



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: 12245 RUNNING FENCE LANE
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: 605101 Subdivision: WALNUT GROVE
Section: _____ Area: _____ Lot: 27
Tax Map: 28 Parcel: _____ Grid: _____
Zoning: RC-DEO Map Coordinates: 4933-J4 Lot Size: 43,983

Existing Use: RESIDENCE HOME
Proposed Use: INSTALLATION OF 35' X 15' POOL
Estimated Construction Cost: \$ 70,000
Description of Work:
INSTALLATION OF 35' X 15' POOL
Pool Only
Occupant/Tenant Name: _____
Was tenant space previously occupied? ☒ Yes ☐ No
Contract Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: MISTRY RESIDENCE
Address: 12245 RUNNING FENCE LANE
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address (if other than stated herein)
Applicant's Name: TOMMY GRIEST
Address: 20912 SUNNYACRES RD
City: GAITHERSBURG State: MD Zip Code: 20882
Phone: 301 448 0500 Fax: _____
Email: BENTPALMLLC@GMAIL.COM

Contractor Company: BENT PALM DESIGN BUILD, LLC
Contact Person: TOMMY GRIEST
Address: PO BOX 1830
City: OLNEY State: MD Zip Code: 20830
License No.: 129910
Phone: 301 448 0500 Fax: _____
Email: BENTPALMLLC@GMAIL.COM

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: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
<input type="checkbox"/> Roadside Tree Project Permit	Dimensions: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Footings: _____
Roadside Tree Project Permit # _____	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Heating System
<input 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 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: _____
BENTPALMLLC@GMAIL.COM
Email Address: _____
MGRM
Title/Company: _____

Print Name: TOMMY GRIEST
Date: 10/13/17

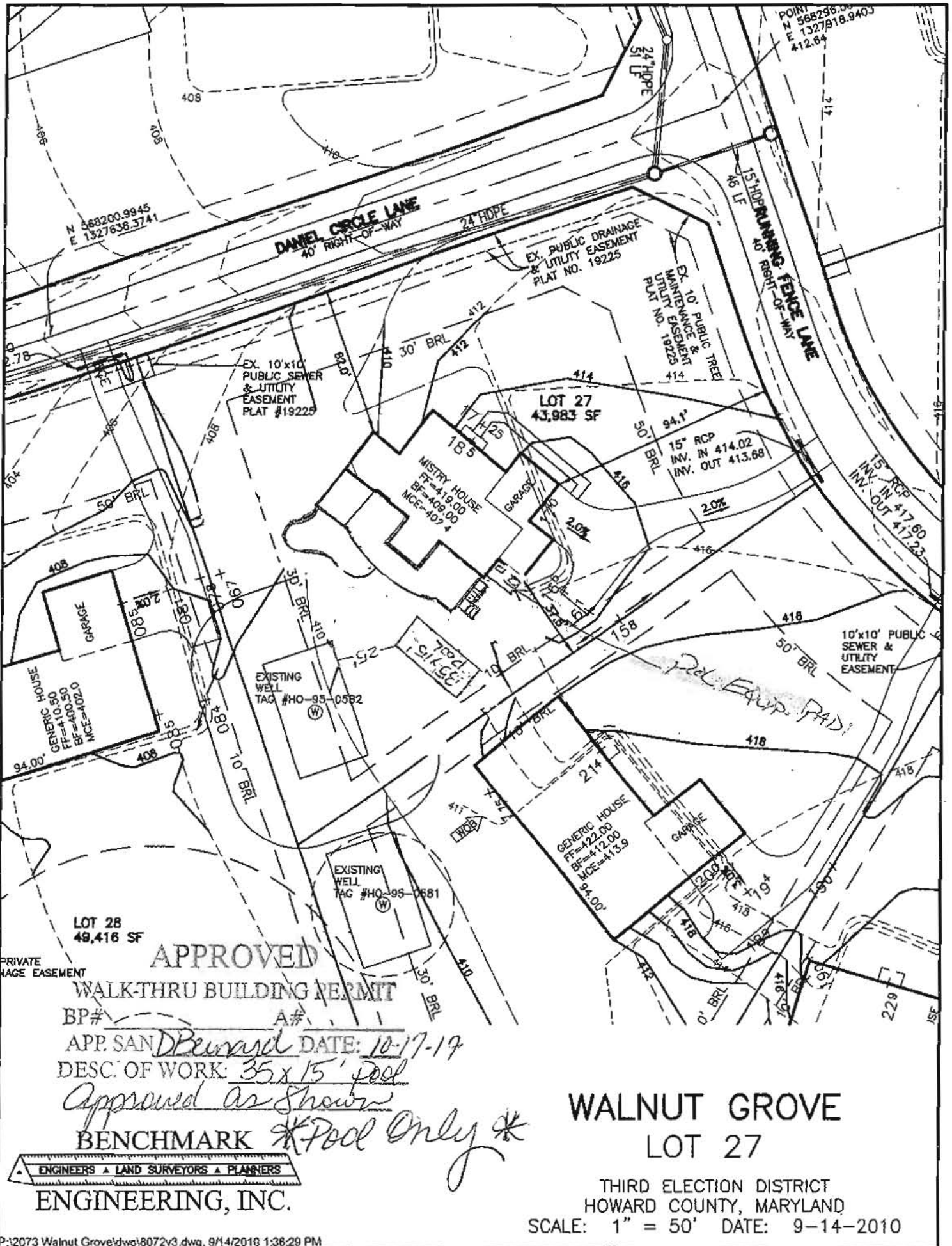
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input checked="" type="checkbox"/> CONTINGENCY CONSTRUCTION START		

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	Yes No
Is Entrance Permit Required?	Yes No
Historic District?	Yes 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	#



APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

APP. SANDBENNY DATE: 10-17-17

DESC. OF WORK: 35' x 15' Pool

Approved as shown

BENCHMARK

Pool Only

WALNUT GROVE
LOT 27

THIRD ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: 9-14-2010

ENGINEERS & LAND SURVEYORS & PLANNERS

ENGINEERING, INC.