

PERMIT NUMBER: B 23003060

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: 6495 Heather Glen Way, City: Clarksville, State: MD, Zip Code: 21029, Unit: , SDP/WP/BA #: , Lot: , Tax Map: , Parcel: , Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: , Proposed Use: , Estimated Cost: \$ 70,000.00, Trade Work to Be Completed: Mechanical (HVACR) [], Electrical [], Plumbing [], None [X] (12,000.00), Construct Retaining Wall 12' x 8' 1/2' x 8' 1/2' with 8' ft width

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Phil Green, Primary Residence: [X] Yes [] No, Owner's Street Address: 6496 Heather Glen Way, City: Clarksville, State: MD, Zip Code: 21029, Phone: 443-858-5125, Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Green Angels Landscaping, Contact Name: Mario GORJON, Street Address: 10475 State Rt 108, City: Columbia, State: Md, Zip Code: 21044, Phone: 240-417-9622, Email: goriandoe@h.net

CONTRACTOR INFORMATION REQUIRED

Business Name: GREEN Angels Landscaping LLC, Licensee's Name: DONNA GORJON, License #: 176016, Street Address: 10475 State Rt 108, City: Columbia, State: Md, Zip Code: 21044, Phone: 240-417-1046, Email: goriandoe@h.net

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: He2 Design, Name: T. KOZLOWSKI, Street Address: P.O. Box 1481, City: Westminster, State: Md, Zip Code: 21158, Phone: 443-398-5140, Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: [X] SF Dwelling [] SF Townhouse [] SF Duplex [] Mobile Home [] Multi-Family Dwelling (MF*) [] Condo: [] Yes [X] No, Utilities: [X] Electric [X] Gas, Water Supply: [] Public [] Private (Well), Sewage Disposal: [] Public [X] Private (Septic), Heating System: [] Electric [X] Natural Gas [] Propane [] Other: , Roadside Tree Project: [X] No [] Yes: #, Sprinkler System: [] NFPA 13 [] NFPA 13R [] NFPA 13D [X] None, Fire Alarm System: [X] Yes [] No [] Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: , # of Bedrooms (SF): 7, # 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: [X] Attached Garage [] Detached Garage [] Integral Garage [] Carport [] None, Basement/Foundation Info: [] Slab on Grade [] Post & Pier [] Unfinished Basement [X] 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: Donna Goyet/Mario

DATE SIGNED: 8/7/2023

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: [X] PR [] DPZ [] DED [X] Health [] SHA [] CID, SUBMITTAL FEES: \$55.00, PAYMENT: Cash, ACCEPTED BY: MF

