PERMIT NUMBER: B 2201865

## 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: 6530 River Clyde Drive				Unit:	
City: Highland		State: MD		Zip Code: <b>20777</b>	
Subdivision/Village/Complex Name: Highland La	ke		SDP/WP/BA #:		
Lot: <b>84</b> Tax Map: <b>HOWA034</b> Parcel: <b>05-385075</b> Grading Permit #:					
DESCRIPTION OF WORK REQUIRED					
Existing Use: residential home	Proposed Use: (same)			Estimated Cost: \$10000	
Trade Work to Be Completed (Separate Permits Red	quired):   Mechanical (H)	/ACR)   Electrical	□ Plumbing	■ None	
Addition of porch over existing brick porch at front entrance of home.					
	REQUIRED				
Owner(s) Name(s) (As it appears on tax records): John and Carol McBeth  Primary Residence: ■ Yes □ No					
Owner's Street Address: 6530 River Clyde Drive					
City: <b>Highland</b>		State: MD		Zip Code: <b>20777</b>	
Phone: (301) 854-0371	Email: <b>joh</b> r	n.mcbeth@verizon.	.net		
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION					
Business Name: N/A Contact Name: John McBeth					
Street Address: 6530 River Clyde Drive		_	NAT	<b>-</b>	
City: Highland		State: MD		Zip Code: <b>20777</b>	
Phone: (301) 854-0371	Email: <b>joh</b> r	n.mcbeth@verizon	.net		
CONTRACTOR INFORMATION REQUIRED					
Business Name: N/A		_			
Licensee's Name:		License #:			
Street Address:		r	***************************************	T	
City:		State:		Zip Code:	
Phone:	Email:				
ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE					
Business Name: Sinex Design Architects		Name: Roxanne Si	nex		
Street Address: 9014 Blue Pool	TO THE OWNER THE STORY HOUSE T	S MD		7: 0 : 04045	
City: Columbia Phone: (410) 964-2554	T F	State: MD		Zip Code: <b>21045</b>	
BUILDING CHARACTERISTICS REQUIRED  Primary Structure: ■ SF Dwelling □ SF Townhouse □ SF Duplex □ Mobile Home □ Multi-Family Dwelling (MF*) Condo: □ Yes ■ No					
	ly: □ Public ■ Private		Disposal: Disposal	Condo: ☐ Yes ■ No  ublic ■ Private (Septic)	
Heating System: ■ Electric □ Natural Gas ■ P		`			
Heating System:       ■ Electric       □ Natural Gas       ■ Propane       □ Other:       Roadside Tree Project:       ■ No       □ Yes: #         Sprinkler System:       □ NFPA 13       □ NFPA 13D       ■ None       Fire Alarm System:       ■ Yes       □ No       □ Voice Evac					
ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)					
Model Name & Options:	TION (PLEASE SELEC	CI/COMPLETE ALL T	HAT APPLT)		
# of Bedrooms (SF): 4 # of efficiency units (N	1F*): # of 1 BR (	MF*): # of 2 B	R (MF*):	# of 3 BR (MF*):	
# Rooms: 10 # Full Baths		# Half Baths: 1		# Fireplaces: 2	
		gral Garage   Carpor	t 🗆 None		
Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☐ Finished Basement: ☐ Full or ☐ Partial					
1st Fl Width: <b>40</b> 1st Fl Depth: <b>30</b>	2 <sup>nd</sup> Fl Width: <b>40</b>	2 <sup>nd</sup> Fl Depth: <b>30</b>	Bsmt Width	n: 40 Bsmt Depth: 30	
Energy Method: ☐ Prescriptive ☐ Performance ☐	☐ UA Alternative ☐ ERI	Gross Area: 5760	sq ft	Occupiable Area: 3600 s	q ft
AGREEMENT/ DISCALIMER REQUIR	RED				
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					
APPLICANT'S ORIGINAL SIGNATURE		DATE SIGNED			
FOR OFFICE USE ONLY		CHECKS PAYABLE TO: DI	RECTOR OF FINAN	NCE OF HOWARD COUNTY	
AGENCIES REQUIRED/APPROVALS:			1		
		APP	wed.	0	
□ PR □ DPZ □ DPZ	DED	Heal	th 92 5/	27/22 □ SHA □ CID	
SUBMITTAL FEES:	PAYMENT:	*		ACCEPTED BY:	

