



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: _____

A16887a

Permit No.: _____

Building Address: 15017 Kenwood Ct
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 0019 Parcel: 0025 Grid: 0064
 Zoning: _____ Map Coordinates: _____ Lot Size: 14,32AC

Property Owner's Name: Swalzes Residence
 Address: 15017 Kentwood Ct
 City: Woodbine State: MD Zip Code: 21797
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: SFH
 Proposed Use: _____
 Estimated Construction Cost: \$ 59,000
 Description of Work: Build a 800SF inground Swimming Pool

Contractor Company: Town Creek Pools
 Contact Person: Steve Chacy
 Address: Po Box 190
 City: Lisbon State: MD Zip Code: 21765
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

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

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

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

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" 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: _____
 Email Address: _____
 Title/Company: Production Manager

Print Name: Ian Robinson
 Date: 10/23/13

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>10/23/13 [Signature]</u>

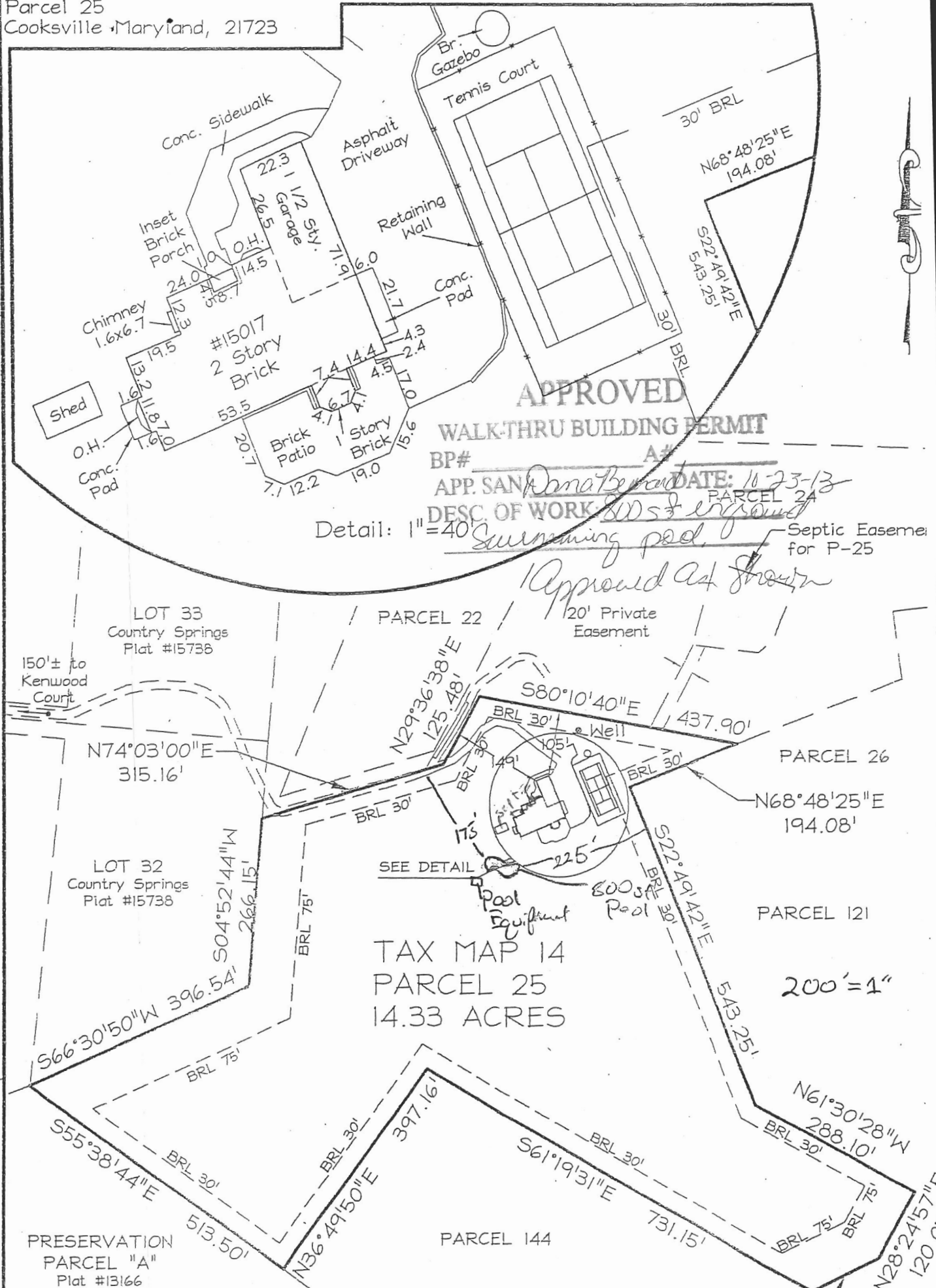
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	#

PROPERTY KNOWN AS:
 15017 Kenwood Ct
 Parcel 25
 Cooksville Maryland, 21723

THIS PLAT CAN NOT BE USED TO ESTAP
 PROPERTY LINES OR CORNERS.



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SANA *Dona Berard* DATE: 10-23-13
 DESC. OF WORK: *800 sq ft swimming pool*
 Detail: 1" = 40'
Approved as shown

TAX MAP 14
 PARCEL 25
 14.33 ACRES

200' = 1"

Mail'd IN

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3480 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS: (410) 313-2455 INSPECTIONS: (410) 313-1810
AUTOMATED INFORMATION: (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
BO052016 KOB

Building Address 15017
Kenwood Ct. Cooksville 21023

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 604002 Subdivision Cooksville

Section _____ Area _____ Lot _____

Tax Map Howard 9A1 Parcel 25 Grid 4

Zoning PCNEP Map Coordinates 9A1 Lot size _____

Property Owner's Name Hagan Hamilton
Okechisi, Shigehiko + Nancy

Address 20 East Timonium Rd
8398 Governor Glen

City Timonium State md Zip Code 21093

Home Phone EC 21043 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
443-622-7778

Phone _____ Fax _____

Existing Use SF Home

Proposed Use SF Home

Estimated Construction Cost \$ _____

Description of Work INSTALL (2) 1000 GAL
PROPANE TANKS, Run Line TO
HOUSE

Contractor Company Michel welding & mechanical rep

Contact Person Robert J Michel Sr

Address 2518 Green Rd

City Baldwin State md Zip Code 21013

License No. 73061 MD Gas Lic.

Phone 410 692 5416 Fax 410 399 0620

Occupant or Tenant Hagan Hamilton

Contact Name _____

Address 20 East Timonium Rd

City Timonium State md Zip Code 21093

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private _____
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input checked="" type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/>
Height: _____	NFPA #13D _____
Multi-family dwellings: _____	NFPA #13R _____
No. of efficiency units: _____	Other: _____
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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Robert J Michel Sr
Applicant's Signature

Title/Company

Robert J Michel Sr.
Print Name

1/15/2005
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>1/31/05</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>110</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
1/3 Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ <u>110</u>
Lot Coverage for NewTown Zone _____	Check # <u>8424</u>
SDP/Red-line approval date _____	Validation # _____

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Accepted by [Signature]

Planning Dept.
REVISED 2/23/05

Ex. 11,550 S.F.
Septic Easement
For Parcel 24
A 516492

APPROVED
WALK-THRU BUILDING PERMIT
BP# 00152016 A# 516807
APP. SAN E.A.Y. DATE: 2/23/05
DESC. OF WORK: *CP*

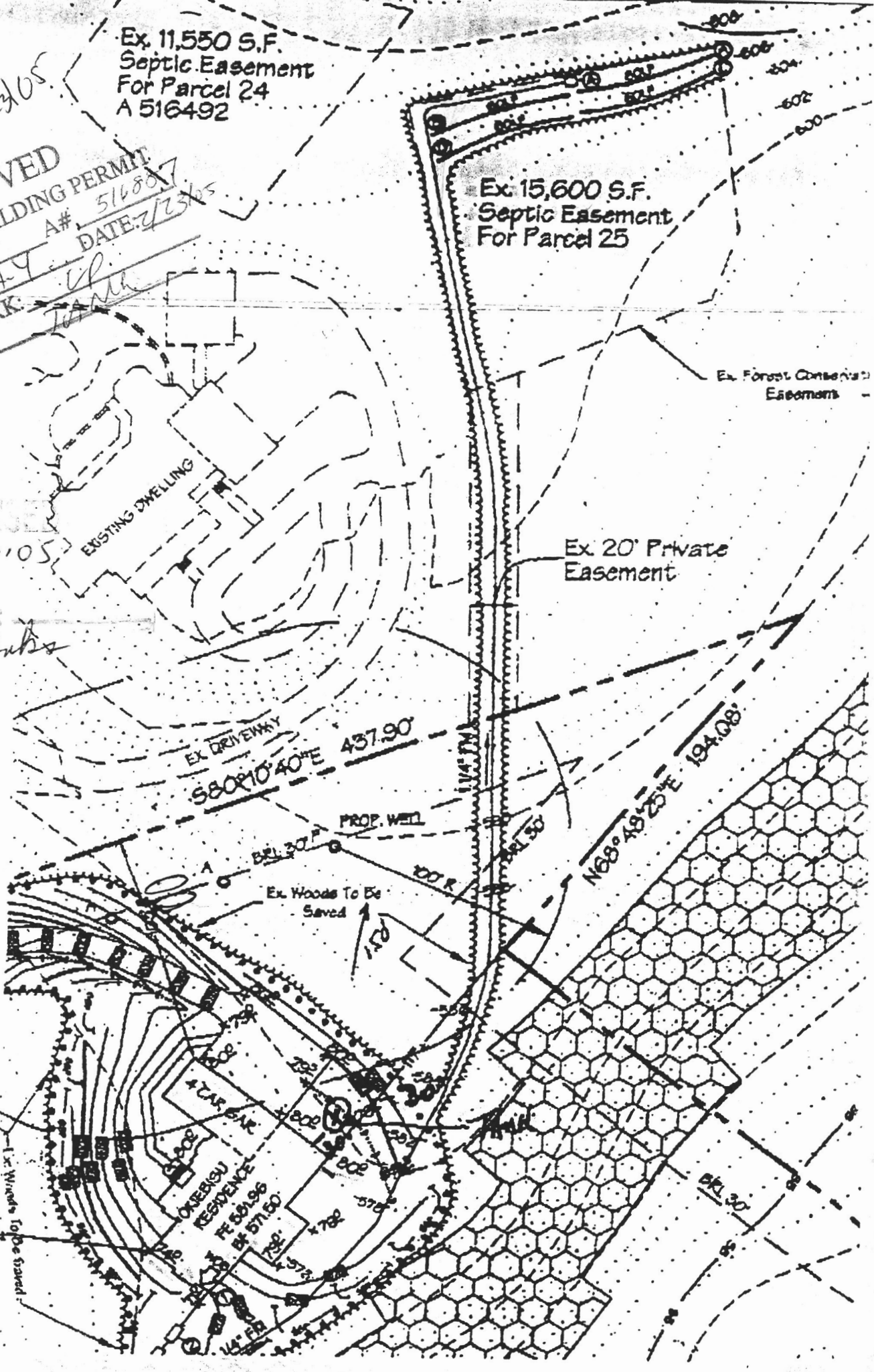
Ex. 15,600 S.F.
Septic Easement
For Parcel 25

000152016
REVISED
DATE: 2/23/05

Comments:
Relocated Tanks

Amend -
change to
other SIDE of
house

45' From well
70' from Tanks
36' to house
Inlet



Ex. Woods To Be Saved

EXISTING DWELLING

GARAGE

PROP. WELL

EX. WOODS TO BE SAVED

EX. DRIVEWAY

EX. 20' PRIVATE EASEMENT

EX. FOREST CONSERVATION EASEMENT

EX. 11,550 S.F. SEPTIC EASEMENT FOR PARCEL 24

EX. 15,600 S.F. SEPTIC EASEMENT FOR PARCEL 25

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
80047305 *MR*

Building Address 15017 Kenwood Ct.
Cooksville, MD 21723

Suite/Apt.#: _____ SDP/WP/Petition #: _____

Census Tract 604002 Subdivision Cooksville

Section _____ Area _____ Lot _____

Tax Map 14 Parcel 25 Grid 4

Zoning RC020 Map Coordinates 9A1 Lot size 14.3ac

Property Owner's Name Shigehiko & Nancy Okiebusi

Address 8398 Governors Run

City Ellicott City State MD Zip Code 21043

Home Phone 443-622-7778 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Balto., MD 21222

Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacant Lot

Proposed Use SFD

Estimated Construction Cost \$ 300,000.00

Description of Work Const SFD-Custom

2sty, full bsmt, R FB HB & 4car garage(4Br)fin.L.L.

w/full Bath, gas FP

Contractor Company Hamilton Development-T/A Hagan

Contact Person Pat Hagan w/ Hagan & Hamilton

Address 20E. Timonium Rd. - Ste# 100

City Timonium State MD Zip Code 21093

License No. MHBR#97

Phone 410-561-1004 Fax 410-561-1654

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

____ Reinforced Concrete

____ Structural Steel

____ Masonry

____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:

____ Public

____ Private

Sewage Disposal:

____ Public

____ Private

Electric Yes No

Gas Yes No

Heating System:

Electric Oil

Natural Gas

Propane Gas

Sprinkler system: N/A

____ Full

____ Partial

____ Other Suppression

____ # of Heads

Building Characteristics

SF Dwelling SF Townhouse

Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement: _____

Finished Basement Unfinished Basement

Crawl space Slab on Grade

No. of Bedrooms 4

Multi-family dwellings:

No. of efficiency units: _____

No. of 1 BR units: _____

No. of 2 BR units: _____

No. of 3 BR units: _____

Other Structure: _____

Dimensions: _____

Footings: _____

Roof: _____

____ State Certified Modular

____ Manufactured Home

Utilities

Water Supply:

____ Public

XX Private

Sewage Disposal:

____ Public

XX Private

Electric Yes No

Gas Yes No

Heating System:

Electric Oil

Natural Gas

Propane Gas

Sprinkler system: N/A

____ NFPA # 13D

____ NFPA#13R

____ Other:

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[Signature]
 Applicant's Signature

Agent

Title/Company

MR 5/14/04

Building Permit Services, Inc. - Pat Orla

Print Name
 April 8, 2004

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY. ****

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