



Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 14314 Bensworth way
City: Glenelg State: MD Zip Code: 21737
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Edgewood farm
Section: _____ Area: _____ Lot: 34
Tax Map: 21 Parcel: 90 Grid: 22
Zoning: _____ Map Coordinates: _____ Lot Size: 1.15 @

Property Owner's Name: George Jensen
Address: 14314 Bensworth way
City: Glenelg State: MD Zip Code: 21737
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: JEREMY CLARY
Address: PO Box 310
City: Perry Hall State: MD Zip Code: 21228
Phone: 443-340-1229 Fax: _____
Email: JEREMY@APPLIEDANDAPPROVED.COM

Contractor Company: Denison Landscaping inc
Contact Person: Diane Denison
Address: 8911 Oxon Hill Rd
City: Fort Washington State: MD Zip Code: 20744
License No.: 39539
Phone: 240-493-1326 Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: Contractor
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Existing Use: SFD
Proposed Use: SFD w/
Estimated Construction Cost: \$ 12,000
Description of Work: Const 14x20 open pavilion and outdoor fireplace + patio
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: owner
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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 Signature: [Signature]
Email Address: JEREMY@APPLIEDANDAPPROVED.COM
Title/Company: PERMITS

Print Name: JEREMY CLARY MICHELLE CLARY
Date: 6/1/16 10/25/16

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	6/24/16	H. Q. Swald

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



- TYPE: HENLEY (MANOR)-
01B - DAYLIGHT BASEMENT
021 - BONUS ROOM
022 - ALTERNATE LAUNDRY LOCATION
039 - CONSERVATORY ELITE ADDITION
070 - ADD 1' TO HEIGHT OF BASEMENT FOUNDATION WALLS
263019 - ADDITIONAL TWO CAR FRONT ENTRY GARAGE
520 - PLAYROOM ABOVE AN ELITE ADDITION
525 - NAPLES SUNROOM ADDITION
534 - GRAND FAMILY ROOM

APPROVED

WALK-THRU BUILDING PERMIT

BP#

APP. SAN H. DEWALL DATE: 6/24/13

DESC. OF WORK: Construct 14' x 20' open pavilion & outdoor fireplace & patio.

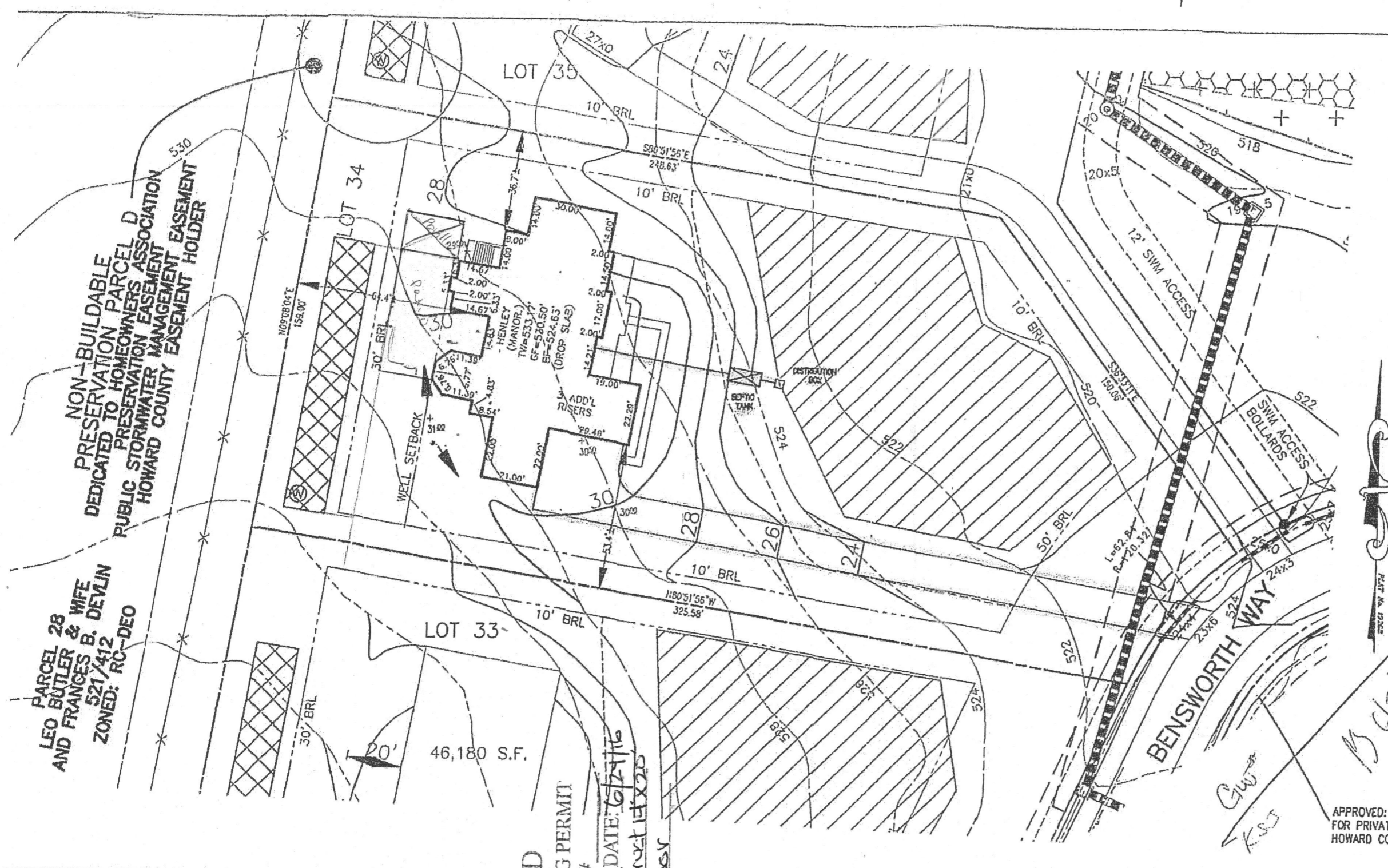
PERMIT PLOT PLAN
LOT #34
EDGEWOOD FARM
LIBER 4174, FOLIO 0436
PLAT No. 19268
FOURTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



Land Planning
Engineering
Land Surveying

ESE Consultants Inc.
7144 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-672-8105
FAX: 410-672-4670

DATE: 5/6/13 SCALE: 1"=40' FILE: PP LOT-34 HENLEY MANOR



THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY THE STATE DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA IS RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE THE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN. RECORDATION OF A MODIFIED EASEMENT PLAT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON WAS RECORDED ON THE PLAT FOR EDGEWOOD FARM, PLAT No. 19268. REFER TO THIS PLAT FOR ANY RESTRICTIONS AND/OR PROVISIONS.

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

THE EXISTING WELL(S) SHOWN ON THIS PLAN (IDENTIFIED WITH THE ATTACHED WELL TAG NUMBER HO-95-0790) HAS BEEN FIELD LOCATED BY ESE CONSULTANTS, INC.- PROFESSIONAL LAND SURVEYOR(S), AND IS ACCURATELY SHOWN.

SWM FOR THIS LOT IS MANAGED PER PLAN 1 06-108

E & S CONTROLS PER PLAN 1 06-108

CULVERT FOR DRIVEWAY EXISTS.

INV. @ HOUSE	522.0
GROUND @ INV. @ HOUSE	532.2
INV. IN TANK	521.3
INV. OUT TANK	521.0
TOP OF TANK	522.0
GROUND OVER TANK	525.0
INV. IN DIST. BOX	520.8
INV. OUT DIST. BOX	520.5
GROUND @ BOX	523.2

ADDRESS: 14314 BENS WORTH WAY
GLENELG, MD 21737

APPROVED:
FOR PRIVATE WATER & PRIVATE SEWAGE SYSTEMS
HOWARD COUNTY HEALTH DEPARTMENT

COUNTY HEALTH OFFICER _____ DATE _____