

PERMIT NUMBER: B 22002461

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: 2175 Pt 32		Unit:
City: SYKESVILLE	State: MD	Zip Code: 21784
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map: 15	Parcel: 132
		Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: SF DWELLING	Proposed Use: SF DWELLING	Estimated Cost: \$ 45,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None		
2' x 6" CMU BLOCK LANDING + STAIRS (4 RISERS) AT ENTRANCE. 115 SF OF PAVEMENT TO DRIVEWAY.		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): CHARLES P WEHR, SUSAN C WEHR		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 2175 Pt 32		
City: SYKESVILLE	State: MD	Zip Code: 21784
Phone: (410) 428-1018	Email:	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: CHESAPEAKE LANDSCAPE GROUP	Contact Name: MICHAEL CHAU
Street Address: PO BOX 7A	
City: SYKESVILLE	State: MD
Phone: (410) 523-1511	Email: MICHAEL@CHESAPEAKELANDSCAPE.NET

CONTRACTOR INFORMATION REQUIRED

Business Name: CHESAPEAKE LANDSCAPE GROUP	License #: MHC 13512A
Licensee's Name: SEFREY FABER	
Street Address: PO BOX 7A	
City: SYKESVILLE	State: MD
Phone: (410) 984-5703	Email: SEFREY@CHESAPEAKELANDSCAPE.NET

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State:
Phone:	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 checked="" type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input 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 checked="" type="checkbox"/> None	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

DATE SIGNED 7/15/2022

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: \$550	PAYMENT: pay online	ACCEPTED BY:
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RES MISC per Debbie

WEHR RESIDENCE

2175 RT 32
SYKESVILLE, MD 21784

Approved
RMC
7/18/2022
T322052461

