

PERMIT NUMBER: B

20002407

DATE ACCEPTED:

RECEIVED

JUL 22 2020



## RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

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

## BUILDING SITE ADDRESS REQUIRED

Street Address:	2913 SUMMER HILL DR.			Unit:	
City:	WESTFRIENDSHIP	State:	MD	Zip Code:	21794
Subdivision/Village/Complex Name:	SOLUS FARMS			SDP/WP/BA #:	
Lot:	30	Tax Map:		Parcel:	
			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		
build 4'-17' deck with steps		
composite material with white vinyl Rail		

## PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records):	JASON FRET	Primary Residence:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address:	2913 SUMMER HILL DR.		
City:	WESTFRIENDSHIP	State:	MD
Phone:	717-329-5379	Email:	JASON.FRET@comcast.net
		Zip Code:	21794

## APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	SIM REISBERG CUSTOM HOME IMP.	Contact Name:	SIM REISBERG
Street Address:	2429 SYKEVILLE RD.		
City:	WESTMINSTER	State:	MD
Phone:	443-605-9848	Email:	srchi@comcast.net
		Zip Code:	21157

## CONTRACTOR INFORMATION REQUIRED

Business Name:	SIM REISBERG CUSTOM HOME IMPROVEMENT		
Licensee's Name:	SIM REISBERG	License #:	90242
Street Address:	2429 SYKEVILLE RD.		
City:	WESTMINSTER	State:	MD
Phone:	443-605-9848	Email:	srchi@comcast.net
		Zip Code:	21157

## ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:		Name:	
Street Address:			
City:		State:	
Phone:		Email:	
		Zip Code:	

## 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 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)
Heating System:	<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal:	<input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Sprinkler System:	<input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Roadside Tree Project:	<input type="checkbox"/> No <input type="checkbox"/> Yes: #
		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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial			
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:
Energy Method:	<input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area:	Occupiable Area:
			sq ft	sq ft

## AGREEMENT/DISCLAIMER 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.

APPLICANT'S ORIGINAL SIGNATURE

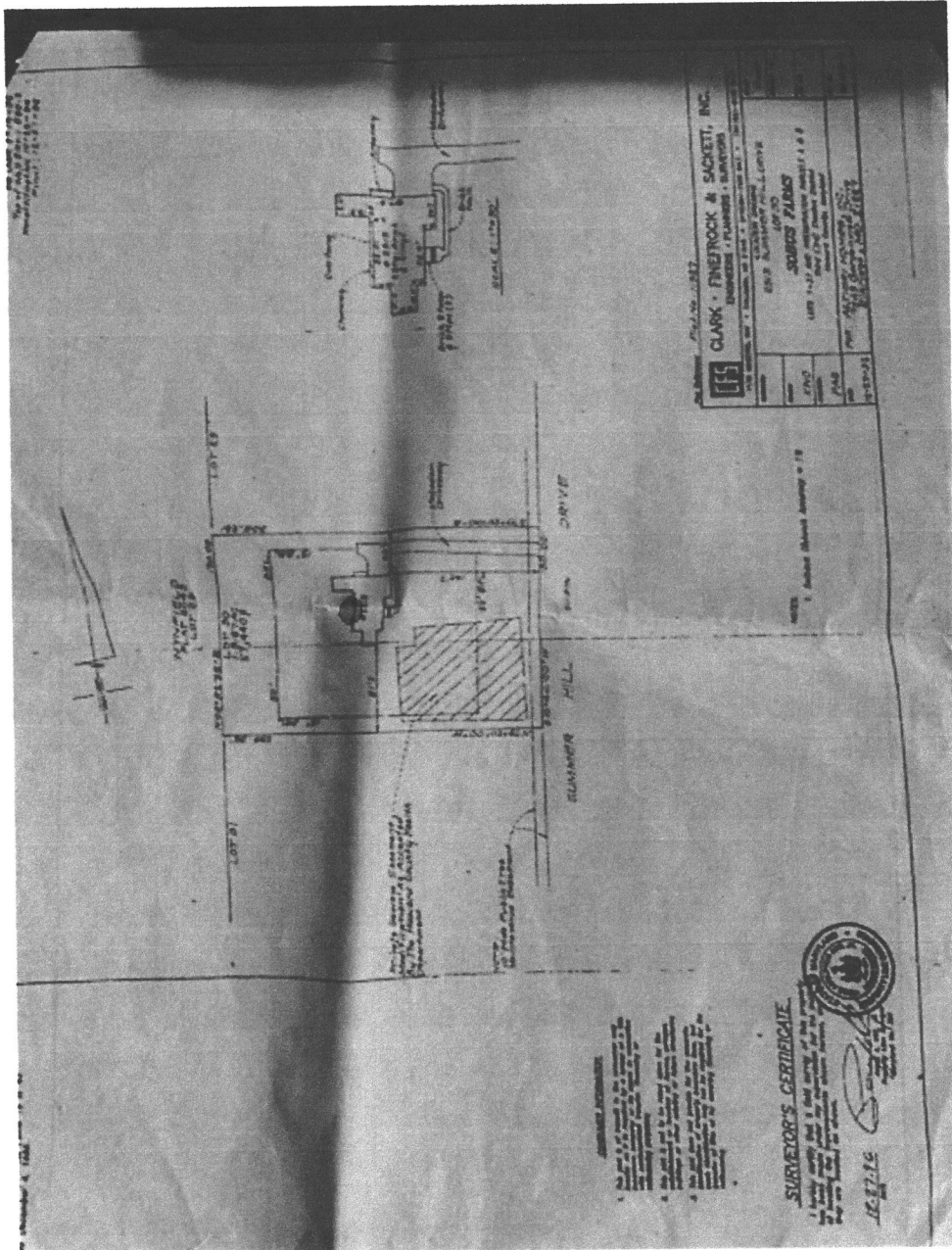
DATE SIGNED

## FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

PR	<input type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
JBMITTAL FEES:	\$55.00	PAYMENT:	CK # 1470	ACCEPTED BY:	DR. J. B. BOWEN



Approved Septic System Plan  
 Howard County Health Department  
Boward 8-12-20  
 B-20002407

not to scale  
 However  
 does not  
 impact  
 well or  
 septic