



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: 9/11/19

Permit No.: B19003042

Building Address: 2906 WINTER HAZEL COURT
City: WOOD BINE State: MD Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: Belle Haven Estates
Lot: 28 Tax Map: 14 Parcel: 66
04-373944

Existing Use: _____
Proposed Use: Deck and porch
Estimated Construction Cost: \$ 44,200

Description of Work: Construction of new 16'x20' porch and 16'x18' deck w/ steps including 8'x8' concrete slabs

Occupant/Tenant Name: TOGARI SRINIVASU
Was tenant space previously occupied? Yes No
Contact Name: TOGARI SRINIVASU
Address: 2906 WINTER HAZEL CT
City: WOOD BINE State: MD Zip Code: 21797
Phone: 267 251 0706 Fax: _____
Email: JYOTSNA TOGARI @ GMAIL.COM

Property Owner's Name: TOGARI SRINIVASU
Address: 2906 WINTER HAZEL COURT
City: WOOD BINE State: MD Zip Code: 21797
Phone: 267 251 0706 Fax: _____
Email: JYOTSNA TOGARI @ GMAIL.COM

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Clemens Jellema
Address: 1020 TIFFANY PARK
City: Owings State: MD Zip Code: 20736
Phone: 410 802 2860 Fax: _____
Email: FINEDECKS @ GMAIL.COM

Contractor Company: Fine Decks, Inc
Contact Person: Clemens Jellema
Address: 1020 TIFFANY PARK
City: Owings State: MD Zip Code: 20736
License No.: 71878
Phone: 410 802 2860 Fax: _____
Email: FINEDECKS @ GMAIL.COM

Engineer/Architect Company: Fine Decks, Inc
Responsible Design Prof.: Clemens Jellema
Address: 1020 TIFFANY PARK
City: Owings State: MD Zip Code: 20736
Phone: 410 802 2860 Fax: _____
Email: FINEDECKS @ GMAIL.COM

| Commercial Building Characteristics | Residential Building Characteristics |
|---|---|
| Height: _____ | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: _____ | <u>16'</u> Depth <u>38'</u> Width |
| Gross area, sq. ft./floor: _____ | 1 st floor: <u>Deck/Porch</u> |
| Area of construction (sq. ft.): _____ | 2 nd floor: _____ |
| Use group: _____ | Basement: _____ |
| | <input type="checkbox"/> Finished Basement |
| | <input type="checkbox"/> Unfinished Basement |
| | <input type="checkbox"/> Crawl Space |
| | <input type="checkbox"/> Slab on Grade |
| Construction type: | No. of Bedrooms: _____ |
| <input type="checkbox"/> Reinforced Concrete | Multi-family Dwelling |
| <input type="checkbox"/> Structural Steel | No. of efficiency units: _____ |
| <input type="checkbox"/> Masonry | No. of 1 BR units: _____ |
| <input type="checkbox"/> Wood Frame | No. of 2 BR units: _____ |
| <input type="checkbox"/> State Certified Modular | No. of 3 BR units: _____ |
| | Other Structure: _____ |
| | Dimensions: <u>38'x16'</u> |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | Footings: _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Roof: <u>ASPHALT SHINGLES</u> |
| Roadside Tree Project Permit # _____ | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

| Utilities | |
|---|---|
| Electric: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| 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 THERE TO; (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: FINEDECKS @ GMAIL.COM
Title/Company: PRESIDENT FINE DECKS INC

Print Name: Clemens Jellema
Date: 09-05-2019

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Title/Company: _____
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

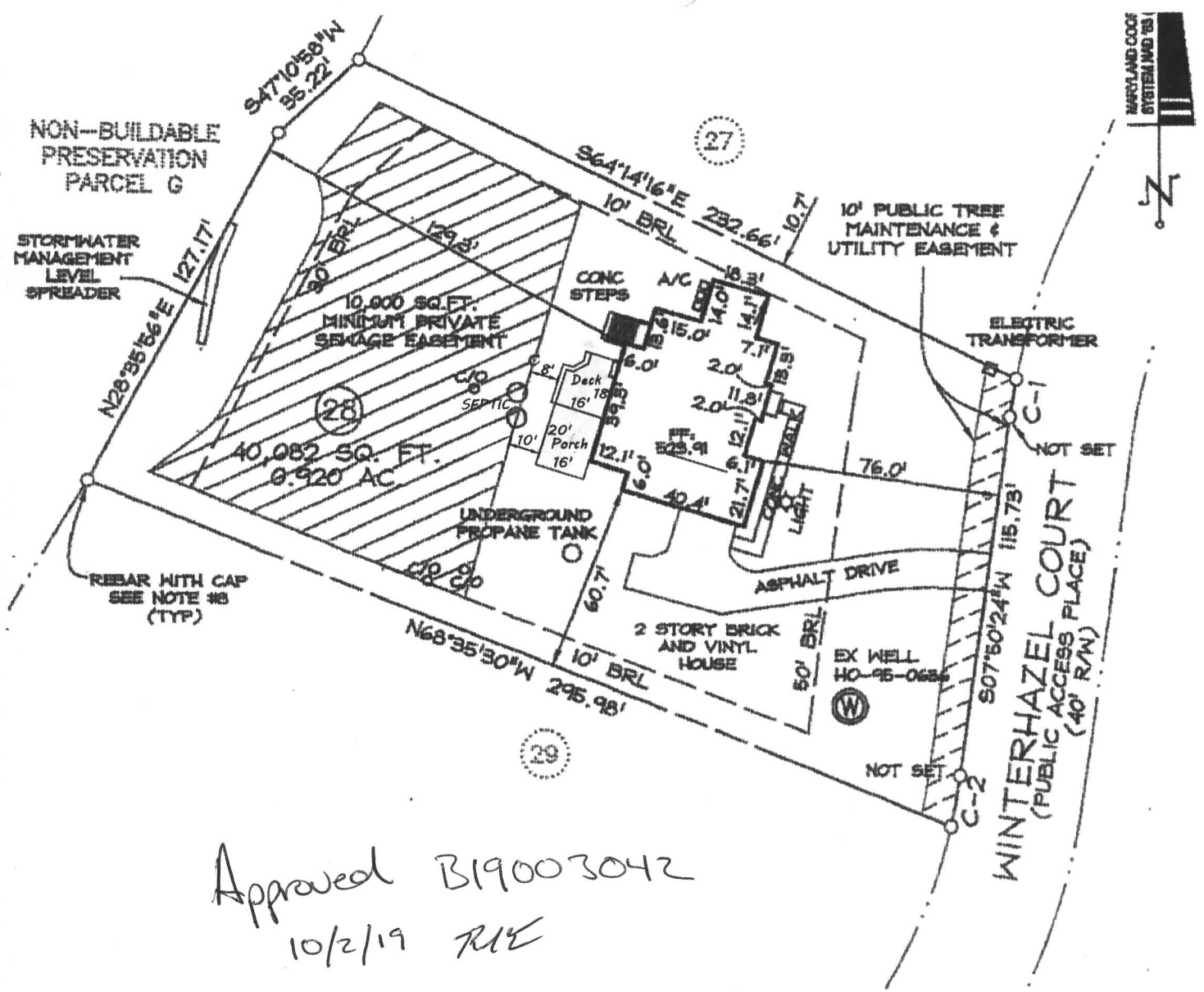
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|----------------------|----------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | <u>10/2/19</u> | <u>[Signature]</u> |

| 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 | \$ <u>25</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |
| Check # | <u>11069</u> |

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



Approved B19003042
10/2/19 R/E

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEYING WORK REFLECTED IN IT, AND THAT IT IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION .12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE. I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 239, EXPIRATION DATE 7/5/14.

NOTES:

1. THE BEARINGS SHOWN HEREON ARE BASED ON THE MARYLAND COORDINATE SYSTEM NAD '83 (1991).
2. THE SUBJECT PROPERTY LIES WITHIN FLOOD ZONE "C" (AREAS OF MINIMAL FLOODING) AS SHOWN ON FLOOD INSURANCE RATE MAP NO.240044 00149. DATED 12-4-86.
3. ○ DENOTES 1/2" REBAR WITH RED PLASTIC CAP STAMPED "DDC 21179 PROP MARK" SET, UNLESS OTHERWISE NOTED.



Robert B. Southard 2-11-14

BOUNDARY SURVEY
2906 WINTERHAZEL COURT
LOT 28
BELLE HAVEN ESTATES
PLAT No. 19861
ELECTION DIST. No.4 HOWARD COUNTY, MD

DDC JOB#: 06118.5
DATE: 02-11-2014
SCALE: 1"=50'
DRN. BY: DAP
CHK. BY: RBS



Planners
Surveyors
Engineers
Landscape Architects

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