

RECEIVED

PERMIT NUMBER: B 21002053

DATE ACCEPTED:

MAY 26 2021

RESIDENTIAL BUILDING PERMIT APPLICATION LICENSES & PERMITS DIVISION
 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: **12656 Frederick Rd** Unit: _____
 City: **West Friendship** State: **MD** Zip Code: **21042**
 Subdivision/Village/Complex Name: _____ SDP/WP/BA #: _____
 Lot: _____ Tax Map: _____ Parcel: _____ Grading Permit #: _____

DESCRIPTION OF WORK *REQUIRED*

Existing Use: **None** Proposed Use: **Inground pool** Estimated Cost: **\$40,000.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
10' x 30' inground pool - (per plot plan) ✓ **20x40**

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): **Liz O'Connor** Primary Residence: Yes No
 Owner's Street Address: **12656 Frederick Rd**
 City: **West Friendship** State: **MD** Zip Code: **21042**
 Phone: **(443) 622-3732** Email: **elizabeth.oconnor@b9e.com**

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: **Heritage Elite, LLC** Contact Name: **Dustin Gacon**
 Street Address: **8335 Pulaski Highway**
 City: **Rosedale** State: **MD** Zip Code: **21237**
 Phone: **(443) 220-3781** Email: **dustin@elitepools.com**

CONTRACTOR INFORMATION *REQUIRED*

Business Name: **Heritage Elite, LLC**
 Licensee's Name: **Michael Shaffery** License #: **71753**
 Street Address: **8335 Pulaski Highway**
 City: **Rosedale** State: **MD** Zip Code: **21237**
 Phone: **(410) 494-7946** Email: **mike@elitepools.com**

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

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

BUILDING CHARACTERISTICS *REQUIRED*

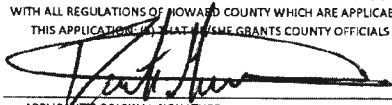
Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: _____ Roadside Tree Project: No Yes: # _____
 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): _____ # 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 UNTIL 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: **5/25/21**

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

AGENCIES REQUIRED/APPROVALS: _____

PR _____ DPZ _____ OED _____ Health **R/E** SHA CID

SUBMITTAL FEES: **\$275.00** PAYMENT: ***NONE SUB** ACCEPTED BY: **DROPBOX**

