

Building Address: 3510 Rosemary Ln, Ellicott City, MD 21042, USA

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: 0000

Section: _____ Area: _____ Lot: 21 B

Tax Map: _____ Parcel: _____ Grid: 0004

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: BUTANAVICIUS, ERLANDAS

Address: 3510 Rosemary Ln, Ellicott City, MD 21042, USA

City: Ellicott City State: MD Zip Code: 21042

Home Phone: 443-827-9107 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
VKB Kitchen & Bath
6955 Oakland Mills Rd. Suite M. Columbia, MD 21045

Phone: 410-290-9099 Fax: 410-290-5852

Email: vkbkitchenandbath@gmail.com

Existing Use: Opening to dining room

Proposed Use: Enlarge openings to kitchen & dining room

Estimated Construction Cost: \$2500

Description of Work: Demo wall between kitchen & dining room
Enlarge opening between Dining room & living room
Enlarge window opening, Enclose an existing window

Occupant or Tenant: Occupant

Was tenant space previously occupied? Yes No

Contact Name: BUTANAVICIUS, ERLANDAS

Address: 3510 Rosemary Ln.

City: Ellicott City State: MD Zip Code: 21042

Phone: 443-827-9107 Fax: _____

Email: _____

Contractor Company: vk kitchen & bath

Contact Person: Joe Zouine

Address: 6955 Oakland Mills Rd. Suite M

City: Columbia State: MD Zip Code: 21045

License No.: 132-301

Phone: 410-290-9099 Fax: 410-290-5852

Email: vkbkitchenandbath@gmail.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<u>Water Supply</u>
No. of stories: <u>1</u>	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
<u>1800</u>	<u>Sewage Disposal</u>
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
<u>200</u>	<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 checked="" type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit # _____	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
<u>1st floor: 25' 45'</u>	<input checked="" type="checkbox"/> Private
<u>2nd floor:</u>	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input 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: _____	<input checked="" type="checkbox"/> Electric
<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.

Applicant's Signature: [Signature]

VKBkitchenandbath@gmail.com

Email Address: [Signature]

Title/Company: [Signature]

Alp Aydin

Print Name: [Signature]

Date: 3/16/17

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

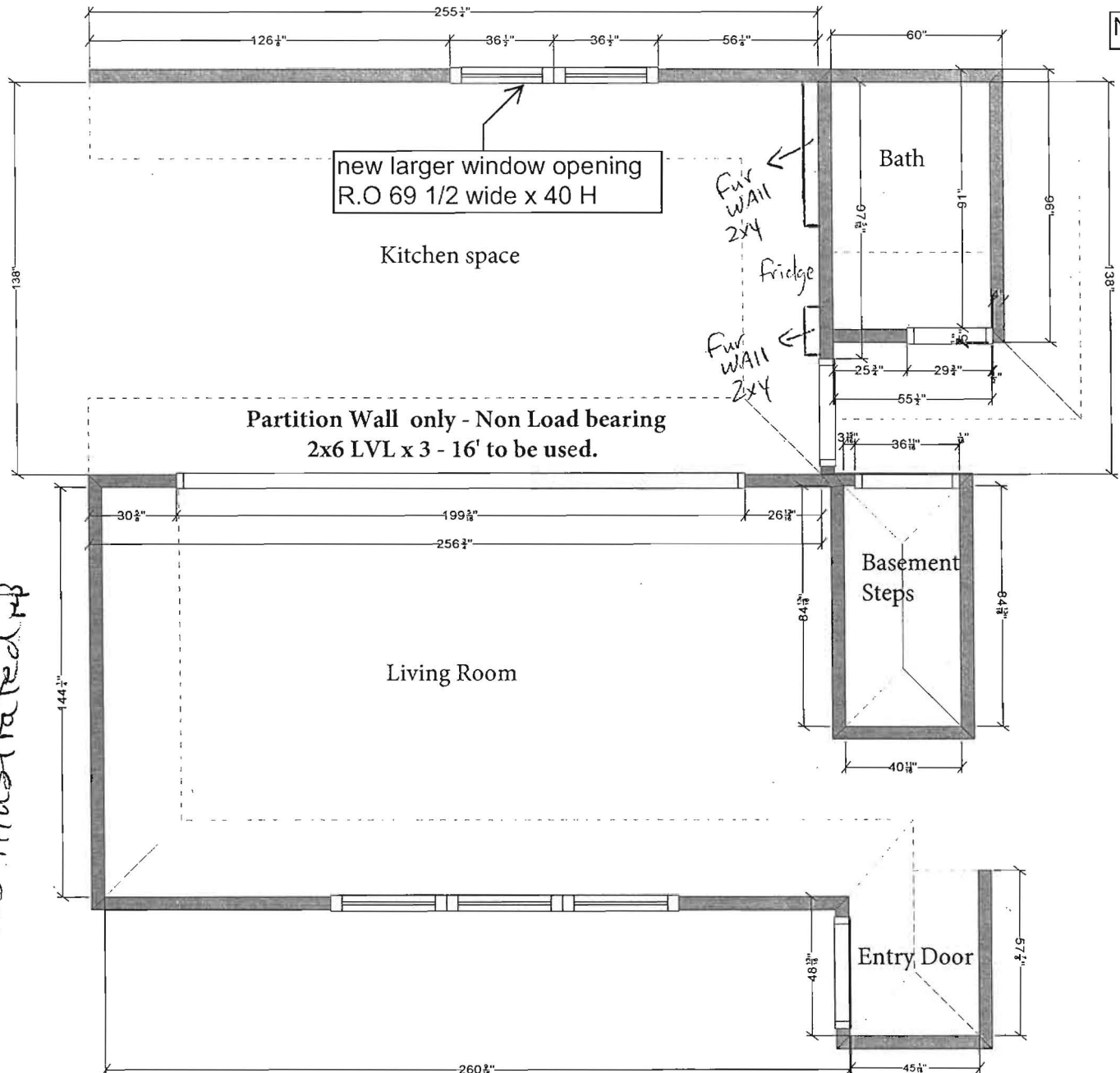
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/16/17</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

New floor plan



APPROVED
 BUILDING PERMIT
 DATE: 3/16/17
 as illustrated

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 3/05/17
 Printed: 3/05/17