

PERMIT NUMBER: B

28001992

DATE ACCEPTED:

**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:	8498 Roberts Road			Unit:	
City:	Ellicott City	State:	MD	Zip Code:	21043
Subdivision/Village/Complex Name:	Brittany		SDP/WP/BA #:		
Lot:	7	Tax Map:	0025	Parcel:	0287
Grading Permit #:					

DESCRIPTION OF WORK REQUIRED

Existing Use:	SFD	Proposed Use:	SFD w/new deck	Estimated Cost:	\$ 25,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVAC) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None					
SFD/Construct a 6' x 20' open deck with landing and steps to grade (Removing existing deck)					

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records):	Brian and Jennifer Shippe			Primary Residence:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address:	8498 Roberts Rd				
City:	Ellicott City	State:	MD	Zip Code:	21043
Phone:	410-952-0487	Email:	jennifer.shippe22@gmail.com		

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Same as owner	Contact Name:	
Street Address:			
City:		State:	
Phone:		Email:	
Zip Code:			

CONTRACTOR INFORMATION REQUIRED

Business Name:	Same as owner	License #:	
Licensee's Name:			
Street Address:			
City:		State:	
Phone:		Email:	
Zip Code:			

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

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 checked="" type="checkbox"/> No
Utilities:	<input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas	Water Supply:	<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Well)
Heating System:	<input type="checkbox"/> Electric <input checked="" 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 checked="" 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:	Bsmt Depth:
Energy Method:	<input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI	Gross Area:	sq ft	Occupiable Area:	sq ft

AGREEMENT/ DISCALIMER 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:

<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: \$55.00		PAYMENT: 3134		ACCEPTED BY:	

1. This plat is not intended for use in the establishment of property lines, but prepared for the exclusive use of the present property owners of record and of those who purchase, mortgage or ~~refinance~~ ^{refinance} title within six months from the date hereof and as to them I warrant this house location plat.

2. For title purposes only.

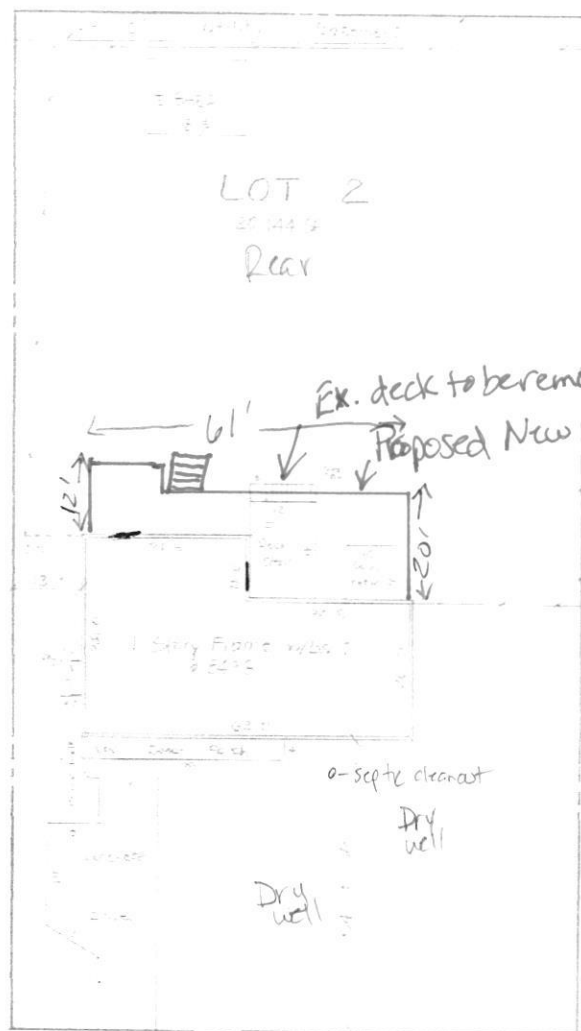
3. No title reports furnished at this time, subject to all easements and rights of ways of record.

4. Property corners have not been set with this survey. Property information was taken from the best available records.

5. This location plat is not to be used for the construction of fences or other improvements. A boundary Survey and lot stakeout would have to be performed to determine the location of all property lines as shown.

6. The Property shown hereon is located within Zone C-1 as shown on F.E.M.A. Flood Insurance Rate Map Community Panel No. 100000000 of Howard County, Maryland.

7. This plat is valid within 6 months of date of signature.



$l_{in} = 40 \text{ ft}$

ROBERTS (CC 944) ROAD

DRAWN BY Ted C
CHECKED BY B. J. J.
DATE 04-17-2022
SCALE: 1"= 20'
JOB NO. 222-22
CASE NO. 100-100-100

I hereby certify that the position of all the existing improvements on the above described property has been carefully surveyed by me or directly under my supervision and that they are located as shown. THIS IS NOT A BOUNDARY SURVEY.

Date _____

Gregory C. Benefield
Registered Professional
Land Surveyor, MD. No. 10994

8498 Roberts Acad
 Lot(s) Parcel 2 TM/Block _____
 Plat _____ Section: 1 Phase _____

BRITTANY

2nd

... Election District:
County, Maryland

Plat Book WHH 12 Plat No. 66

Liber	11272	Folio	162
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S- 5832

SURVEYS, INC.

SURVEYORS • ENGINEERS • LAND PLANNERS
PERMIT SERVICES

950 MAIN STREET
JAREL MARYLAND 20707

DANCE VOLTAGE

F-JJJ 9 RVFYCN 00FR17/01NET