



CB170197

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: 16221 Fredrick Rd
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: \$ \$40,000
Description of Work: Full renovation to include Framing, new bathroom, new kitchen, relocation of steps removal of load bearing wall
Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: S&S Investment LLC
Address: 11445 Butterfruit Way
City: ENICOTT CITY State: MD Zip Code: 21042
Phone: 443-928-3352 Fax: _____
Email: Sarlakm5@gmail.com
Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Owner
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: owner
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>23.4</u>	<u>41.5</u>
	2 nd floor: _____	_____
Area of construction (sq. ft.):	Basement: <u>23.4</u>	<u>40</u>
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" 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: <u>3</u>	
<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 type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> 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.

Sarlakm5@gmail.com
Applicant's Signature _____
Email Address _____
owner S&S Investment LLC
Title/Company _____

Mehrad Sarlak
Print Name _____
2.15.17
Date _____

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

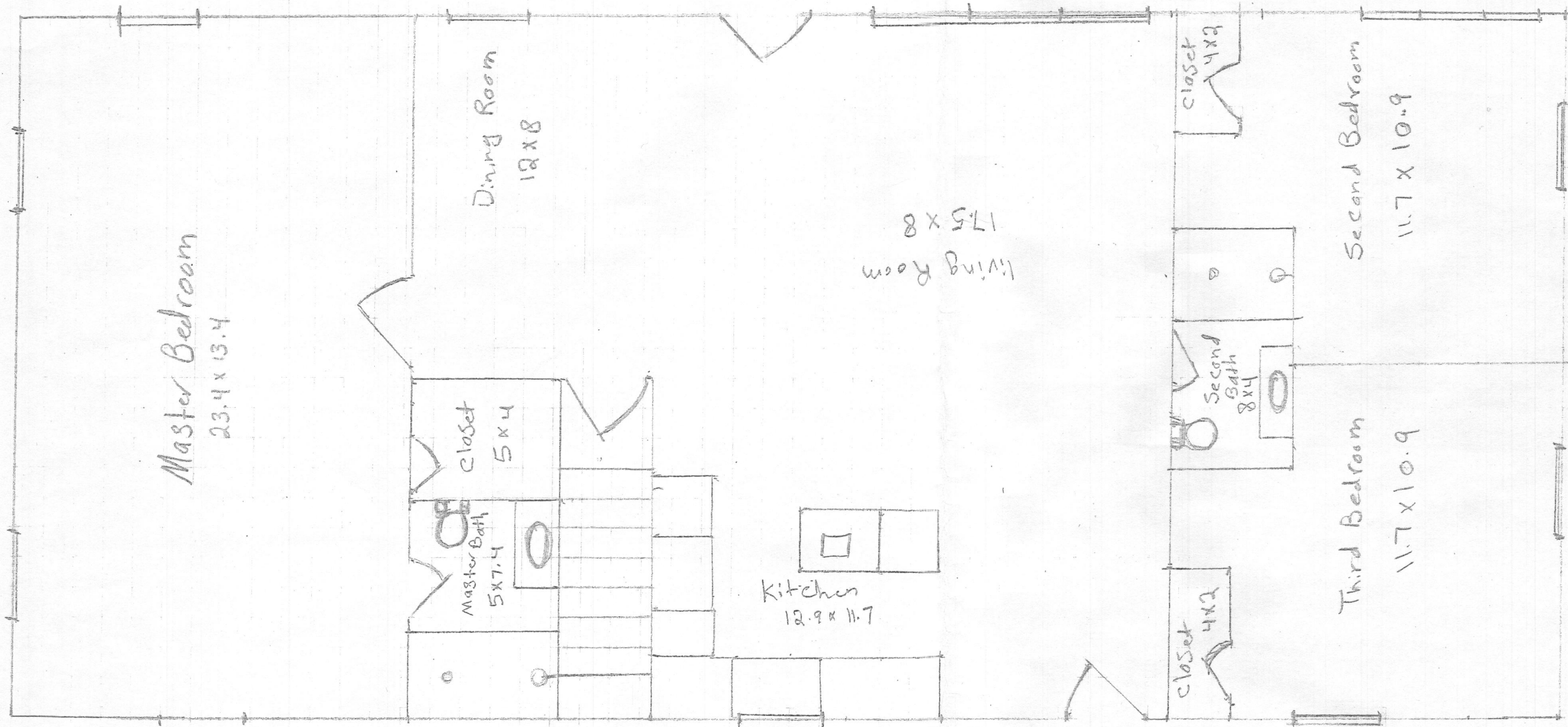
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>2/15/17</u>	<u>H. O. ...</u>

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 type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>135.00</u>
Permit Fee	\$ <u>135.00</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>100.00</u>
Total Fees	\$
Sub- Total Paid	\$ <u>235.00</u>
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

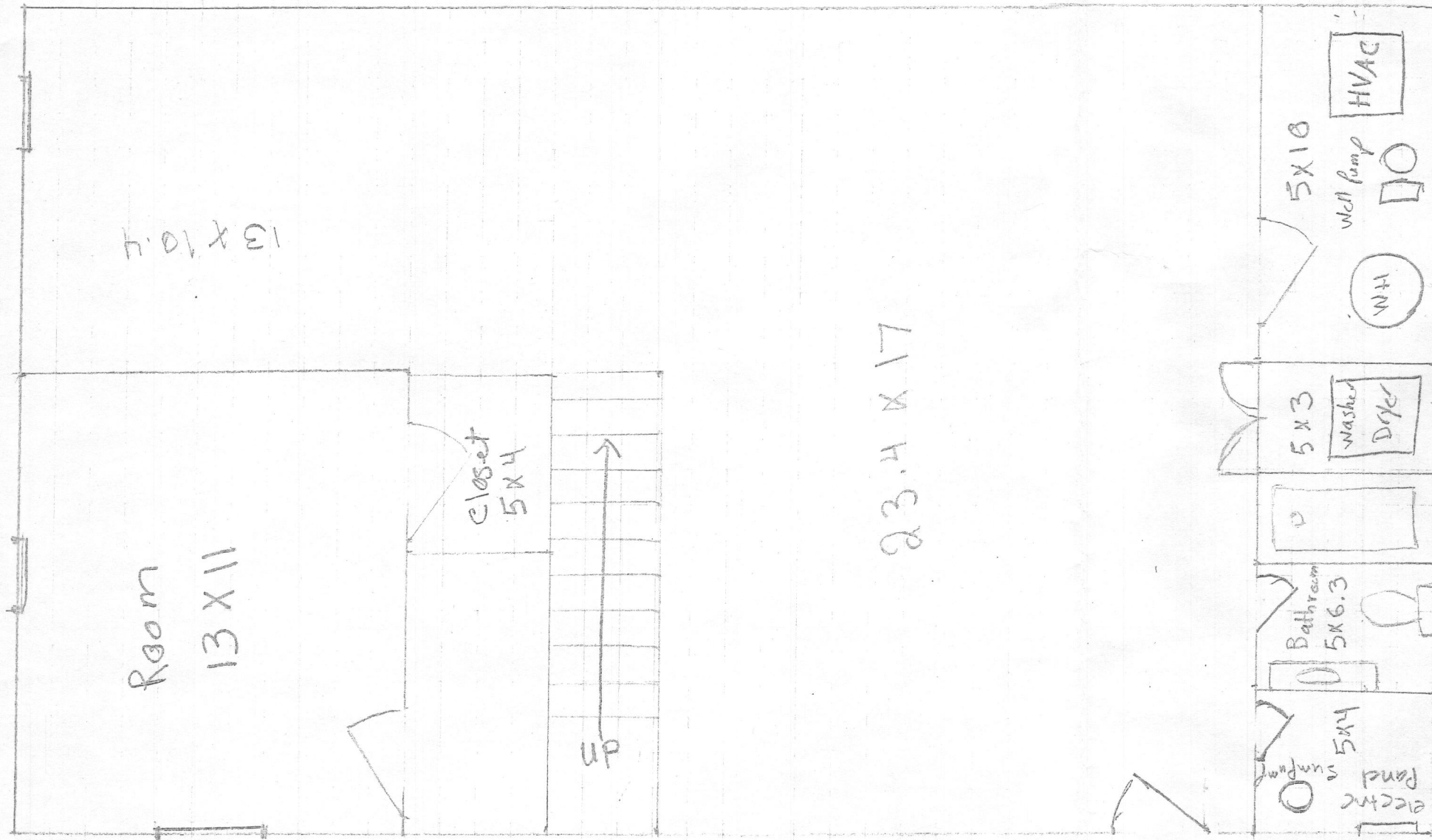


Main Floor

Proposed Floor Plan
Scale 1/4" = 1'-0"

16821 Fredrick Rd, Woodbine MD 21797

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN H. Oswald DATE: 2/15/17
 DESC. OF WORK: Full renovation to include framing, new bathroom kitchen, refection of steps to basement.



Basement

Proposed Floor plan
Scale: 1/4" = 1'-0"

16221 Fredrick Rd, woodbine MD 21797

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN. H. OSWALD DATE: 2/15/17

DESC. OF WORK: Full renovation to include framing, new bathroom, kitchen & relocation of steps to basement