
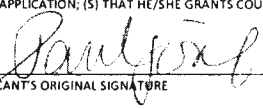
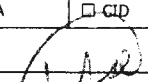


RECEIVED

PERMIT NUMBER: B 21004462

DATE ACCEPTED:

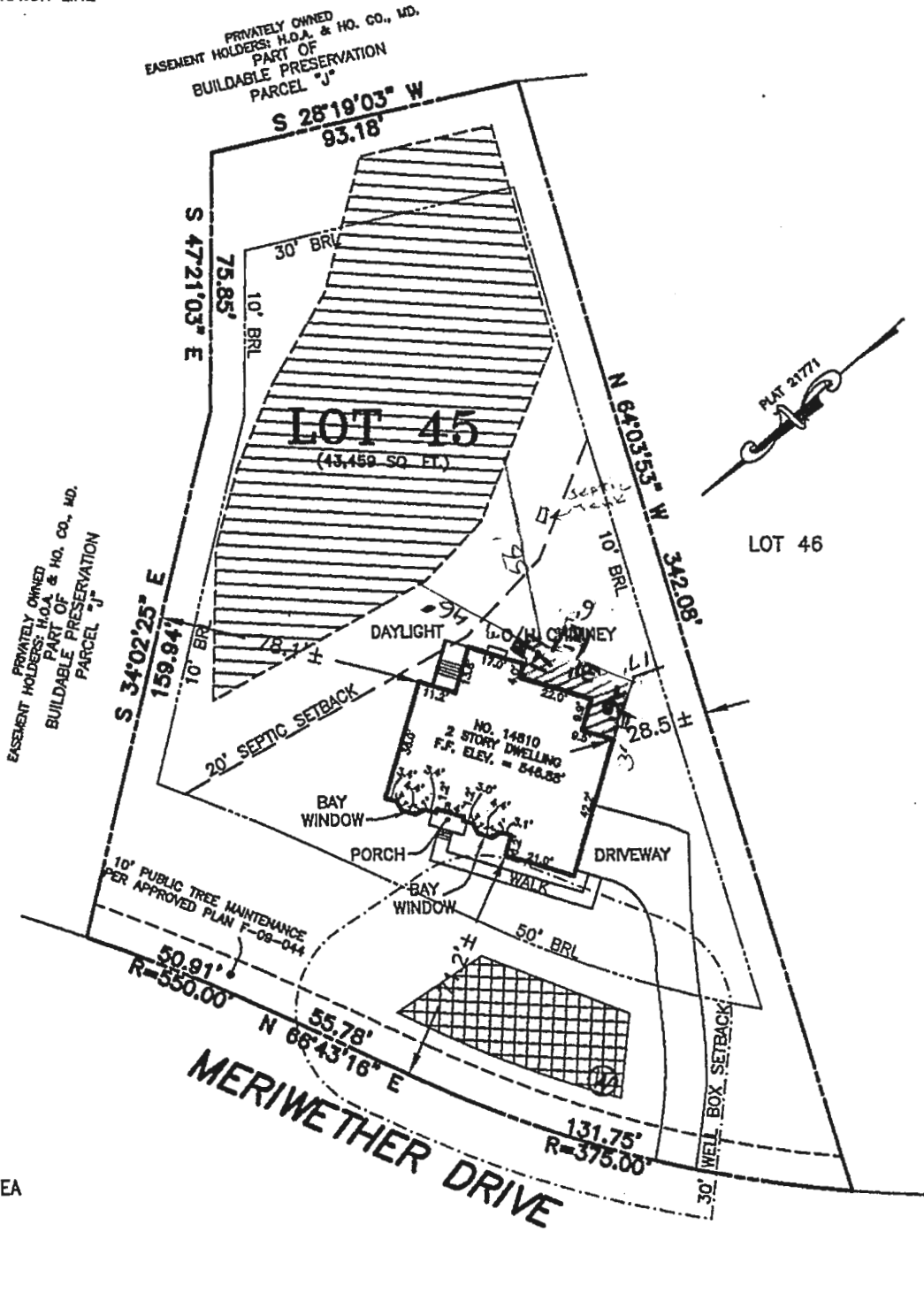
NOV 10 2021



		<b>RESIDENTIAL BUILDING PERMIT APPLICATION</b> HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 <a href="http://www.howardcountymd.gov">www.howardcountymd.gov</a>		LICENSES & PERMITS DIVISION
<b>BUILDING SITE ADDRESS REQUIRED</b>				
Street Address: 14810 MERIWETHER DRIVE			Unit:	
City: GLENELG		State: MD		Zip Code: 21737
Subdivision/Village/Complex Name: 1407/Catail Overlook			SDP/WP/BA #: 997 A	
Lot: 45	Tax Map: 0021	Parcel: 04593686	Grading Permit #:	
<b>DESCRIPTION OF WORK REQUIRED</b>				
Existing Use: SINGLE FAMILY DWELLING		Proposed Use: Residential Deck		Estimated Cost: \$10,500.00
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				
Residential deck with approximately 896 square feet with three steps to grade (one on each side). Approximate measurements: 31' x 26' using composite materials and side railings <i>31 x 26 (896 sq ft) open deck with steps 3 sets</i>				
<b>PROPERTY OWNER INFORMATION REQUIRED</b>				
Owner(s) Name(s) (As it appears on tax records): PAUL PARAVARA JOSEPH			Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Owner's Street Address: 14810 MERIWETHER DRIVE				
City: GLENELG		State: MD		Zip Code: 21737
Phone: (586) 506-2120		Email: PPJOSEPHCPA@AOL.COM		
<b>APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</b>				
Business Name:		Contact Name: PAUL JOSEPH		
Street Address: 14810 MERIWETHER DRIVE				
City: GLENELG		State: MD		Zip Code: 21737
Phone: (586) 506-2120		Email: PPJOSEPHCPA@AOL.COM		
<b>CONTRACTOR INFORMATION REQUIRED</b>				
Business Name: Owner to Act as Contractor				
Licensee's Name:		License #:		
Street Address:				
City:		State:		Zip Code:
Phone:		Email:		
<b>ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</b>				
Business Name:		Name:		
Street Address:				
City:		State:		Zip Code:
Phone:		Email:		
<b>BUILDING CHARACTERISTICS REQUIRED</b>				
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 type="checkbox"/> No	
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)		Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:			Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #	
Sprinkler System: <input checked="" type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None		Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Voice Evac		
<b>ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)</b>				
Model Name & Options: Langley				
# of Bedrooms (SF): 4	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths: 3	# Half Baths: 1	# Fireplaces: 1	
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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1 <sup>st</sup> Fl Width:	1 <sup>st</sup> Fl Depth:	2 <sup>nd</sup> Fl Width:	2 <sup>nd</sup> 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: 4,408 sq ft      Occupiable Area: 4,408 sq ft		
<b>AGREEMENT/ DISCALIMER REQUIRED</b>				
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			11/02/2021 DATE SIGNED	
<b>FOR OFFICE USE ONLY</b>				
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 checked="" type="checkbox"/> Health <i>Hank Oswald 11/2/21</i>	<input type="checkbox"/> SHA <input type="checkbox"/> CIP
SUBMITTAL FEES: \$55.00		PAYMENT: CK# 5614		ACCEPTED BY: 

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/15.

**LEGEND:**

- BRL BUILDING RESTRICTION LINE
- F.F. FIRST FLOOR
- ELEV. ELEVATION
- O/H OVERHANG



-  = SEPTIC AREA
-  = WELLBOX

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN  
 SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

ADDRESS: 14810 MERIWETHER DRIVE  
 GLENELG, MD 21737

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS DRAWING WAS PREPARED W/O THE BENEFIT OF A TITLE REPORT.

LOCATION DRAWING  
 LOT 45  
**MERIWETHER FARMS**  
 LIBER 13779, FOLIO 490  
 PLAT NO. 21771  
 FOURTH ELECTION DISTRICT