

PERMIT NUMBER: B 21002831

DATE ACCEPTED:

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

BUILDING SITE ADDRESS REQUIRED

Street Address: 2546 JENNINGS CHAPEL RD Unit:
 City: WOODBINE, MD State: MD Zip Code: 21797
 Subdivision/Village/Complex Name: SDP/WP/BA #:
 Lot: Tax Map: Parcel: Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: RESIDENTIAL Proposed Use: RESIDENTIAL Estimated Cost: \$ 3,000
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
 Build 16' X 12' DECK WITH STEPS

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): THE MASTERS BUILDER LLC Primary Residence: Yes No
 Owner's Street Address: 5520 CEDAR LANE
 City: Columbia State: MD Zip Code: 21044
 Phone: Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: THE MASTERS BUILDER LLC Contact Name: GENE BRADFORD
 Street Address: 5520 CEDAR LANE
 City: Columbia, MD State: MD Zip Code: 21074
 Phone: 410 580 0115 Email: GeneCBradford@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: G MAN CONTRACTORS
 Licensee's Name: DERRICK GIVEN'S License #: 08010075734
 Street Address: 23420 NECK ROAD
 City: AQUASCO, MD State: Zip Code: 20608
 Phone: 301-579-9004 Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Name: GENE BRADFORD
 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:
 Carport/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: DIVISION

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 T-HERETO; (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: *Gene Bradford* DATE SIGNED: 8/3/21

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

AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health 8/19/21 SHA CID
 SUBMITTAL FEES: 55.00 PAYMENT: CK# 162 ACCEPTED BY: *MP*

RECEIVED
 AUG 03 2021
 LICENSES & PERMITS DIVISION

THE MASTERS B

