

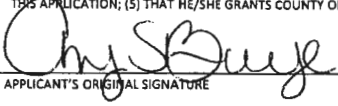
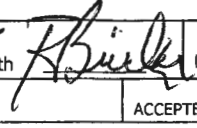
RECEIVED

PERMIT NUMBER: B

20002029

DATE ACCEPTED:

JUN 24 2020

RESIDENTIAL BUILDING PERMIT APPLICATION		LICENSES & PERMITS DIVISION	
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov			
BUILDING SITE ADDRESS <small>REQUIRED</small>			
Street Address: 13865 Mill Creek Court		Unit:	
City: Clarksville	State: MD	Zip Code: 21029	
Subdivision/Village/Complex Name: Mill Creek		SDP/WP/BA #:	
Lot: 17	Tax Map: 40	Parcel: 05600775	Grading Permit #:
DESCRIPTION OF WORK <small>REQUIRED</small>			
Existing Use: Residential		Proposed Use: Residential	
Trade Work to Be Completed (Separate Permits Required):		Estimated Cost: \$75,000.00	
<input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None			
23'-4" x 21"-5" screen porch. Deck and roof structure to be wood framed with composite porch boards and composite trim. Half-height wall to surround porch perimeter and create base of screened openings. Gas fireplace with stone surround. Recessed lighting and ceiling fans. Exterior stairs down to grade with tread lighting.			
PROPERTY OWNER INFORMATION <small>REQUIRED</small>			
Owner(s) Name(s) (As it appears on tax records): Amy and Peter Bulcavage		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Owner's Street Address: 13865 Mill Creek Court			
City: Clarksville	State: MD	Zip Code: 21029	
Phone: (717) 951-6154	Email: aeschimmel@gmail.com		
APPLICANT NAME <small>REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</small>			
Business Name: (homeowner)		Contact Name: Amy Bulcavage	
Street Address: 13865 Mill Creek Court			
City: Clarksville	State: MD	Zip Code: 21029	
Phone: (717) 951-6154	Email: aeschimmel@gmail.com		
CONTRACTOR INFORMATION <small>REQUIRED</small>			
Business Name:			
Licensee's Name:		License #:	
Street Address:			
City:	State:	Zip Code:	
Phone:	Email:		
ARCHITECT/ENGINEER INFORMATION <small>INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</small>			
Business Name:		Name:	
Street Address:			
City:	State:	Zip Code:	
Phone:	Email:		
BUILDING CHARACTERISTICS <small>REQUIRED</small>			
Primary Structure: <input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)		Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:		Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input checked="" type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac	
ADDITIONAL RESIDENTIAL INFORMATION <small>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</small>			
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: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None		
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial			
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: sq ft	Occupiable Area: sq ft
AGREEMENT/ DISCALIMER <small>REQUIRED</small>			
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		June 22, 2020 DATE SIGNED	
FOR OFFICE USE ONLY			
AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 
<input type="checkbox"/> SHA		<input type="checkbox"/> CID	
SUBMITTAL FEES: \$25.00		PAYMENT: ck#913	
		ACCEPTED BY: MAIL	

12" D/W CULVERT, 20 L.F.
(per Ho.Co. Det. R-6.06)
INV IN= 426.5±
INV OUT=425.8±

