

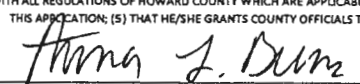
RECEIVED

MAY 28 2020

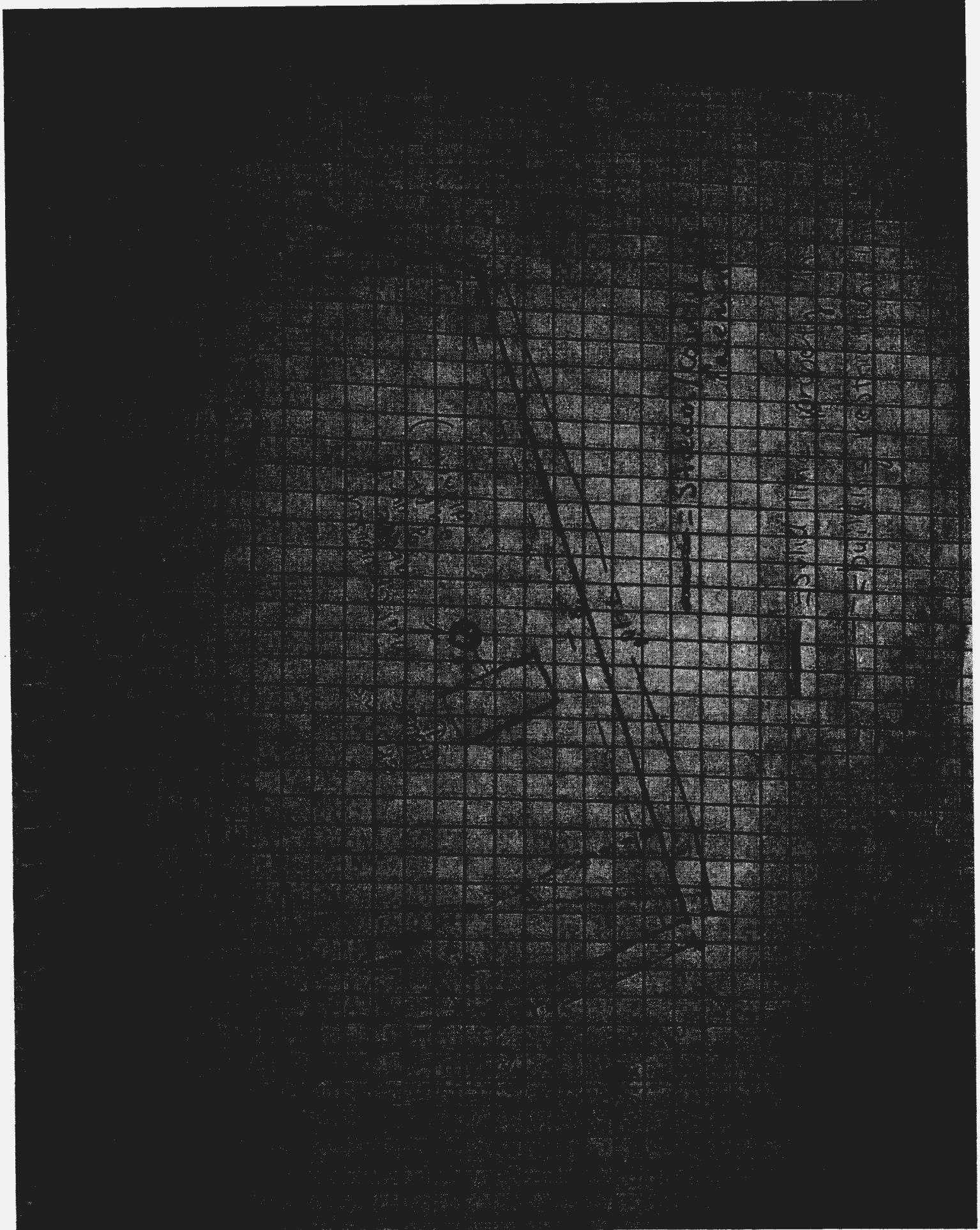
PERMIT NUMBER: B 20001631

DATE ACCEPTED:

LICENSES & PERMITS
DIVISION

RESIDENTIAL BUILDING PERMIT APPLICATION					
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 2430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov					
BUILDING SITE ADDRESS <small>REQUIRED</small>					
Street Address: 13905 Kennard Drive					Unit: N/A
City: Glenelg			State: MD		Zip Code: 21737
Subdivision/Village/Complex Name: Crystal Clear				SDP/WP/BA #:	
Lot: 19	Tax Map:		Parcel: 0533	Grading Permit #:	
DESCRIPTION OF WORK <small>REQUIRED</small>					
Existing Use: Low density residential		Proposed Use: Low density residential		Estimated Cost: \$9,000.00	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVAC) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None					
SFD/INSTALL 24 ft diameter above ground swimming pool, 52 inches deep, with two ladders that fold up and lock with fence to code (i.e. a fence kit will be attached to the top rail of the pool which will prevent entry.)					
PROPERTY OWNER INFORMATION <small>REQUIRED</small>					
Owner(s) Name(s) (As it appears on tax records): Burns, Anna L, and Fine, Steven L.					Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 13905 Kennard Drive					
City: Glenelg			State: MD		Zip Code: 21737
Phone: (443) 983-4417		Email: annaburns@hotmail.com			
APPLICANT NAME <small>REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</small>					
Business Name: Homeowner			Contact Name: Anna L. Burns		
Street Address: 13905 Kennard Dr					
City: Glenelg			State: MD		Zip Code: 21737
Phone: (443) 983-4417		Email: annaburns@hotmail.com			
CONTRACTOR INFORMATION <small>REQUIRED</small>					
Business Name: Floyd Contracting, Inc.					
Licensee's Name:			License #: 87516		
Street Address: 4366 Norrisville Rd.					
City: White Hall			State: MD		Zip Code: 21161
Phone: (877) 794-7665		Email: office@floydcontracting.com			
ARCHITECT/ENGINEER INFORMATION <small>INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</small>					
Business Name: N/A			Name: ---		
Street Address:					
City:			State:		Zip Code:
Phone:			Email:		
BUILDING CHARACTERISTICS <small>REQUIRED</small>					
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 checked="" 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 checked="" type="checkbox"/> Electric <input 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 type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None			Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac		
ADDITIONAL RESIDENTIAL INFORMATION <small>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</small>					
Model Name & Options:					
# of Bedrooms (SF):		# of efficiency units (MF*):		# of 1 BR (MF*):	
# of 2 BR (MF*):		# of 3 BR (MF*):			
# Rooms:		# Full Baths:		# Half Baths:	
# Fireplaces:					
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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1 st Fl Width:		1 st Fl Depth:		2 nd Fl Width:	
2 nd Fl Depth:		Bsmr Width:		Bsmr Depth:	
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI			Gross Area: <input type="text"/> sq ft		Occupiable Area: <input type="text"/> sq ft
AGREEMENT/ DISCALIMER <small>REQUIRED</small>					
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 THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.					
 APPLICANT'S ORIGINAL SIGNATURE				May 29, 2020 DATE SIGNED	
FOR OFFICE USE ONLY <small>CHECKS PAYABLE TO DIRECTOR OF FINANCE OF HOWARD COUNTY</small>					
AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>DBernard</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: \$110.00		PAYMENT: CK#9314		ACCEPTED BY: MAK	

B20001631



DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
HOWARD COUNTY MARYLAND

WATER SHALL NOT BE PLACED INTO THE POOL UNTIL A FINAL BUILDING INSPECTION IS APPROVED

THE FINAL INSPECTION WILL NOT BE APPROVED UNTIL ALL REQUIRED SWIMMING POOL SAFETY DEVICES ARE INSTALLED AND FULLY OPERATIONAL

All Swimming Pools are required to have an Electrical Permit by a Licensed Electrician

Gas Fired Pool Heaters

NO YES - Plumbing Permit required by a Licensed Plumber / Gas Fitter

DECLARATION OF INTENT TO INSTALL SWIMMING POOL SAFETY DEVICES

Date 5/24/20 Building Permit # _____ Address 13905 Kennard Dr.
Glenelg MD 21737

The undersigned, being the owner(s) of the above referenced property, hereby accept(s) the responsibility for the installation of an approved fence and safety devices required by Section 3109 of the 2018 Edition of the International Building Code. I (We) agree that the approved minimum 48" high fence and approved safety devices shall be installed prior to the placement of any water in the pool and that fences shall comply with the setback requirements of the Department of Planning and Zoning.

Anna J. Burns
Owner(s)

13905 Kennard Dr.
Address Glenelg MD 21737

Atena R.
Witness

13905 Kennard Drive
Address Glenelg MD 21737

Please call the Plan Review Division (Department of Inspections, Licenses and Permits) at 410-313-2436 for information regarding the fence design or safety devices. For information regarding fence setback requirements, please call the Zoning Administration (Department of Planning and Zoning) at 410-313-2393. Copy of Section 3109 of The International Building Code is on reverse side for your information.