PERMIT NUMBER: B 22003993

INTER OF DECK



## 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 AD	DRESS	REQUIRED								
Street Address: 172	O 5Ť.	MICHAEL	's RO	AD				Unit:		
City: \NO	ODBIN	E			State: MD			Zip Co	ide: 21797	
Subdivision/Village/Comp	lex Name:						SDP/WP/BA #	<b>#</b> :		
Lot: N/D	Tax I	Map: 0007	1 1	Parcel:	255	Gradin	ng Permit #:			
DESCRIPTION OF V	WORK	REQUIRED								
Existing Use: RESID	ENTIAL		Proposed I	Jse: RES	DENTIAL	L		Estima	ated Cost: \$3	6.000
Trade Work to Be Comple	ted (Separa	ate Permits Requ	uired): 🗆	Mechanical (	HVACR)	Electrical	☐ Plumbing	DIN	lone	1
CONSTR	UCT P	ATIO (NO	T COVE	ERED) 1	NITH FO	OTER	MASONE	Y W	IALLS \$	
STEEL	DECK	WITH	BLUE S	STONE	INSTAL	1 51	EEL RAIL	ING -	1	EXISTING
PROPERTY OWNER	INFORM	MATION R	EQUIRED							
Owner(s) Name(s) (As it	appears on	tax records):	MICHEL	TERR	MV Rin	TER		Primar	y Residence: 🖫	Yes 🗆 No
Owner's Street Address:	1770	ST. M	ICHAE		AD	TER				
City:	WOO	DBINE			State: M	D		Zip Co	de: 71797	
Phone:		189-2468		Email:	eremu@	rutter	rem.com		2:111	
APPLICANT NAME	MINISTER STREET, STREE	IRED - INDIV	IDUAL W	HO SIGNS	No. of Concession, Name of Street, or other Designation, or other	STREET, STREET				
Business Name:	N/A				Contact Na		TERTANE P	-		
Street Address:	1770	ST. MICH	10615	ROAD			SEREMY K	UTTE	<	
City:	MAAAE	BINE	INELJ	KUND	State: 14	D		Zip Co	de: 7/707	
Phone:	410 14	89- Z468		Email:	reremy (	2/	terpm. co		2111	
CONTRACTOR INFO	PMATIC		PED		1416MIGI	- 101	TETPITI. CO			
Business Name:					U THE		500 12 12 13 13 13 13 13 13 13 13 13 13 13 13 13			
Licensee's Name:	ST 016	ONSTRUCT	ION	OBILLIA	License #	MI	11/ W 174	1307		
Street Address:	JF (18	CESSNA	AVEN	UE		1 11	110410	101		
City:	DITHE	PERMA	TIVEN	VL	State:	10		Zip Co	de: 7087	0
	501) 50	10-1070	199	Email:		112			7.007	/
ARCHITECT/ENGIN		ORMATION	INDIVII	OCCUPATION AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO PERSON NAMED I	SIGNED PLA	NS. IF	APPLICABLE			
Business Name:	TER IN	OKMATION	11121112	OAL WIIO	Name:	,				
Street Address:									- AND STATE OF STATE	
City:			-47		State:			Zip Co	de:	
Phone:				Email:						
BUILDING CHARAC	TERISTI	CS REQUI	RED							
Primary Structure: SF [		The state of the s		lex 🗆 Mobi	ile Home 🗆 M	ulti-Family	Dwelling (MF*)		Condo: ☐ Yes	□ No
	Gas	Water Supply				1	e Disposal:   Pi	ublic 5	Private (Septic)	
Heating System: ☐ Elect	ric 🗆 Natu	ural Gas 🖳 Pro	pane 🗆 O	ther:		Roadsic	de Tree Project:	□ No □	☐ Yes: #	
Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ☐ None Fire Alarm System: ☐ Yes ☐ No ☐ Voice Evac										
ADDITIONAL RESI	DENTIAL	INFORMAT	ION (PI	LEASE SEL	ECT/COMPLE	TE ALL	THAT APPLY)			
Model Name & Options:						1				
# of Bedrooms (SF):	# of effi	iciency units (MF	*):	# of 1 BR	(MF*):	# of 2 l	BR (MF*):		# of 3 BR (MF*)	):
# Rooms:		# Full Baths:		to a second	# Half Bath	is:		# Fire	eplaces:	
Garage/Carport Info:	Attached G	arage 🗆 Det	ached Gara	ge 🗆 Inte	egral Garage	□ Carpo	ort 🗆 None	-27, 4		
Basement/Foundation Inf	o: 🗆 Slab	on Grade	Post & Pier	☐ Unfini	shed Basement	□ Fin	ished Basement:	□ Full	or Dartial	i serverit A
1st Fl Width:	1st FI Dept	th:	2 <sup>nd</sup> Fl Widt	h:	2 <sup>nd</sup> Fl Depth	n:	Bsmt Widt	h:	Bsmt Dep	th:
Energy Method: ☐ Presc	riptive 🗆 [	Performance	UA Alterna	tive 🗆 ERI	Gross Area:		sq ft	Occup	iable Area:	sq ft
AGREEMENT/ DISC	ALIMER	REQUIRE	D		district Li					
THE UNDERSIGNED HEREBY CER		A commence of the second second							and the second of the second o	
WITH ALL REGULATIONS OF HO THIS APPLICATION; (5) THA										
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.										
6 lum Kuller 5/14/22										
APPLICANT'S ORIGINAL SIGN	ATURE/	W VI			D	ATE SIGNED	4		and the region of	
FOR OFFICE USE O	NIV				CHECKS DAY	ABLE TO: D	DIRECTOR OF FINAL	NCE OF H	OWARD COUNTY	
AGENCIES REQUIRED/AP	The same of the sa	ESTALL CARREST		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CHECKS PAT		INCOLOR OF THAT	102 01 110	TO COUNTY	
NOLITOLEO NEQUINED/AF	10000			/			212			
□ PR	□ DPZ		D	DED		□ Hea	Ith 11/1/2	2022	□ SHA	□ CID
	7-1-13	0			11 7-	WC.				
SUBMITTAL FEES:	5)		PAYMENT:	(1/	11.5/	1	N. The	ACCEP	TED BY:	Estave.

Enter as Deck of Stone Construction wistonse DATE ACCEPTED: RUS / MISSELOW

PERMIT NUMBER: B 2200 3993



## RESIDENTIAL BUILDING PERMIT APPLICATION

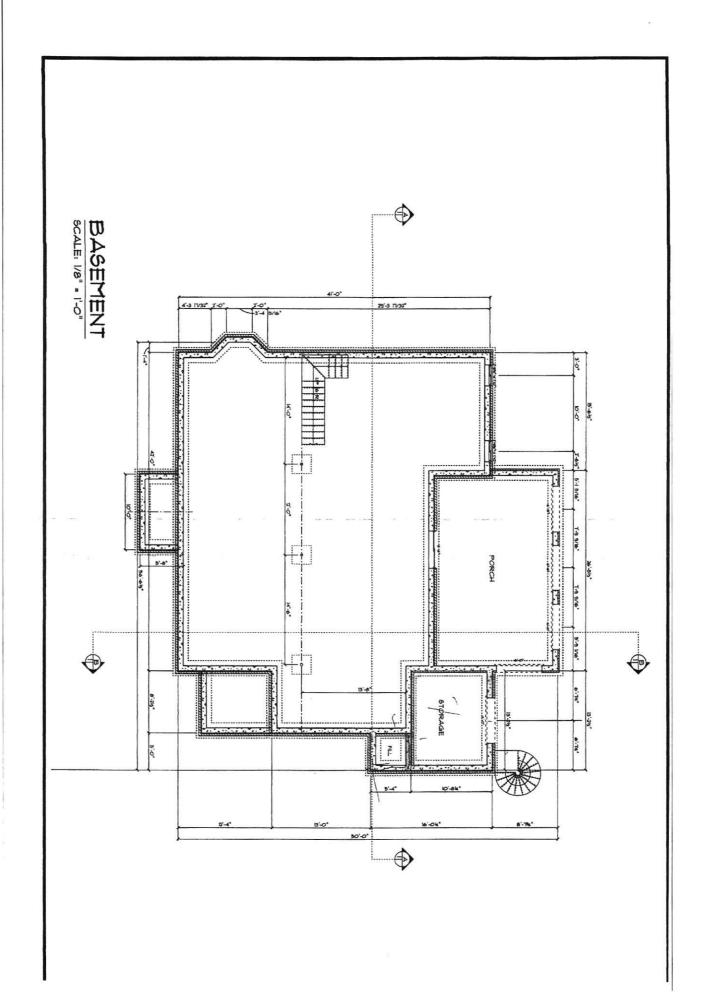
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov

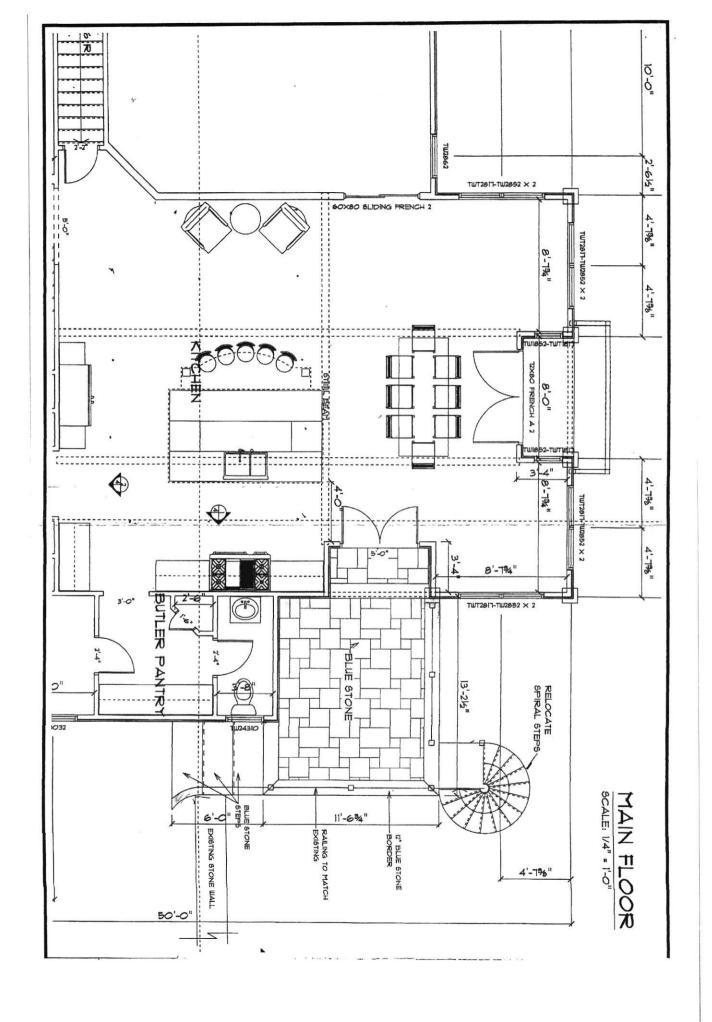
BUILDING SITE AL									
Street Address: 172	ST. MICHA	EL'S ROA	D	Water William Co.			Unit:		
City: WO	DBINE			State: MD			Zip Co	de: Z1797	
Subdivision/Village/Comp	olex Name:					SDP/WP/BA #	:		
Lot: N/P	Tax Map: 000	7 Pa	arcel: OZ	55	Grading	Permit #:			
DESCRIPTION OF	WORK REQUIRE	D .							
Existing Use: RESID			se: RESI	DENTIAL	•	C Section To Section 1	Estima	ted Cost: \$ 36	,000
Trade Work to Be Comple	eted (Separate Permits I	Required): \( \pi \) M	lechanical (H	VACR)	Electrical	☐ Plumbing	X N	one	
CONSTR	UCT PATIO (1	NOT COVER	RED) W	ITH FO	OTER,	MASONR	Y W	ALLS, &	
STEEL	- DECK WITH	BLUES	TONE.	INSTAL	L STE	EL RAIL	NG T	6 MATCH E	EXISTING.
PROPERTY OWNER	RINFORMATION	REQUIRED							
Owner(s) Name(s) (As it	appears on tax records)	MICHEL	JEREN	1 V RUT	TE.R		Primar	y Residence: 🗶	Yes □ No
Owner's Street Address:	1720 ST.								
City:	WOODBINE		.,,,,,	State: MI	0		Zip Co	de: 21797	
Phone:	(410) 489-240	-8	Email:	remy@1	ruttere	m, com			
APPLICANT NAME		NAME AND ADDRESS OF THE OWNER, WHEN PERSON WAS ADDRESS.							
Business Name:	N/A			Contact Na	SECTION OF STREET	REMY RI	HTC		Christian (SESS)
	1720 ST. MI	CHAFL'S	ROAD	Contact Ha	J.	ACTIT IN	7116		
	WOODBINE			State: MI	)		Zip Co	de: 71797	
10.100 • 0.00	(410) 489- ZAG	8	Email:			erpm. con		0.77	
CONTRACTOR INF	THE RESERVE AND ADDRESS OF THE PARTY OF THE	THE RESERVE OF THE PERSON NAMED IN					STOLES.		05345
NAME AND ADDRESS OF TAXABLE PARTY.	RES CONSTRUC		MPANS	INC.			A PARK NOT		
	OE PIRES	0,,,0,,	1112	License #	MH	10 4 124	307	0.000	
	121 CESSN	A AVENI	IE						
	ATHERSBUR			State: M	D		Zip Co	de: 20879	9
	501) 590-107		Email:	1					
ARCHITECT/ENGI	CONTRACTOR OF THE PARTY OF THE	STREET, STREET	UAL WHO S	SIGNED PLA	NS. IF AF	PLICABLE			
Business Name:				Name:	SCHOOL AND PRODUCTION	THE RESIDENCE	NAME OF TAXABLE PARTY.		
Street Address:									
City:				State:			Zip Cod	de:	
Phone:			Email:						
BUILDING CHARA	CTERISTICS RE	QUIRED							
Primary Structure: 🕱 SF	Dwelling ☐ SF Townho	use 🗆 SF Duple	x	Home 🗆 Mi	ulti-Family D	Owelling (MF*)	THE REAL PROPERTY.	Condo: ☐ Yes	√ No
Utilities: X Electric	Gas Water Su	oply: U Public	R Private	(Well)	Sewage D	Disposal: 🗆 Pu	blic 🔀	Private (Septic)	
Heating System: X Elect	tric 🗆 Natural Gas 💍	Propane □ Oth	ner:		Roadside	Tree Project:	□ No [	☐ Yes: #	
Sprinkler System:   NFF	PA 13	☐ NFPA 13D	X None	Fire Al	arm System	: 🗶 Yes 🗆	No 🗆	Voice Evac	
ADDITIONAL RESI	DENTIAL INFORM	ATION (PL	EASE SELEC	CT/COMPLE	TE ALL TE	HAT 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 Bat	hs:		# Half Bath	s:		# Fire	eplaces:	
Garage/Carport Info: □	Attached Garage	Detached Garage	e 🗆 Integ	ral Garage	☐ Carport	□ None			
Basement/Foundation In	fo:   Slab on Grade	☐ Post & Pier	☐ Unfinish	ned Basement	☐ Finis	hed Basement:	□ Full	or   Partial	
1st Fl Width:	1 <sup>st</sup> Fl Depth:	2 <sup>nd</sup> FI Width	:	2 <sup>nd</sup> Fl Depth	1:	Bsmt Width	:	Bsmt Dept	th:
Energy Method:  Preso	riptive   Performance	☐ UA Alternati	ve 🗆 ERI	Gross Area:		sq ft	Occupi	able Area:	sq ft
AGREEMENT/ DISC	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER. THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER.								
THE UNDERSIGNED HEREBY CER	TIFIES AND AGREES AS FOLLOV DWARD COUNTY WHICH ARE A								
	T HE/SHE GRANTS COUNTY OF								
//	10-11	_			- 1	1_			
- cfe	my/ will	1			5/14	72			
APPLICANT'S ORIGINAL SIGN	ATURE			D	ATE SIENED				
FOR OFFICE USE O	NLY			CHECKS PAY	ABLE TO: DIR	ECTOR OF FINAN	CE OF HO	WARD COUNTY	
AGENCIES REQUIRED/AP						/			
		/			/	THE,			
☑ PR	S DPZ	Ø			Health	11/1/2	250	☐ SHA	□ CID
SUBMITTAL FEES:	5500	PAYMENT:	Ck±	± 37	45		ACCEP	TED BY: AF	,

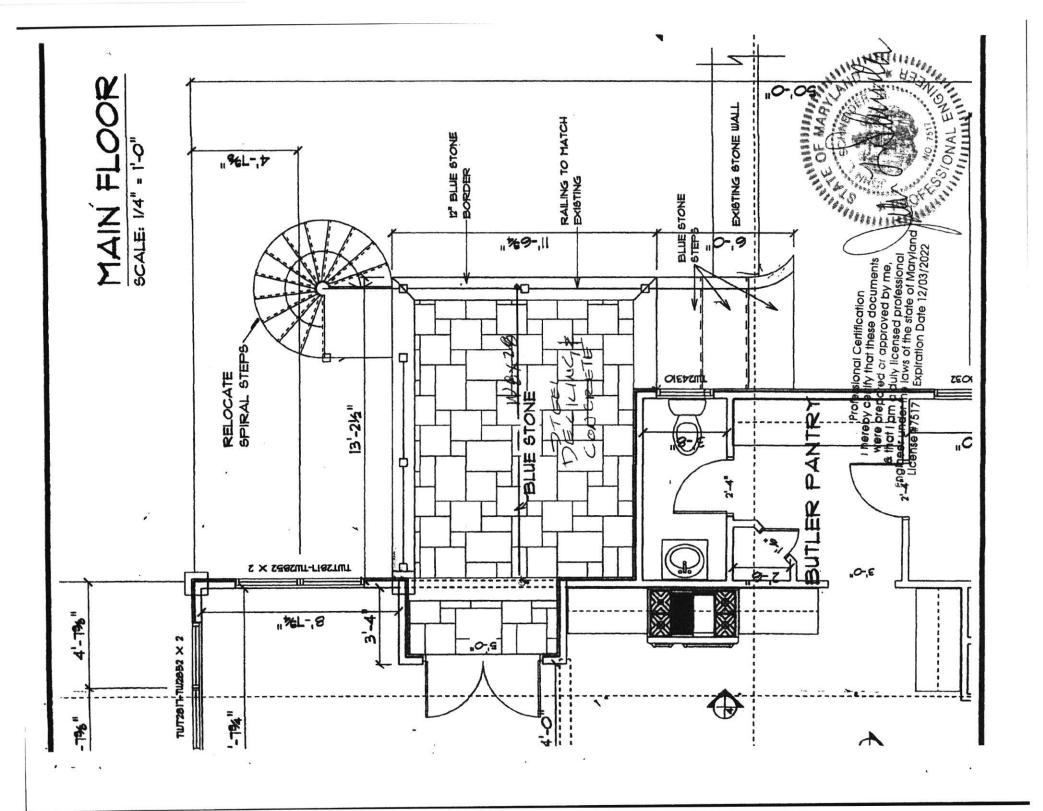
## COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

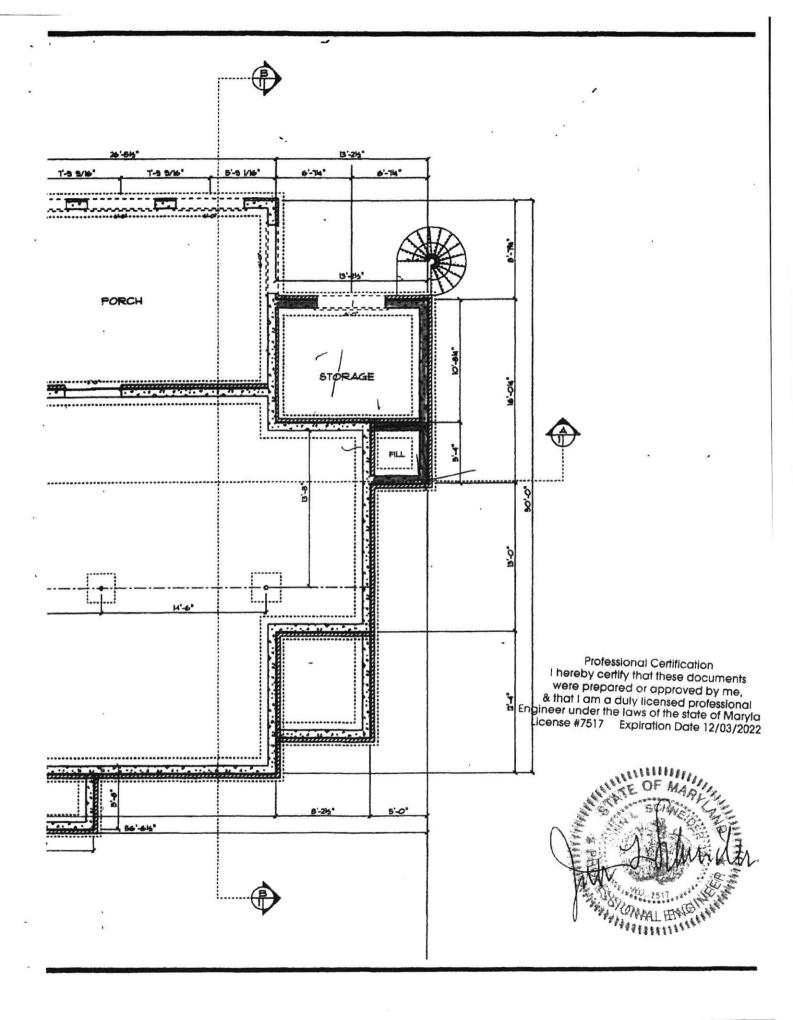
Date:	10-27-72 ONLINE SUBMITTAL PAPER SUBMITTAL						
То:	STEVE ROLLS (Reviewer/Requestor's Name)  (Division)  (Division)						
From:	TEREMY RUTTER 982-2882 (Your Name, Company Name) (Phone Number)						
Subject	Project name RUTTER RESIDENCE						
	Project site address 1720 ST MICHAELS 20 WOODBNE MC						
	Permit # BZZ 00 3993 SDP #						
	Other information pertinent to this project						
✓ Pleas	se 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						
	Copies of (be specific).						
	Health Department Request DPZ/ DED Request Applicant's Request						
	Two sets of single-family model plans to be placed on permanent file: Model name and/or #						
/	Other RV'D TO SHOW LABELS AND DIMENSIONS PER KOLLS ROST.						
	Contact Person Information: (Required)						
TERE	Mar SHELLA RUTTER Telephone No: 410-982-2882 Please Print Name						
	Please Print Name  E-Mail Address: Jeremy eruter pm. Co						
NECES INFOR OF INS ONCE SIGNA WILL INQUI MYHO THE P	SE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF SSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT RMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT SPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED ATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS RIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING DWARD.INFO. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS BY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.						
Receive White-P	d by My Review / Yellow-Applicant / Pink-Permit Division  Kenzed Plot Plan  Kenzed Plot Plan						

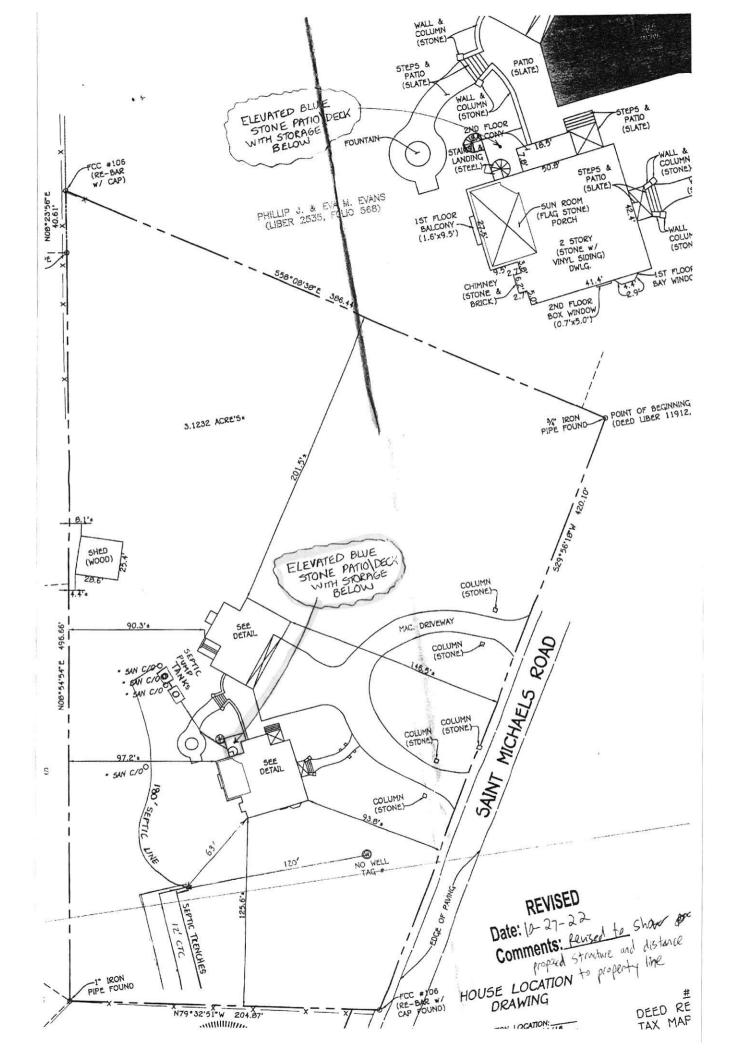
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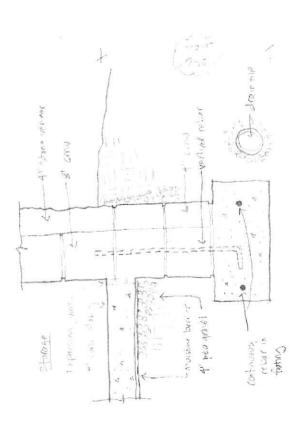


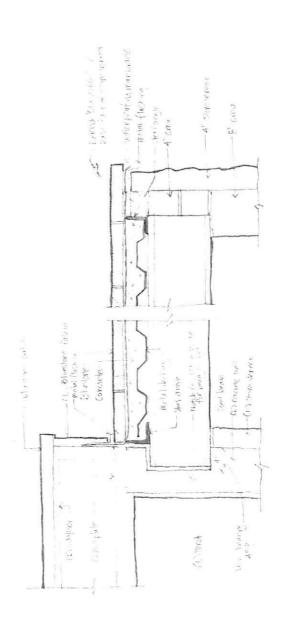












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