

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:
B12003559

612000297

Building Address: 3299 Rosemary Lane
West Friendship, MD 21794

Suite/Apt. # N/A SDP/WP/BA #: N/A

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 2

Tax Map: 22 Parcel: 271 Grid: 5

Zoning: _____ Map Coordinates: _____ Lot Size: 3.89

Existing Use: Residential Use

Proposed Use: Residential Use - New Home Construction

Estimated Construction Cost: \$ 750,000

Description of Work: SFD 5 Bedroom 2 story

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Nathan P. Bowers, Suzanne M. Bowers, Andrew Brian Pugh, Carver Lee Pugh

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
Kathleen Pensy
6003 Ivy League Drive Catonsville MD 21228

Phone: 410-719-2366 Fax: _____

Email: kpensy1@yahoo.com

Contractor Company: Home Built (owner)

Contact Person: Kathleen Pensy

Address: 6003 Ivy League Drive

City: Catonsville State: MD Zip Code: 21228

License No.: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: Ron Johnston & Associates

Responsible Design Prof.: _____

Address: 11407 Barley Field Way

City: Marriottsville State: MD Zip Code: 21104

Phone: (410) 442-3667 Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 st floor: 47' 64'	<input checked="" type="checkbox"/> Private
2 nd floor: 47' 64'	<u>Sewage Disposal</u>
Basement: 47' 64'	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>5</u>	<input checked="" type="checkbox"/> Electric & Geothermal
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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.

Kathleen Pensy
 Applicant's Signature
kpensy1@yahoo.com
 Email Address

 Title/Company

Kathleen Pensy
 Print Name
10/23/2012
 Date

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	<u>11/15/12</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>[Signature]</u>
Add'l per Fee	\$
Total Fees	\$

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	HOWARD COUNTY RESIDENTIAL HEATING-VENTILATION-AIR CONDITIONING AND REFRIGERATION PERMIT APPLICATION	HVACR PERMIT # <u>B12003559</u> BUILDING PERMIT # <u>M13000496</u>
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BUILDING ADDRESS: SUITE/APT: <u>3299 Rosemary LN</u> SUBDIVISION: CENSUS TRACT: SECTION: AREA: LOT: TAX MAP: PARCEL: BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: TYPE OF IMPROVEMENTS: USE:	OWNERS NAME: <u>Kathleen Pardo</u> ADDRESS: <u>8003 Ivy League Dr</u> CITY: <u>Catonswine</u> STATE: <u>MD</u> ZIP CODE: <u>21228</u> HOME PHONE: <u>410-719-2866</u> WORK PHONE:
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	CHECK ONE	HOW MANY	COMPANY NAME: <u>Supreme Air LLC</u>
SINGLE FAMILY DWELLING	<input checked="" type="checkbox"/>	<u>2</u> ZONES	LICENSEE NAME: <u>Alexandros Kougiannos</u>
SINGLE FAMILY TOWNHOUSE	<input type="checkbox"/>	ZONES	ADDRESS: <u>6203 Colonswood rd</u>
MULTI-FAMILY / HOTEL/MOTEL	<input type="checkbox"/>	ROOMS	CITY: <u>Baltimore</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS)	<input type="checkbox"/>	ROOMS	STATE: <u>MD</u> ZIP CODE: <u>21228</u> PHONE: <u>410-788-1114</u> HVACR LICENSE NO: <u>47207</u>

New

Heating and Air Conditioning Heating System Only Other Work (Describe):

Geo Thermal System Ductless Mini Splits Thru The Wall Systems

Replacement

Heating **Additions and Alterations**

Air Conditioning Heating

Heating and Air Conditioning Air Conditioning

Heating and Air Conditioning Heating and Air Conditioning

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones Permit Fee = # of Zones x \$40 = <u>80</u> Technology Fee (10% of Permit Fee) = <u>8</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>138</u>	Rooms Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____
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I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

Alexandros Kougiannos 5/2/13
SIGNATURE OF LICENSEE DATE

Alexandros Kougiannos
PRINT NAME OF LICENSEE

Alex@SupremeAirLLC.com
Email Address

Validation Check Number: <u>3324</u> Cash: _____ Receipt Number: <u>B17066</u>
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**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 11/9/12
To: ~~Kathleen Pensa~~ DED/ Permits
(Person's Name and Division)
From: Kathleen Pensa (410) 719 2346
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 3299 Rosemary Lane West Friendship MD
Permit Number B/2003589 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other Plot Plan (Bio retention area clarification & grading at front)

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name) (Telephone number)

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 [Signature]

white: Plan Review Division
yellow: Applicant
pink: Permit Division