



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.: B1700650

Building Address: 643 Weller Drive
City: MT AIRY State: MD Zip Code: 21771
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: PATAPEC CVA Lnk
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 3.9 AC

Existing Use: 4 Bed Room House
Proposed Use: Sun Room & screened Porch
Estimated Construction Cost: \$ 100,000
Description of Work: Block Foundation
Framed walls 26' x 19.8'
Porch 12' x 14' 2-story add

Occupant/Tenant Name: Edward Grim
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: Same as above
Address: Same as above, screened in porch, full beat
City: Storage beneath State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: <u>19'</u>	☒ SF Dwelling ☐ SF Townhouse
No. of stories: <u>1</u>	Depth: _____ Width: _____
Gross area, sq. ft./floor: <u>510</u>	1 st floor: <u>26</u> 19'6"
Area of construction (sq. ft.): <u>751</u>	2 nd floor: _____
Use group: _____	Basement: <u>1'</u> <u>1'</u>
Construction type:	☐ Finished Basement
☒ Reinforced Concrete	☐ Unfinished Basement
☐ Structural Steel	☐ Crawl Space
☒ Masonry	☐ Slab on Grade
☒ Wood Frame	No. of Bedrooms: _____
☐ State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
Roadside Tree Project Permit	Footings: _____
☐ Yes ☒ No	Roof: _____
Roadside Tree Project Permit #	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: Edward Grim
Address: 643 Weller Dr.
City: MT AIRY State: MD Zip Code: 21771
Phone: 410-489-4073 Fax: 410-489-5303
Email: EGrim643@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: CHARLIE ROSWAY LLC
Contact Person: CHARLIE ROSWAY
Address: 12765 TRIAD PHIA RD
City: ELICOTT State: MD Zip Code: 21042
License No.: 133387
Phone: 443-463-7866
Email: _____

Engineer/Architect Company: Perrine Design
Responsible Design Prof.: HARRY PERRINE
Address: 1111 YORKSHIRE WAY
City: WESTMINSTER State: MD Zip Code: 21158
Phone: 410-876-6517 Fax: _____
Email: hperrine47@comcast.net

Utilities	
Electric:	☒ Yes ☐ No
Gas:	☐ Yes ☐ No
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Heating System	
☒ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☒ 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 PURPOSES OF INSPECTING THE WORK PERMITTED AND ISSUING NOTICES.

Applicant's Signature: Edward Grim Print Name: Edward P. Grim
Email Address: EGrim643@gmail.com Date: 2/24/17

Title/Company: _____

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	<u>2/24/17</u>	<u>[Signature]</u>

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

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>5054</u>

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

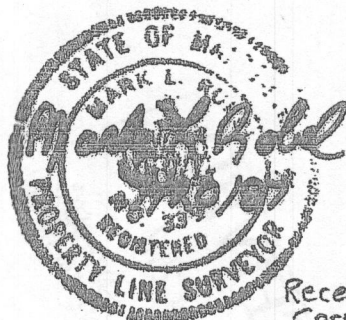
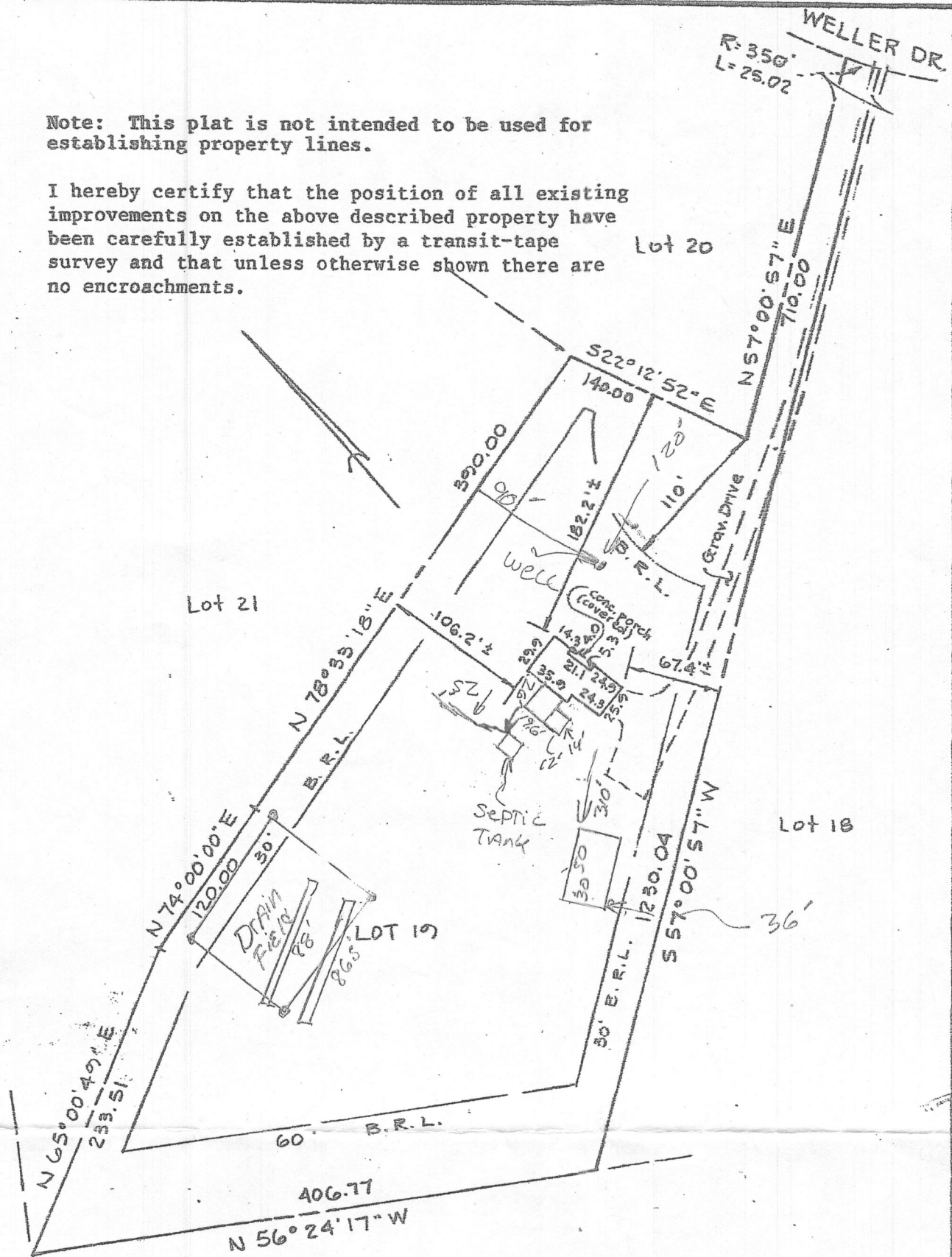
Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

Note: This plat is not intended to be used for establishing property lines.

I hereby certify that the position of all existing improvements on the above described property have been carefully established by a transit-tape survey and that unless otherwise shown there are no encroachments.



Recertified
Correct -
1-7-88

Final 1-7-88

Wall Check 7-14-87

LOCATION SURVEY

LOT 19 "Patapsco Overlook"
Section 2 Plat Ref. #6783

The **RBA** ENGINEERS-ARCHITECTS-PLANNERS
Group

4th Election District

Howard County, Md.

Scale: 1" = 100'

Date: 7-14, 1987

Updated 1-7-88

5485 HARPER'S FARM ROAD
SUITE 200
COLUMBIA, MARYLAND 21044

643 Weller Drive
MT AIRY MD 21771

9009/0036
FB 39

APPROVED

WALKTHRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN K. M. Hall DATE: 2/21/17
DESC. OF WORK: Proposed sunroom w/

Foundation. Equipment plan OK!
No Barbecue Addition. Inner
rock curve of age of Septic System

Approved 3/6/17
RAE B17000650
(Same building permit
DLP denied walk-thru
due to sq ft.)