



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: 3662 SYCAMORE VALLEY RUN
City: GLENWOOD State: MD Zip Code: 21738
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 15,000
Description of Work: REPLACE EXISTING DECK SAME SIZE SAME LOCATION
16'X38' USING EXISTING FOOTINGS & BRICK PIERS
75' 00"
Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: KEEGAN MEACHUM
Address: 3662 SYCAMORE VALLEY RUN
City: GLENWOOD State: MD Zip Code: 21738
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: APPLIED & APPROVED
Address: PO BOX 310
City: PERRY HALL State: MD Zip Code: 21128
Phone: 443-610-7514 Fax: _____
Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: MCWHORTER CONSTRUCTION
Contact Person: RYAN MCWHORTER
Address: 6851 REDBERRY ROAD
City: CLARKSVILLE State: MD Zip Code: 21029
License No.: _____
Phone: 410-984-5813 Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Water Supply	
<input type="checkbox"/> Public	
<input 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.

MICHELLE CLANCY

Applicant's Signature

Print Name

MICHELLE@APPLIEDANDAPPROVED.COM
Email Address

Date

PERMITS
Title/Company

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	9/11/19	R. Bailey

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	#

Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

Approved Septic System Plan
Howard County Health Department

Amey M. Miller 6/17/96
Signature Date

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT No.
2. PROPOSED 1500 GALLON SEPTIC TANK.
3. A. FIRST FLOOR ELEVATION: 508.49
B. BASEMENT ELEVATION: 498.99
C. INVERT OF SEPTIC SYSTEM AT HOUSE: 496.49
D. INVERT IN AT SEPTIC TANK: 495.79
E. INVERT OUT AT SEPTIC TANK: 495.69
F. PROPOSED GRADE OVER SEPTIC TANK: 498.0
G. INVERT AT DISTRIBUTION BOX: 493.0
H. EXISTING GROUND OVER DISTRIBUTION BOX: 496.0
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE ANY CONSTRUCTION.

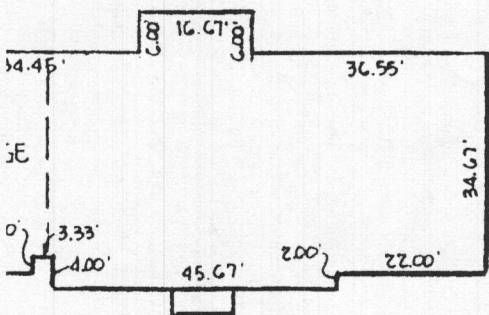
LOT 41
7.462 AC±

PLAN

SCALE 1" = 100'

DETAIL

SCALE 1" = 50'



ALTON RESIDENCE

PLAN TO ACCOMPANY APPLICATION
FOR BUILDING PERMIT

CATTAIL CREEK COUNTRY CL
LOT 41

TAX MAP 21

4th ELECTION DIST.

P/O PARCEL 6

HOWARD COUNTY, MARYLAND