

RECEIVED

PERMIT NUMBER: B 20003244

DATE ACCEPTED:

SEP 17 2020

RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS DIVISION

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 1021 St. Michael's Road		Unit:
City: Mt. Airy	State: MD	Zip Code: 21771
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map: L4802 F394	Parcel: P53
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use:	Estimated Cost: \$
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
Above ground swimming pool approx. 15' x 30' x 4'		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Cynthia Dymond		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 1021 St. Michael's Road		
City: Mt. Airy	State: MD	Zip Code: 21771
Phone: (410) 336-3375	Email: Cindeedymo@aol.com	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Cynthia Dymond		Contact Name: Cynthia Dymond
Street Address: 1021 St. Michael's Road		
City: Mt. Airy	State: MD	Zip Code: 21771
Phone: (410) 336-3375	Email: Cindeedymo@aol.com	

CONTRACTOR INFORMATION REQUIRED

Business Name: Self-Performed		
Licensee's Name:		License #:
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:		Name:
Street Address: N/A		
City:	State:	Zip Code:
Phone:	Email:	

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)		Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input checked="" type="checkbox"/> Other: Oil		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:					
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:		
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial					
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 1840	sq ft	Occupiable Area:	sq ft

AGREEMENT/ DISCALIMER REQUIRED

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.

Cynthia Dymond	9/18/20
APPLICANT'S ORIGINAL SIGNATURE	DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 10/6/20	<input type="checkbox"/> SHA <input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY: DropBox

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10-1-20

To: Health Dept
(Person's Name and Division)

From: _____
(Your Name, Company Name and Telephone Number)

Subject: Project name _____

Project site address 1021 Saint Michaels Rd

Permit # BZ0003244 SDP # _____

Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

____ Letter of response to address plan review comment letter

____ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**

____ Letter Summarizing Changes

____ Energy conservation calculations

4 Copies of Site Plans (be specific).

☒ Health Department Request _____ DPZ/ DED Request _____ Applicant's Request _____

☒ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____

☒ Other Revised site plan to show well + septic location

Contact Person Information: (Required)

Please Print Name

Telephone No:

E-Mail Address:

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

RECEIVED

Received by

Drop Box

OCT 01 2020

LICENSES & PERMITS
DIVISION

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

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Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, September 29, 2020 4:05 PM
To: CINDEEDYMO@AOL.COM
Subject: B20003244_1021 St. Michaels Way_Site plan

Hello Ms. Dymond:

Please revise the building permit site plan to scale (1:30 to 1:100) and add in the well and septic system components. The revised plan must be submitted to permits office. Let me know when you've submitted it, so I may look for it in the system.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald
Howard County Health Department
Well and Septic Program