



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: 2434 WOOD STREAM CT
City: ELLICOTT CITY State: MD Zip Code: 21042
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: YARD
Proposed Use: DECK FOR POOL
Estimated Construction Cost: \$ 2,500
Description of Work: CONSTRUCT A 300 FT - DECK, POOL SURROUND

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Inga Weizenbach
Address: 2434 WOOD STREAM CT
City: ELLICOTT CITY State: MD Zip Code: 21042
Phone: 410.279.6739 Fax: _____
Email: Inga19w@aol.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: JOHN WISEMAN
Address: 2434 WOOD STREAM CT
City: ELLICOTT CITY State: MD Zip Code: 21042
Phone: 410.279.6739 Fax: _____
Email: WISEMAN10209@AOL.COM

Contractor Company: OWNER
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ 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 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 type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input checked="" type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" 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 COM 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 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: Inga Weizenbach
Email Address: Inga19w@aol.com
Title/Company: Owner

Print Name: Inga Weizenbach
Date: 1-15-2020

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	1/15/2020	<u>[Signature]</u>

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

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> 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	#

2434 WOOD STREAM CT

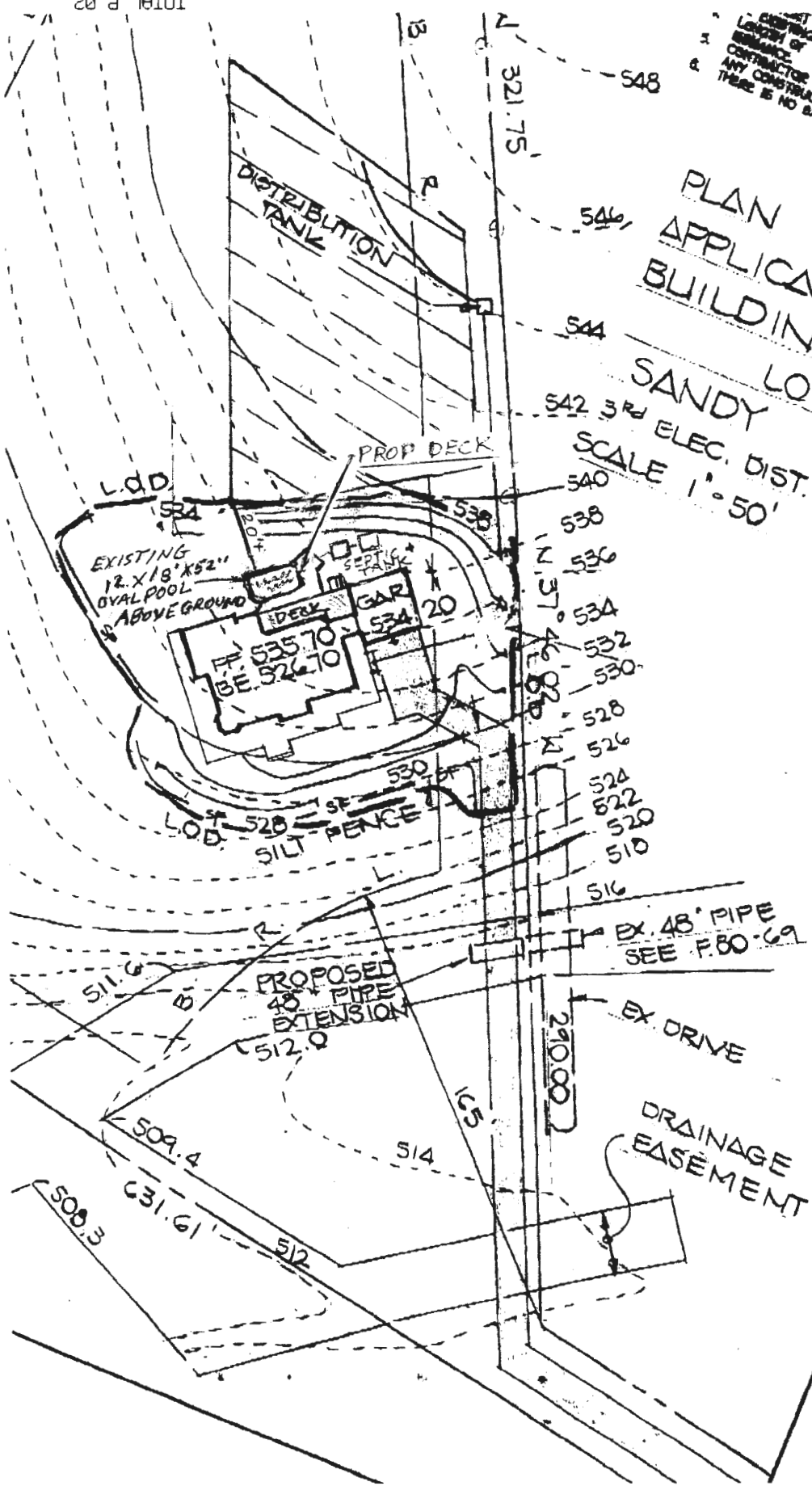
ELLICOTT CITY
MD 21042

1-5-2020 *MAZ*

TOTAL P.02

1. CONTACT SEPTIC TANK AT HOUSE
2. EXISTING AT DISTRIBUTION TANK
3. LENGTH OF GROUND OVER DISTRIBUTION BOX
4. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGIN ANY CONSTRUCTION
5. THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM

PLAN TO ACCOMPANY
APPLICATION
BUILDING
LOT 5
SANDY HILL
SCALE 1"=50'
ESTATES
HOWARD CO. MD
MAY 8, 2000



APPROVED
WALK-THRU BUILDING PERMIT
BP# _____
APP. SAN *Robert Freeman* DATE: *1/15/2020*
DESC. OF WORK: *300 sq ft Deck as shown*

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

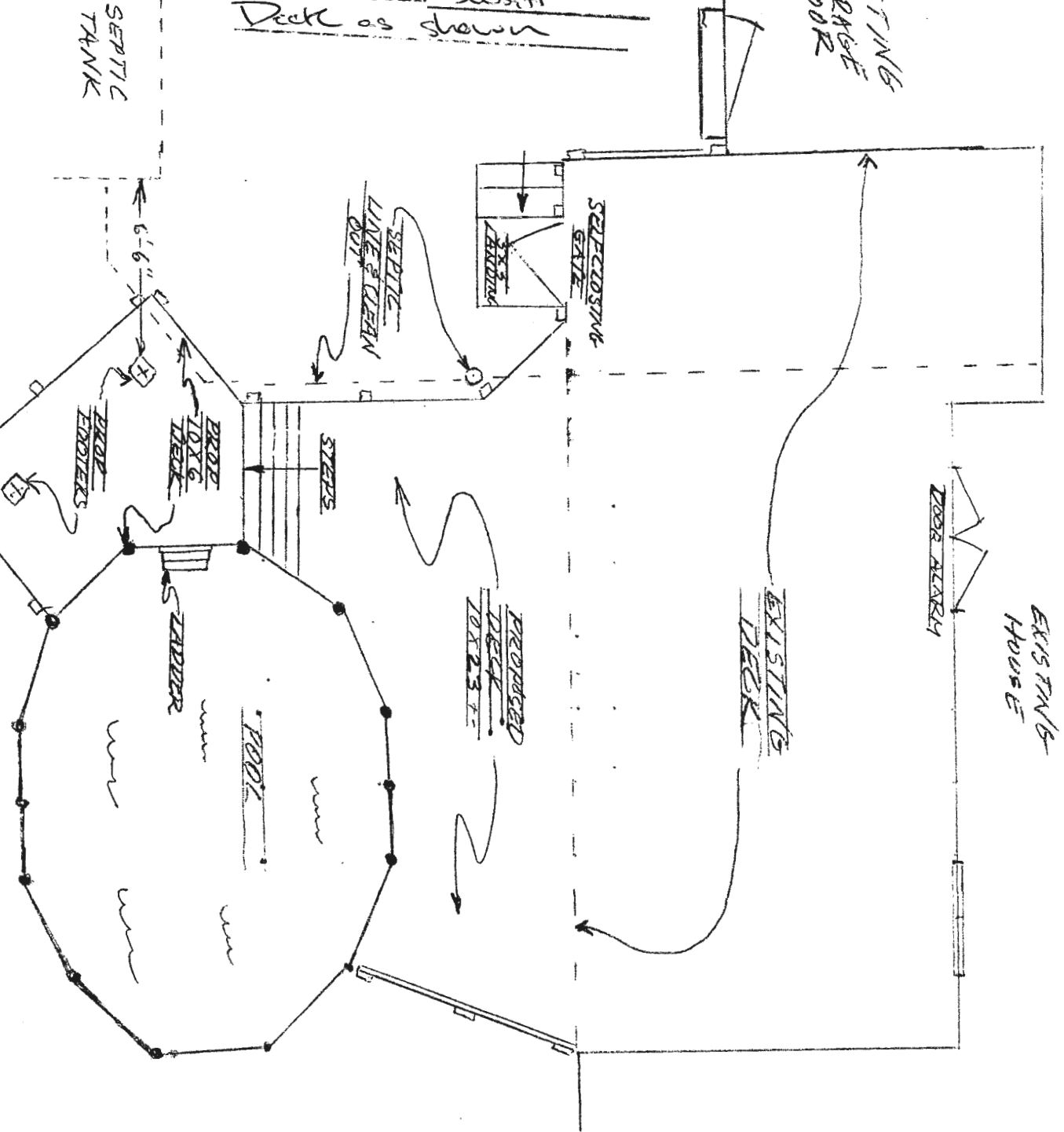
APP. SAN Robert Freeman DATE: 1/15/2020

DESC. OF WORK: 300sq ft

Deck as shown

EXISTING
GARAGE
\$000R

INCA WELZENBACH
2434 WOOD STREAM COURT
ELLICOTT CITY MD 21042



1-15-2020 MA

3/16 = 1'