

PERMIT NUMBER: B 20000727

DATE ACCEPTED:

RESIDENTIAL BUILDING PERMIT APPLICATION

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 *REQUIRED*

Street Address: 14385 FREDERICK RD		Unit:
City: COOKSVILLE	State: MD	Zip Code: 21723
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

DESCRIPTION OF WORK *REQUIRED*

Existing Use: P. SFD	Proposed Use: SFD	Estimated Cost: \$4000.00
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVAC) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None RENEWATE DECK - REMOVE AND REPLACING IT WITH 23 FEET BY 16 FEET DECK WITH STAIRS ON ONE SIDE, (OPEN)		

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): GEOFFREY KINYASHI		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 14385 FREDERICK ROAD		
City: COOKSVILLE	State: MD	Zip Code: 21723
Phone: 443-636-1781	Email: okinyash@gmail.com	

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name:	Contact Name: GEOFFREY KINYASHI
Street Address: 14385 FREDERICK ROAD	
City: COOKSVILLE	State: MD
Phone:	Zip Code: 21723
Email:	

CONTRACTOR INFORMATION *REQUIRED*

Business Name: HOME OWNER	License #:
Street Address:	
City:	State:
Phone:	Zip Code:
Email:	

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

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

BUILDING CHARACTERISTICS *REQUIRED*

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*) <input type="checkbox"/> Condo <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well) <input type="checkbox"/> Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other: <input type="checkbox"/> Inside Tank Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13A <input type="checkbox"/> None <input type="checkbox"/> Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:	# of Bedrooms (SF): 3	# 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:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input checked="" 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 03/03/20

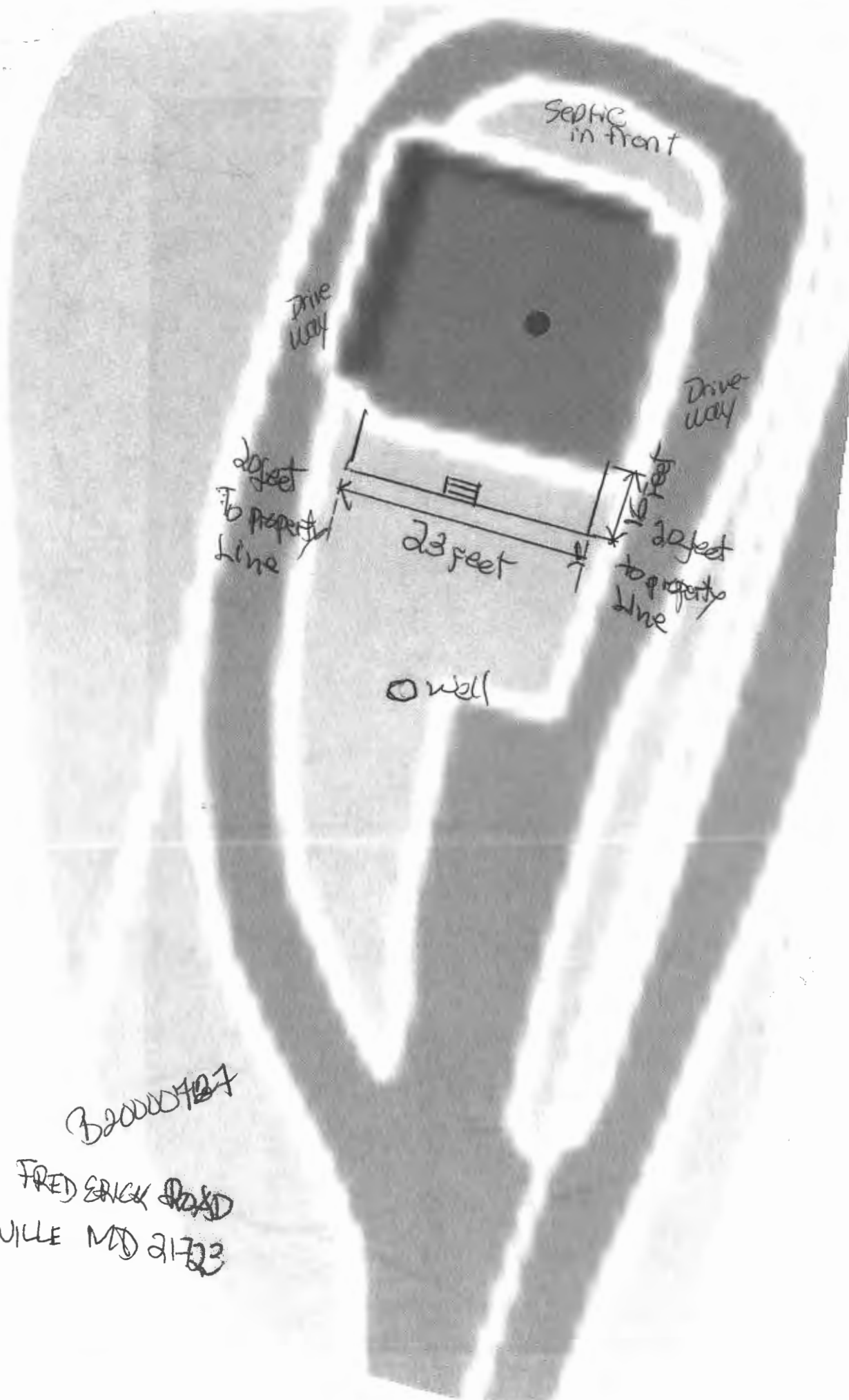
FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>Barard</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: \$155.00	PAYMENT: CASH	ACCEPTED BY: <i>ADW</i>
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3200057127

14385 FRED ERICK ROAD
COOKSVILLE MD 21723

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

Date: 3/4/20

To: Annelle Zarny
(Person's Name and Division)

From: Geofrey Kinnyashi (443) 686 1781
(Your Name, Company Name and Telephone Number)

Subject: Project name 14583 Fredenck Rd
Project site address ↗
Permit # B20000727 SDP # N/A
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.** Plot plan
 - Letter Summarizing Changes
 - Energy conservation calculations
 - Copies of _____ (be specific).
 - 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)

Geofrey Kinnyashi
Please Print Name

Telephone No: _____

E-Mail Address: gkinnyashi@gmail.com

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

Received by [Signature]

MAR 04 2020

NO fee

CONNECT EXPLORER™



map: Auto (Oblique) Mar 2019 - Apr 2019 image 1 of 8 04/01

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

Date: 3/4/20

To: Amelia Zamy **H**
(Person's Name and Division)

From: Geofrey Kinnyashi (443) 686 1781
(Your Name, Company Name and Telephone Number)

Subject: Project name 14583 Frederick Rd
 Project site address ↗
 Permit # B20060727 SDP # N/A
 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 Plot plan
- Energy conservation calculations
- Copies of _____ (be specific).
- 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)

Geofrey Kinnyashi
Please Print Name

Telephone No: _____

E-Mail Address: gkinnyashi@gmail.com

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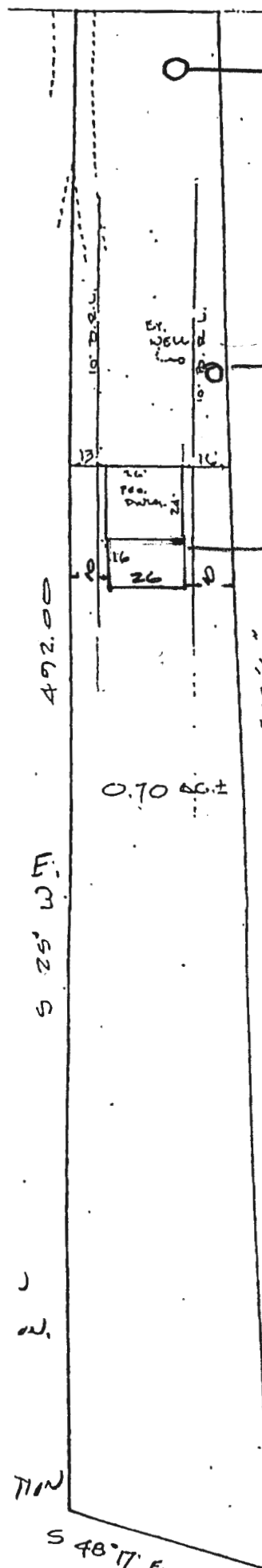
MAR 04 2020

NO

North ↑

1" = 50'

Frederick Road



SEPTIC

500

EX. WELL

WELL

DECK

26"

16"

STEPS
13"

472.00

512.00

0.70 AC. ±

S 25° 35' W

N 22° 46' E

Approved Septic System Plan
 Howard County Health Department
D. Barnd 4-1-30
 Signature Date

J
W.

TIN

S 48° 17' E 75.00'