Walk-Thru B09002323

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1610
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER [redacted]

Building Address 4618 Sheppard Manor Drive, Ellicott City, MD 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 16

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JOHN CAMPBELL

Address 4618 Sheppard Manor D.

City Ellicott City State MD Zip Code 21042

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):
Garden Design / Bild Group
2605 State Rte 97 Glenwood MD

Phone 410 489 9110 Fax 410 489 9012

Existing Use SFD

Proposed Use Deck

Estimated Construction Cost $ 10,000

Description of Work Timber deck with stairs & arbor 12x24 w/ 5 steps

Contractor Company Garden Design Bild Group

Contact Person Scott Tibble

Address 2605 State Rte 97

City Glenwood State MD Zip Code 21738

License No. 65066

Phone 410-489-9110 Fax 410 489 9012

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Garden Design Bild

Contact Person Kevin Garvey

Address 2605 State Rte 97

City Glenwood State MD Zip Code 21738

Phone 410 489 9110 Fax 410 489 9012

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:

2nd floor:

Basement:

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms _____

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: _____

_____ 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.

Scott Tibble
Applicant's Signature

Scott Tibble
Print Name

Production Mgr. - Garden Design/Bild Group
Title/Company

9/2/09
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	9-3-09	Dana Bernard
Fire Protection		

Is 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 _____ Accepted by _____

PROPERTY ID#: _____

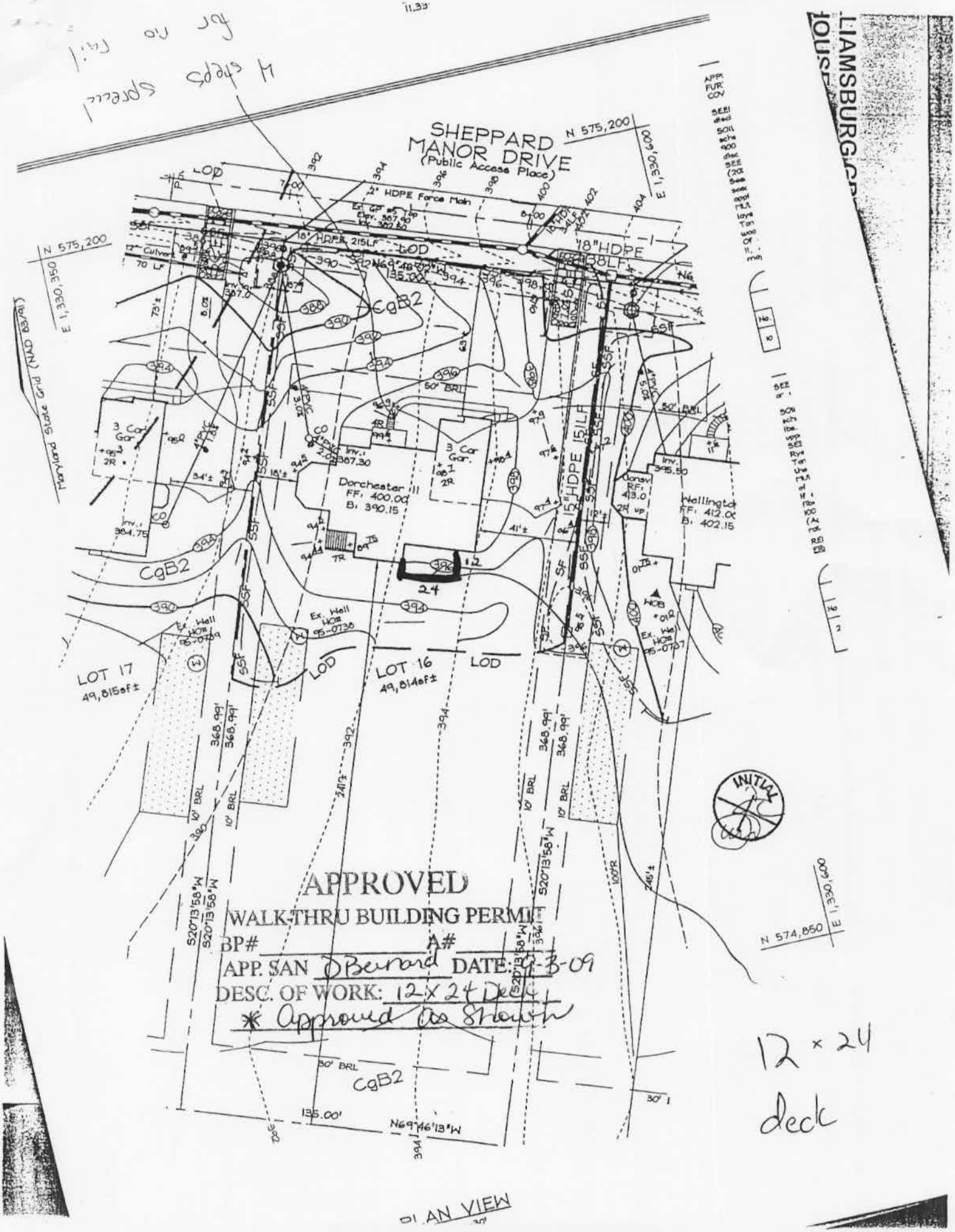
Filing fee	$ _____
Permit fee	$ _____
Excise tax	$ _____
Sub-total paid	$ _____
Add'l permit fee	$ _____
TOTAL FEES	$ _____
Balance due	$ _____
Check	# 8087
Validation	# _____

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

Rev. 10/15/98

s:\permit.frm

1771



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN O'Bernard DATE: 12-3-09

DESC. OF WORK: 12 x 24 Deck

* Approved As Shown

INITIAL

12 x 24 deck

PLAN VIEW