

PERMIT NUMBER: B 20003677

DATE ACCEPTED:

RECEIVED



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2450
www.howardcountymd.gov

RECEIVED
DIVISION
OCT 15 2020
LICENSES & PERMITS

BUILDING SITE ADDRESS REQUIRED
Street Address: 14334 Bensworth Way
City: Glenelg State: MD Zip Code: 21737
Subdivision/Village/Complex Name: SDP/WP/BA #:
Lot: 29 Tax Map: 0021 Parcel: 0090 Grading Permit #:

DESCRIPTION OF WORK REQUIRED
Existing Use: Single Family Home Proposed Use: Add 12' x 15' deck with steps Estimated Cost: \$12,105.00
Trade Work to Be Completed (Separate Permits Required): ☐ Mechanical (HVAC) ☐ Electrical ☐ Plumbing ☒ None

New 12' x 15' deck and steps

PROPERTY OWNER INFORMATION REQUIRED
Owner(s) Name(s) (As it appears on tax records): Wendell Hanes Lesley S Hanes Primary Residence: ☒ Yes ☐ No
Owner's Street Address: 14334 Bensworth Way
City: Elkridge State: MD Zip Code: 21737
Phone: (410) 320-5912 Email: lesleystephens@yahoo.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION
Business Name: Horizons Unlimited Home Imp., Inc. Contact Name: William L. Gmeinwieser, Sr.
Street Address: 7387 Washington Blvd., Suite 104
City: Elkridge State: MD Zip Code: 21075
Phone: (410) 320-5912 Email: billg@huimprove.com

CONTRACTOR INFORMATION REQUIRED
Business Name: Horizons Unlimited Home Imp., Inc.
Licensee's Name: William L. Gmeinwieser, Sr. License #: 16606
Street Address: 7387 Washington Blvd., Suite 104
City: Elkridge State: MD Zip Code: 21075
Phone: (410) 320-5912 Email: billg@huimprove.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE
Business Name: Name:
Street Address:
City: State: Zip Code:
Phone: Email:

BUILDING CHARACTERISTICS REQUIRED
Primary Structure: ☒ SF Dwelling ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*) Condo: ☐ Yes ☒ No
Utilities: ☒ Electric ☒ Gas Water Supply: ☐ Public ☒ Private (Well) Sewage Disposal: ☐ Public ☒ Private (Septic)
Heating System: ☐ Electric ☐ Natural Gas ☒ Propane ☐ Other: Roadside Tree Project: ☒ No ☐ Yes: #
Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ☒ None Fire Alarm System: ☒ Yes ☐ No ☐ Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)
Model Name & Options:
of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
Rooms: # Full Baths: # Half Baths: # Fireplaces:
Garage/Carport Info: ☐ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☐ None
Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☐ Finished Basement: ☐ Full or ☐ Partial
1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:
Energy Method: ☐ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI Gross Area: sq ft Occupiable Area: sq ft

AGREEMENT/ DISCALIMER REQUIRED
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: 10-14-20

FOR OFFICE USE ONLY
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY
AGENCIES REQUIRED/APPROVALS:
SUBMITTAL FEES: 55- PAYMENT: 5688 ACCEPTED BY:
11/24/20

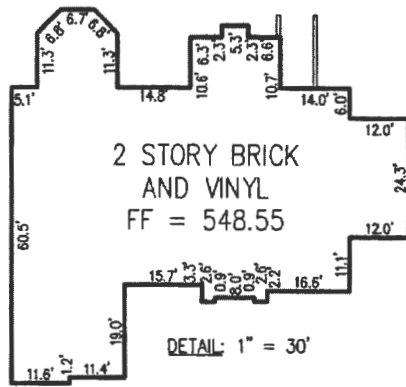
PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21328, EXPIRATION DATE 1/8/13.

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OCT 28 2020

LICENSES & PERMITS
DIVISION

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



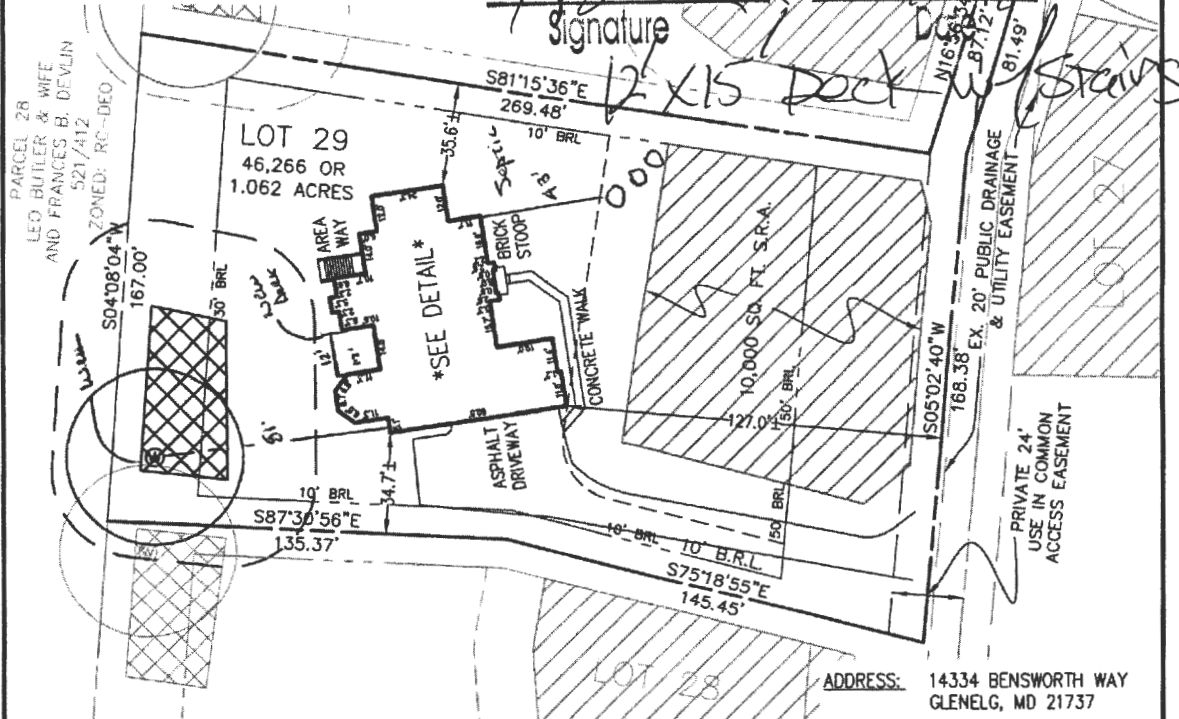
14334 Bensworth
Approved Septic System Plan

Howard County Health Department

Signature



PARCEL 28
LEO BUTLER & WIFE
AND FRANCES B. DEVLIN
521/412
ZONED: RC-DEO



SURVEYOR'S NOTE

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS DRAWING WAS PREPARED W/O THE BENEFIT OF A TITLE REPORT.

SIGNATURE: MICHAEL JOE BOYCE

21328
MD. LIC. NO.

6/13/12
DATE

LOCATION DRAWING

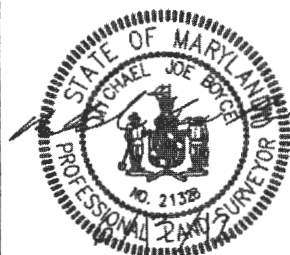
LOT #29

EDGEWOOD FARM

LIBER 4174, FOLIO 0436

PLAT No. 19268

FOURTH (4TH) ELECTION DISTRICT
HOWARD COUNTY, MARYLAND



LICENSE VALID UNTIL 1/8/13



ESE Consultants Inc.
7164 Columbia Gateway Dr.
Suite 203
Columbia, MD 21046
TEL: 410-872-9105
FAX: 410-872-4870

DATE: 6/13/12

SCALE: 1"=50'

FILE: FS-29

CHK'D: MJB

JOB#: 1498

DRAWN: GTC

Jan 14, 2012 - 9:33 am C:\Users\GCOUGHEN\OneDrive\Y5-28.dwg GCOUGHEN

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10/28/2020

To: DEBBIE WHALEN / ANNETTE MERSON
(Person's Name and Division)

From: _____
(Your Name, Company Name and Telephone Number)

Subject: Project name _____
Project site address 14334 BENS WORTH WAY
Permit # B20003677 SDP # _____
Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- ____ Letter of response to address plan review comment letter
- ____ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- ____ Letter Summarizing Changes
- ____ Energy conservation calculations
- ☒ Copies of PLOT PLAN (be specific). TO SCALE
- ____ Health Department Request ☒ DPZ/ DED Request _____ Applicant's Request
- ____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ____ Other _____

Contact Person Information: (Required)

Please Print Name _____

Telephone No: _____

E-Mail Address: _____

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by DROP BOX

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

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