



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: 3380 Jennings Chapel Rd
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: SF DWELLING
 Proposed Use: SF DWELLING
 Estimated Construction Cost: \$ 2000
 Description of Work: Upgrade Panel Box
Provide self contained portable
hot tub with a 60 amp
circuit
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Herman Joseph Elaine Dust
 Address: 3380 Jennings Chapel Rd
 City: WOODBINE State: MD Zip Code: 21797
 Phone: 443-465-5510 Fax: _____
 Email: herman.dunst@bcemt.org

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

Contractor Company: Warners Electrical Svc
 Contact Person: Carroll Calvin Warner
 Address: 933 Western Chapel Rd
 City: Westminster State: MD Zip Code: 21157
 License No.: ES 04176
 Phone: 410-848-8841 Fax: _____
 Email: ccwarner@carrollkiz.org

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 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:
	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	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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.

Herman Dust
 Applicant's Signature Print Name
herman.dunst@bcemt.org
 Email Address
8/6/18
 Date

 Title/Company

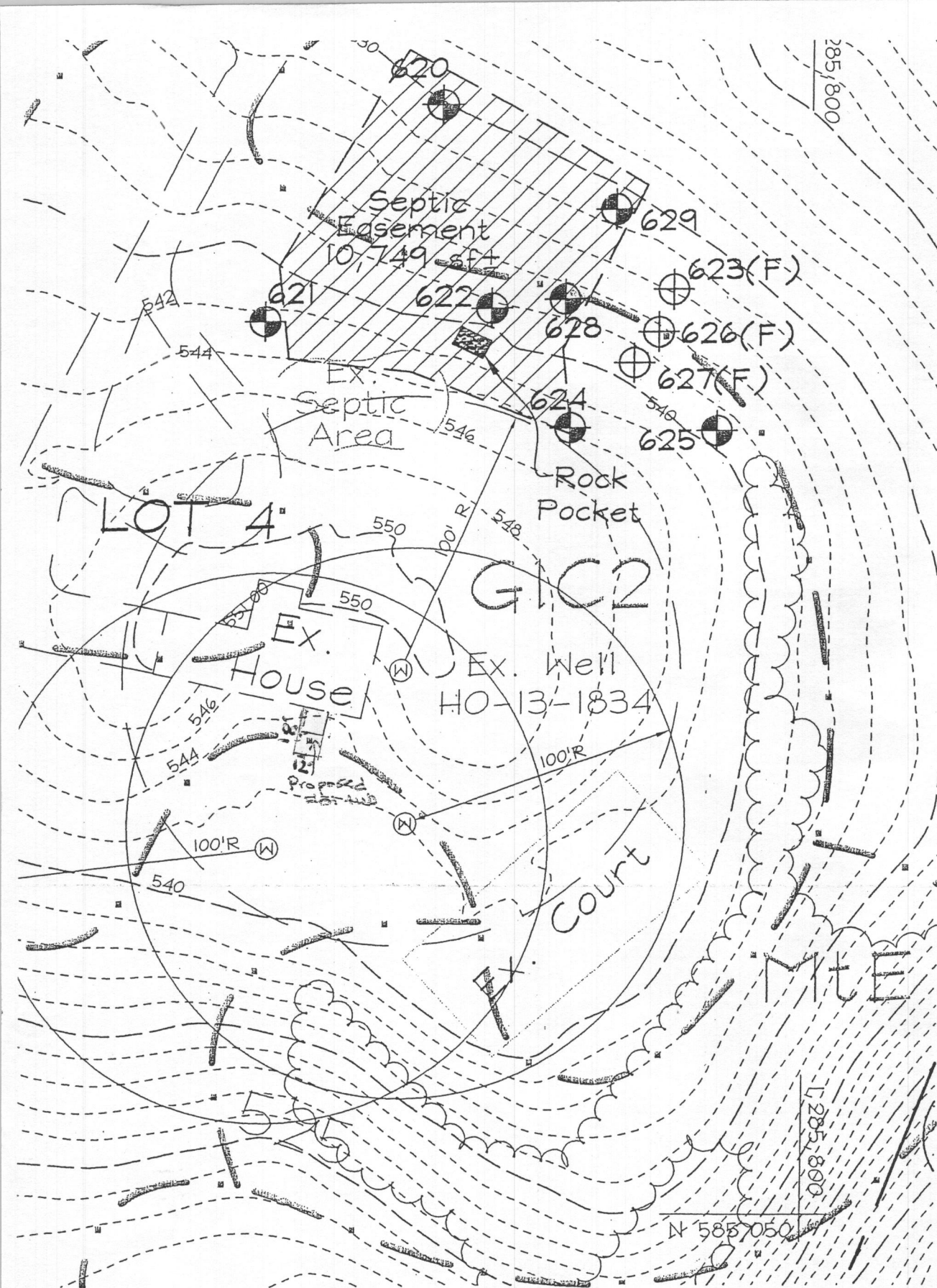
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>8/7/18</u>	<u>N. Oswald</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	\$ <u>55.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#



**PERC. CHART
LOT 4**

Number	Elevation
620	530.05
621	542.54
622	538.34
623(F)	533.77
624	543.22
625	538.92
626(F)	536.63
627(F)	539.34
628	537.08
629	531.05

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN in ground DATE: 8/1/08
 DESC. OF WORK: upgrade panel box. Provide self contained portable hot tub w/ 60 Amp Circuit.

OWNER/DEVELOPER

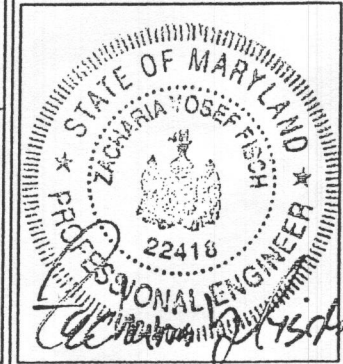
Mrs. Elaine Louise Dunst
 C/O Herman Dunst
 601 Sunrise Avenue
 Ridgely, MD 21660
 Tel.: (410) 634-2400

PROFESSIONAL CERTIFICATION
 I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland, License No. #22418, Expiration Date: 7/29/2009.

PERCOLATION CERTIFICATION PLAN
DUNST PROPERTY
 LOTS 1 THRU 4

TAX MAP 20 GRID 09
 4TH ELECTION DISTRICT

PARCEL
 HOWARD COUNTY, MARYLA



FSH Associates
 Engineers Planners Surveyors
 6339 Howard Lane Elkridge, MD 21075
 Tel: 410-567-5200 Fax: 410-796-1562
 E-mail: info@fsheri.com

DESIGN BY: ZY
 DRAWN BY: AY
 CHECKED BY: ZJ
 SCALE: As Shown
 DATE: July 8, 2008
 W.O. No.: 323
 SHEET No.: 2 OF

ENLARGEMENT 'D'
 SCALE: 1"=50'

APPROVED : FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN ACCORDANCE WITH THE MASTER PLAN OF HOWARD COUNTY

Richard J. Davis
 COUNTY HEALTH OFFICER

8/6/08
 DATE