



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: 5/11/2021

Permit No.: B21001826

Building Address: 3504 Winding Path Ct.  
City: Glenwood State: MD Zip Code: 21738  
Suite/Apt. # SDP/WP/BA #:  
Census Tract: Subdivision:  
Section: Area: Lot:  
Tax Map: Parcel: Grid:  
Zoning: Map Coordinates: Lot Size:

Existing Use: SFD  
Proposed Use: Screen Room & Open Deck  
Estimated Construction Cost: \$ 51,000.00  
Description of Work: 14' x 24' Screen Room &  
10' x 10' Open Deck with Steps to Ground  
Approx 506 sq ft  
Occupant/Tenant Name: KATIE MOREAU

Was tenant space previously occupied? ☐ Yes ☒ No  
Contact Name: ANTHONY HESSLER  
Address: 12104 Cecelia Ct  
City: Kingsville State: MD Zip Code: 21087  
Phone: 410 718 0388 Fax:  
Email: Tony@ARHDecks.com

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: KATIE MOREAU  
Address: 3504 Winding Path Ct  
City: Glenwood State: MD Zip Code: 21738  
Phone: 410 440 3029 Fax:  
Email: M/A

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: ANTHONY HESSLER  
Address: 12104 Cecelia Ct  
City: Kingsville State: MD Zip Code: 21087  
Phone: 410 718 0388 Fax:  
Email: Tony@ARHDecks.com

Contractor Company: ARH Decks  
Contact Person: ANTHONY HESSLER  
Address: 12104 Cecelia Ct  
City: Kingsville State: MD Zip Code: 21087  
License No.: 94442  
Phone: 410 718 0388 Fax:  
Email: Tony@ARHDecks.com

Engineer/Architect Company:  
Responsible Design Prof.:  
Address:  
City: State: Zip Code:  
Phone: Fax:  
Email:

Utilities	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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 Signature

Email Address

Title/Company

Print Name

Date

RECEIVED

MAY 11 2021

LICENSES & PERMITS  
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	7/12/21	R. Bickel

Is Sediment Control approval required for issuance? ☐ Yes ☒ No  
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ 25
Permit Fee	\$ 25
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

distribution of Copies: White: Building Officials Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



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Date Received

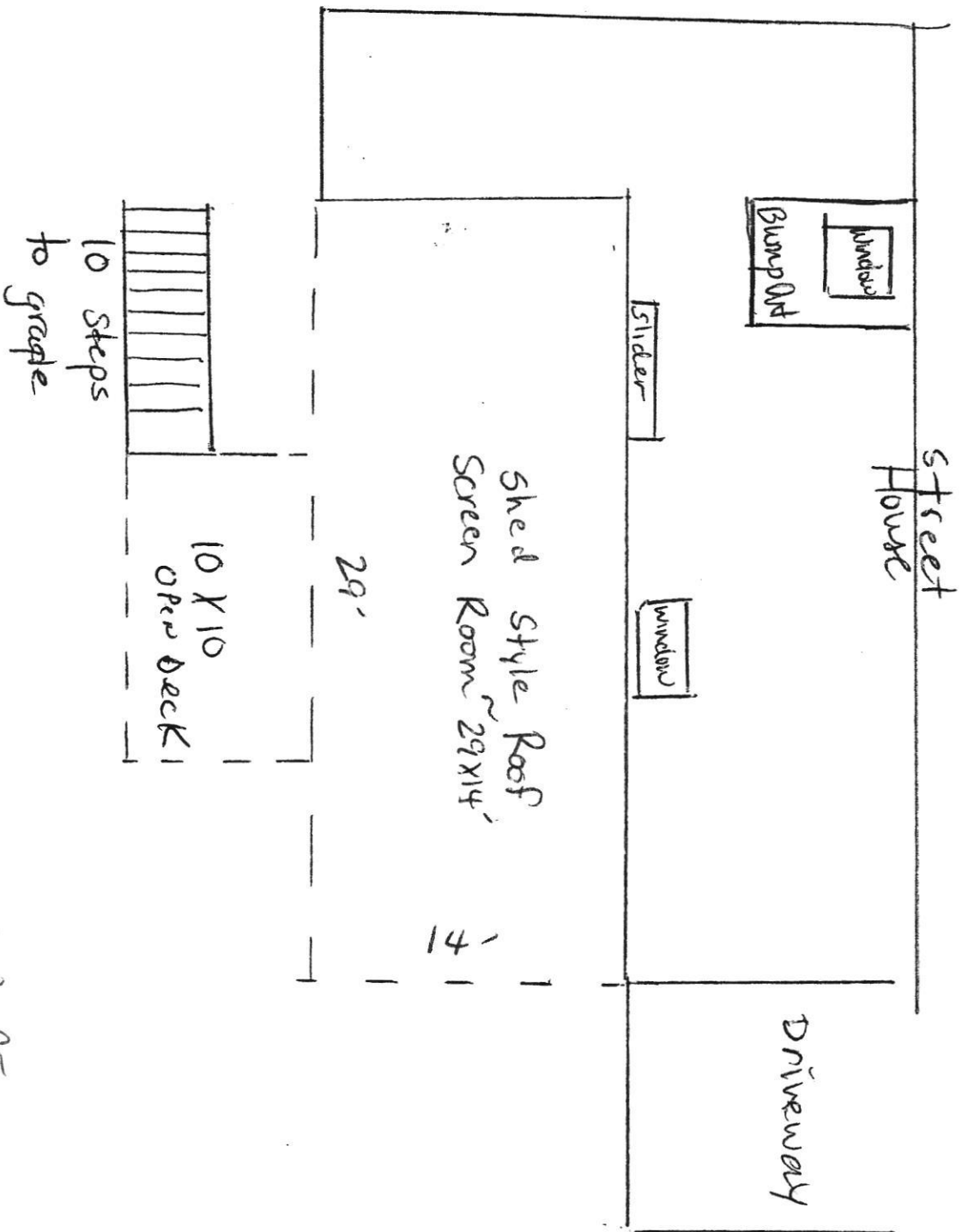
Permit No. B45001822

<b>Property Owner's Name:</b> Address: City: State: Zip Code: Phone: Fax: Email:		<b>Building Address:</b> City: State: Zip Code: Subdivision: Section: Area: Lot: Tax Map: Parcel: Grid: Map Coordinates: Foot Size:	
<b>Applicant's Name &amp; Mailing Address (if other than stated herein):</b> Applicant's Name: Address: City: State: Zip Code: Phone: Fax: Email:		<b>Existing Use:</b> Proposed Use: Estimated Construction Cost: Description of Work:	
<b>Contractor Company:</b> Contact Person: Address: City: State: Zip Code: Phone: Fax: Email:		<b>Occupant/Tenant Name:</b> Was tenant space previously occupied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Engineer/Architect Company:</b> Responsible Design Prof: Address: City: State: Zip Code: Phone: Fax: Email:		<b>Contact Name:</b> Address: City: State: Zip Code: Phone: Fax: Email:	
<b>Utilities:</b> Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Other Cooling System: <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Construction Type:</b> <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	
<b>Grading Permit Number:</b>		<b>Foundation:</b> <input type="checkbox"/> Footing <input type="checkbox"/> Pier <input type="checkbox"/> Other	
<b>Building Shell Permit Number:</b>		<b>Other Structure:</b> <input type="checkbox"/> No of 1 BR units: <input type="checkbox"/> No of 2 BR units: <input type="checkbox"/> No of 3 BR units: <input type="checkbox"/> Other Structure: Dimensions: Footings: Roof: Flooring: Other:	

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 TO THIS PROJECT; (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; (6) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK.

HoCo Health Depart  
JUN 02 2021  
HoCo Health

<b>Agency Signature:</b>		<b>Signature of Approval:</b>	
<b>Date:</b>		<b>Date:</b>	
<b>Agency:</b>		<b>Agency:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>City:</b>		<b>City:</b>	
<b>State:</b>		<b>State:</b>	
<b>Zip Code:</b>		<b>Zip Code:</b>	
<b>Phone:</b>		<b>Phone:</b>	
<b>Fax:</b>		<b>Fax:</b>	
<b>Email:</b>		<b>Email:</b>	
<b>Company:</b>		<b>Company:</b>	
<b>Check Payment to DIRECTOR OF FINANCE OF HOWARD COUNTY</b>		<b>Check Payment to DIRECTOR OF FINANCE OF HOWARD COUNTY</b>	
<b>FOR OFFICE USE ONLY:</b>		<b>FOR OFFICE USE ONLY:</b>	
<b>DPZ SETBACK INFORMATION:</b>		<b>DPZ SETBACK INFORMATION:</b>	
<b>Front:</b>		<b>Front:</b>	
<b>Side:</b>		<b>Side:</b>	
<b>Side St:</b>		<b>Side St:</b>	
<b>All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		<b>All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
<b>Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		<b>Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
<b>Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>		<b>Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No</b>	
<b>Lot Coverage for New Townhomes</b>		<b>Lot Coverage for New Townhomes</b>	
<b>SDP/Red-line approval date:</b>		<b>SDP/Red-line approval date:</b>	
<b>Agency Fee:</b>		<b>Agency Fee:</b>	
<b>Permit Fee:</b>		<b>Permit Fee:</b>	
<b>Tech Fee:</b>		<b>Tech Fee:</b>	
<b>Review Fee:</b>		<b>Review Fee:</b>	
<b>County Fund:</b>		<b>County Fund:</b>	
<b>Add'l Per Fee:</b>		<b>Add'l Per Fee:</b>	
<b>Total Fee:</b>		<b>Total Fee:</b>	
<b>Sub-Total Paid:</b>		<b>Sub-Total Paid:</b>	
<b>Balance Due:</b>		<b>Balance Due:</b>	
<b>Check:</b>		<b>Check:</b>	



3504 Winding Path Ct  
R2100 1826



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

Date: 7-9-21

To: DILP / Health  
(Person's Name and Division)

From: ANTHONY HESSLER (410) 718-0388  
(Your Name, Company Name and Telephone Number)

Subject: Project name KYLE + KATIE MOREAU  
Project site address 3504 WINDING PATH WAY / ~~21738~~ 21738  
Permit # B21001826 SDP # \_\_\_\_\_  
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

✓ 1 Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**

\_\_\_\_ Letter Summarizing Changes

\_\_\_\_ Energy conservation calculations

1 Copies of Plot Plan (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 Hoping This Gets Resolved AS SOON AS POSSIBLE.

**Contact Person Information: (Required)**

ANTHONY HESSLER  
Please Print Name

Telephone No: 410-718-0388

E-Mail Address: TONY@ARHDECKS.COM

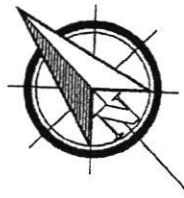
**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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 by Drop Box

Revised

**RECEIVED**  
**JUL 09 2021**  
LICENSES & PERMITS  
DIVISION

S43°41'28"E  
117.10'



Howe 24' x 14' Screen Room  
10' x 10' Deck w/ Steps To Grade

Bücker A  
Signature  
as illustrated

B21001826

N42°23'21"  
358.85'

10 BRL

**LOT 20**  
44.265sf

S39°46'36"W  
351.21'

TANK

New  
steps

**#3504**  
2 STORY  
BR & FR  
W/ BSMT

WELL

TO TREE  
MAINT ESMT

N47°36'39"W  
132.84'

## WINDING PATH COURT

LOCATION DRAWING OF:

**#3504 WINDING PATH COURT  
LOT 20**

SHEET 3 OF 4  
CATTAIL RIDGE  
PLAT NO. 14158

HOWARD COUNTY, MARYLAND

SCALE: 1"=60'    DATE: 7-2-15

DRAWN BY: AP FILE #: 154073-188

**LEGEND:**

-X-	- FENCE
B/E	- BASEMENT ENTRANCE
B/W	- BAY WINDOW
BR	- BRICK
BRL	- BLDG. RESTRICTON LINE
BSMT	- BASEMENT
C/S	- CONCRETE STOOP
CONC	- CONCRETE
D/W	- DRIVEWAY
FR	- FRAME
MAC	- MACADAM
OH	- OVERHANG
PUE	- PUBLIC UTILITY ESMT.

**COLOR KEY:**

(RED) - RECORD INFORMATION  
(BLUE) - IMPROVEMENTS  
(GREEN) - ESMTS & RESTRICTION LINES

A Land Surveying Company

**DULEY**  
and  
**Associates, Inc.**

Serving D.C. and MD.

14604 Elm Street, Upper Marlboro, MD 20772

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Fax: 301-888-1114

Email: [orders@duley.biz](mailto:orders@duley.biz)

On the web: [www.duley.biz](http://www.duley.biz)



## SURVEYOR'S CERTIFICATE

HEREBY STATE THAT I WAS RESPONSIBLE CHARGE OF THE PREPARATION OF THIS DRAWING AND THE SURVEY WORK REFLECTED HEREIN AND IT IS IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN REGULATION 12 CHAPTER 06.13.06 OF THE CODE OF MARYLAND ANNOTATED REGULATIONS. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF FENCES, BUILDING, OR OTHER IMPROVEMENTS, THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1:2. NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY. SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDINGS, FENCES AND EASEMENTS MAY NOT BE SHOWN ON THIS SURVEY. IMPROVEMENTS WHICH ARE NOT SURVEYOR'S CREATION ARE NOT TO BE SHOWN ON THIS SURVEY. IF EITHER OR BOTH OF THE ABOVE "TERMS" MAY NOT BE WHOLLY, IF IT APPEARS ENCROACHMENTS MAY FIRST, A BOUNDARY SURVEY IS RECOMMENDED.

**DULEY & ASSOC.**

**WILL GIVE YOU A 100%  
FULL CREDIT TOWARDS  
UPGRADING THIS  
SURVEY TO A  
"BOUNDARY/STAKE"  
SURVEY FOR ONE  
YEAR FROM THE DATE  
OF THIS SURVEY.**

(EXCLUDING D.C. & BALT. CITY)

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- Other HOPING THIS GETS RESOLVED AS SOON AS POSSIBLE

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Please Print Name

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