

PERMIT NUMBER: B 22001703

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: 16001 Fields End Ct Unit:
 City: Woodbine State: MD Zip Code: 21797
 Subdivision/Village/Complex Name: SDP/WP/BA #:
 Lot: Tax Map: Parcel: Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: **Install shed on property** Estimated Cost: \$1,200.00
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Site preparation and installation of a 12' x 18' pre-built and pre-wired shed. Landscaper will prepare the pad by leveling a 14' x 20' area and filling with a minimum of 4" of 2B Stone. Shed manufacturer will deliver and set the shed on the pad. Shed placement follows all required setbacks.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): **Ralph and Martha Lusby** Primary Residence: Yes No
 Owner's Street Address: 16001 Fields End Court
 City: Woodbine State: MD Zip Code: 21797
 Phone: (443) 631-0328 Email: hilsby49@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: **Ralph Lusby (Homeowner)** Contact Name: **Ralph Lusby**
 Street Address: 16001 Fields End Ct
 City: Woodbine State: MD Zip Code: 21797
 Phone: (443) 631-0328 Email: hilsby49@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: **MAC Landscaping d/b/a Rooted in Nature**
 Licensee's Name: **Chris Graf** License #: **MHIC 143425**
 Street Address: **PO Box 19048**
 City: **Towson** State: **MD** Zip Code: **21284**
 Phone: **(443) 846-0199** Email: **info@rootedinnaturemd.com**

RECEIVED
 APR 22 2022
 PERMITS DIVISION

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): **4** # 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: *[Signature]* DATE SIGNED: **4/22/22**

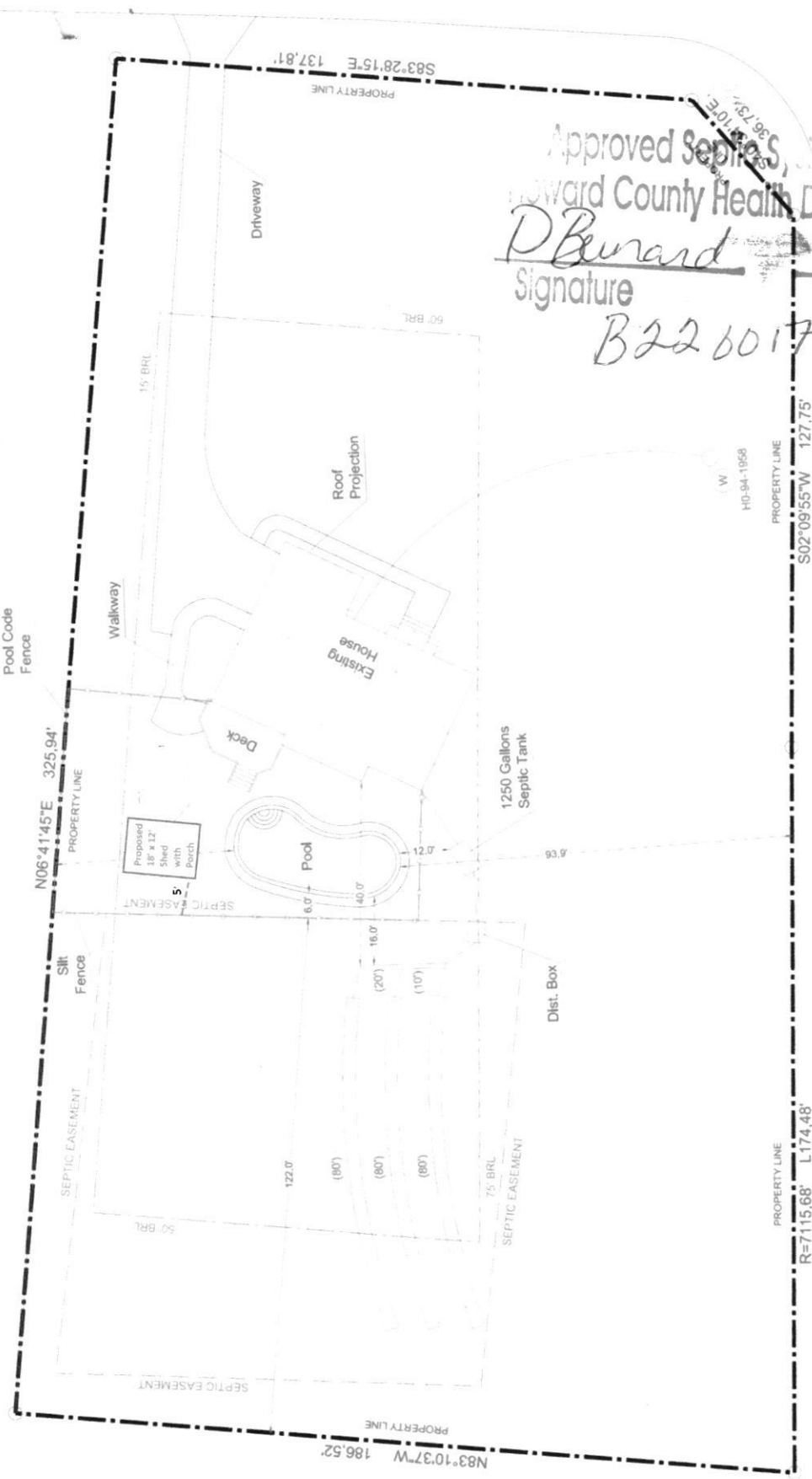
FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health *[Signature]* SHA CID

SUBMITTAL FEES: **55⁰⁰** PAYMENT: **ck # 648** ACCEPTED BY: *[Signature]*

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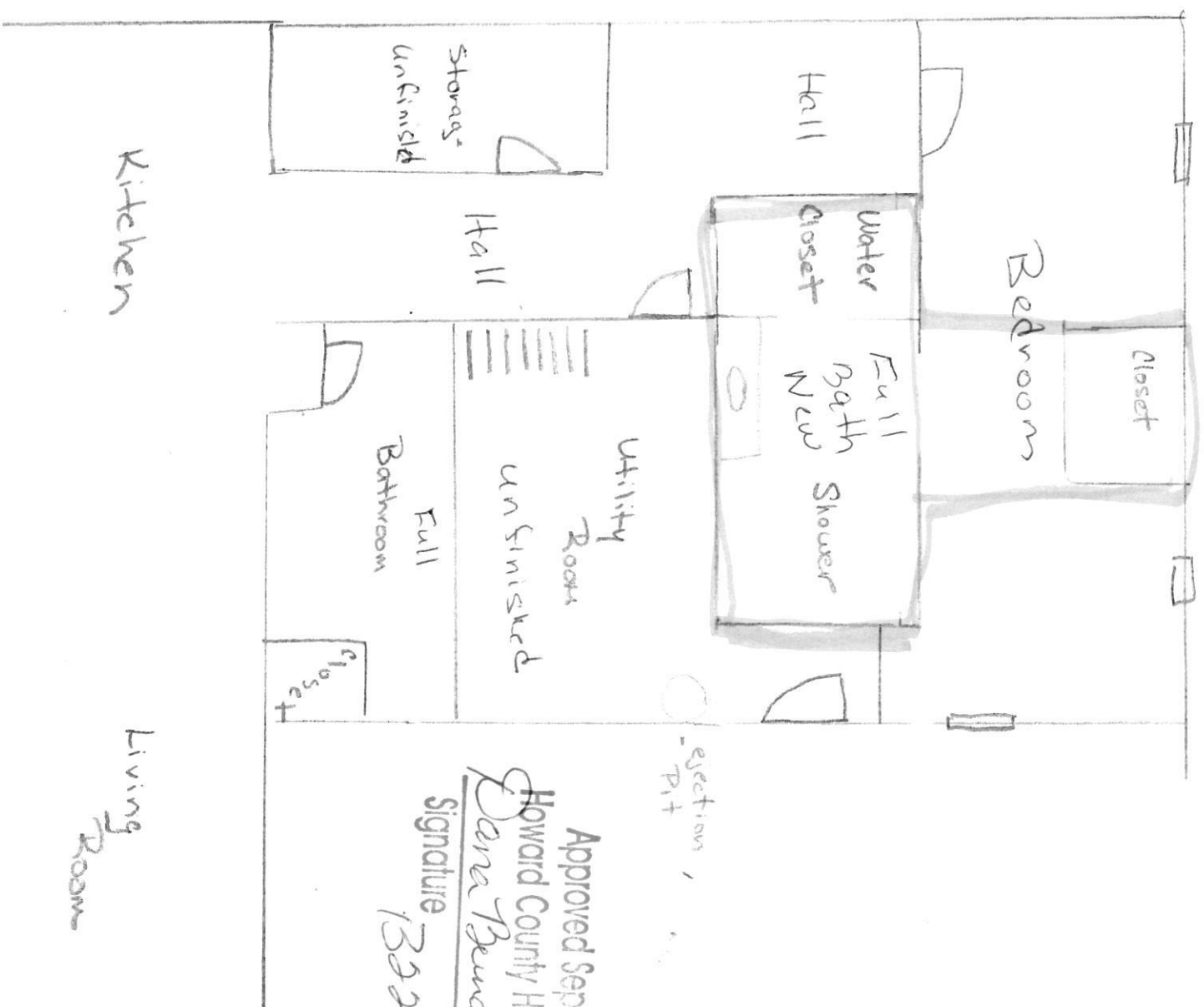
Lusby - 16001 Fields End Ct, Woodbine, MD 21797
 • Based on plan used to secure pool permit Fall 2021



Approved Septic System Plan
 Howard County Health Department
D. Burard
 Signature
 B22001703
 5-16-22
 Date

Spitale
3495 Woodbine Rd

Proposed



Approved Septic System Plan

Howard County Health Department

Dana Beard 5-24-22

Signature 13228 01967

Living Room

Kitchen

Spitale
3495 Woodbine Rd

Original

