PR - issued

Oct 5, 2005

Please amend my permit

NBR B00154500

to chang the location of the house.

Bruce Kendall

Bruce Kendall

CK #	6931
CR #	97877
DATE #	10/5/05
$35.00	

3673 Sharp Rd, Lot 5

cc: Health Dept

Eng

DPZ

APPROVED

WALKERTON BUILDING PERMIT

BP# 00154500 # 522919

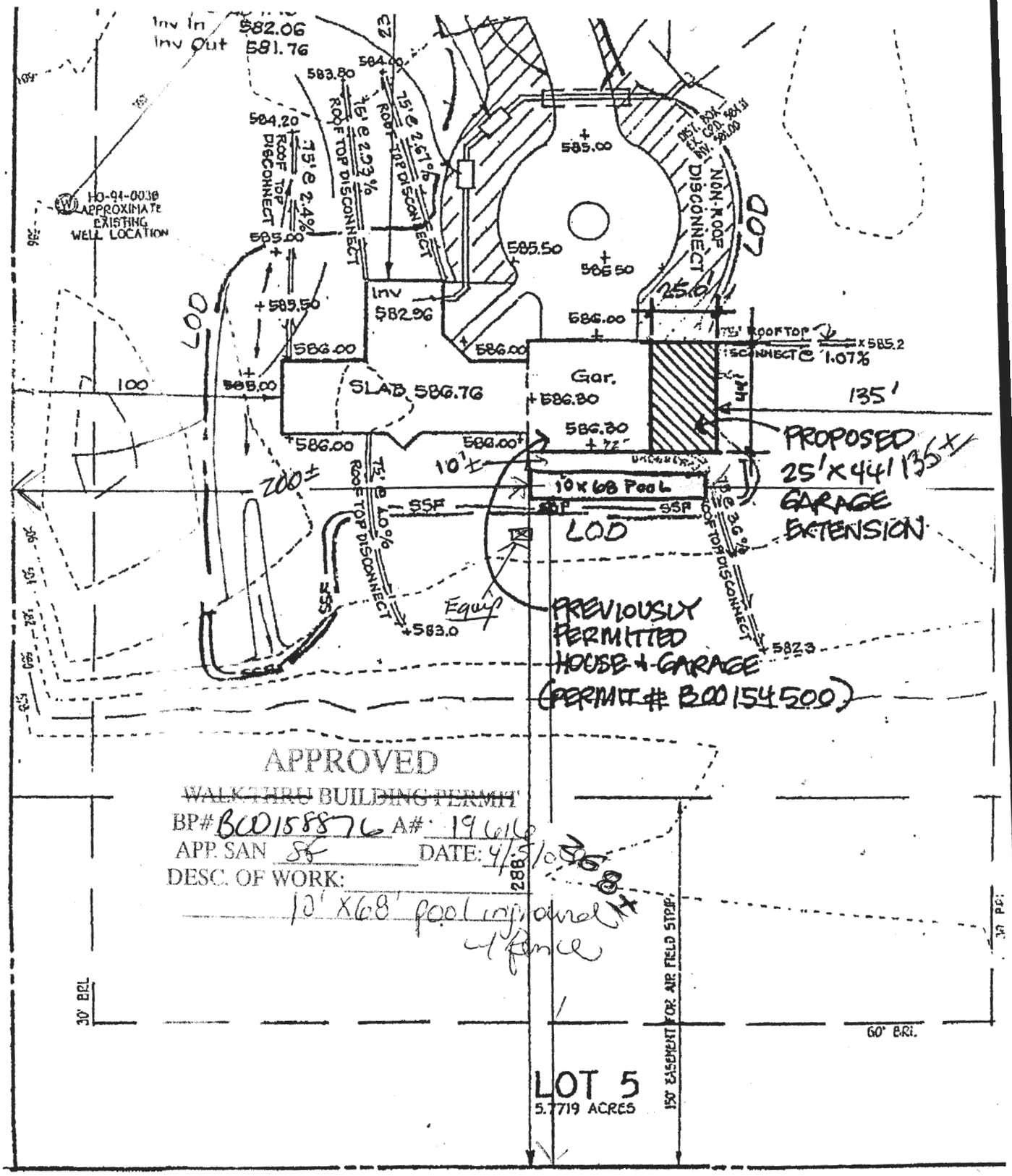
APPLICANT Katie Johnson DATE 10/5/05

DESC. OF WORK revision

to building permit

House loc okay

Bal. Cnty. 3683 KENDALL RESIDENCE
3673 Sharp Rd
Glenelg MD. 21737



APPROVED
~~WALK-THRU~~ BUILDING PERMIT
BP# B00158876 A#: 19616
APP. SAN SC DATE: 4/5/06
DESC. OF WORK:
10' X68' pool inground
+ fence

50 = 1' SCALE

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00545000 PAY

Building Address 3673 SHARP ROAD
GLENELG MD, 21737
Suite/Apt. #: 04-323386 SDP/WP/Petition #:
Census Tract 6041002 Subdivision Glenelg
Section Area Lot 5
Tax Map 21 Parcel 153 Grid 12
Zoning RR-DEO Map Coordinates 9EY Lot size 5.7719 Ac

Property Owner's Name BRUCE & VALERIE KENDALL
Address 210 MASON DRIVE
City ROCKVILLE State MD Zip Code 20850
Home Phone 301-990-6520 Work Phone 301-674-3687
Applicant's Name & Mailing Address, (if other than stated hereon):
(SAME)
Phone Fax

Existing Use VACANT LOT
Proposed Use SINGLE FAMILY HOME
Estimated Construction Cost $ 250,000.00
Description of Work New Custom 2BR/2½ BA Single Family home w/attached garage. Slab on grade, 2nd floor gallery & deck.

Contractor Company (OWNER)
Contact Person
Address
City State Zip Code
License No.
Phone Fax

Occupant or Tenant OWNER
Contact Name
Address
City State Zip Code
Phone Fax

Engineer or Architect Company CANFIELD/ASSOCIATES
Contact Person THOMAS H. CANFIELD
Address 1016 BENJAMIN ST., #
City MCLEAN State VA Zip Code 22101
Phone 703-587-5747 Fax 28-917-9708

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☑ SF Townhouse ☐

	Depth		Width
1st floor:	61'	x	33'
2nd floor:	26'	x	26'

Basement: NONE
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☑
No. of Bedrooms 2 3
Height: 31'
Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:
Other Structure: ATTACHED GARAGE
Dimensions: 24'x 27'
Footings: POURED
Roof Height: 26'
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply:
____ Public
☑ Private
Sewage Disposal:
____ Public
☑ Private
Electric Yes ☑ No ☐
Gas Yes ☑ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☑
Propane Gas ☐
Sprinkler system: N/A ☑
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

Bruce K. Kendall
Applicant's Signature

BRUCE KENDALL
Print Name

OWNER
Title/Company

6-17-05
Date

Checks payable to: ***DIRECTOR OF FINANCE OF HOWARD COUNTY***
** PLEASE WRITE NEATLY AND LEGIBLY **

FOR OFFICE USE ONLY

6/6/05

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00158876

Building Address 3673 Sharp Road Glenwood [crossed out] MD 21738

Suite/Apt. #: ______ SDP/WP/Petition #: ______

Census Tract 604002 Subdivision

Section ______ Area ______ Lot 5

Tax Map 21 Parcel 153 Grid D-10

Zoning RR-DEO Map Coordinates ~~D-10~~ 7E-1 Lot size 5.77 acres

Property Owner's Name Valerie Kendall

Address 3673 Sharp Rd

City Glenwood State MD Zip Code 21738

Home Phone 301-674-3657 Work Phone ______

Applicant's Name & Mailing Address, (if other than stated hereon): Kristi Buffington 23731 Ridge Rd Germantown MD 20876

Phone 301-972-3800 Fax 301-540-9646

Existing Use SF Home

Proposed Use Installing inground pool

Estimated Construction Cost $ 92,632.00

Description of Work Installing inground pool. 10'x68' [crossed out] 5'-5' Depth w/ fence to code by owner

Contractor Company Browning Construction Co.

Contact Person Kristi Buffington

Address 23731 Ridge Road

City Germantown State MD Zip Code 20876

License No. MHIC 1377

Phone 301-972-3800 Fax 301-540-9646

Occupant or Tenant Owner

Contact Name ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

Engineer or Architect Company ______

Contact Person ______

Address ______

City ______ State ______ Zip Code ______

Phone ______ Fax ______

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
- [x] Reinforced Concrete
- ____ Structural Steel
- ____ Masonry
- ____ Wood Frame

____ State Certified Modular

Utilities

Water Supply: Public / [x] Private

Sewage Disposal: Public / [x] Private

Electric Yes [x] No ☐

Gas Yes ☐ No ☐

Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas [x]

Sprinkler system: N/A ☐
- ____ Full
- ____ Partial
- ____ Other Suppression
- ____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:		
2nd floor:		
Basement:		

Finished Basement ☐ Unfinished Basement ☐

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms ______

Height: ______

Multi-family dwellings:

No. of efficiency units: ______

No. of 1 BR units: ______

No. of 2 BR units: ______

No. of 3 BR units: ______

Other Structure: ______

Dimensions: ______

Footings: ______

Roof Height: ______

____ State Certified Modular

____ Manufactured Home

Utilities

Water Supply: Public / [x] Private

Sewage Disposal: Public / [x] Private

Electric Yes [x] No ☐

Gas Yes ☐ No ☐

Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas [x]

Sprinkler system: N/A ☐
- ____ NFPA #13D
- ____ NFPA #13R
- ____ Other:

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.

Kristi Buffington — *Applicant's Signature*

Kristi Buffington — *Print Name*

Browning Construction — *Title/Company*

~~3-30-06~~ 4-5-06 — *Date*

Checks payable to: ***DIRECTOR OF FINANCE OF HOWARD COUNTY***

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	4/7/06	
Fire Protection		

Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

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 NewTown Zone ______

SDP/Red-line approval date ______

PROPERTY ID# 6405

Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

Accepted by ______

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Forms\PERMIT.FRM Rev. 11/4/04