

RECEIVED

APR 26 2022

PERMIT NUMBER: B

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

LICENSES & PERMITS  
DIVISION

## BUILDING SITE ADDRESS REQUIRED

Street Address: 14088 Big Branch Drive		Unit:
City: Dayton	State: MD	Zip Code: 21036
Subdivision/Village/Complex Name: Big Branch Overlook		SDP/WP/BA #:
Lot: 33	Tax Map: 0027	Parcel: 0141
Grading Permit #:		

## DESCRIPTION OF WORK REQUIRED

Existing Use: 1 tier Deck	Proposed Use: Build 2nd tier Deck	Estimated Cost: \$ 37,043.00
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVAC) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None		
Build 2nd tier deck of approx. 18' x 18' which includes digging and concrete footings, install 6x6 pressure treated post, 2x10 pressure treated framing with 16" spacing. Install Trex boards and Pvc/aluminum railings.		

## PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Hensel Jeffrey & Susan		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 14088 Big Branch Drive		
City: Dayton	State: MD	Zip Code: 21036
Phone: (443) 812-5163	Email: jthensel61@gmail.com	

## APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Nichols Services LLC		Contact Name: Gislaine Tabalipa
Street Address: 13925 Wayside Dr		
City: Clarksville	State: MD	Zip Code: 21029
Phone: (240) 310-6440	Email: admin@nicholsdmv.com	

## CONTRACTOR INFORMATION REQUIRED

Business Name: Nichols Services LLC		License #: 148673
Licensee's Name: Nichols Services LLC		
Street Address: 13925 Wayside Drive		
City: Clarksville	State: MD	Zip Code: 21029
Phone: (240) 310-6440	Email: admin@nicholsdmv.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 checked="" 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 type="checkbox"/> Electric <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree 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 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input checked="" 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

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

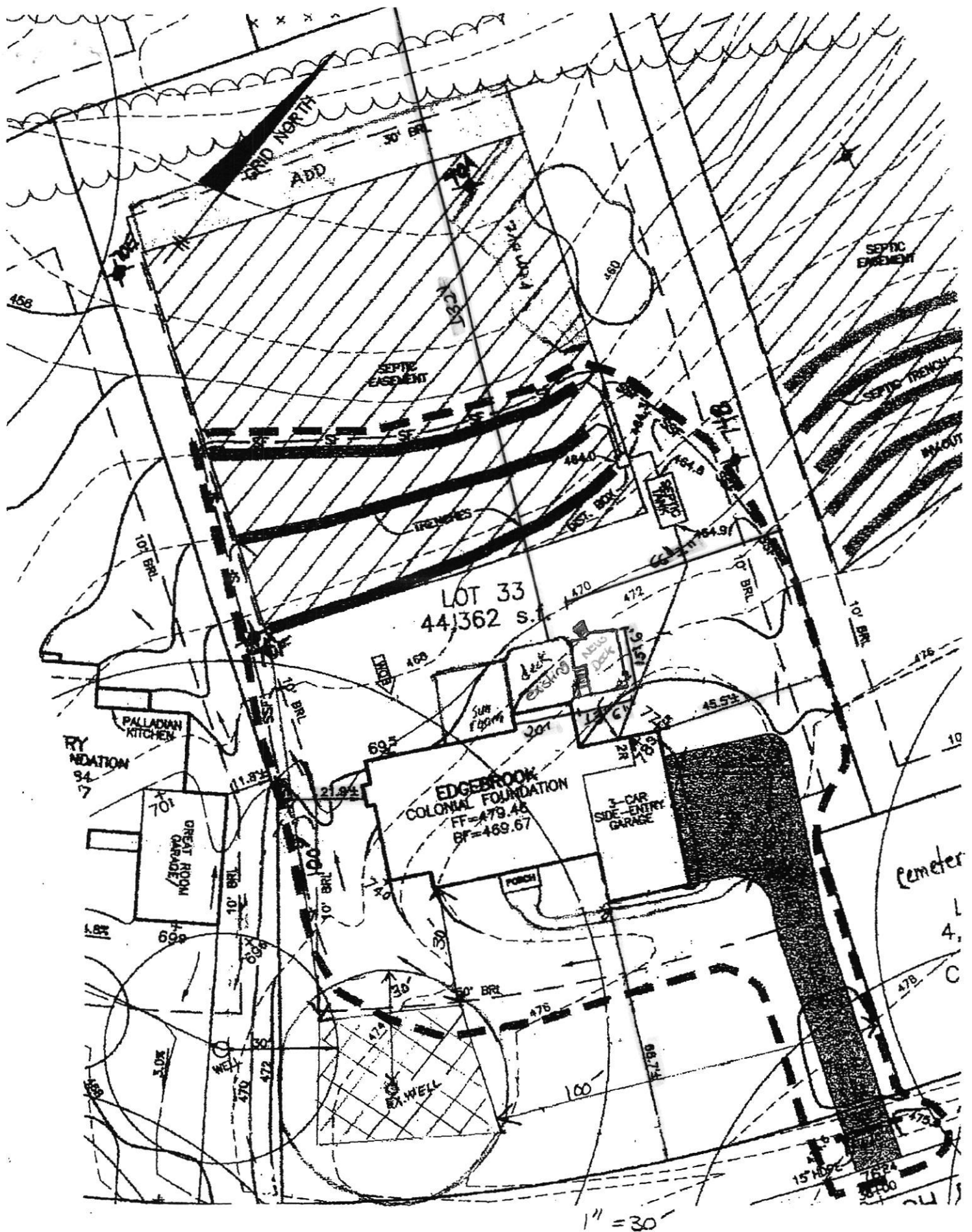
DATE SIGNED

## FOR OFFICE USE ONLY

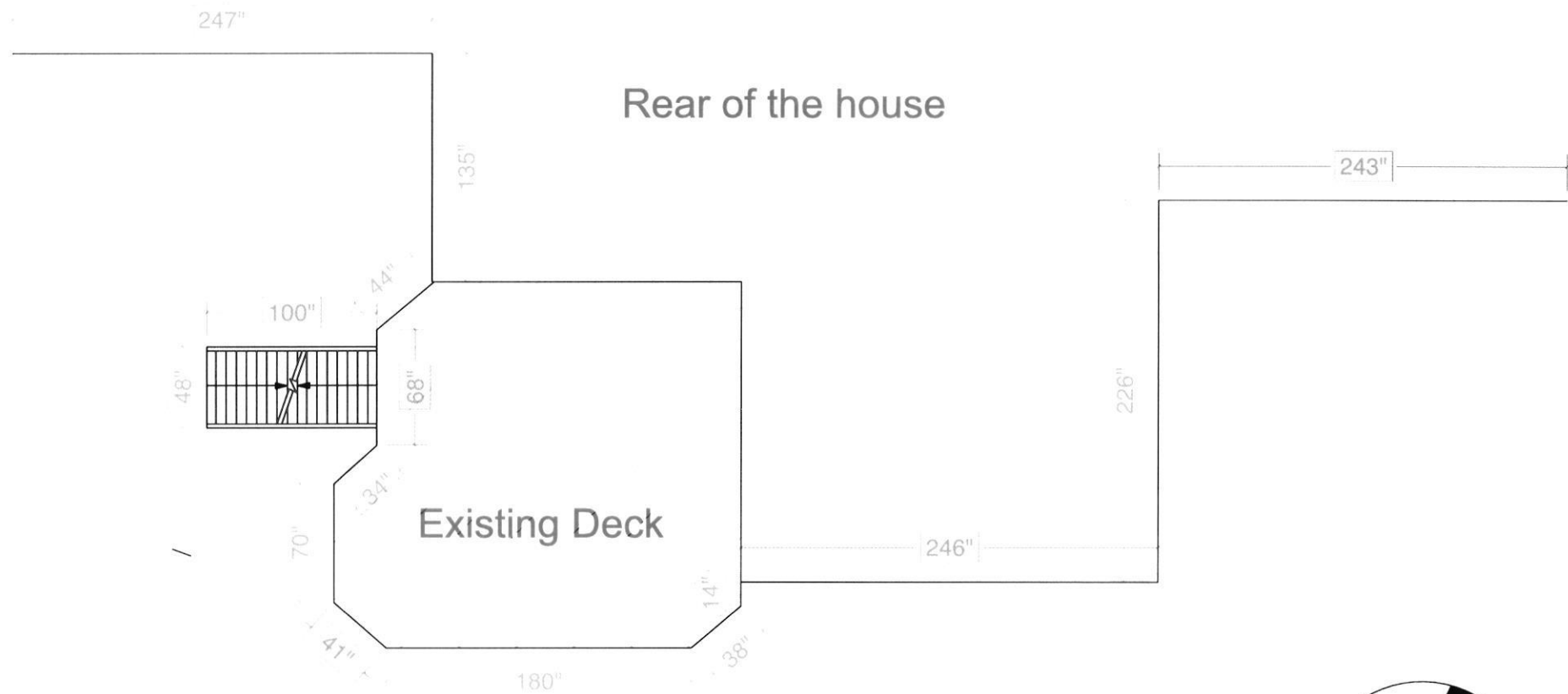
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

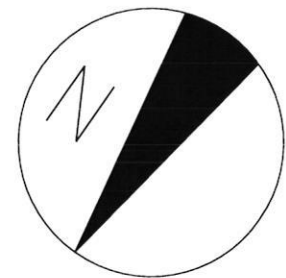
<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CIP
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14088 Big Branch Dr  
Dayton, MD 21036



Backyard



14088 Big Branch Drive  
Dayton, Dayton, MD 21036  
Scale 1/8"=1'