



# 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: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 11795 Bragdon Wood  
City: Clarksville State: MD Zip Code: 21029  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Chapel Rise  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 6  
Tax Map: 29 Parcel: 26,282 & 253 Grid: 13  
Zoning: RC-DEO Map Coordinates: \_\_\_\_\_ Lot Size: 9.1519 ac

Existing Use: Residence  
Proposed Use: Residence  
Estimated Construction Cost: \$ 60,000  
Description of Work: To allow for aging in place, switch rooms to offices and move previous 3 bedrooms to upper floor. Expand kitchen, add stair  
Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>2 + BSMT</u>	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): <u>477</u>	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
<u>Roadside Tree Project Permit #</u>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Timothy and Ellyn Sosinski  
Address: 11795 BRAGDON WOOD  
City: CLARKSVILLE State: MD Zip Code: 21029  
Phone: 410 531 5617 Fax: \_\_\_\_\_  
Email: TimSkie@Ariom AE.com

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: Same as Property Owner  
Address: 12075 Old Frederick Rd  
City: Marrattsville State: MD Zip Code: 21104  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: John D Miller Builders, Inc  
Contact Person: Dan Miller  
Address: 12075 Old Frederick Rd  
City: Marrattsville State: MD Zip Code: 21104  
License No.: 67861  
Phone: 410 442 1385 Fax: \_\_\_\_\_  
Email: d.miller5322@AOL.com

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

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input 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.

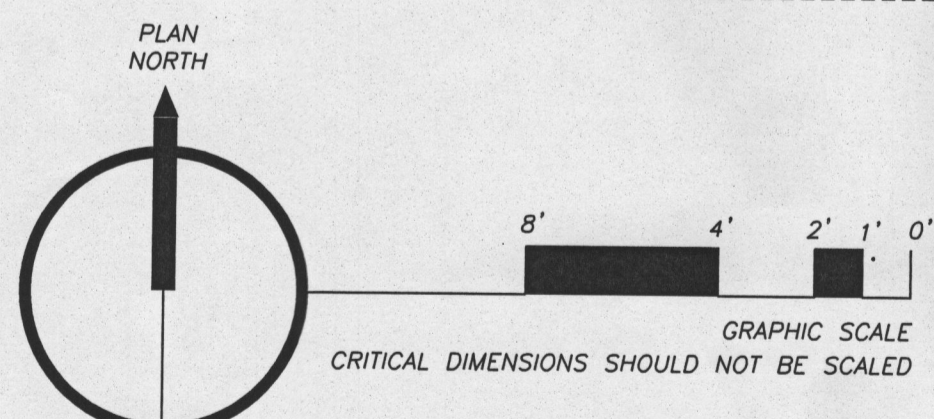
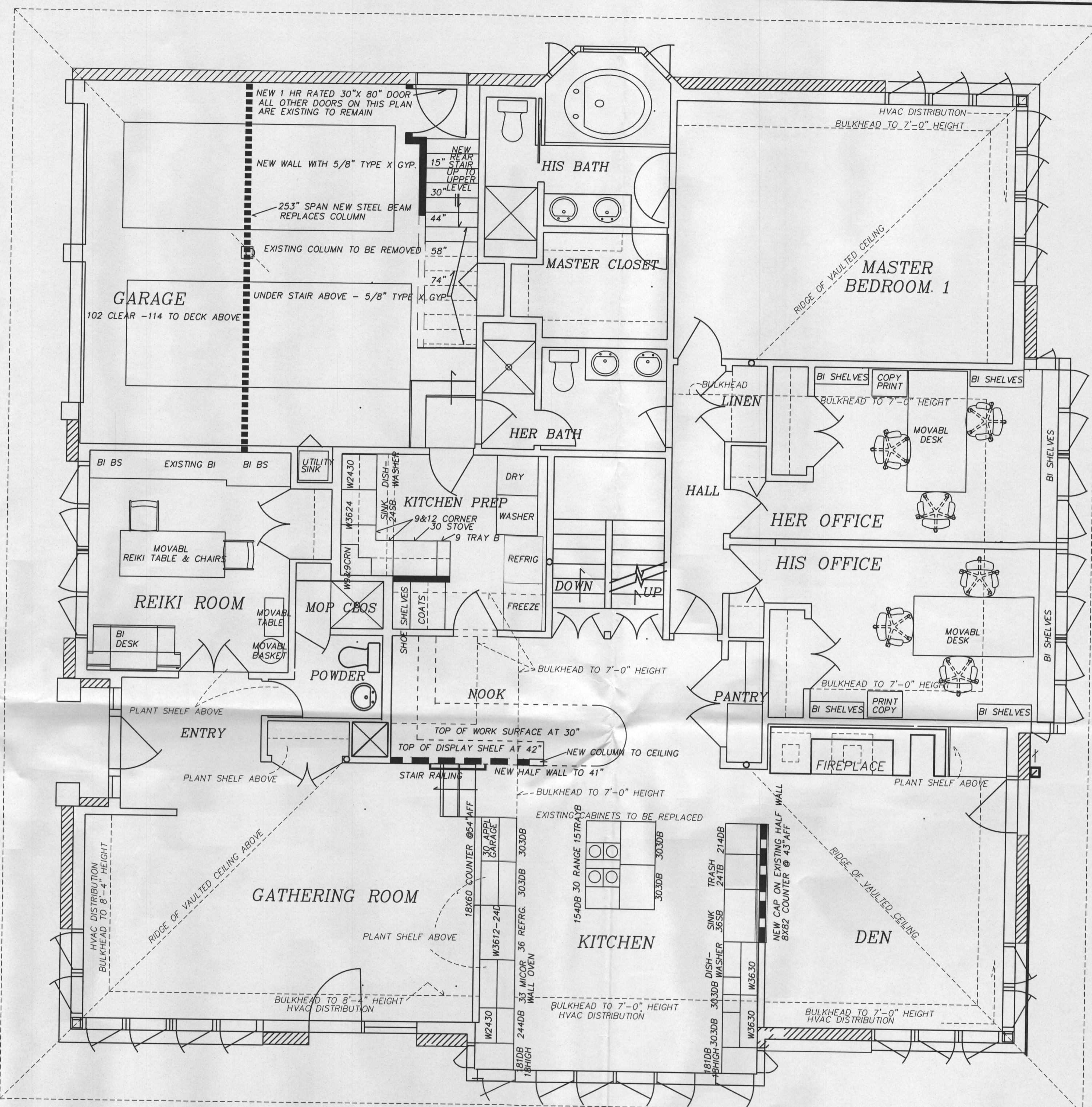
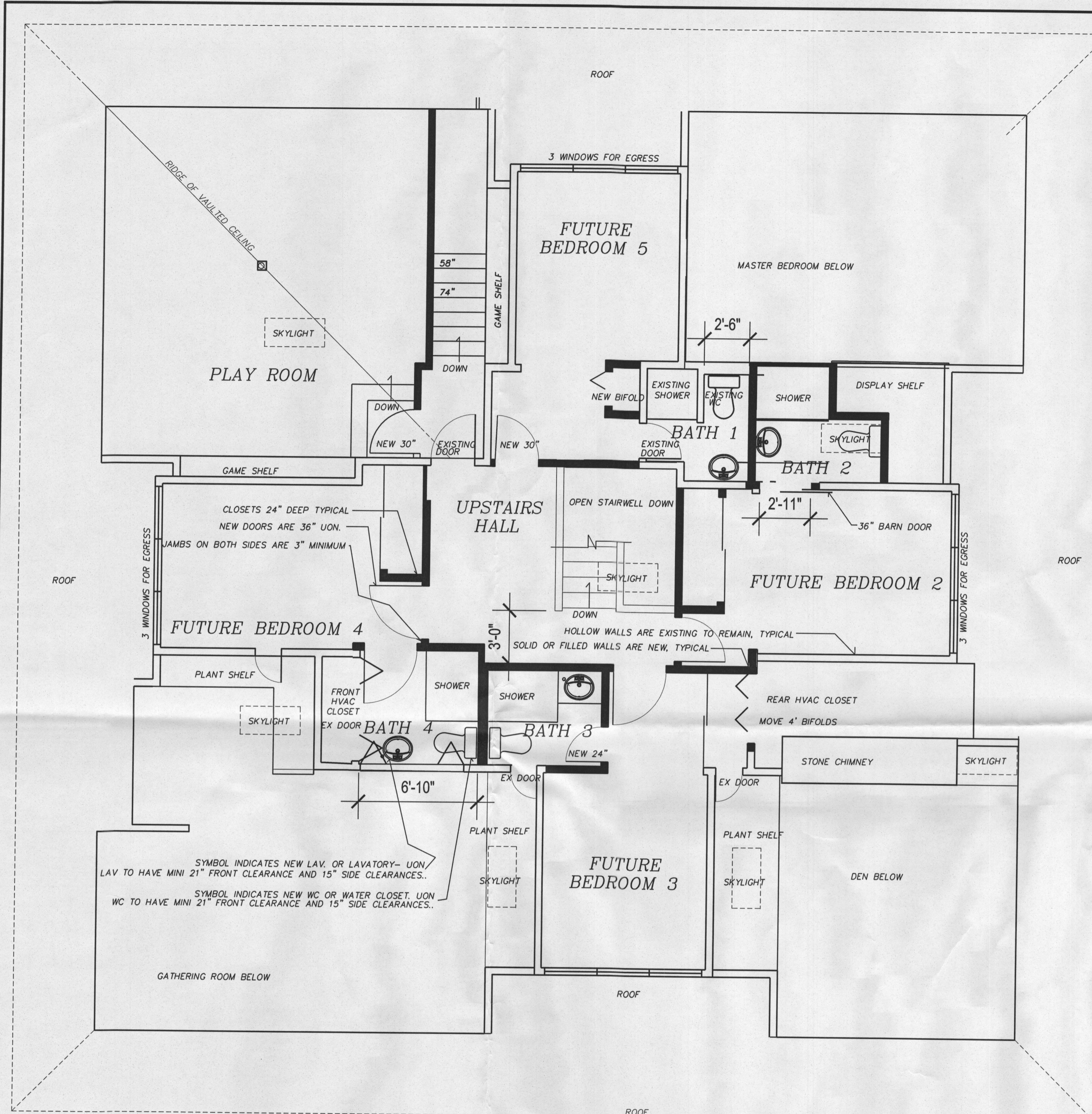
Applicant's Signature: Tim Skie@Ariom AE.com  
Email Address: \_\_\_\_\_  
Title/Company: \_\_\_\_\_

Print Name: TIMOTHY SOSINSKI  
Date: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front: _____	Permit Fee	\$
Building Officials			Rear: _____	Tech Fee	\$
PSZA ( Zoning )			Side: _____	Excise Tax	\$
PSZA ( Engineering )			Side St.: _____	PSFS	\$
Health	<u>4/6/15</u>	<u>[Signature]</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone: _____	Sub- Total Paid	\$
			SDP/Red-line approval date: _____	Balance Due	\$
				Check	#





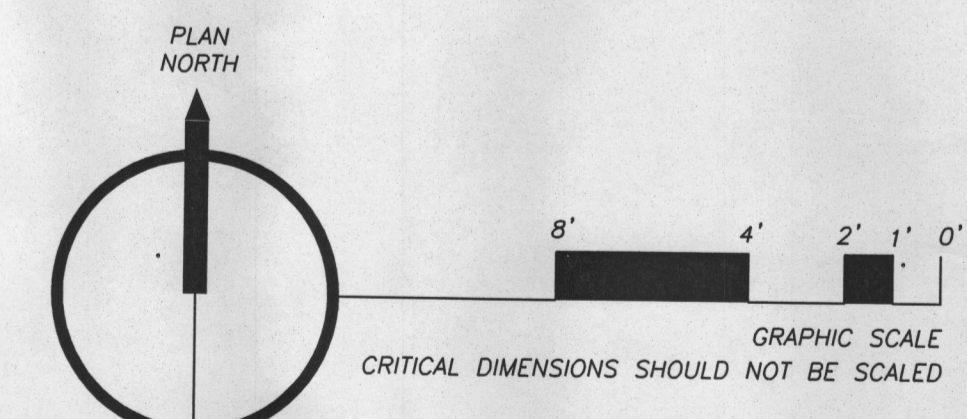
UPPER LEVEL  
FUTURE PLAN  
ARCHITECTURAL

**DESCRIPTION OF WORK AND AREAS:**

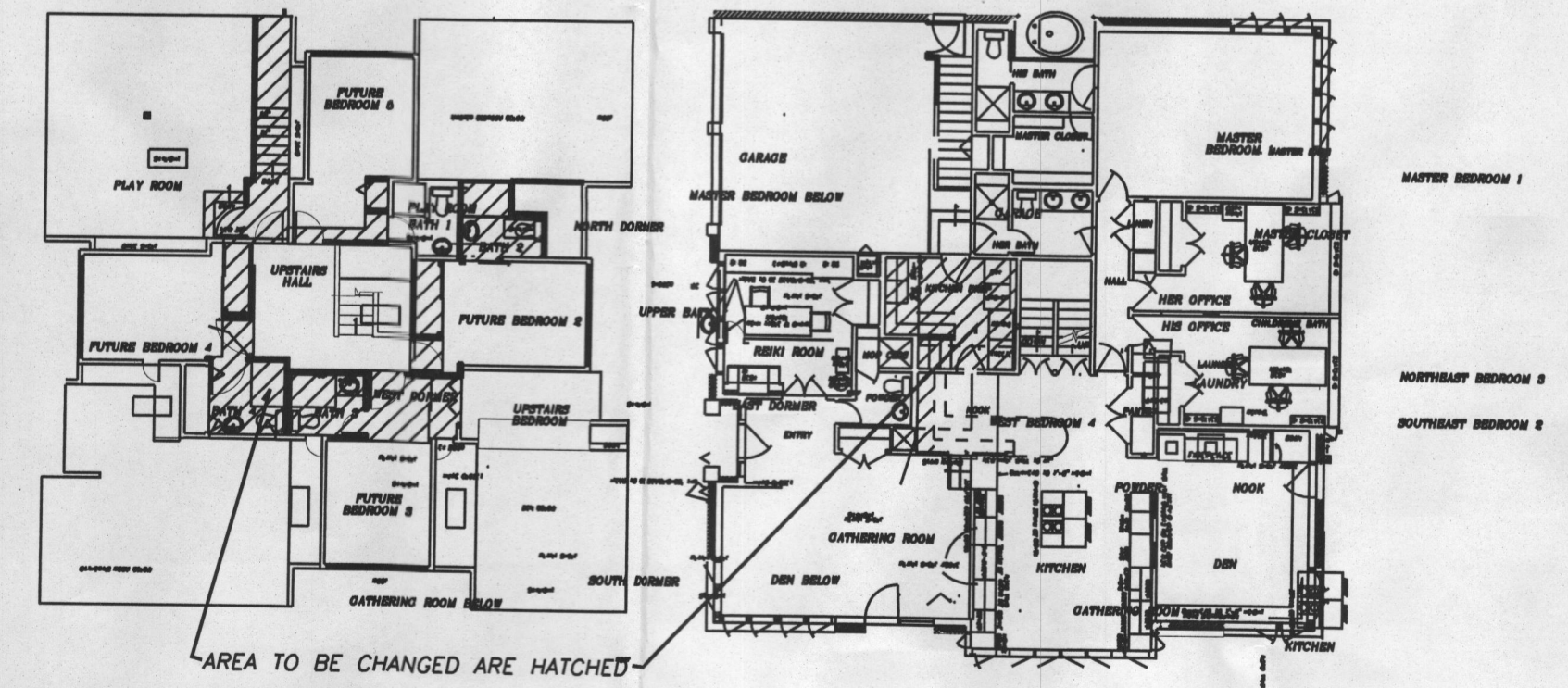
THE ATTACHED PLAN REFLECTS MINOR INTERIOR CHANGES TO ALLOW THE RESIDENTS THE ABILITY TO AGE IN PLACE. THREE BEDROOMS ON THE FIRST FLOOR HAVE BEEN REPURPOSED TO MAKE TWO OFFICES AND ONE REIKI SPACE. AS AGREED WITH JEFF WILLIAMS AT THE HEALTH DEPARTMENT, THE PREVIOUS BEDROOMS WILL HAVE BUILT IN (BI) ELEMENTS. THE REIKI SPACE HAS MINIMAL USE OF ABOUT 1 HOUR EVERY 9 DAYS. THE LARGE EXISTING BEDROOM ON THE UPPER FLOOR WILL BE DIVIDED INTO 4 BEDROOMS WITH A NET GAIN OF 0 BEDROOMS IN THIS RENOVATION. ON THE MAIN FLOOR, THE KITCHEN HAS BEEN ENLARGED TO INCLUDE A PREP AREA. THE AREA CHANGED ON THE UPPER FLOOR IS 350 SF. THE AREA CHANGED ON THE MAIN FLOOR IS 122 SF = TOTAL ON BOTH FLOORS = 472 SF. NEW WALLS ARE SHOWN WITH DARK FILL AND AREA CHANGED IS HATCHED. CABINETS TO BE BUILT IN (BI) AND NEW COUNTERS ARE NOTED.

**ABBREVIATIONS:**

MOVABL = EXISTING MOVABLE FURNITURE TO BE USED IN THE NEW PLAN  
 BI = BUILT IN TYP = TYPICAL OF ALL SIMILAR SITUATIONS  
 UON = UNLESS OTHERWISE NOTED



MAIN LEVEL  
FUTURE PLAN  
ARCHITECTURAL



**CONTRACTOR:**  
 John D. Miller Builders, Inc. MHC 67061  
 11795 Region Wood  
 Calverton, MD 21029  
 Office: 410.442.1395 | Cell: 410.618.6372

**PROJECT MANAGER:**  
 Tim Sosinski  
 11795 Region Wood  
 Calverton, MD 21029 | Email: tim@jdmbe.com  
 Cell: 410.827.5000 | Home: 410.531.5617

**DESIGNER:**  
 ARIUM | AE

**PROJECT:**  
 Sosinski Residence Interior Renovation  
 Aging in Place 2015 Renovation  
 11795 Region Wood  
 Calverton, MD 21029

**ISSUE DATE:**  
 2015.04.03

**LATEST REVISION:**  
 2015.04.03

**BY:**  
 JLS

**TITLE:**  
 FUTURE PLANS

**PROJECT FILE NAME:**  
 BW11-5015

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**DWG NO.:**  
 A2