



# 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.: B18002979

Building Address: 13043 Saint Patricks Court  
City: Highland State: MD Zip Code: 20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
Proposed Use: Deck  
Estimated Construction Cost: \$ 20,000.00  
Description of Work: Install new 23.5' x 16' deck with 2 steps

Occupant/Tenant Name: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
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:	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<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:
<b>➤ Roadside Tree Project Permit</b>	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Kathryn Evans  
Address: 13043 Saint Patricks Court  
City: Highland State: MD Zip Code: 20777  
Phone: 301-254-3226 Fax: \_\_\_\_\_  
Email: Kathryn.Evans@hotmail.com

**Applicant's Name & Mailing Address, (If other than stated herein)**  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: Carroll Landscaping Inc.  
Contact Person: Kevin A Moore  
Address: 9705 Old Court Road  
City: Winkor Mill State: MD Zip Code: 21244  
License No.: 25050  
Phone: 410-922-2416 Fax: 410-922-8800  
Email: Kamoorecl@gmail.com

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

Utilities
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Water Supply</b>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<b>Sewage Disposal</b>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<b>Heating System</b>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
<b>Sprinkler System:</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Grading Permit Number:</b>
<b>Building Shell Permit Number:</b>

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.

Kevin A. Moore  
Applicant's Signature  
Kamoorecl@gmail.com  
Email Address  
Carroll Landscaping / CLC Homeservs.  
Title/Company

Kevin A. Moore  
Print Name  
7/19/18  
Date

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		<u>8/2/18 RBuckley</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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	#

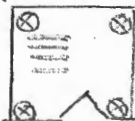
Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

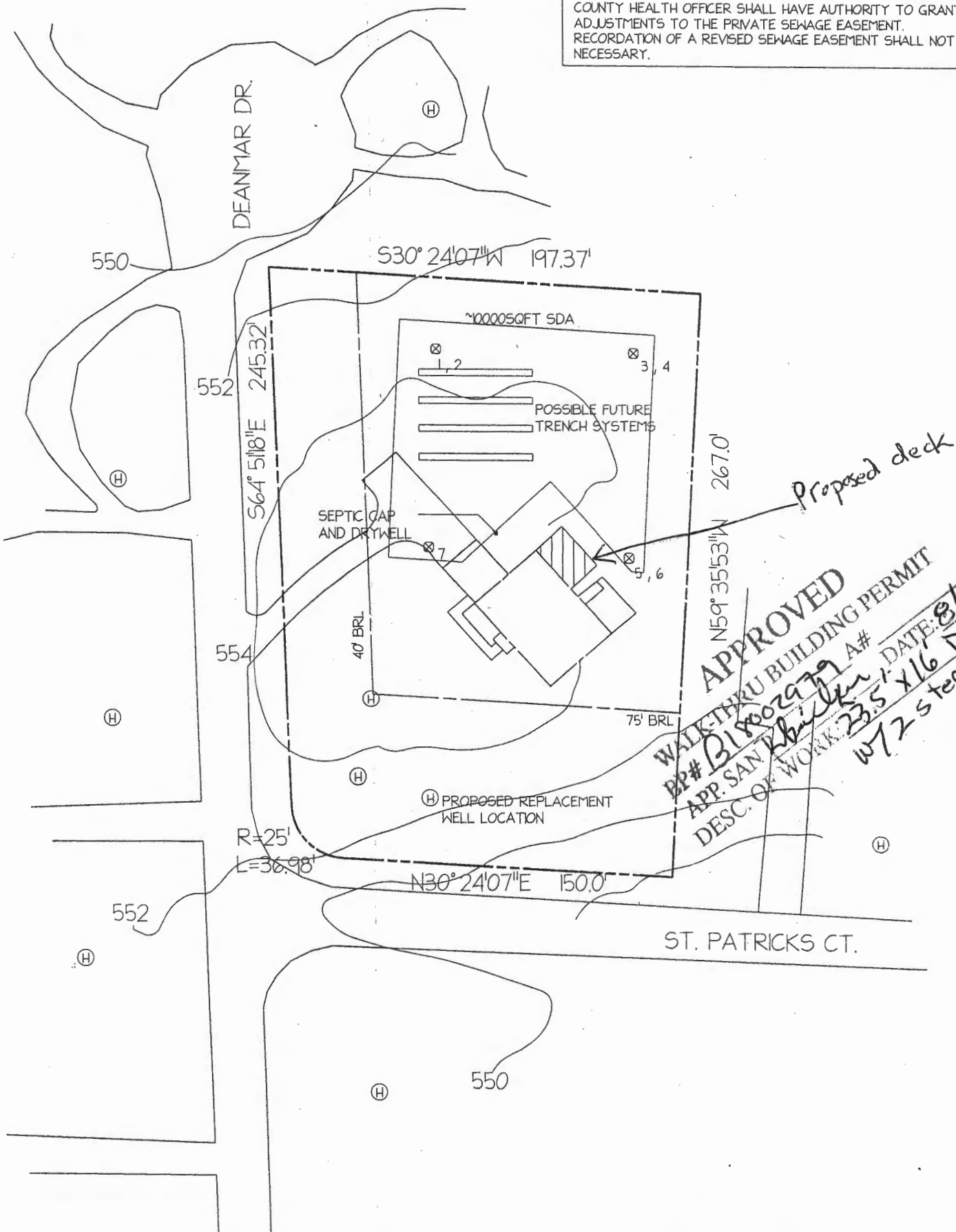
Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.



**APPROVED**  
WALK-THRU BUILDING PERMIT  
PP# B18002979 A#  
APP. SAN. *[Signature]*  
DESC. OF WORK: 23.5' x 16' Deck w/ 72 steps  
DATE: 8/14/18

NOTES:  
1) PERC DATA TAKEN FROM ILLUSTRATED HEALTH DEPT RECORDS  
2) TOPO LINES TAKEN FROM COUNTY TOPO MAP AT TWO-FOOT INTERVALS, 201 ELEVATION CONTOURS  
3) ALL EXISTING WELLS, SEPTIC SYSTEMS, AND SEWAGE DISPOSAL EASEMENTS WITHIN 100 FT OF THE PROPERTY BOUNDARIES ARE SHOWN. ALL REASONABLE EFFORTS WERE TAKEN TO LOCATE THESE ITEMS.  
4) ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.  
5) SEPTIC CAP AND DRY WELL WERE FIELD LOCATED  
6) THIS ENTIRE PROPERTY IS WITHIN THE GbA SOL MAP UNIT  
7) FUTURE REPAIR TRENCHES MUST BE INSTALLED AT LEAST 100 FEET FROM ANY WELL LOCATION

PURPOSE: THE PURPOSE OF THIS DOCUMENT IS TO RECONFIGURE SEWAGE DISPOSAL AREA TO MEET CURRENT SET BACK REQUIREMENTS FOR CONSTRUCTION OF A NEW DECK

LEGEND  
(H) EXISTING WELL CAP (UNLESS SPECIFIED)  
X PERC TEST LOCATIONS (PASS)  
TEST

I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE *[Signature]* DATE 8/14/18

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS

HEALTH OFFICER *[Signature]* DATE 8/14/18  
SIGNATURE *[Signature]*

LIBER _____ FOLD _____		PERCOLATION CERTIFICATION PLAN	
OWNER <u>ESTHER &amp; TED EVANS</u>	ADDRESS <u>B043 ST. PATRICKS CT.</u>	B043 ST. PATRICKS CT.	
PHONE <u>301 - 254 - 3206</u>	<u>HIGHLAND, MD 20777</u>		
LOT <u>30</u>	BLOCK _____	SCALE <u>1" = 60'</u>	CASE NO. _____
PLAT ENTITLED <u>WHITE OAK ESTATES</u>	SECT. _____	DATE <u>8/14/18</u>	JOB NO. _____
RECORDED IN <u>HOWARD CO.</u>	PLAT _____		
SUBDIVISION <u>WHITE OAK ESTATES</u>	LOT <u>30</u>		