RESIDENTIAL ACCESSORY STRUCTURE PERMIT
St. Mary's County

PERMIT NUMBER
RESACC23-0918

PERMIT TYPE: **RESIDENTIAL ACCESSORY STRUCTURE**	TAX ID NO: **1906030130**
PERMIT SUB TYPE: **MAXIMUM 1 STORY AND MAX 600 SQUARE FEET**	TOTAL WORK VALUE: **$30,000.00**
JOB ADDRESS: **24620 HALF PONE POINT RD**	PERMIT EXPIRATION DATE: **4/23/2026**
DESCRIPTION: **Pavilion**	
APPLICANT:	PHONE:
MAILING ADDRESS: ,	FAX:
CONTRACTOR:	PHONE:
MAILING ADDRESS: ,	FAX:
OWNER: **TAYLOR KAREN**	PHONE: **3014810200**
MAILING ADDRESS: **24620 HALF PONE POINT RD HOLLYWOOD, MD 20636**	FAX:
ARCHITECT:	PHONE:
MAILING ADDRESS: ,	FAX:

NON-HABITABLE

AREAWAY TO BASEMENT:	0	BREEZEWAY SF:	0
NON-HABITABLE BASEMENT:	0	CAR PORT SF:	0
NON-HABITABLE 1ST FL STO:	0	DECK SF:	0
NON-HABITABLE 2ND FL STO:	0	PORCH SF:	0
NON-HABITABLE 3RD FL STO:	0	STOOP SF:	0
ATT GARAGE 1ST FLR SF:	0		

LIVING SPACE SF

BASEMENT SF:	0	5TH FLOOR SF:	0
1ST FLOOR SF:	0	2ND FLOOR ABOVE GARAGE:	0
2ND FLOOR SF:	0	NO OF BEDROOMS:	0
3RD FLOOR SF:	0	QTY OF NEW DWELLING UNIT:	0
4TH FLOOR SF:	0	REPLACEMENT DWELLING:	

ACCESSORY STRUCTURE

TYPE OF POOL:		DET ACC STRUC 3RD FLR SF:	0
DET ACC STRUC 1ST FLR SF:	560	GROUND MOUNTED SOLAR:	0
DET ACC STRUC 2ND FLR SF:	0	CAR PORT SF:	0

STRUCTURE DESCRIPTION

ELECTRIC:	NO	NO OF STORIES:	0
PLUMBING:	NO	STRUCTURE DESCRIPTION:	
HVAC:	NO		

PROPERTY DESCRIPTION

SETBACK - FRONT:	90	PUBLIC WATER:	
SETBACK - LEFT:	30+	PUBLIC SEWER:	
SETBACK - RIGHT:	30+ to house	DEED REF. FOLIO:	0
SETBACK - REAR:	10 min to waters edge of pool	DEED REF. LIBER:	0

COMMENTS

main file, ready for issuance

CONDITIONS

RESIDENTIAL ACCESSORY STRUCTURE PERMIT

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CONDITION TYPE	CONTACT	STATUS	DATE ADDED	DATE REQ'D	DATE SATISFIED
RESIDENTIAL BUILDING CODE	AThompson	Active	4/24/2023		
Construction must comply with IRC 2018 Code. Application for inspections must be made before you start construction.					
ZONING INSPECTION AUTHORIZED	AThompson	Active	4/24/2023		
By making this application, I agree and consent for employees / agents of St.Mary's County Department of Land Use and Growth Management to enter upon the land, during normal business hours, to conduct such inspections as may be required or necessary to determine compliance with the Comprehensive Zoning Ordinance.					
INSURANCE DISCLAIMER	AThompson	Active	4/24/2023		
Caution: The issuance of this permit does not guarantee that licensed contractors have valid nor adequate liability insurance. It is recommended that property owners request and contractors provide proof of insurance prior to allowing the contractor to start work.					

REVIEWS

REVIEW TYPE	CONTACT	STATUS	DATE SENT	DATE REC'D	REMARKS

FEES

DESCRIPTION	ACCOUNT	QUANTITY	PAID AMOUNT
DETACHED RESIDENTIAL ACCESSORY STRUCTURE	001-1307-322-1704	560	$20.00
ENVIRONMENTAL REVIEW	001-1302-341-1947	0	$30.00
HEALTH DEPT ADD	001-0000-202-0125	0	$21.00
ZONING PERMITS	001-1307-322-1702	0	$20.00
			TOTAL: $91.00

Permit Official:

Issued By: **SLehmanDavis**

Date: **4/23/2024**