



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.: B15004504

Building Address: 13875 KENNARD DRIVE
City: Glenside State: MD Zip Code: 21737
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SA
Proposed Use: House Heat Pool Heater
Estimated Construction Cost: \$ 5900.00
Description of Work: Install (1) 1000 gal U/G propane tank - outside only

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: Willie Legits
Address: 13875 KENNARD Drive
City: Glenside State: MD Zip Code: 21737
Phone: (410) 288-4362 Fax: _____
Email: WLegits@gmail.com

Property Owner's Name: Willie Legits
Address: 13875 KENNARD Drive
City: Glenside State: MD Zip Code: 21737
Phone: (410) 288-4362 Fax: _____
Email: WLegits@gmail.com

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

Contractor Company: AMERIGAS
Contact Person: JIM DATTENSON
Address: 4334 NORWICH RD
City: White Hall State: MD Zip Code: 21161
License No.: 68275
Phone: 410-672-0974 Fax: (410) 993-2358
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:	
<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	

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: Michael Francis Print Name: WILLIE LEGITS
Email Address: Account Manager Date: 10/15/15
Title/Company: _____

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

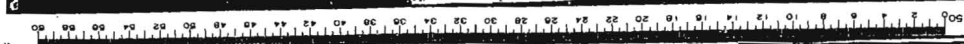
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11/2/15</u>	<u>[Signature]</u>

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	\$ <u>10.00</u>
Permit Fee	\$ <u>10.00</u>
Tech Fee	\$
Excise Tax	\$
GSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1098</u>

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

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



DATA TABULATION FOR SHEET 1 OF 2

TOTAL NUMBER OF AUTOMATIC LOTS TO BE RECORDED: 5

TOTAL NUMBER OF OTHER SPACE LOTS TO BE RECORDED: 0

TOTAL AREA OF AUTOMATIC LOTS TO BE RECORDED: 0.0000 AC.

TOTAL AREA OF OTHER SPACE LOTS TO BE RECORDED: 0.0000 AC.

TOTAL AREA OF ROADWAY TO BE RECORDED: 0.0000 AC.

TOTAL AREA TO BE RECORDED: 0.0000 AC.

APPROVED FOR PRIVATE WATER AND PRIVATE SEWAGE SYSTEMS, HOWARD COUNTY HEALTH DEPARTMENT.

HOWARD COUNTY HEALTH DEPARTMENT OFFICE OF PLANNING AND APPROVED: *[Signature]* DATE: 2-21-89

DIRECTOR: *[Signature]* DATE: 2-21-89

APPROVED FOR STORM DRAINAGE SYSTEMS, AND PUBLIC WORKS HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS

[Signature] DATE: 2/19/89

MEMORANDUM FOR THE RECORD

DATE: 2-21-89

TO: *[Signature]*

FROM: *[Signature]*

SUBJECT: *[Subject]*

MEMORANDUM FOR THE RECORD

DATE: 2-21-89

TO: *[Signature]*

FROM: *[Signature]*

SUBJECT: *[Subject]*

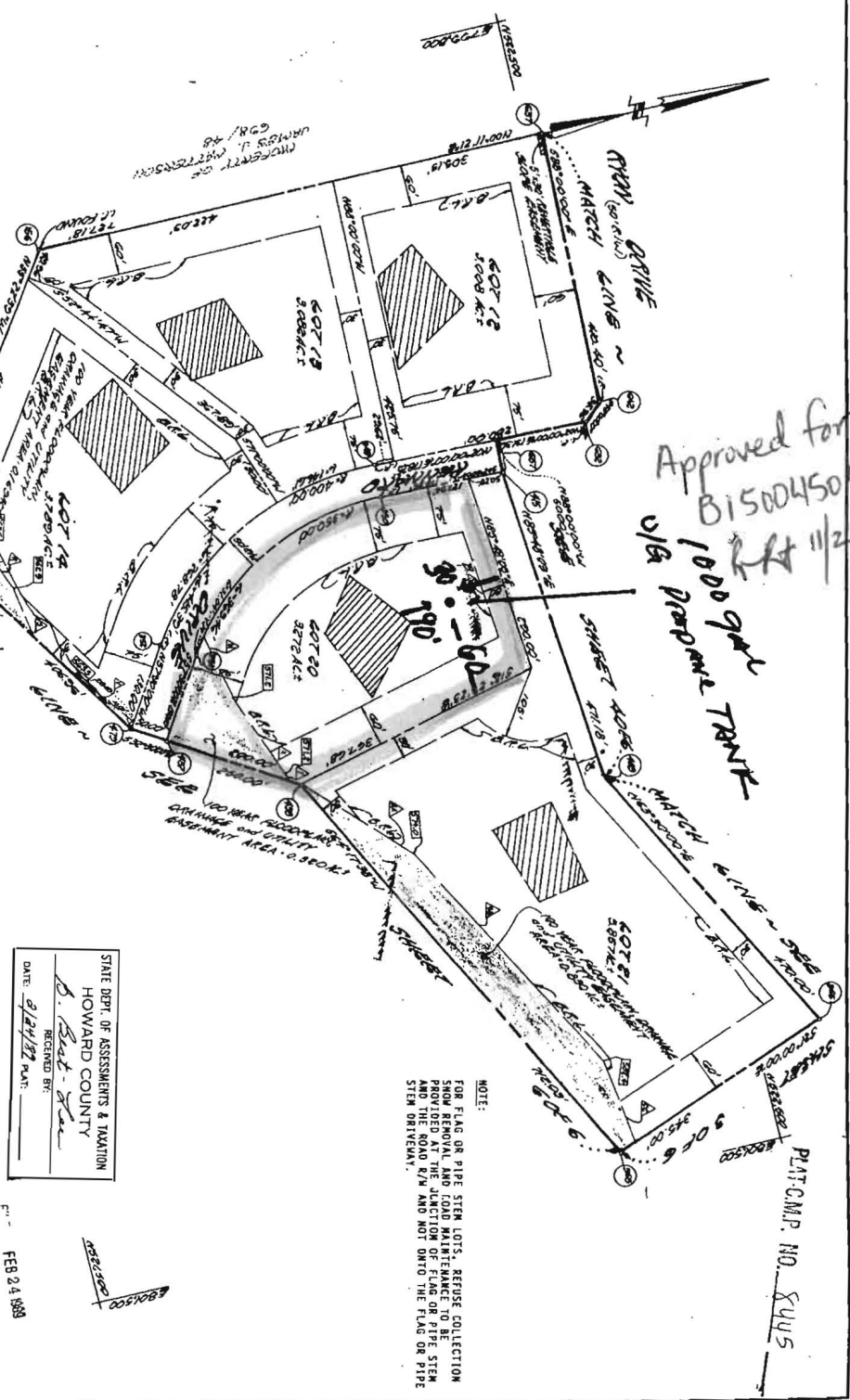
MEMORANDUM FOR THE RECORD

DATE: 2-21-89

TO: *[Signature]*

FROM: *[Signature]*

SUBJECT: *[Subject]*



Approved for UPT
B15004504
RA 11/2/85
1000 gal
PROPANE TANK

STATE DEPT. OF ASSESSMENTS & TAXATION
HOWARD COUNTY
D. Bob - *[Signature]*
RECEIVED BY:
DATE: 2/24/89

FEB 24 1989

MEMORANDUM FOR THE RECORD

DATE: 2-21-89

TO: *[Signature]*

FROM: *[Signature]*

SUBJECT: *[Subject]*

MEMORANDUM FOR THE RECORD

DATE: 2-21-89

TO: *[Signature]*

FROM: *[Signature]*

SUBJECT: *[Subject]*

MEMORANDUM FOR THE RECORD

DATE: 2-21-89

TO: *[Signature]*

FROM: *[Signature]*

SUBJECT: *[Subject]*

MEMORANDUM FOR THE RECORD

DATE: 2-21-89

TO: *[Signature]*

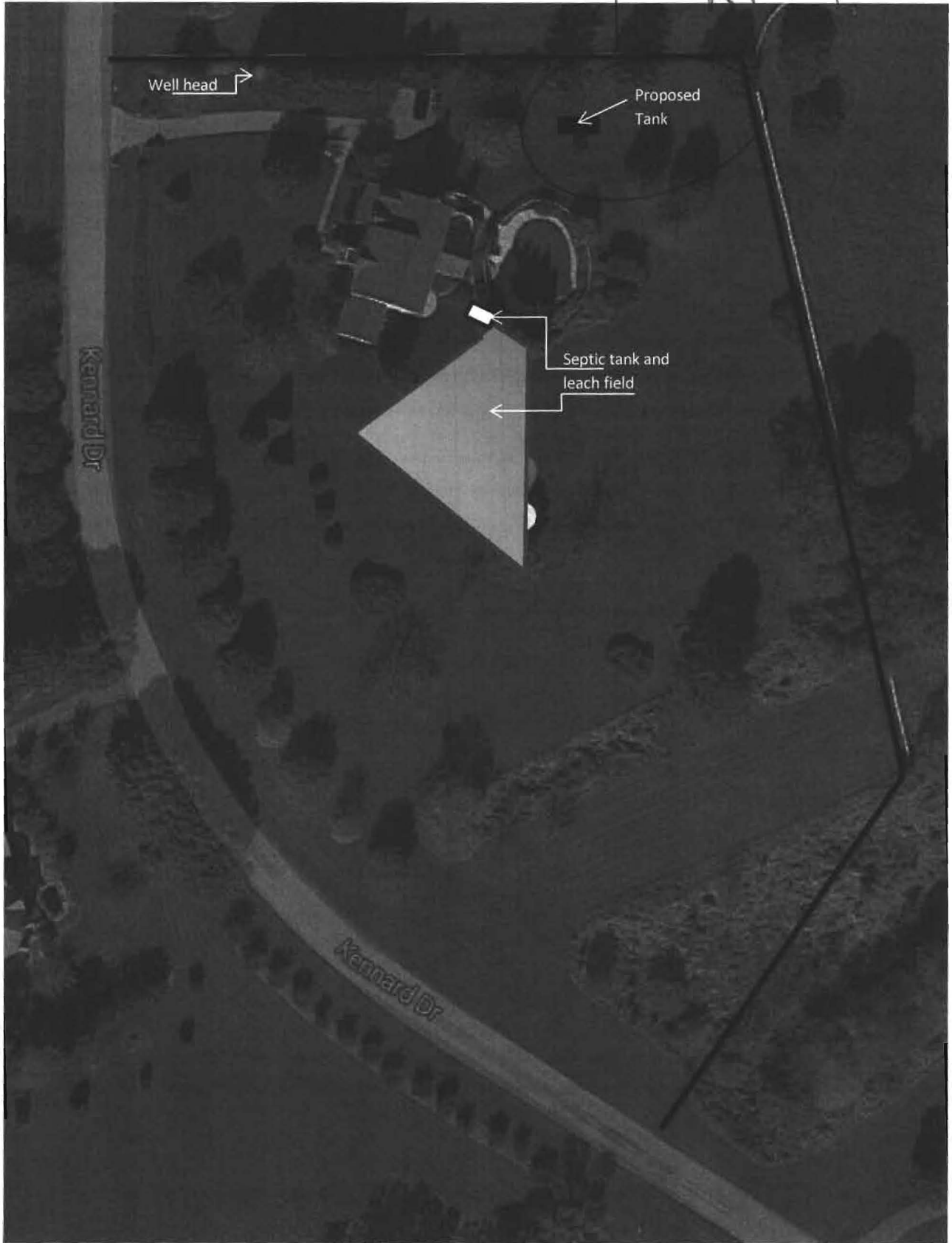
FROM: *[Signature]*

SUBJECT: *[Subject]*

MSA SSA1417-206-5

13895 KERNARD Dr.
Glendale, CA

Approved for UPT
7 B15004504
RMA 11/2/15



13895 KENNARD DR.
Glen 29 MS

