



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: 2910 Winter Hazel Court
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Belle Haven Est.
Section: _____ Area: _____ Lot: 29
Tax Map: 14 Parcel: 66 Grid: 20
Zoning: _____ Map Coordinates: _____ Lot Size: 0.938 ac

Property Owner's Name: Wes and Melissa Lippie
Address: 2910 Winter Hazel Court
City: Woodbine State: MD Zip Code: 21797
Phone: (410) 215-3986 Fax: _____
Email: melissa.lippie@icloud.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Timothy Rowan Rowan Landscape
Address: 16643 Frederick Rd
City: Mt Airy State: MD Zip Code: 21771
Phone: 410 489-0707 Fax: _____
Email: tim@rowanlandscape.com

Contractor Company: Rowan Landscape + Pool Co, Inc
Contact Person: Kari Whitehead
Address: 16643 Frederick Road
City: Mt Airy State: MD Zip Code: 21771
License No.: 16659
Phone: 410 489-0707 Fax: _____
Email: Kari@rowanlandscape.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: 16643 Frederick Road
City: Mt Airy State: MD Zip Code: 21771
Phone: (410) 489-0707 Fax: _____
Email: tim@rowanlandscape.com

Existing Use: _____
Proposed Use: Inground swimming pool
Estimated Construction Cost: \$ _____
Description of Work: Inground swimming pool; gunite. 38' x 20'

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input 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:	
➤ Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input 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 type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input 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 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: _____
Email Address: tim@rowanlandscape.com
Title/Company: President

Print Name: Timothy H. Rowan
Date: 9-14-16

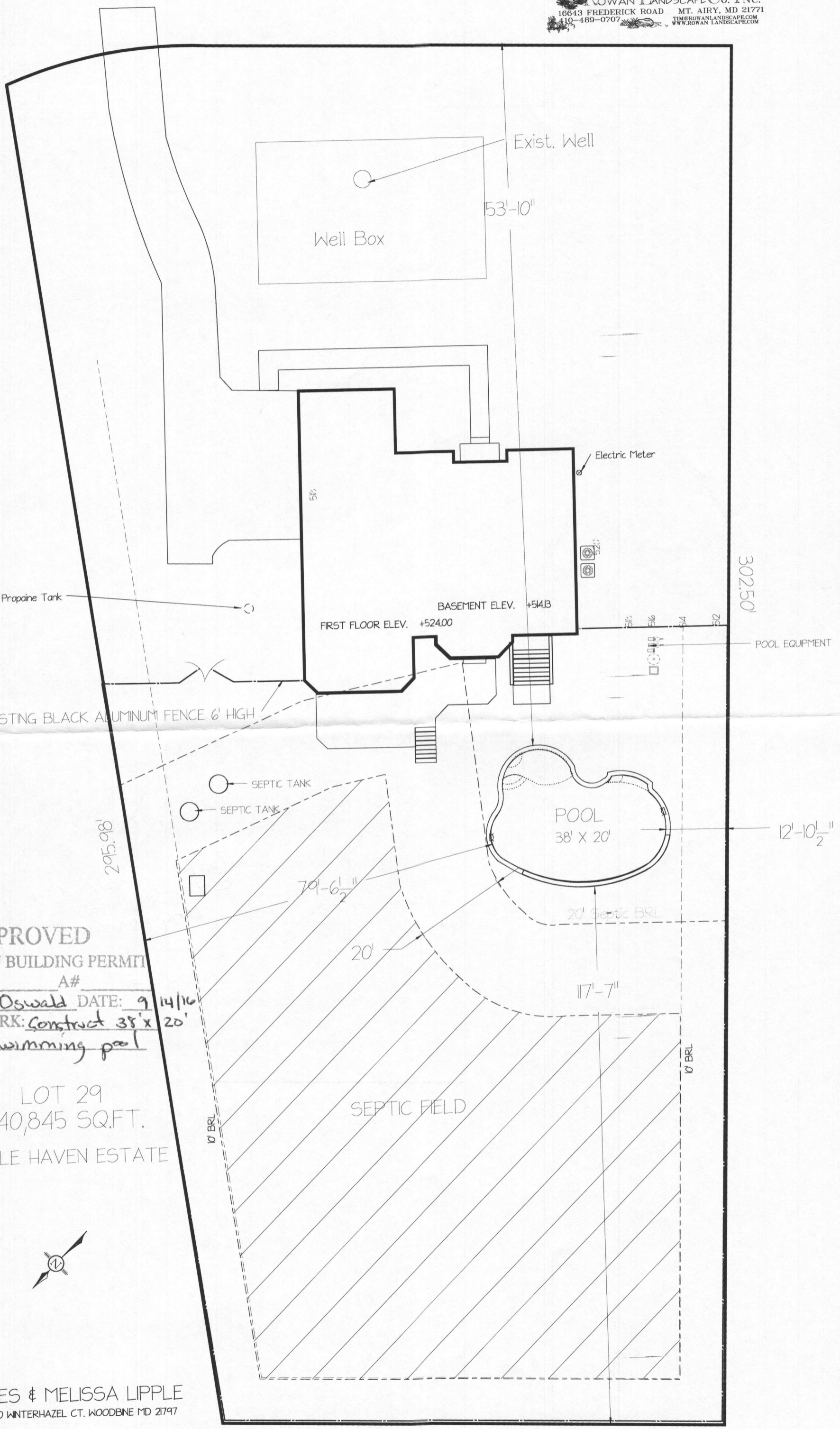
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/14/16</u>	<u>H. Oswald</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? <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	#



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP SAN H. Oswald DATE: 9/14/16
 DESC. OF WORK: Construct 38' x 20'
inground swimming pool

LOT 29
 40,845 SQ.FT.
 BELLE HAVEN ESTATE

WES & MELISSA LIPPLE
 2910 WINTERHAZEL CT. WOODBINE MD 21797