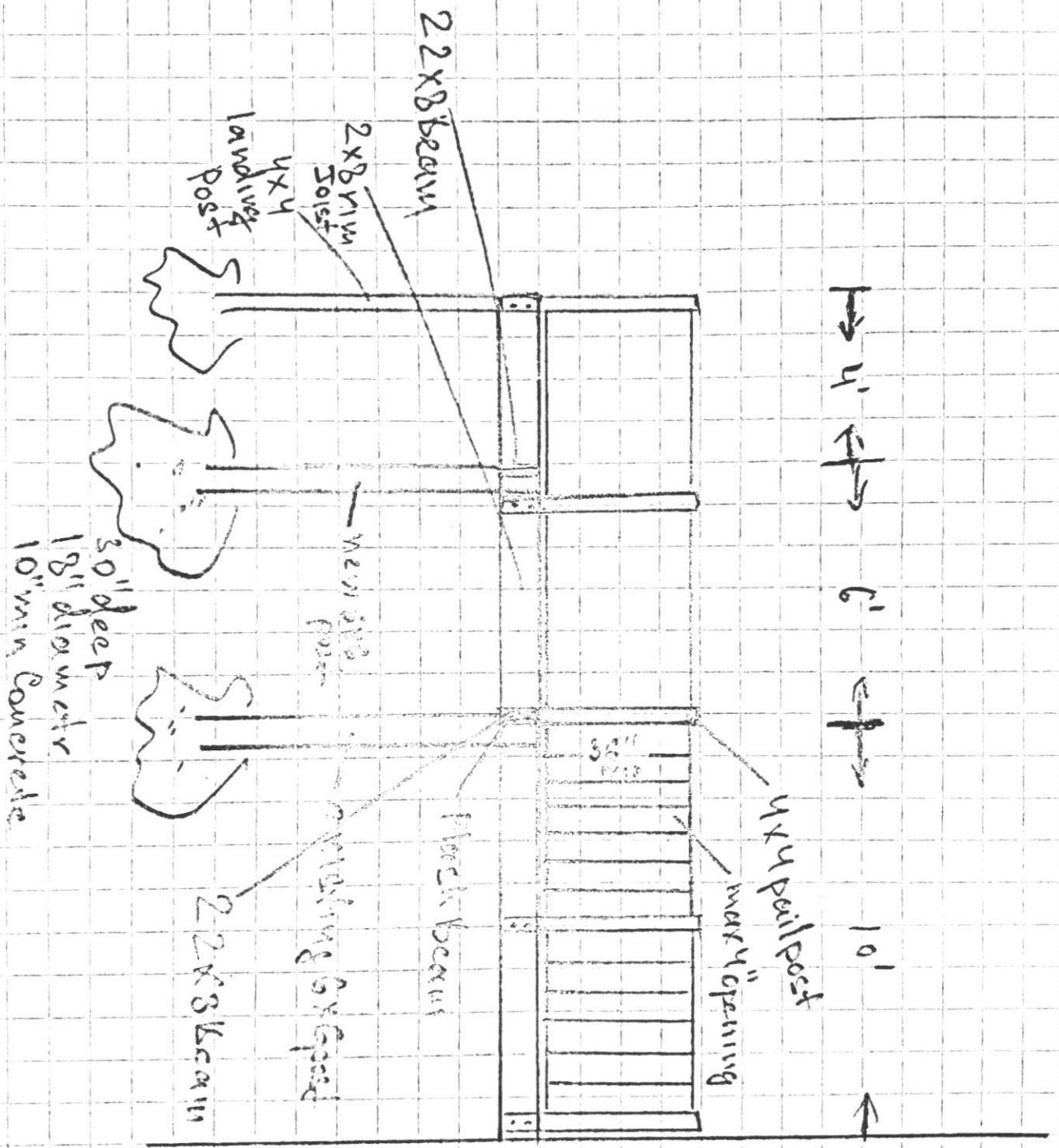
ACCEPTED BY:



Front View Scale 1:40

Side View

Scale 1:10



HOUSE

