

PERMIT NUMBER: B 22002871

DATE ACCEPTED:

JUL 25 2022

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: 2813 Rolling Fork Way Unit: NA
City: Glenwood State: MD Zip Code: 21738
Subdivision/Village/Complex Name: Gwendyl Oak Estates SDP/WP/BA #:
Lot: 4 Tax Map: Parcel: 04-355989 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: No wood stove installed Proposed Use: Add chimney & biomass (wood) stove Estimated Cost: \$12,000
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Install class A chimney system through back wall of dining room and connect to freestanding wood stove located on the 1st floor
Note 2 j set back super pro chimney

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): David W Parry and Pamela S Parry Primary Residence: Yes No
Owner's Street Address: 2813 Rolling Fork Way
City: Glenwood State: MD Zip Code: 21738
Phone: 443-812-4103 Email: echoed@outlook.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Homeowner Contact Name: David Parry
Street Address: 2813 Rolling Fork Way
City: Glenwood State: MD Zip Code: 21738
Phone: 443-812-4103 Email: echoed@outlook.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Monocacy Chimney Care, Inc
Licensee's Name: J. Chris Andersen, Jr. License #: 131211
Street Address: 11223 Pleasant Walk Road
City: Myersville State: MD Zip Code: 21773
Phone: 301-508-7004 Email: customerservice@monocacychimney.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

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: heat pump 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

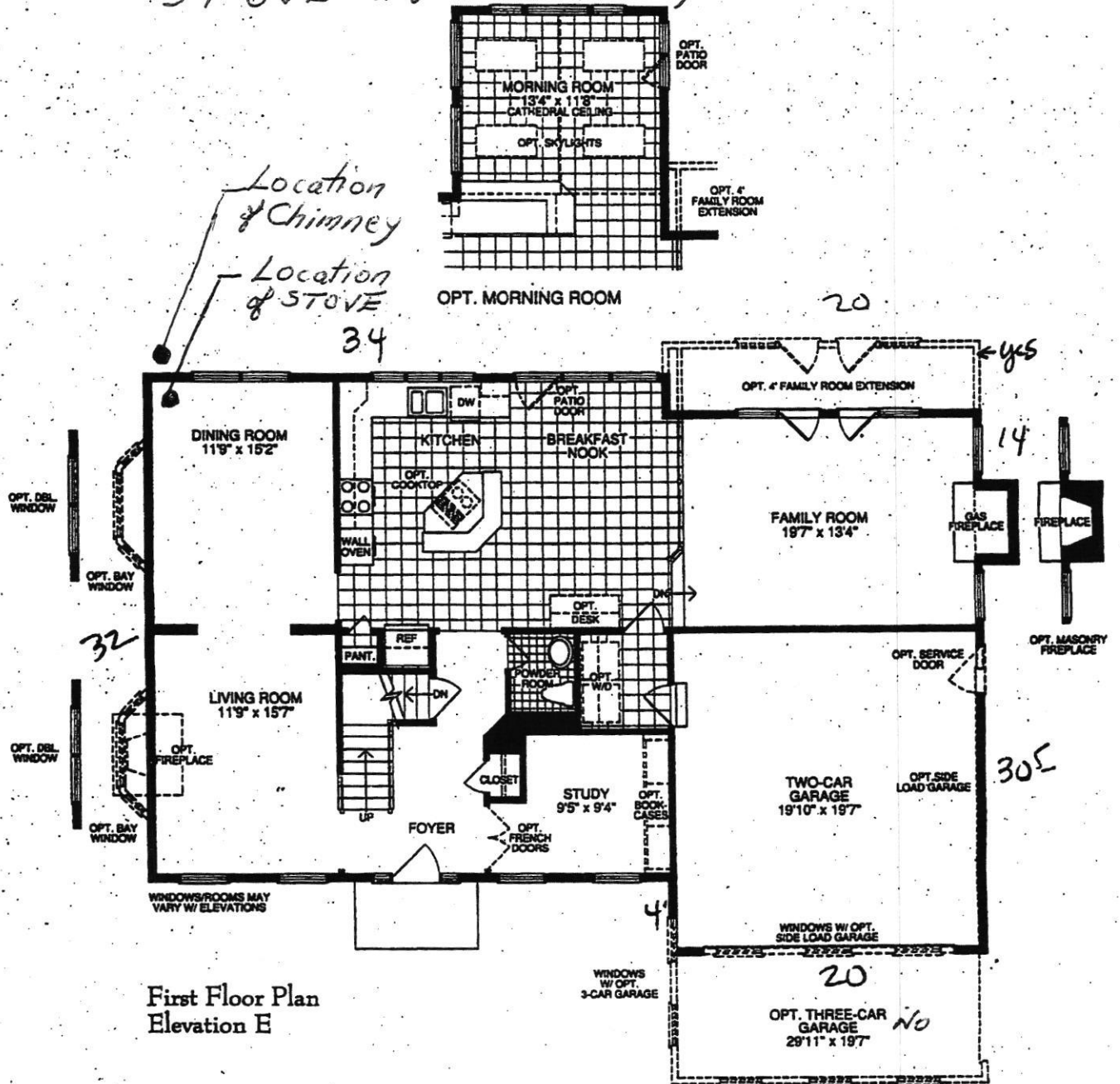
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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: David W Parry/Pamela S. Parry DATE SIGNED: 7/25/2022

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

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health 7/27/22 SHA CID
SUBMITTAL FEES: \$55 PAYMENT: CK# 329 ACCEPTED BY: TIP

PROPOSED LOCATION of STOVE and CHIMNEY



First Floor Plan
Elevation E

Due to the extensive features available for you to customize your home, please ask our sales representative for complete information as not all features are shown. It is recommended that the architectural blueprints be reviewed for further clarification of features.

