PERMIT NUMBER: B 2001733

DATE ACCEPTED:

JUN 0 3 2020



RESIDENTIAL BUILDING PERMIT APPLICATION VISION

BUILDING SITE ADDRESS REQUIRED				·
Street Address: 895 The Old Station Ct				Unit:
City: Woodbine	Sta	te: MD		Zip Code: 21797
Subdivision/Village/Complex Name: Morgan Station			SDP/WP/BA #:	
Lot: 25 Tax Map: 3 Parcel: Grading Permit #:				
DESCRIPTION OF WORK REQUIRED				
	se:above-groui			Estimated Cost: \$9,000.00
Trade Work to Be Completed (Separate Permits Required):	lechanical (HVACR) □ Electrical	□ Plumbing	□ None
installation of an above-ground pool	N'A			
5	UD			
PROPERTY OWNER INFORMATION REQUIRED				
Owner(s) Name(s) (As it appears on tax records): Michael and Caroline Garzon Primary Residence: Yes No				
Owner's Street Address: 895 The Old Station Court				
City: Woodbine		te:MD		Zip Code: 21797
Phone: (301) 452-5542		.garzon@gmail	.com	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION				
Business Name:	Cor	tact Name: Caroli	ne Garzon	
Street Address: 895 The Old Station Ct				
City: Woodbine	Sta	te:MD		Zip Code: 21797
Phone: (301) 452-5542	Email: caroline	.garzon@gmail	.com	
CONTRACTOR INFORMATION REQUIRED				
Business Name: Floyd Contracting				
Licensee's Name: Bryan Floyd License #:87516				
Street Address: 4366 Norrisville Rd				
City: White Hall	Stat	e:MD		Zip Code: 21161
Phone: (410) 557-4324 Email: office@floydcontracting.com				
ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE				
Business Name:	Nar	ne:		
Street Address:				
City:	Stat	e: .		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 (PLE	ASE SELECTIC	OMPLETE ALL TH	HAT APPLY)	A
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:	# H	alf Baths:		# Fireplaces:
Garage/Carport Info: ☐ Attached Garage ☐ Detached Garage	e 🗖 Integral Ga	arage 🗖 Carport	□ None	
Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☐ Finished Basement: ☐ Full or ☐ Partial				
1 st Fl Width: 1 st Fl Depth: 2 nd Fl Width:	: 2 nd	Fl Depth:	Bsmt Width:	Bsmt Depth:
Energy Method: ☐ Prescriptive ☐ Performance ☐ UA Alternation	ve □ ERI Gro	ss 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 APPLICANT'S ORIGINAL SIGNATURE APPLICANT'S ORIGINAL SIGNATURE APPLICANT'S ORIGINAL SIGNATURE THE OFFICIAL SHEET OF THE WILL COMPLY WHICH ARE APPLICABLE TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WILL COMPLY WITH ALL REPORTS OF THE WORK PERMITTED AND POSTING NOTICES.				
FOR OFFICE USE ONLY	CHE	CKS PAYABLE TO: DIR	ECTOR OF FINANC	CE OF HOWARD COUNTY
AGENCIES REQUIRED/APPROVALS:				
		1000	- 61	25/2020
PR DPZ DE	D	Health	142	_ SHA □ CID
CHRMITTAL FEEC: DAYMENT:				ACCEPTED BY: MAIL

