

Menu Save Reset Cancel Help

Approved MOC
11/6/24

Record Detail (This section is required.)

Case #
EH-PLANS-24-0

Type
EnvHealth/Environmental Health/Plan Check/Application

Status
In Review

Opened Date
09/27/2024

Single Entry Edit-View Record Form

Application Name
B24003454

Description
NOV/SFD/Interior Alterations to finish basement TO INCLUDE theater room, office, bathroom and storage room in the basement, APPROX 1904. SEE CB240966**NOT APPROVED AS AN ACCESSORY APT, SMOKE DETECTORS REQUIRED, SUBJECT TO FIELD INSPECTION**

Total Invoiced
0.00

Total Paid
0.00

Balance
0.00

Online NOV BP.
JG 10/2/24

Assigned to Department [Current Department](#)
Well and Septic Progra

Assigned to Staff [Current User](#)
Zack Silvast

Address (This section is required.)

New	Search	Delete	Set Primary	Primary	Street # (start)	Direction	Street Name	Street Type	City	State	Zip Code	Address Status	Street Suffix (Direction)	Unit Type
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2921		Maple Leaf	WAY	Ell...	MD	21042			

Parcel (This section is not required.)

Search	Delete	Get Address & Owner	Set Primary	Primary	Parcel #	Book	Page	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Legal Description	Tract
0 record(s) found.														

Owner (This section is not required.)

Search	Delete	Set Primary	Primary	Name	Mail Address Line1	Mail Address Line2	Mail Address Line3	Mail City	Mail State	Mail Zip Code	Phone	Country/Region
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sun Bo	4937 Windpower Way			Ellicott City	MD	21043	202-256-6826	US

Applicant (This section is required.)

Search As Owner As Lic. Prof As Contact

Single Entry Applicant Form

Type
Applicant

Primary
Yes

First Name
Xiao

Middle Name

Last Name
Dong

Home Phone (xxx)xxx-xxxx

Organization Name

Build U Home LLC.
Mobile Phone (443) 707-5636
E-mail HANDYPRO@FOXMAIL.COM
Business Phone

Preferred Channel

--Select--

Applicant Address

New Look Up Deactivate Remove

Table with columns: Contact Address ID, Address Type, Address Line 1, City, State, Zip, Primary, Recipient, Status. 0 record(s) found.

Custom Fields

DATE TRACKING

Received Date, Due Date, Dates to Complete, Received by Food, Food Review Type, Equipment Specification Sheets Submitted, Equipment Specification Sheet, Received by Community Hygiene, Received by Well and Septic

FACILITY INFORMATION

Name of Business (dba), Associated Building Permit Number, Owner Switch Date, Does the project include an Aquatic Facility..., Does the project include Private Septic..., Is this a Prototype Food Service Facility..., Facility Fax, Days of Operation, Does this project have a Building Permit?, Building Permit Issued Date, Non-Profit, Does the project include Private Well..., Does the project include Food Services..., Facility Phone, Facility Email

PROPERTY INFORMATION

Water Source, Sewage Disposal, Design Wastewater Flow, Permit Type

PLAT STATS

Total Number of buildable lots to be recorded, Total number of open space lots to be recorded, Total number of bulk parcels to be recorded, Total number of lots / parcels to be recorded, New buildable lots created, Date PLAT signed by Health Officer, PLAT Type

DEVELOPMENT PLANS

Property Type

--Select--

Plan Version

--Select--

Signature Required

Yes No

Engineer

(Text)

Number of paper copies

(Number)

Number of mylar copies

(Number)

Number of buildable lots created

(Number)

Number of non-buildable lots created

(Number)

Total Number of Lots

(Number)

Associated Plans

WELL AND SEPTIC INTERNAL

State Review Required

Yes No

Coordinate State Review

Yes No

Proposed Septic System Type

--Select--

FOOD ESTABLISHMENT FACILITY

Priority Assessment

--Select--

Licensed Type

--Select--

License Category

--Select--

FOOD ESTABLISHMENT INFORMATION

Hours of Operation

(Text)

Operating Seasonally Only

If Operating Seasonally, What is the start month?

(Text)

Are pets allowed in a outdoor seating area?

Yes No

Full Bar?

Yes No

RESTAURANT AND FOOD SERVICE

Food Service Facility Secondary Category

--Select--

Total Seating Capacity

(Number)

Number of Restrooms

(Number)

Interior Restaurant Seating Capacity

(Number)

Bar Seating Capacity

(Text)

Outdoor Seating Capacity

(Text)

Does the restaurant have outdoor seating

Yes No

EQUIPMENT

Evaluated non NSF, ANSI, CF or other standards

Yes No

Description of Refrigeration Units

Number of Walk-In Refrigerator Units

(Number)

Description of Walk-In Freezer Units

(Text)

Is there a bulk ice machine available

Yes No

Space Limitation

Number of Hand Sinks Available

(Number)

Hood System

(Text)

Ventless Equipment

(Text)

PLUMBING

Size and installation of the water heater?

(Text)

Is there a grease interceptor or grease trap?

--Select--

REFUSE AND RECYCLABLES

Dumpsters Located on a impervious surface?

--Select--

Will there be a grease receptacle?

--Select--

Howard County Permitting

3430 Court House Dr

Ellicott City, MD 21043

RE: Permit Number: Building B24003454

Below is the response to the comment for this project. Please feel free to contact me with any additional comments or questions.

Health Department Review Comments:

Need confirmation of total # of bedrooms due to optional details on original floor plans. Confirm whether any windows are proposed in theater & office rooms.

Response: There is no proposed window in theater & office rooms. No proposed bedroom in the basement. Notes 3 has been added and clouded on sheet A002 to address this comment.

Sincerely,

Yunxiao Yang P.E.

yyx017@gmail.com


443-766-2699

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B22002599	07/06/2022
Description of Work		
SFD/ Install 500 gallon underground propane tank		

[check spelling](#)

Address * (This section is required.)

Approved 7/12/22


Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
2921	MAPLE LEAF	WAY	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-76.90802	39.29481
City	State	Zip Code	Primary
ELLCOTT CITY	MD	21042	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1105041	88	0	0	0	0	RURAL
Legal Description						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	2	603000	5				
Plan Area	State Tax Id	Subdivision Name					
		Maple View					
Section	Area	Tax Map					
		16					
Grid	Zoning District	ADC Map					
16-15	RC-DEO	4814-E3					
SDP No.	Final Plan No.	WP File No.					
SDP-20-067	ECP-14-018						
Record Plat No.	WS Contract No.	FDP No.	Primary				
23512-2351			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	3-06A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search Reset Clear

Name *

Bo Sun

Address Line 1

2921 Maple Leaf

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
Ellicott City	MD	21042
Phone	Primary	
240-495-2230	Yes	
E-mail		

Benning & Associates, Inc.

8933 Shady Grove Court
Gaithersburg, MD 20877
Phone: 301-948-0240
Fax: 301-948-0241
dmckee@benninglandplan.com

RECEIVED

APR 07 2020

LICENSES & PERMITS
DIVISION

To: Annette Merson-Sacks - Department of Planning & Zoning

Date: 04-01-2020

Re: B19004315 (8228 Hunterbrooke Lane)

Dear Ms. Merson-Sacks,

Enclosed are 6 copies of an updated Plot Plan for your use as recently requested.
Please let us know if anything more is needed to obtain the building permit.

Sincerely,



David W. McKee

CC: ~~Heath~~

PERMIT NUMBER: B **21001628**

DATE ACCEPTED:

RECEIVED

APR 29 2021

OK



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS DIVISION

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 2921 Maple Leaf Way		Unit:
City: Ellicott City	State: MD	Zip Code: 21043
Subdivision/Village/Complex Name: Maple View		SDP/WP/BA #: SDP-20-067
Lot: 2	Tax Map: 0016	Parcel: 0088
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant Lot	Proposed Use: Residential SFD - New Construction	Estimated Cost: \$285,739.00
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

Construction of new sfd home w/ 3-car side load garage, morning room and family room extension and one story conservatory. Library extension and extended owner's bedroom. Walk-out

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Bo Sun & Yijing Lu		Primary Residence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner's Street Address: 4937 Windpower Way		
City: Ellicott City	State: MD	Zip Code: 21042
Phone:	Email: bosun58@gmail.com - lousia1120@gmail.com	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Caruso Homes On Your Lot III, LLC.		Contact Name: Chad Riedy
Street Address: 2120 Baldwin Ave, Suite 200		
City: Crofton	State: MD	Zip Code: 21114
Phone: (667) 307-4272	Email: criedy@carusohomes.com	

CONTRACTOR INFORMATION REQUIRED

Business Name: Caruso Homes On Your Lot III, LLC.		
Licensee's Name: Chad Riedy	License #: 8233	APR 30 2021
Street Address: 2120 Baldwin Ave., Suite 200		
City: Crofton	State: MD	Zip Code: 21114
Phone: (667) 307-4272	Email: criedy@carusohomes.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: <input checked="" 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 checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Well)
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: Kingsport-3-car sideload; conservancy; morning room; 5' angled ext.; library ext.; walk-out					
# of Bedrooms (SF): 4	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 8	# Full Baths: 4	# Half Baths: 1	# Fireplaces: 0		
Garage/Carport Info: <input checked="" 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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width: 72	1st Fl Depth: 63	2nd Fl Width: 60	2nd Fl Depth: 63	Bsmt Width: 72	Bsmt Depth: 63
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input checked="" type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 7,597 sq ft		Occupiable Area: 4,629 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

3/1/2021

DATE SIGNED

FOR OFFICE USE ONLY

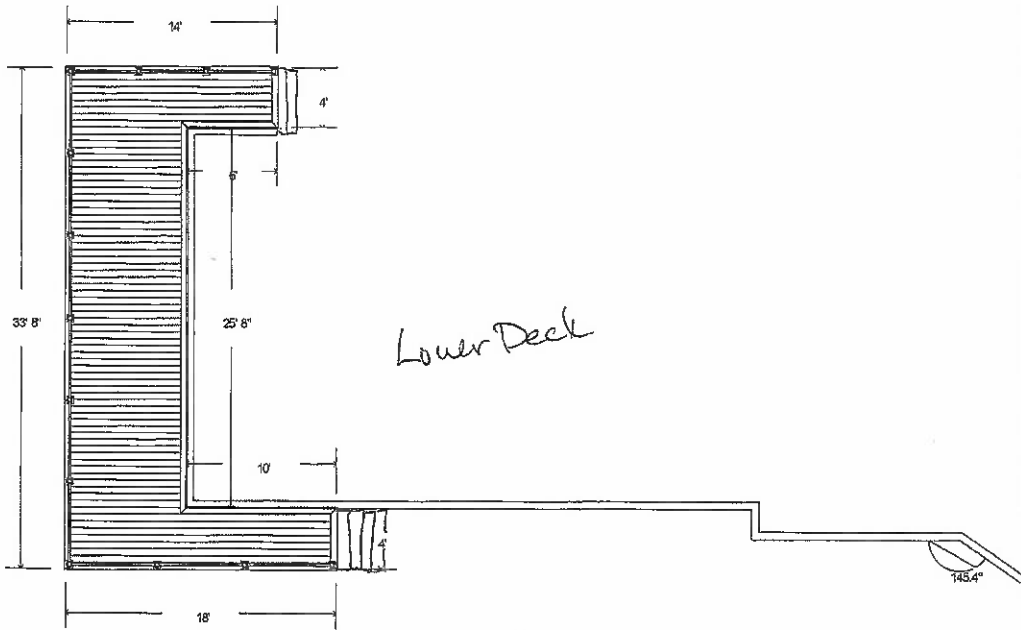
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 5/20/21	<input checked="" type="checkbox"/> SHA	<input checked="" type="checkbox"/> CID

SUBMITTAL FEES: \$150	PAYMENT: 12085	ACCEPTED BY: Dmpbxx
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need 3rd set on Septic.

PLANS RECEIVED
T:\Operations\UpdatedForms\ResidentialBuildingPermitApp01.28.2020



05/18/2021	PLAN VIEW Scale: 1/8" = 1'	Customer:
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Health

RECEIVED

PERMIT NUMBER: B 21000860

DATE ACCEPTED:

MAR 09 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

BUILDING SITE ADDRESS REQUIRED
 Street Address: 18427 Hidden Creek Way Unit:
 City: Mt. Airy State: MD Zip Code: 21771
 Subdivision/Village/Complex Name: Enclave at Glenely SDP/WP/BA #:
 Lot: 12 Tax Map: Parcel: Grading Permit #:

DESCRIPTION OF WORK REQUIRED
 Existing Use: Proposed Use: Estimated Cost: \$ 4281.00
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
 Install 66500 propane tank on line to house

PROPERTY OWNER INFORMATION REQUIRED
 Owner(s) Name(s) (As it appears on tax records): Patrick McCormick Primary Residence: Yes No
 Owner's Street Address: 18427 Hidden Creek Way
 City: Mt. Airy State: MD Zip Code: 21771
 Phone: Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION
 Business Name: Dixieland Energy Contact Name: Ronnie Blankenbecker
 Street Address: 281 E Main St
 City: Rising Sun State: MD Zip Code: 21911
 Phone: 888-517-3680 Email: Ldusser@dixielandenergy.com

CONTRACTOR INFORMATION REQUIRED
 Business Name: Dixieland Energy License #: 201000100429
 Licensee's Name: Basil Stephen Perry
 Street Address: 281 E Main St
 City: Rising Sun State: MD Zip Code: 21911
 Phone: 888-517-3680 Email: Ldusser@dixielandenergy.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 SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Cgodo: 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:
 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

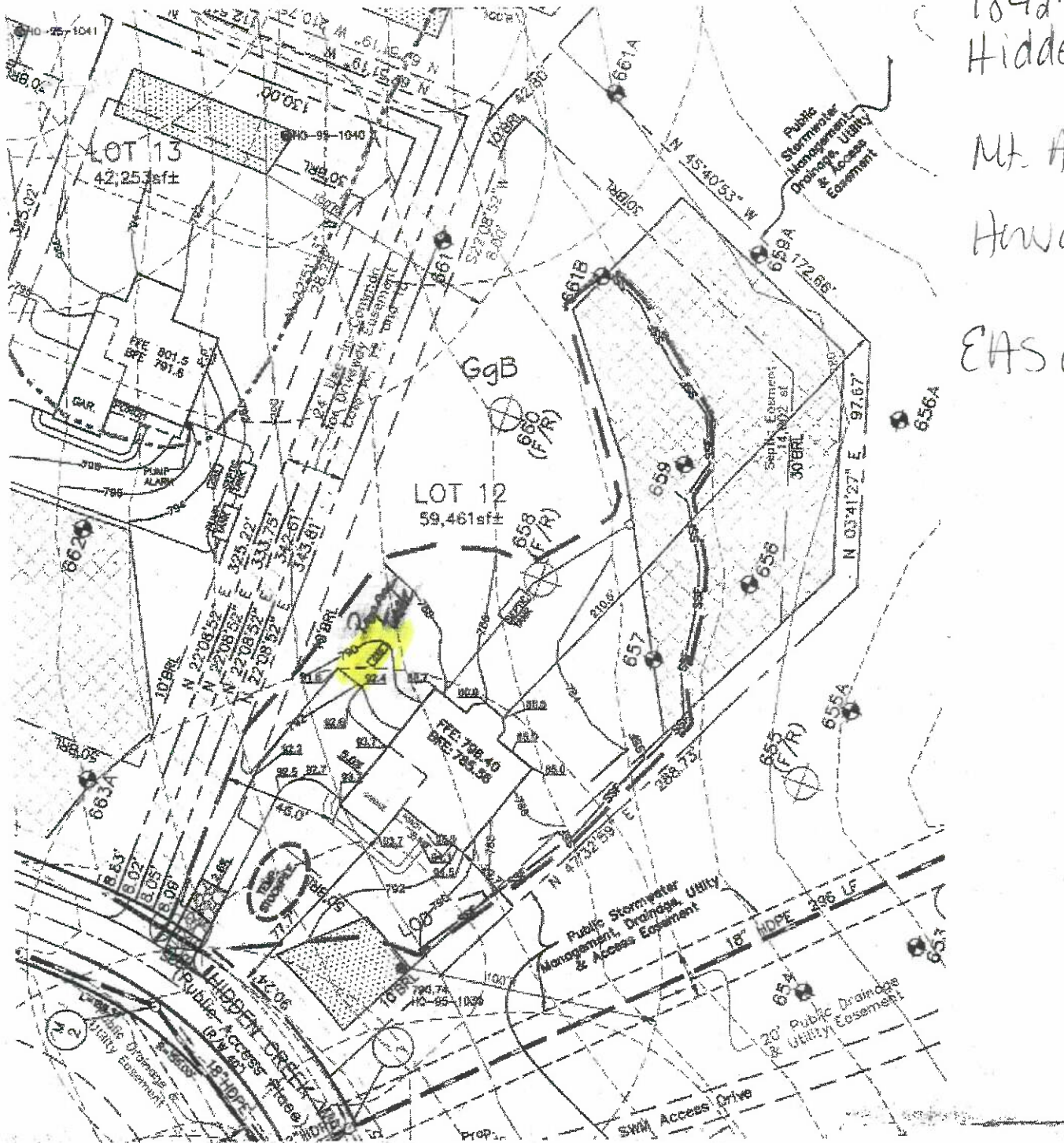
AGREEMENT/ DISCALIMER REQUIRED
 THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM 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.

Basil Stephen Perry 3-2-21
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY
 AGENCIES REQUIRED/APPROVALS:
 PR DPZ DED Health 3/26/21 SHA CID
 SUBMITTAL FEES: \$110.00 PAYMENT: CK# 131666 ACCEPTED BY: MAIL

184d'1
Hidden Creek
way
Mt. Airy
Howard Co.

EAS 010



PLAN VIEW

1" = 40'



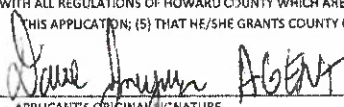
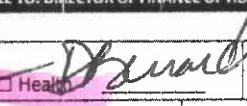
Approved for 1p tank
B21000 860
R-~~MS~~ 3/26/21

Health

PERMIT NUMBER: B 21000986

DATE ACCEPTED:

RECEIVED

RESIDENTIAL BUILDING PERMIT APPLICATION		MAR 13 2021	
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: 5051 Gaithers Chance Drive			Unit:
City: Clarksville	State: MD		Zip Code: 21036
Subdivision/Village/Complex Name: 1001			SDP/WP/BA #:
Lot: 13	Tax Map: 0028	Parcel: 0045	Grading Permit #:
DESCRIPTION OF WORK REQUIRED			
Existing Use: Single Family Dwelling		Proposed Use: Single Family Dwelling	
Estimated Cost: \$90,000.00			
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None			
Construct an outdoor Fireplace, 3' seat wall, (2) stairs and an outdoor kitchen. Patio and a 6' fence also included			
PROPERTY OWNER INFORMATION REQUIRED			
Owner(s) Name(s) (As It appears on tax records): Mukherjee, Ratnakar			Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 5051 Gaithers Chance Drive			
City: Clarksville	State: MD		Zip Code: 21036
Phone: (443) 695-6248		Email: bob.mukherjee@gmail.com	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION			
Business Name: Scapes Inc.		Contact Name: David Jorgensen	
Street Address: PO Box 99			
City: Harwood	State: MD		Zip Code: 20776
Phone: (443) 822-7837		Email: david@scapesinc.net	
CONTRACTOR INFORMATION REQUIRED			
Business Name: Scapes Inc.			
Licensee's Name: Jeffrey Crandell		License #: MHIC 93231	
Street Address: PO Box 99			
City: Harwood	State: MD		Zip Code: 20776
Phone: (410) 867-6909		Email: info@scapesinc.net	
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: <input checked="" 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 checked="" type="checkbox"/> No	
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #	
Heating System: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None			
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: 1	Garage/Carport Info: <input checked="" 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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial			
1 st Fl Width: 140	1 st Fl Depth: 50	2 nd Fl Width:	2 nd Fl Depth:
Bsmt Width:	Bsmt Depth:		
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI	Gross Area: sq ft		Occupable 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		03/15/21 DATE SIGNED	
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"/> UEL	<input checked="" type="checkbox"/> Health 
<input type="checkbox"/> SHA	<input type="checkbox"/> CID		
SUBMITTAL FEES: \$ 55.00		PAYMENT: #10786	ACCEPTED BY: mail