

PERMIT NUMBER: B 22002626

DATE ACCEPTED:



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: 860 DRIVER RD		Unit:
City: MARIOTTSVILLE	State: MD	Zip Code: 21104
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot: 6	Tax Map: 10	Parcel: 271
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Patio	Proposed Use: above ground swim spa	Estimated Cost: \$ 30,000
Trade Work to Be Completed (Separate Permits Required):		
<input type="checkbox"/> Mechanical (HVACR)	<input checked="" type="checkbox"/> Electrical	<input type="checkbox"/> Plumbing
<input type="checkbox"/> None		
* 14' x 7' Swim Spa		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): PLAMEN GANTCHEV	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 860 DRIVER RD	
City: MARIOTTSVILLE	State: MD
Phone: 443-749-9693	Email: pgantchev@gmail.com
	Zip Code: 21104

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name: PLAMEN GANTCHEV
Street Address: 860 DRIVER RD	
City: MARIOTTSVILLE	State: MD
Phone:	Email:
	Zip Code: 21104

CONTRACTOR INFORMATION REQUIRED

Business Name: Home owned	License #:
Licensee's Name:	
Street Address:	
City:	State:
Phone:	Zip Code:
	Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Zip Code:
	Email:

BUILDING CHARACTERISTICS REQUIRED

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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input 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	
1st Fl Width:	1st Fl Depth:
2nd Fl Width:	2nd Fl Depth:
Bsmt Width:	Bsmt Depth:
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	

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: *P. Gantchev* DATE SIGNED: 06/29/2022

FOR OFFICE USE ONLY

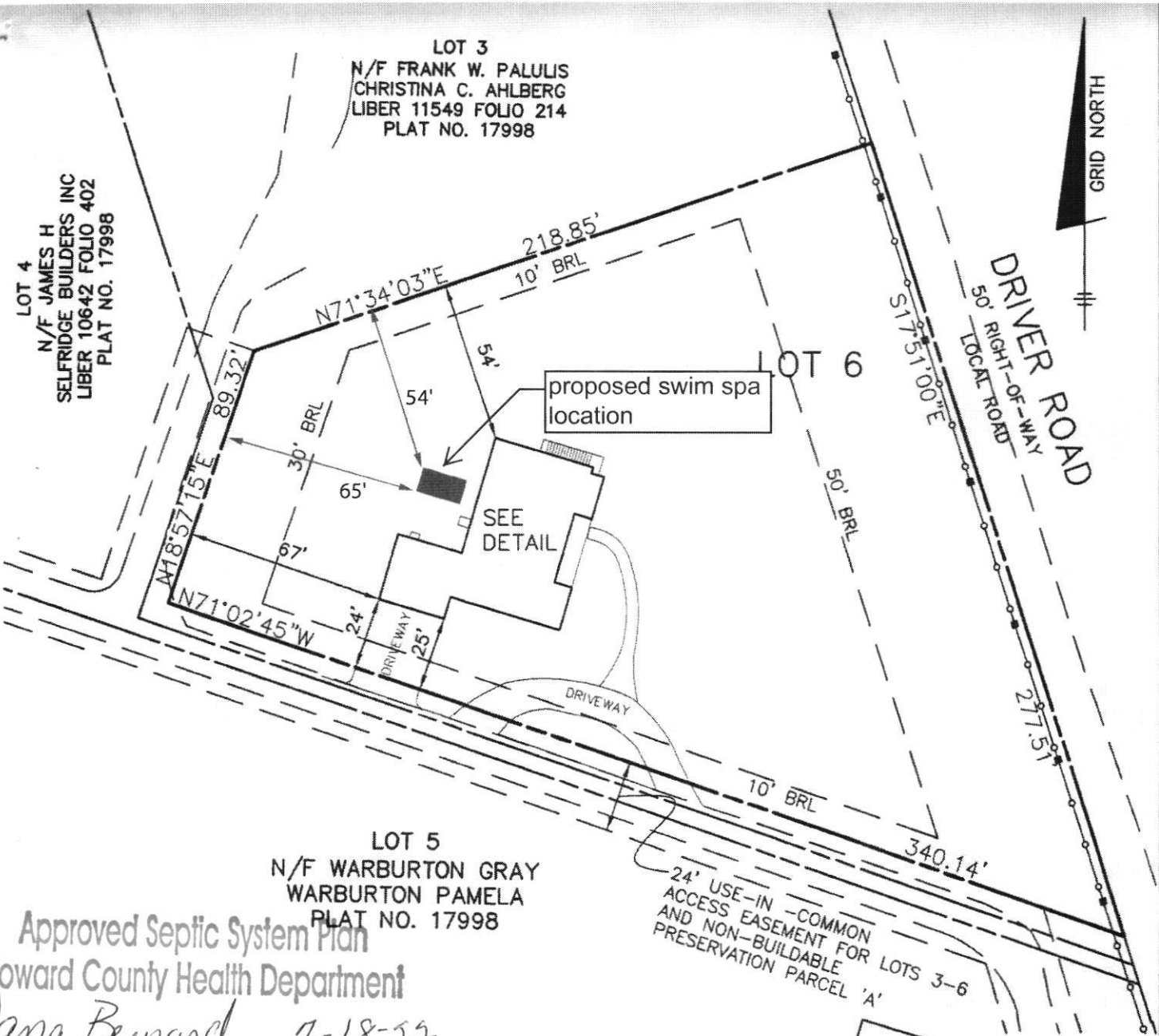
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:	
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ
<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>Deenard</i>
<input type="checkbox"/> SHA	<input type="checkbox"/> CID

SUBMITTAL FEES: 5500	PAYMENT: CK # 130	ACCEPTED BY: <i>[Signature]</i>
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LOT 3
 N/F FRANK W. PALULIS
 CHRISTINA C. AHLBERG
 LIBER 11549 FOLIO 214
 PLAT NO. 17998

LOT 4
 N/F JAMES H
 SELFRIE BUILDERS INC
 LIBER 10642 FOLIO 402
 PLAT NO. 17998



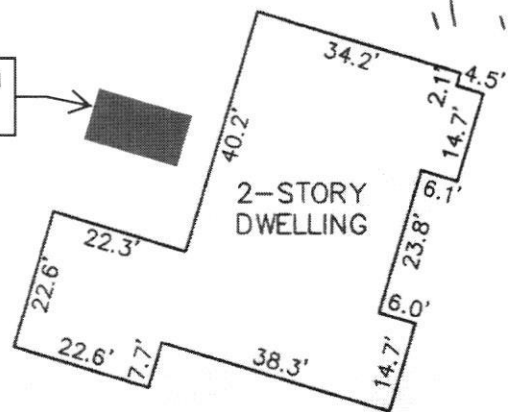
GRID NORTH

LOT 5
 N/F WARBURTON GRAY
 WARBURTON PAMELA
 PLAT NO. 17998

Approved Septic System Plan
 Howard County Health Department

Dana Bernard 7-18-22
 Signature Date

proposed swim spa location



FOUNDATION DETAIL
 SCALE: 1" = 30'

LOCATION DRAWING

ANTONIS PROPERTY
 LOTS 3 THROUGH 6
 PLAT No. 17998
 LOT No. 6

SURVEYOR'S CERTIFICATE
 THIS DRAWING WAS MADE UNDER MY SUPERVISION.

Donald A. Mason
 DONALD A. MASON
 PROFESSIONAL LAND SURVEYOR
 MARYLAND REG. NO. 21320
 FEMA FIRM No. 24004
 ZONE: C
 DATED: 12/4/86

