

PERMIT NUMBER: B 20003438

DATE ACCEPTED:

RECEIVED

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

SEP 23 2020

LICENSES & PERMITS DIVISION

BUILDING SITE ADDRESS REQUIRED

Street Address: 11225 Kinsale ct, City: Ellicott City MD, State: MD, Zip Code: 21042

DESCRIPTION OF WORK REQUIRED

Existing Use: SFH, Proposed Use: SFH, Estimated Cost: \$ 3500, Trade Work to Be Completed: Mechanical (HVACR), Electrical, Plumbing, None

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): 11225 Kinsale ct., City: Ellicott City, State: MD, Zip Code: 21042

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Maryland Deck and Patios, Contact Name: Ivan Reyes, Street Address: 5603 Balla Dr, City: Lanham, State: MD, Zip Code: 20706

CONTRACTOR INFORMATION REQUIRED

Business Name: Maryland Deck and Patios Inc., Licensee's Name: Ivan Reyes, License #: 112470, Street Address: 5603 Balla Dr, City: Lanham, State: MD, Zip Code: 20706

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, Condo: No, Utilities: Electric, Gas, Water Supply: Private (Well), Sewage Disposal: Private (Septic), Heating System: Electric, Propane, Other, Roadside Tree Project: No, Fire Alarm System: 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

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.

APPLICANT'S ORIGINAL SIGNATURE: [Signature], DATE SIGNED: 09/20/2020

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR, DPZ, BCD, Health, 4 BSWald, 10/20/20, SHA, CID, SUBMITTAL FEES: \$55.00, PAYMENT: no payment, ACCEPTED BY: [Signature]

