

PERMIT NUMBER: B

DATE ACCEPTED:

DATE 2020 AUG 10 PM 1:10



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COUNTRY HOUSE DRIVE, ELLICOTT CITY, MD 21043

PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 11820 Chapel Hill Way		Unit:
City: Chantilly	State: MD	Zip Code: 20151
Subdivision/Village/Complex Name: Chapel Hills II		SDP/WP/BA #:
Lot: 17	Tax Map: 6079	Parcel: 026
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use: 20x40 expansion shed	Estimated Cost: \$ 545,000
Trade Work to Be Completed (Separate Permits Required):		
<input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
Structural 3 1/2 x 8' Deep concrete w/ post base		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Susan Washburn & Andrew Y	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 11820 Chapel Hill Way	
City: Chantilly	State: MD
Phone:	Zip Code: 20151
Email:	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Summit Pools & Landscaping	Contact Name: Brandon R
Street Address: 147 Wilson Crossing Dr	
City: Gaithersburg, MD	State: MD
Phone: 301 434 3111	Zip Code: 20878
Email: BRANDONR@SUMMITPOOLS.COM	

CONTRACTOR INFORMATION REQUIRED

Business Name: Summit Pools & Landscaping	License #: 118042
Licensee's Name: Brandon R	
Street Address: 147 Wilson Crossing Dr	
City: Gaithersburg, MD	State: MD
Phone: 443-904-7152	Zip Code: 20878
Email: BRANDONR@SUMMITPOOLS.COM	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Zip Code:
Email:	

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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: <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				
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:
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 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

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>Bernard</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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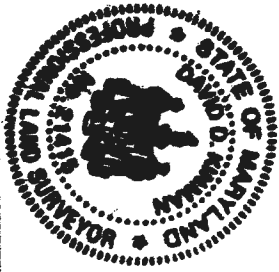
SUBMITTAL FEES:

PAYMENT: # 3069

ACCEPTED BY: *OT*

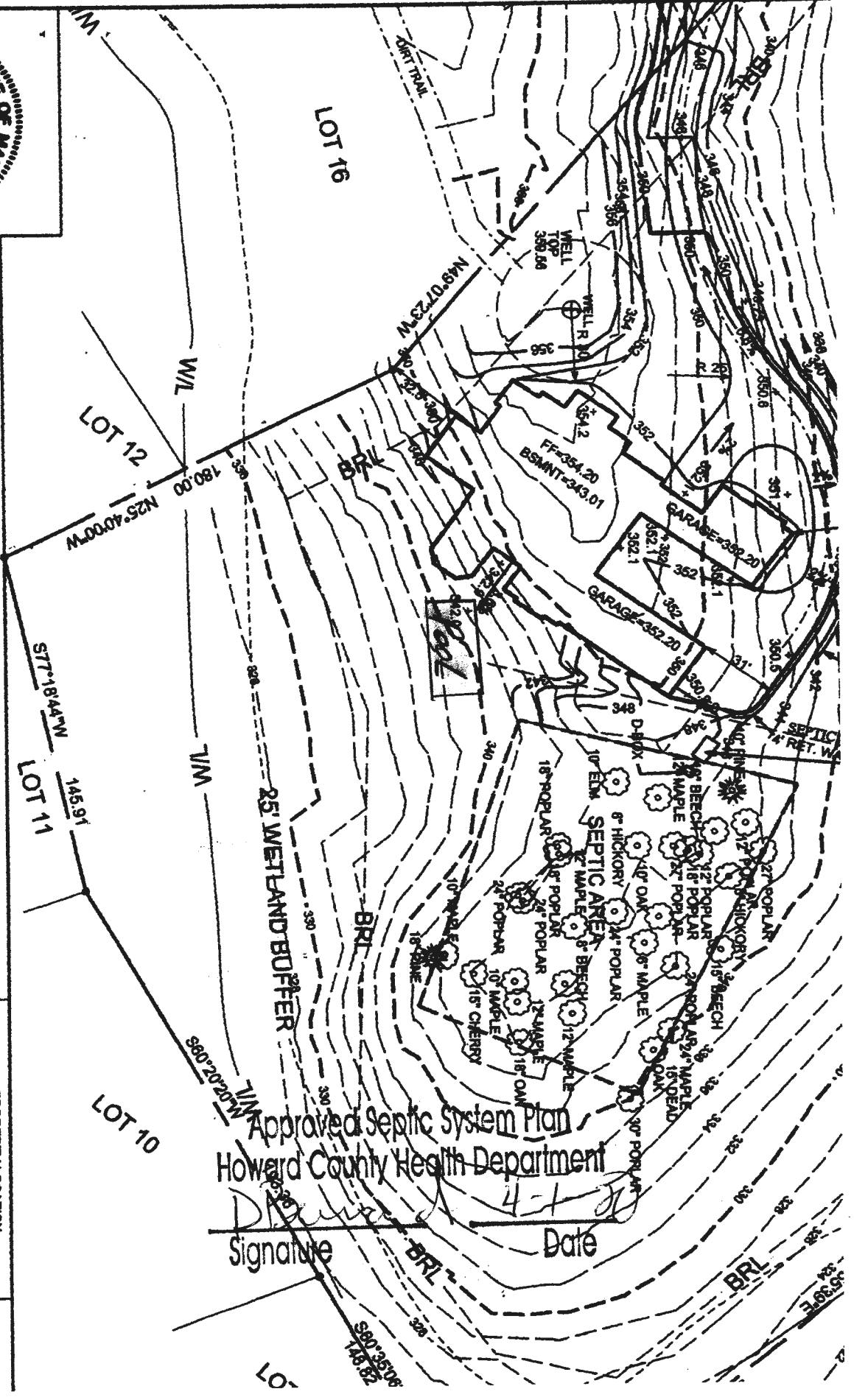
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B20000809



HEALTH DEPARTMENT PERMIT PLOT PLAN
DESCRIBED AS: LOT 17 BLOCK 2 AS SHOWN ON A PLAT OF SUBDIVISION
ENTITLED: CHAPEL WOODS II AS RECORDED IN PLAT BOOK 2 AS PLAT NO. C.M.P. 8824
AMONG THE LAND RECORDS OF HOWARD COUNTY, MARYLAND

PROPERTY LOCATION
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
Address: 11820 Chapel Belts Way
Clarksville, MD. 21029



Approved Septic System Plan
Howard County Health Department

[Signature]
Signature

4-1-10
Date