

PERMIT NUMBER: B 20002909

DATE ACCEPTED:

RECEIVED

AUG 11 2020



# 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: 17490 TIMBERLEIGH WAY		Unit:
City: WOODBINE	State: MD	Zip Code: 21797
Subdivision/Village/Complex Name: TIMBERLEIGH VILLAGE		SDP/WP/BA #:
Lot: 15	Tax Map:	Parcel: B
Grading Permit #:		

## DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use:	Estimated Cost: \$
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
INSTALL 12KW GENERATOR, 200 AMP ATS(AUTOMATIC TRANSFER SWITCH)		
500 GALLON UNDER GROUND PROPANE TANK		

## PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): GREGORY I. FLOWERS		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 17490 TIMBERLEIGH WAY		
City: WOODBINE	State: MD	Zip Code: 21797
Phone: 603-731-8525	Email: gregoryflowers72@gmail.com	

## APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: ELITE POWER AND ENERGY CORP		Contact Name: TAMMY LAYNE
Street Address: 11400 PLEASANT VALE ROAD		
City: DELAPLANE	State: VA	Zip Code: 20144
Phone: 703-339-2800 x2	Email: tammy@elitepowerandenergycorp.com	

## CONTRACTOR INFORMATION REQUIRED

Business Name:		
Licensee's Name: See attached	License #:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

## 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: <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 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 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: Bsmt 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 REQUIRED

HE 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: [Signature]	DATE SIGNED: 8/10/2020
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## FOR OFFICE USE ONLY

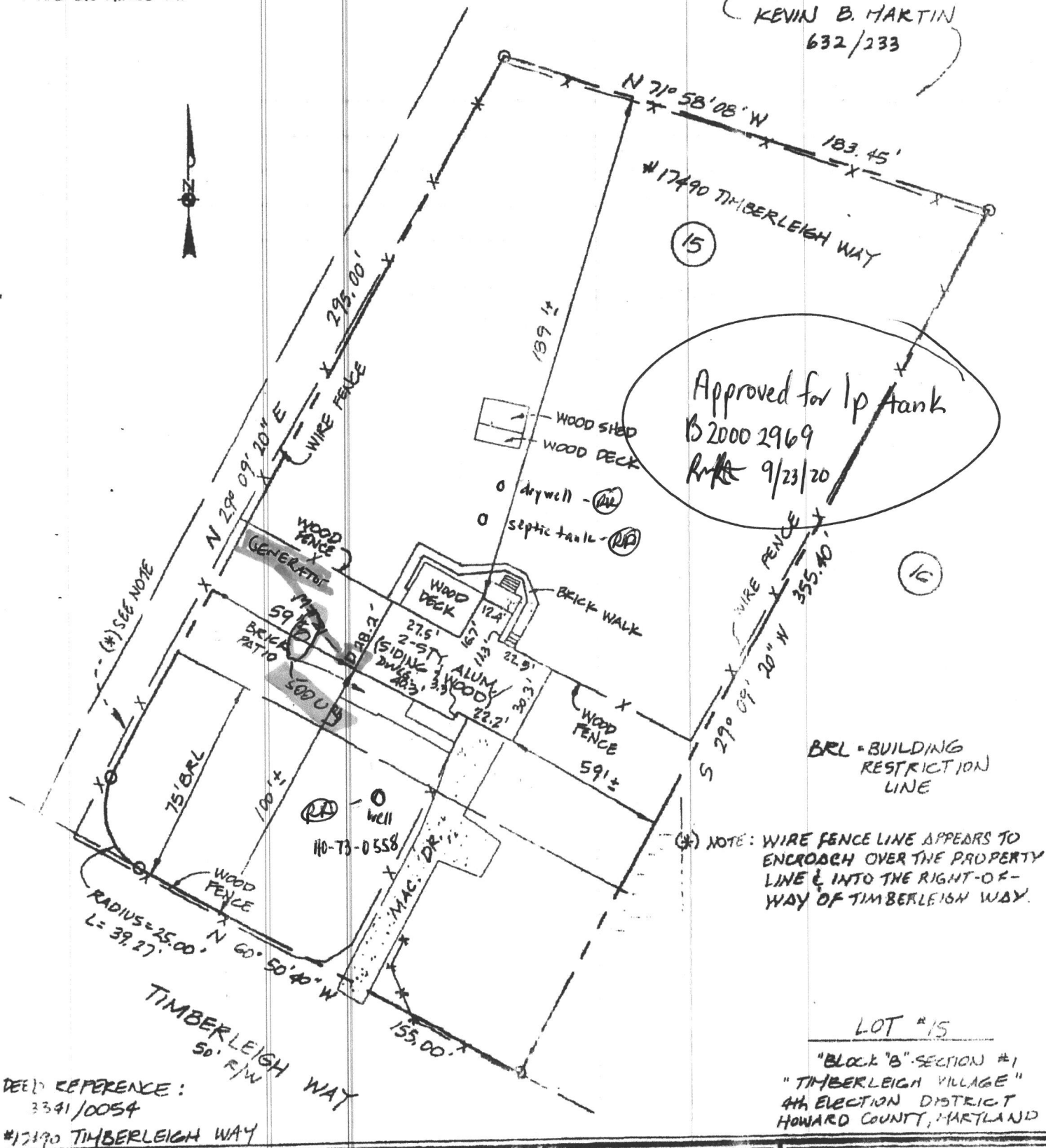
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health 9/23/20	<input type="checkbox"/> SHA <input type="checkbox"/> CID
UBMITTAL FEES: \$ 110.00		PAYMENT: CASH 300620		ACCEPTED BY: Dropbox

# GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE "C" ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 24004400070 EFFECTIVE DATE: 12-4-1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (1).

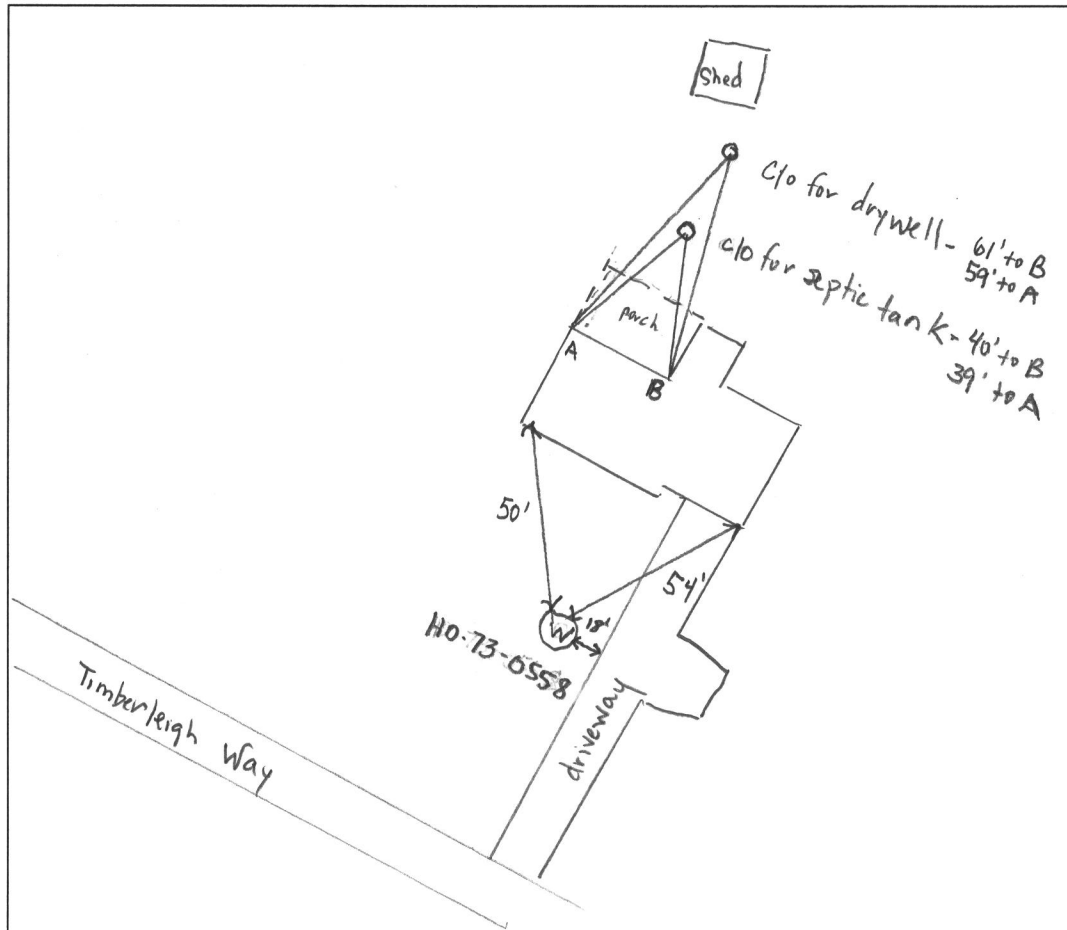
KEVIN B. MARTIN  
632/233



SITE INSPECTION SHEET

OWNER: Gregory Flowers PHONE #: 603-731-8525  
ADDRESS: 17490 Timberleigh Way CONTRACTOR: \_\_\_\_\_  
Woodbine, MD 21797 WELL TAG #: HO-73-0558  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: —  
PROPOSAL: As built w's for HD records

LOCATION DIAGRAM



COMMENTS: As built to accompany B2000 2969 for Health Dept records  
since there was no archive file on this property, For well & septic  
locations - RR

DATE: 9/20/20 INSPECTOR: R. Rappaport