



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: 14524 MacClinton Ct.
 City: Glenwood State: MD Zip Code: 21738
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: WARFIELD EST.
 Section: _____ Area: _____ Lot: 17
 Tax Map: 21 Parcel: 129 Grid: 4
 Zoning: _____ Map Coordinates: _____ Lot Size: 42,863 SF

Existing Use: S.F.D
 Proposed Use: Single Fam. Dwell. w/ sunroom
 Estimated Construction Cost: \$10,000
 Description of Work: Enclose existing Deck to make into SUNROOM AND SCREEN-IN below Deck to make into SCREEN-IN Porch.
 Occupant or Tenant: SIZE IS ' x 12' = 180 sq. Ft.
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: John F Alice Alden
 Address: 14524 MacClinton Ct.
 City: Glenwood State: MD Zip Code: 21738
 Phone: 410 484-7127 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Vicky Meyer
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 410-296-6900 Fax: _____
 Email: _____

Contractor Company: Morris the Remodeling
 Contact Person: see above
 Address: 69 MAIN ST. 2ND FLOOR
 City: Reisterstown State: MD Zip Code: 21136
 License No.: 19813
 Phone: 410 356-2525 Fax: _____
 Email: _____

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	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
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 checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" 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 checked="" 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: V. Meyer
 Email Address: MDBIDG-Permits@comcast.net
 Title/Company: Agent

Print Name: Vicky Meyer
 Date: 11/9/14

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>1-9-14 D. Beard</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

306000678

Building Address 14613 Burntwoods Rd
Glenwood md 21738

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Debbie + John Newell

Address 14613 Burntwoods Rd

City Glenwood State Md Zip Code 21738

Home Phone 410-489-5833 Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone 443-563-7523

Existing Use SFD

Proposed Use SFD

Estimated Construction Cost \$ 10,000

Description of Work 14x20 Deck on
Rear of House Steps to grade

Contractor Company MID-Atlantic Decky Fence

Contact Person _____

Address 14613 Burntwoods Rd

City Glenwood State Md Zip Code 21738

License No. 25165

Phone _____ Fax _____

Occupant or Tenant Debbie + John Newell

Contact Name _____

Address 14613 Burntwoods Rd

City Glenwood State Md Zip Code 21738

Phone 410-489-5833

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ _____ Public _____ Private
Depth _____ Width _____	Sewage Disposal: _____ _____ Public _____ Private
1st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
_____ State Certified Modular	
_____ Manufactured Home	

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Beverly Beiderman
 Applicant's Signature
agent
 Title/Company

Beverly Beiderman
 Print Name
6/28/06
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

some site plan
done by NEWELL

N 15° 45' 07" W 73.64'

N 03° 36' 57" W 73.82'

N 04° 16' 55" E 270.00'

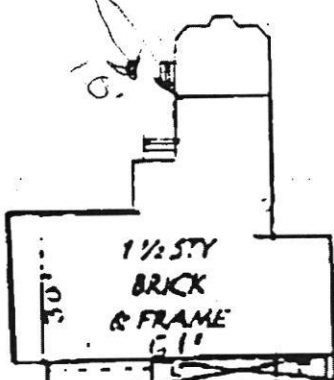
N 04° 25' 03" E 270.00'

5' UTILITY EASEMENT

SHT C

C.P.

deck



1 1/2 STY
BRICK
& FRAME
GI

30.00

23.08

well

DRIVE

APPROVED

WALK-THRU BUILDING PERMIT

BP# B06000678 A# P#511090A

APP. SAN SF DATE: 6/28/20

DESC. OF WORK:

14x20' deck

S 85° 45' 07" E 73.56'

S 83° 36' 57" E 75.07'

BURNTWOODS ROAD

scale 1" = 40'

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B0044856

Building Address **14613 BURNETT WOODS RD
 GTONWOOD, MD 21128**
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision **WARFIELD EST**
 Section **1** Area _____ Lot **4** **BLA**
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates **907** Lot size _____

Property Owner's Name **Debbie Ranley**
 Address **Land**
 City _____ State _____ Zip Code _____
 Home Phone **410 481-5833** Work Phone **410 485-1900**
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use **SFD**
 Proposed Use **Addition**
 Estimated Construction Cost \$ **20,000**
 Description of Work **Rear Addition (10x20)
 (6x15) + (5x6) for use as carport
 Family Room / mudroom / expanded space**

Contractor Company **Central Builders, Inc.**
 Contact Person **John Warr's**
 Address **PO Box 1613**
 City **Ellicott City** State **MD** Zip Code **21031**
 License No. **492019**
 Phone **410-441-0000** Fax **410-750-3520**

Occupant or Tenant **Kitchen Area with
 fireplace**
 Contact Name **OWNER**
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: Addition Dimensions: 10x5x9 Footings: concrete Roof: Gable	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>

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Applicant's Signature **John M. Warr's**
 Title/Company **President, Central Builders, Inc.**

Print Name **John M. Warr's**
 Date **10/30/03**

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY ****
FOR OFFICE USE ONLY.