

PERMIT NUMBER: B 21002877

DATE ACCEPTED:

RECEIVED

JUL 30 2021



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: 3273 JONES RD
City: WOODBINE
State: MD
Zip Code: 21797
Subdivision/Village/Complex Name:
SDP/WP/BA #:
Lot:
Tax Map:
Parcel:
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: DECK
Proposed Use: DECK
Estimated Cost: \$ 20,000.00
Trade Work to Be Completed (Separate Permits Required):
CONSTRUCT "L" SHAPED DECK ADJOINING EXISTING SCREENED PORCH 8X12 + 9X12

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): DAVID/REBECCA GROVES
Primary Residence: Yes
Owner's Street Address: 3273 JONES RD
City: WOODBINE
State: MD
Zip Code: 21797
Phone:
Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: ELITE DECKS
Contact Name: BRAD BOWLING
Street Address: 448 BARONETS CT
City: WESTMINSTER
State: MD
Zip Code: 21157
Phone: 443 324 5338
Email: BRAD@ELITEDECKSONLINE.COM

CONTRACTOR INFORMATION REQUIRED

Business Name: ELITE DECKS
Licensee's Name: PAUL SAUNDERS
License #: 128703
Street Address: 448 BARONETS CT
City: WESTMINSTER
State: MD
Zip Code: 21157
Phone: 443 324 5338
Email: PAUL.ELITEDECKS@GMAIL.COM

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
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.

APPLICANT'S ORIGINAL SIGNATURE: [Signature]
DATE SIGNED: 7-29-21

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
PR, DPZ, DED, Health, SHA, CID
SUBMITTAL FEES: 2500
PAYMENT: 2500
ACCEPTED BY: [Signature]

