

9

Health
20003053

RECEIVED

PERMIT NUMBER: B

20003053

DATE ACCEPTED:

SEP 03 2020

RESIDENTIAL BUILDING PERMIT APPLICATION
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
 www.howardcountymd.gov

LICENSES & PERMITS DIVISION

BUILDING SITE ADDRESS *REQUIRED*

Street Address: **1045 Long Corner Rd** Unit: _____
 City: **Mt Airy** State: **MD** Zip Code: **21771**
 Subdivision/Village/Complex Name: _____ SDP/WP/BA #: _____
 Lot: _____ Tax Map: _____ Parcel: _____ Grading Permit #: _____

DESCRIPTION OF WORK *REQUIRED*

Existing Use: **NA** Proposed Use: **Deck** Estimated Cost: **\$ 6,000.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
Build new deck off of rear of home and install new door where existing window is in house to access deck.
12' x 58'

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): **Douglas Mast** Primary Residence: Yes No
 Owner's Street Address: **1045 Long Corner Rd**
 City: **Mt Airy** State: **MD** Zip Code: **21771**
 Phone: **(240) 405-0763** Email: _____

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: **Douglas Mast** Contact Name: **Douglas Mast**
 Street Address: **1045 Long Corner Rd**
 City: **Mt Airy** State: **MD** Zip Code: **21771**
 Phone: **(240) 405-0763** Email: **d.mast@mastconstructionllc.com**

CONTRACTOR INFORMATION *REQUIRED*

Business Name: _____
 Licensee's Name: _____ License #: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name: _____ Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____

BUILDING CHARACTERISTICS *REQUIRED*

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: _____ Roadside Tree Project: No Yes: # _____
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION *(PLEASE SELECT/COMPLETE ALL THAT APPLY)*

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: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: _____ 1st Fl Depth: _____ 2nd Fl Width: _____ 2nd Fl Depth: _____ Bsmt Width: _____ Bsmt Depth: _____
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: _____ sq ft Occupiable Area: _____ sq ft

AGREEMENT / DISCALIMER *REQUIRED*

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.

[Signature] **8-28-2020**
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

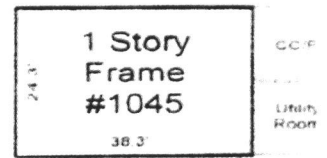
FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health *2011/6/20* SHA CID

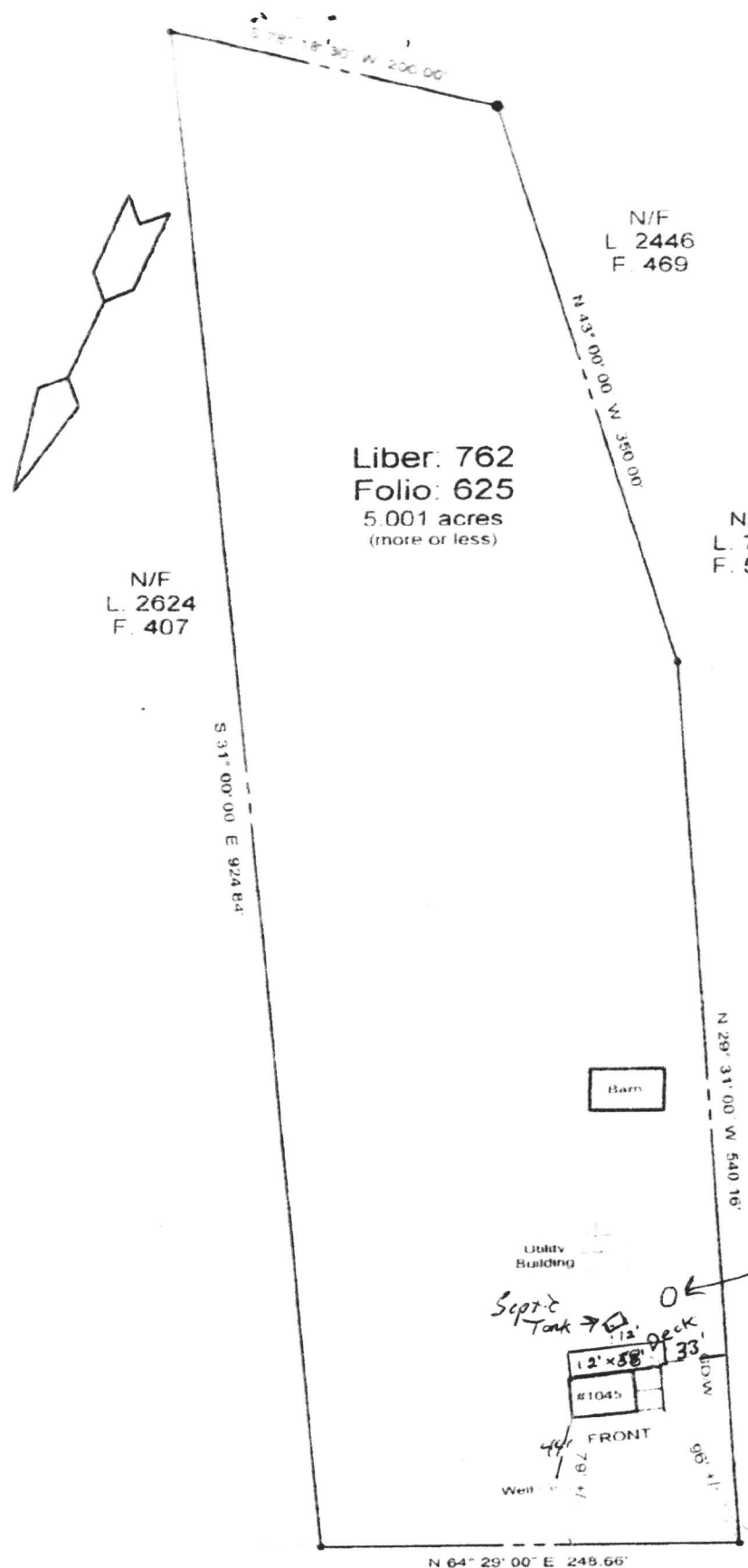
SUBMITTAL FEES: _____ PAYMENT: **# 13726 \$55.00** ACCEPTED BY: _____

Mast Construction, LLC mail

Detail Scale
1" = 30' Feet



FRONT



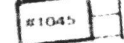
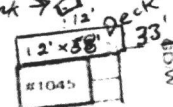
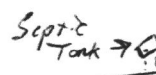
Liber: 762
Folio: 625
5.001 acres
(more or less)

N/F
L. 2624
F. 407

N/F
L. 2446
F. 469

N/F
L. 782
F. 530

N/F
L. 973
F. 170



Drywell

N 64° 29' 00" E 248.66'

LONG CORNER ROAD

LOCATION DRAWING

Project: 1045 LONG CORNER ROAD

Scale
1" = 100'

KEY

[Handwritten signatures and notes]

8-3-2006

