

PERMIT NUMBER: B 21001768

DATE ACCEPTED:

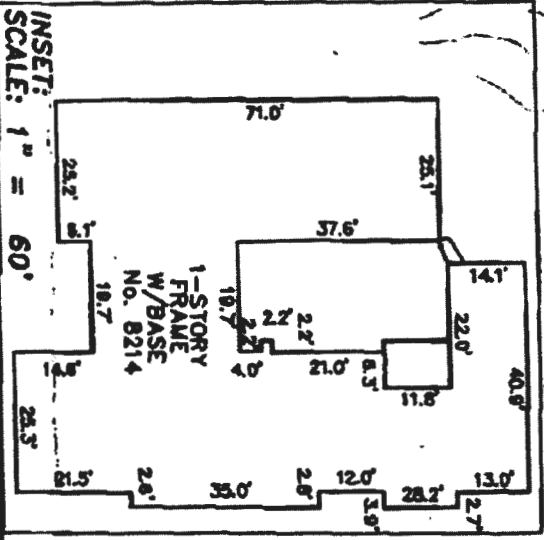
<div style="display: flex; align-items: center;"> <div> <b>RESIDENTIAL BUILDING PERMIT APPLICATION</b>            HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS            3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4  <a href="http://www.howardcountymd.gov">www.howardcountymd.gov</a> </div> </div>					
<b>BUILDING SITE ADDRESS REQUIRED</b>					
Street Address: <b>8214 Reservoir Rd</b>				Unit:	
City: <b>Fulton</b>			State: <b>MD</b>		Zip Code: <b>20759</b>
Subdivision/Village/Complex Name:				SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:		
<b>DESCRIPTION OF WORK REQUIRED</b>					
Existing Use: <b>Maintained Field</b>		Proposed Use: <b>Photovoltaic Solar Array</b>		Estimated Cost: <b>\$30,000.00</b>	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None					
<b>SFD/INSTALL (112) GROUND-MOUNTED SOLAR PANELS on concrete piers. 150' trench from solar array to home. Grid interconnected via main service panel.</b>					
<b>PROPERTY OWNER INFORMATION REQUIRED</b>					
Owner(s) Name(s) (As it appears on tax records): <b>Francisco Ward</b>				Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Owner's Street Address: <b>8214 Reservoir Rd</b>					
City: <b>Fulton</b>		State: <b>MD</b>		Zip Code: <b>20759</b>	
Phone: <b>(443) 858-3782</b>		Email: <b>setonpr@gmail.com</b>			
<b>APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</b>					
Business Name:				Contact Name: <b>Francisco Ward</b>	
Street Address: <b>8214 Reservoir Rd</b>					
City: <b>Fulton</b>		State: <b>MD</b>		Zip Code: <b>20759</b>	
Phone: <b>(443) 858-3782</b>		Email: <b>setonpr@gmail.com</b>			
<b>CONTRACTOR INFORMATION REQUIRED</b>					
Business Name: <b>Home owner assumes liability</b>					
Licensee's Name:				License #:	
Street Address:					
City:		State:		Zip Code:	
Phone:		Email:			
<b>ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</b>					
Business Name:				Name:	
Street Address:					
City:		State:		Zip Code:	
Phone:		Email:			
<b>BUILDING CHARACTERISTICS REQUIRED</b>					
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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:				Roadside Tree Project: <input 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 type="checkbox"/> No <input type="checkbox"/> Voice Evac			
<b>ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)</b>					
Model Name & Options:					
# of Bedrooms (SF): <b>6</b>		# of efficiency units (MF*):		# of 3 BR (MF*):	
# Rooms: <b>11</b>		# Full Baths: <b>5</b>		# Half Baths: <b>1</b>	
Garage/Carport Info: <input checked="" 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 type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial					
1 <sup>st</sup> Fl Width: <b>70</b>		1 <sup>st</sup> Fl Depth: <b>80</b>		2 <sup>nd</sup> Fl Width: <b>N/A</b>	
2 <sup>nd</sup> Fl Depth: <b>N/A</b>		Bsmt Width: <b>30</b>		Bsmt Depth: <b>30</b>	
Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI				Gross Area: sq ft Occupiable Area: <b>3,800</b> sq ft	
<b>AGREEMENT/ DISCALIMER REQUIRED</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.					
				<b>5-10-21</b> DATE SIGNED	
<b>FOR OFFICE USE ONLY</b>					
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY					
AGENCIES REQUIRED/APPROVALS:					
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:	

B214 Reservoir Rd. Approved Septic System Plan  
 B21001768  
 PARCEL 43 TAX MAP 45 GRID 6  
 PARCEL 45 TAX MAP 45 GRID 8  
 Howard County Health Clinic  
 Solar Panel Array  
 Electric Conduit  
 a.s.x./l.u.s. Trak

Signature

RESERVOIR ROAD

INSET:  
SCALE: 1" = 60'



NOTES:

1. THIS IMPROVEMENT LOCATION DRAWING:
  - A. IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING;
  - B. IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND
- C. DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
2. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE FOOT, MORE OR LESS.
3. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

ADDRESS:  
 B214 RESERVOIR ROAD  
 FULTON, MARYLAND 20759

