

PERMIT NUMBER: B 22001839

DATE ACCEPTED: DILP 2022 MAY 4 PM 2:46



# 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: 15149 Lumber Cove Ln, Ellicott City, MD 21043		Unit:
City: Ellicott City	State: MD	Zip Code: 21043
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

## DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use: <u>Build deck seating</u>	Estimated Cost: \$ <u>20,000.00</u>
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
<u>Deck addition to an existing covered deck</u> <u>14'-10" x 18'-3"</u>		

## PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): <u>ATEKOVA MUFUTAU</u>	Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 15149 Lumber Cove Ln, Ellicott City, MD 21043	
City: Ellicott City	State: MD
Phone:	Email:

## APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name: <u>Atlekoa Mufutau</u>
Street Address: <u>617 Millers Rd Essex</u>	
City: Essex	State: MD
Phone: <u>410-444-1944</u>	Email: <u>atlekoa.mufutau@gmail.com</u>

## CONTRACTOR INFORMATION REQUIRED

Business Name: <u>Proactive Design &amp; Building Systems Inc.</u>	License #: <u>134789</u>
Licensee's Name: <u>Chamson Quynhokh</u>	
Street Address: <u>605 Liberty Road</u>	
City: <u>Baltimore MD 21207</u>	State: <u>MD</u>
Phone: <u>(410) 226-2100</u>	Email: <u>contact@proactivedesign.com</u>

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

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:

## BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: # <u>55</u>
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> 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: 5-4-22

## FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

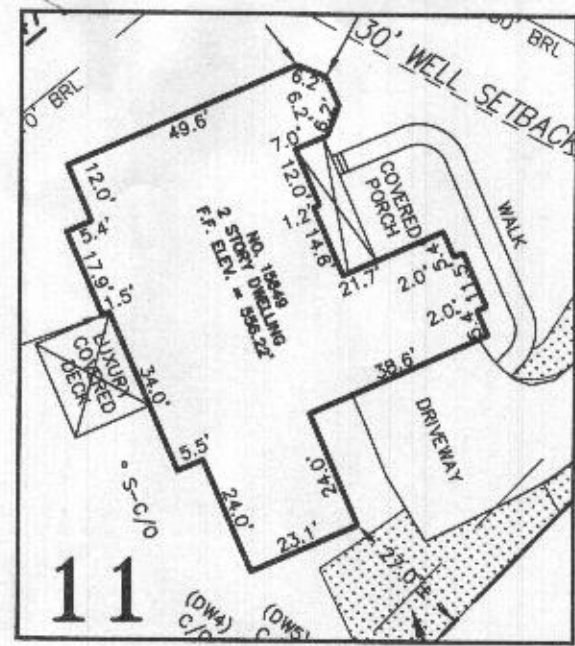
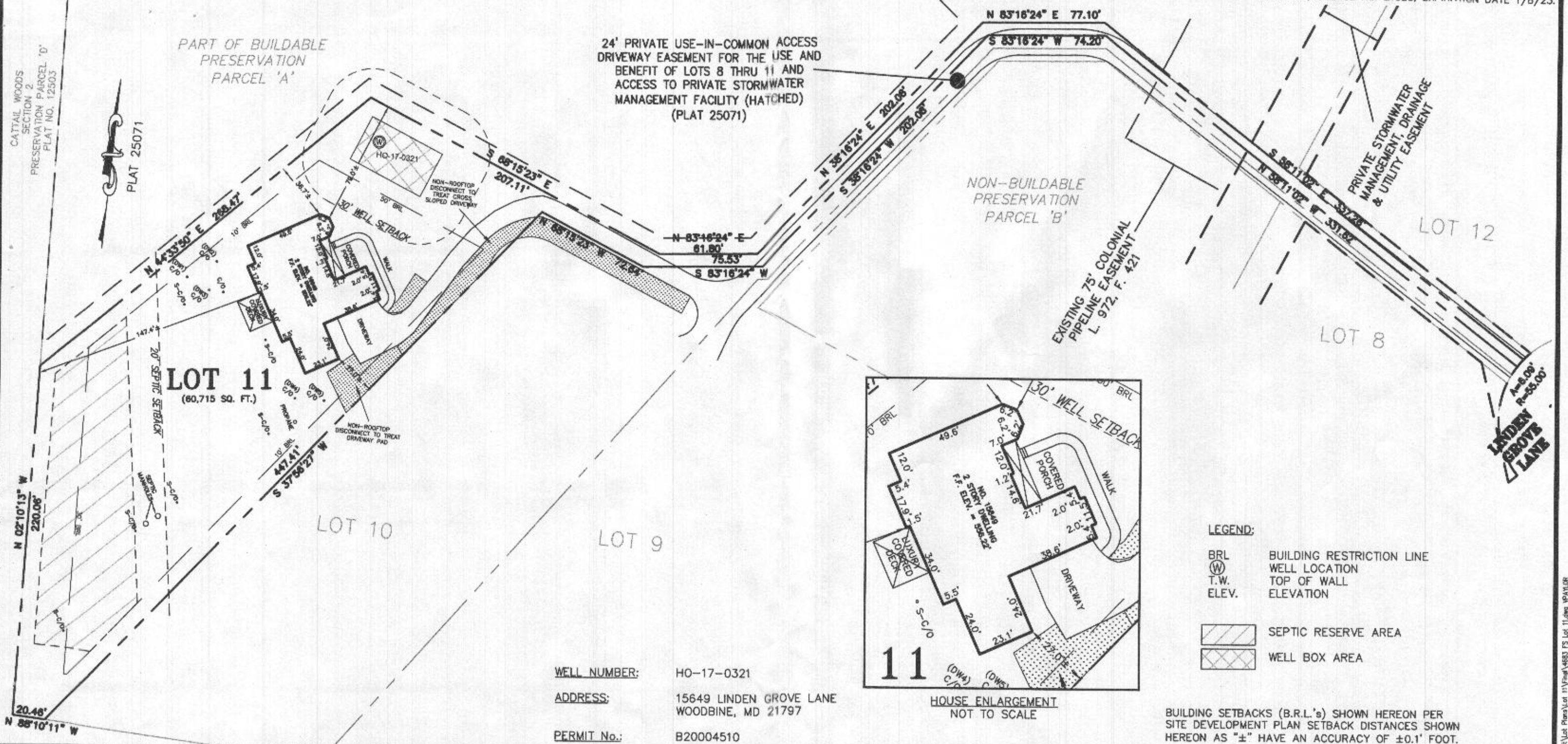
AGENCIES REQUIRED/APPROVALS:				
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <u>9/8 5/27/22</u>	<input type="checkbox"/> SHA
SUBMITTAL FEES: <u>\$55.00</u>		PAYMENT: <u>CK # 1042</u>	ACCEPTED BY: <u>AKH</u>	











**LEGEND:**  
 BRL BUILDING RESTRICTION LINE  
 (W) WELL LOCATION  
 T.W. TOP OF WALL  
 ELEV. ELEVATION

SEPTIC RESERVE AREA  
 WELL BOX AREA

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

**WELL NUMBER:** HO-17-0321  
**ADDRESS:** 15649 LINDEN GROVE LANE  
 WOODBINE, MD 21797  
**PERMIT No.:** B20004510

**SURVEYOR'S CERTIFICATE**

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS DRAWING WAS PREPARED W/O THE BENEFIT OF A TITLE REPORT.

SIGNATURE: MICHAEL JOE BOYCE  
 MD. LIC NO. 21328  
 DATE 10/21/21

LOCATION DRAWING  
 LOT 11  
**LINDEN GROVE**  
 LIBER 15899, FOLIO 246  
 PLAT NO. 25071  
 ELECTION DISTRICT No. 4  
 HOWARD COUNTY, MARYLAND

**ESE CONSULTANTS**  
 ENGINEERING • PLANNING • SURVEYING • ENVIRONMENTAL  
 ESE Consultants, Inc.  
 6731 Columbia Gateway Drive • Suite 120 • Columbia, MD 21046  
 T: 410-872-9105

DATE: 10/21/2021  
 SCALE: 1"=60'  
 FILE: FS LOT 11  
 CHK'D: M.J.B.  
 JOB NO: 4683  
 DRAWN: V.X.P.

