



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: 6-05-2019

Permit No.:

Building Address: 2042 DROVERS LANE City: COOKSVILLE State: MD Zip Code: _____ Suite/Apt. #: _____ SDP/WP/BA #: _____ Census Tract: _____ Subdivision: _____ Section: _____ Area: _____ Lot: _____ Tax Map: _____ Parcel: _____ Grid: _____ Zoning: _____ Map Coordinates: _____ Lot Size: _____		Property Owner's Name: DR RAZVI Address: 2042 DROVERS LANE City: COOKSVILLE State: MD Zip Code: _____ Phone: _____ Fax: _____ Email: _____	
Existing Use: RESIDENCE HOME Proposed Use: SWIMMING POOL AREA Estimated Construction Cost: \$ \$ 100K Description of Work: INSTALLATION OF 14' X 31' INGROUND FIBERGLASS SWIMMING POOL		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	
Occupant/Tenant Name: _____ Was tenant space previously occupied? Yes No Contact Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone: _____ Fax: _____ Email: _____		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	
Commercial Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft./floor: _____ Area of construction (sq. ft.): _____ Use group: _____ Construction type: _____ <input checked="" type="checkbox"/> Reinforced Concrete <input checked="" type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> State Certified Modular <input checked="" type="checkbox"/> Roadside Tree Project Permit <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Roadside Tree Project Permit # _____		Residential Building Characteristics <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse Depth Width 1 st floor: _____ 2 nd floor: _____ Basement: _____ <input checked="" type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl Space <input checked="" type="checkbox"/> Slab on Grade No. of Bedrooms: _____ <input checked="" type="checkbox"/> Multi-family Dwelling No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input checked="" type="checkbox"/> State Certified Modular <input checked="" type="checkbox"/> Manufactured Home	
Utilities Electric: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Gas: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Water Supply <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> Private Heating System <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Other: Sprinkler System: <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Grading Permit Number: _____ Building Shelf 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: *[Signature]* Print Name: **TOMMY GRIEST**
 Email Address: **BENTPALMLLC@GMAIL.COM** Date: **6/5/2019**
 Title/Company: **MGRM**

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	6/7/19	H. Oswald

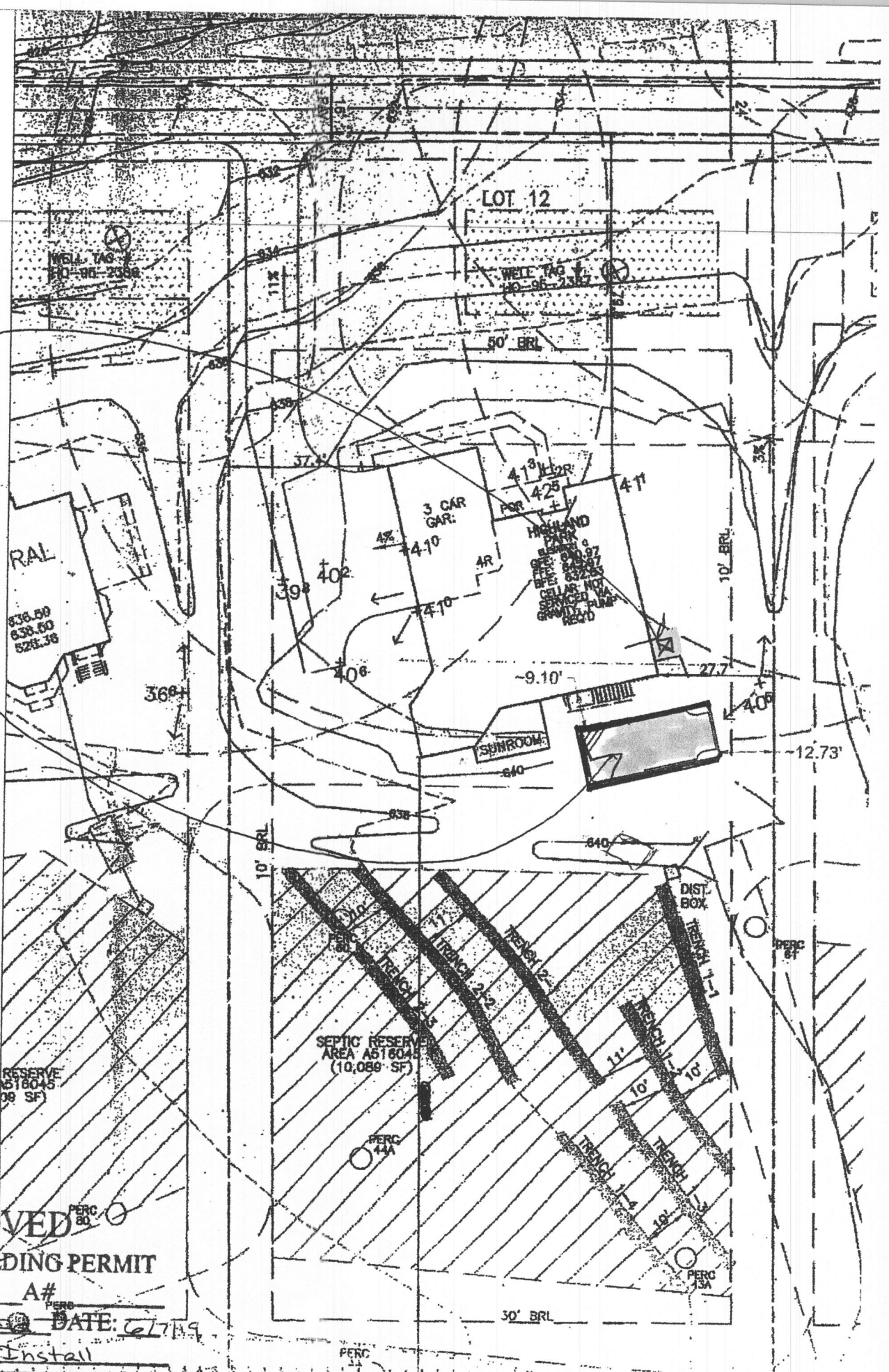
Is Sediment Control approval required for issuance? ☒ Yes ☐ No
☒ CONTINGENCY CONSTRUCTION START

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	#

Pool
Equip
PAD

14' x 31'
Pool



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN H. Oswald DATE: 6/7/19
DESC. OF WORK: Install
14' x 31' inground pool