



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 15032 KENWOOD CT
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: THE WOODS AT COUNTRY SPRINGS
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 16,900
Description of Work: 16'x20 Deck with steps

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
Construction type:	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms:
<input type="checkbox"/> Wood Frame	Multi-family Dwelling
<input type="checkbox"/> State Certified Modular	No. of efficiency units:
	No. of 1 BR units:
	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: MIKE ROTH
Address: 15032 KENWOOD CT
City: Woodbine State: MD Zip Code: 21797
Phone: 713-825-1925 Fax: _____
Email: Michael.Roth2@WELLS FARGO.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: EVERGREEN Fence & Deck
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: EVERGREEN Fence & Deck
Contact Person: MARK DILLON
Address: P.O. Box 274
City: Brownsville State: MD Zip Code: 20633
License No.: 49311
Phone: 301-774-2211 Fax: 301-774-3029
Email: EVERGREEN FENCE & DECK, INC

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Utilities
Water Supply
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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 Signature: Mark Dillon
Email Address: EVERGREEN FENCE & DECK, INC
Title/Company: President

Print Name: MARK DILLON
Date: 11-20-13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11/20/13</u>	<u>R. Bricker</u>

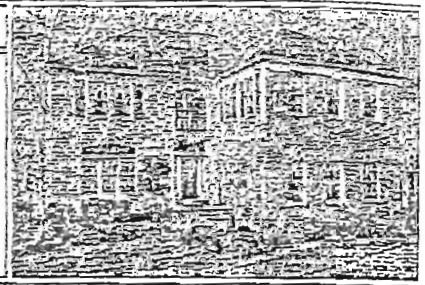
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

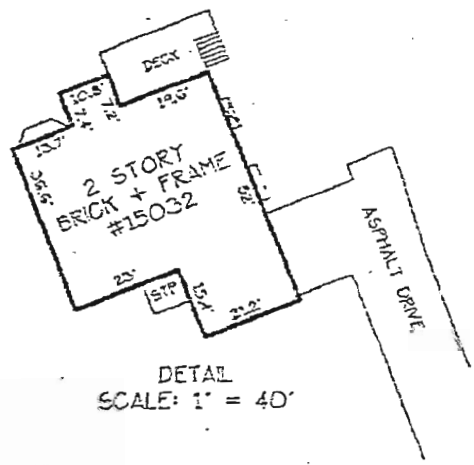
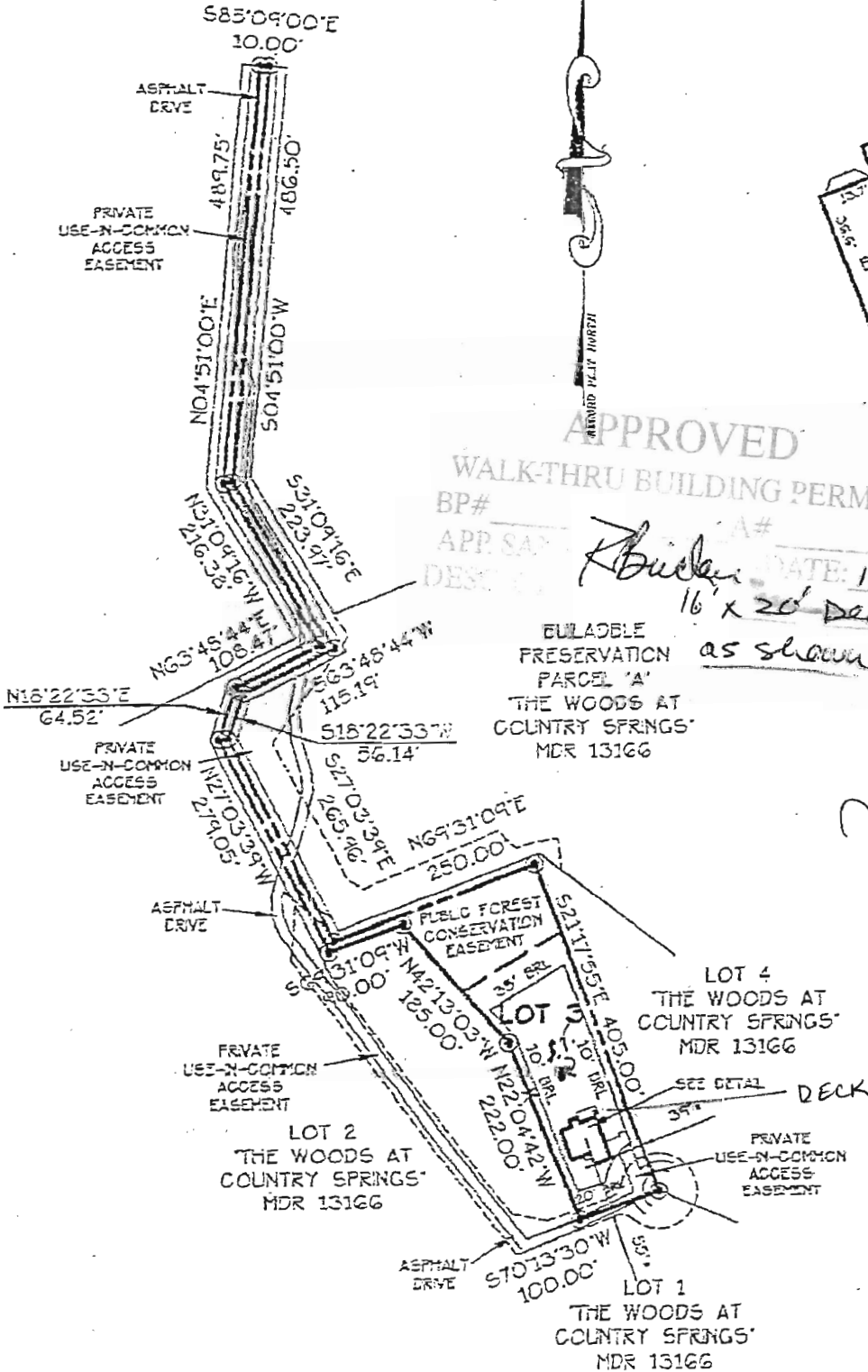
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Laneside

This is a two page document and is not valid without both pages. See page two (or reverse) for Survey Notes.



KENWOOD COURT



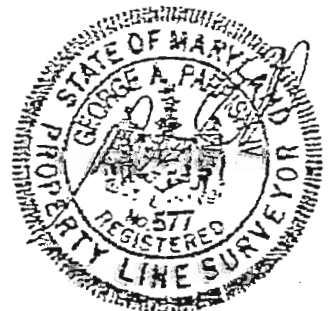
APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. DATE: 11/20/13
 DESC: 16' x 20' Deck
 as shown

ELIGIBLE PRESERVATION PARCEL 'A' THE WOODS AT COUNTRY SPRINGS' MDR 13166

Handwritten signatures and dates:
 4/5/13
 7/5/13
 1" = 200'



I hereby certify that the improvements shown hereon, to the best of my professional knowledge and belief, have been located by a transit, tape