



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: 13030 HIGHLAND RD
 City: HIGHLAND State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: UNFINISH BASEMENT
 Proposed Use: FINISH BASEMENT
 Estimated Construction Cost: \$ 25,000
 Description of Work: FINISH ENTIRE BASEMENT ADD
WET BAR AND FULL BATHROOM

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: ZHANG HAO
 Address: 13030 HIGHLAND RD
 City: HIGHLAND State: MD Zip Code: 20777
 Phone: 301-908-5173 Fax: _____
 Email: ALBERT.KI.TO@YAHOO.COM

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: ZHANG HAO
 Address: 18809 WOODWAY DR
 City: DURWOOD State: MD Zip Code: 20831
 Phone: 301-908-5173 Fax: _____
 Email: ALBERT.KI.TO@YAHOO.COM

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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input 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:	
<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:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<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: _____
 Email Address: ALBERT.KI.TO@YAHOO.COM
 Title/Company: _____

Print Name: HAO ZHANG
 Date: 5/10/17

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

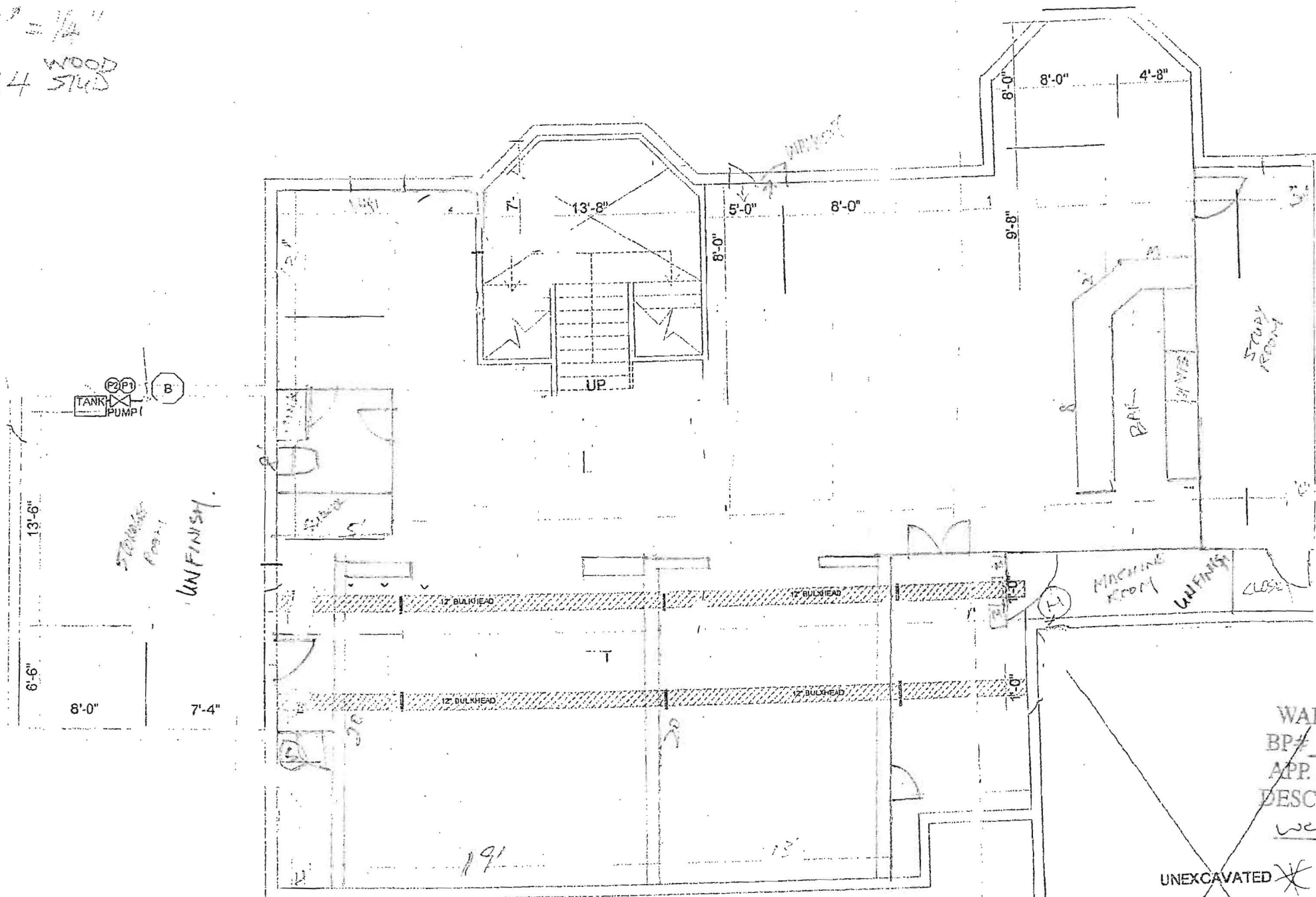
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5/10/17</u>	<u>[Signature]</u>

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>135⁰⁰</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	

SCALE
1" = 1/4"
WOOD
2x4 STUDS



BASEMENT PLAN

13630 HIGHGROVE RD
HIGHLAND MD 20777

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN Robert Freeman DATE: 5/16/17
DESC. OF WORK: Finish Basement
wet bar and Full Bathroom

UNEXCAVATED * Approved As Shown

8'-0"

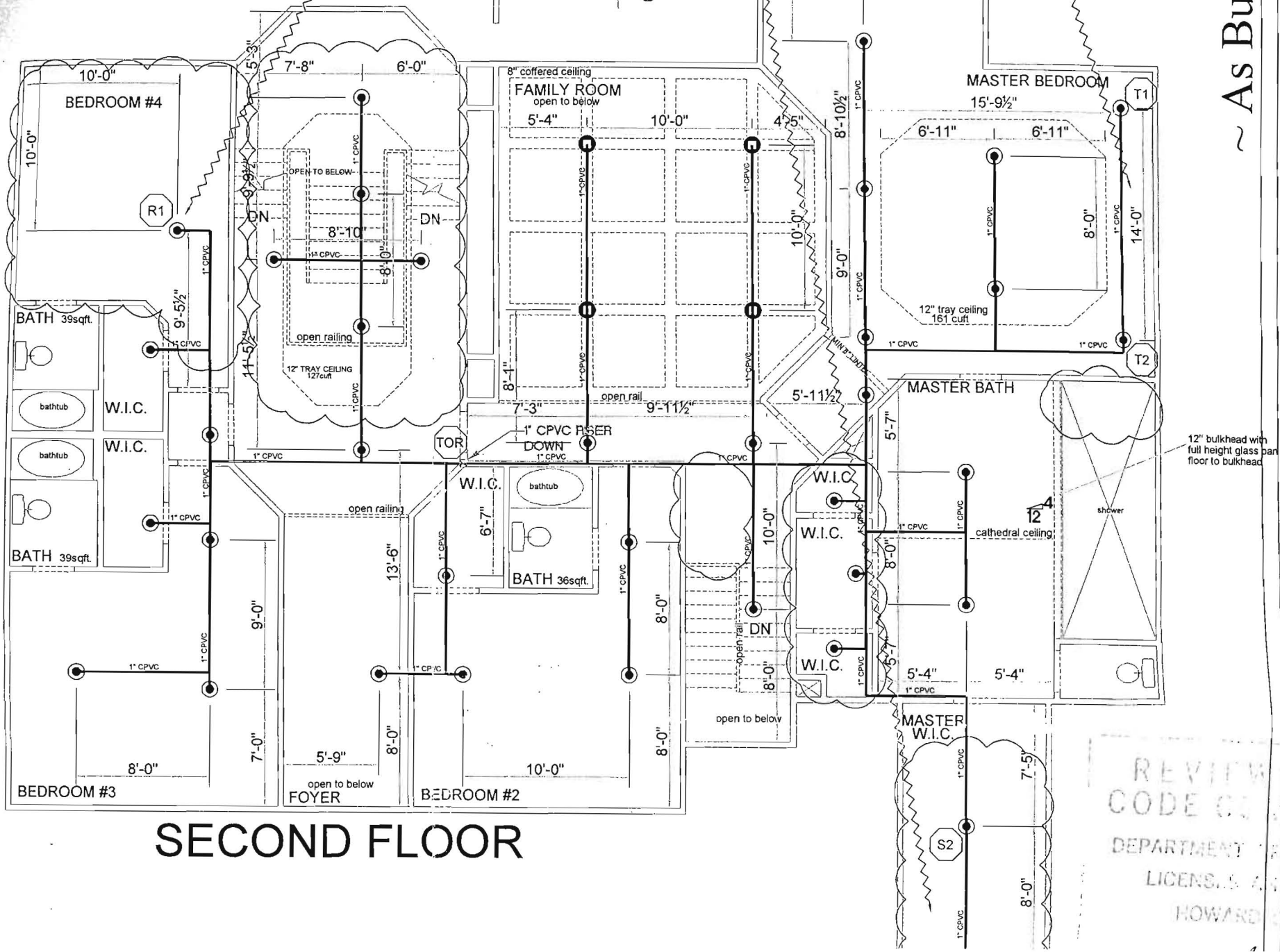
MASTER BATH DETAIL

COFFERED CEILING - HEAD INSULATION DETAILS:

SPRINKLER HEADS IN FAMILY ROOM TO BE DROPPED OUT OF BEAMS TO PROVIDE COVERAGE
HEADS TO BE USED ARE VIKING (VK476) 4.9 PENDENTS THAT ARE RATED FOR BEAMS WITH A MAX DEPTH OF 14"

coffered ceiling detail

0'-8"



SECOND FLOOR

~ As Built

SPRINT	
SYM	MAKE
●	RELIABLE
	VICTAULIC
	RELIABLE

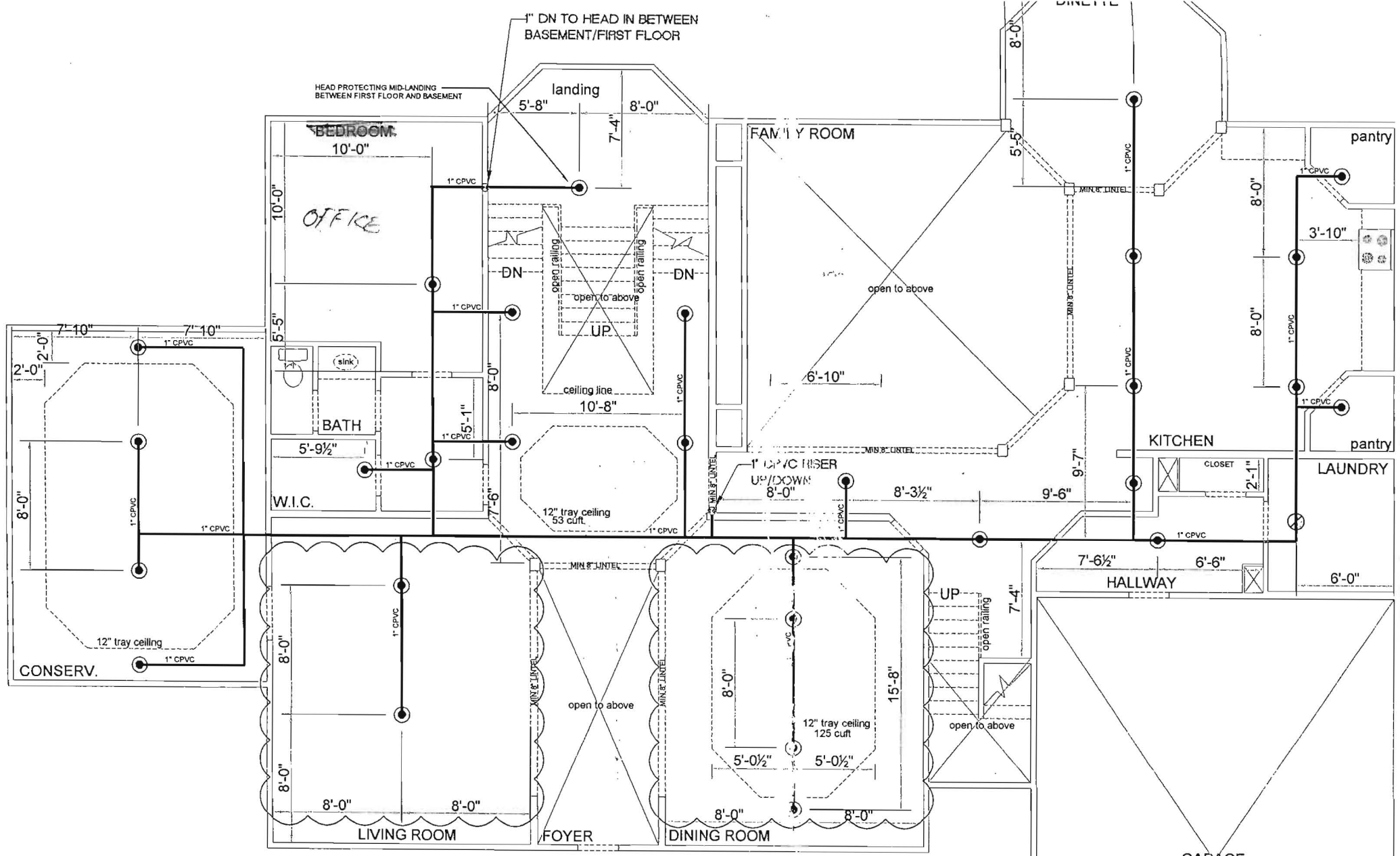
JOB: **Lot 5 @ Schooley Mill Farm**

Highland, MD 20777

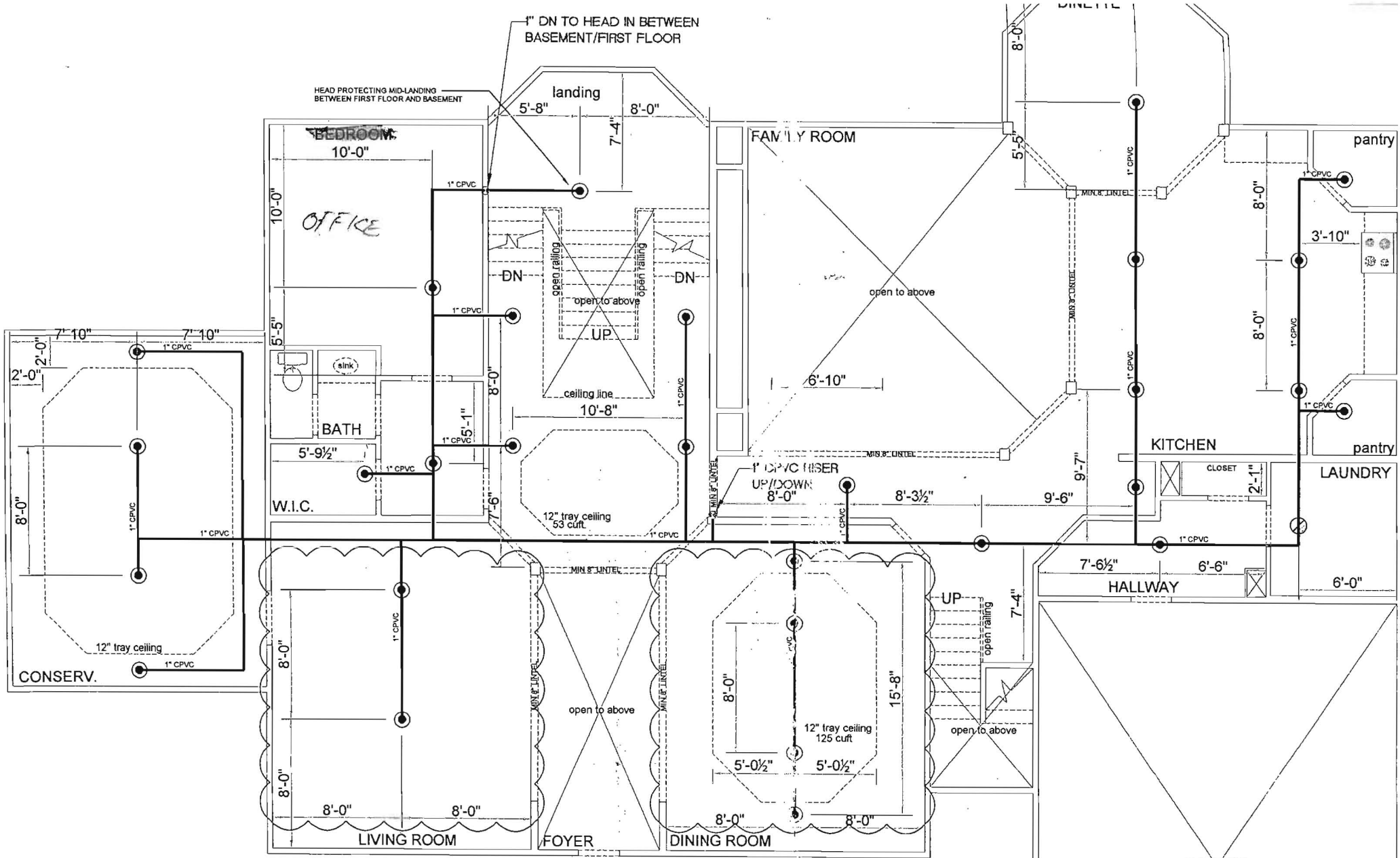
REVIEW FOR
CODE
DEPARTMENT
LICENS. S. A.
HOWARD

FOR
AND





FIRST FLOOR PLAN



FIRST FLOOR PLAN



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 Phone: 301-908-5773 Fax: _____
 Email: ALBERTKE@YAHOO.COM

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 Applicant's Name: ZHANG HAO
 Address: 1809 WOODBURY DR
 City: DEERWOOD State: MD Zip Code: 20855
 Phone: 301-908-5773 Fax: _____
 Email: ALBERTKE@YAHOO.COM

Existing Use: UNFINISH BASEMENT
 Proposed Use: FINISH BASEMENT
 Estimated Construction Cost: \$ 25,000
 Description of Work: FINISH ENTIRE BASEMENT ADD
WET BAR, STUDY ROOM AND FULL BATHROOM
2 REC ROOM, UNFINISH AREA AND MEETING ROOM
 Occupant/Tenant Name: 1900 SRTT
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: OWNER
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
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Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
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Sewage Disposal	
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<input checked="" type="checkbox"/> Private	
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<input type="checkbox"/> Natural Gas	<input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
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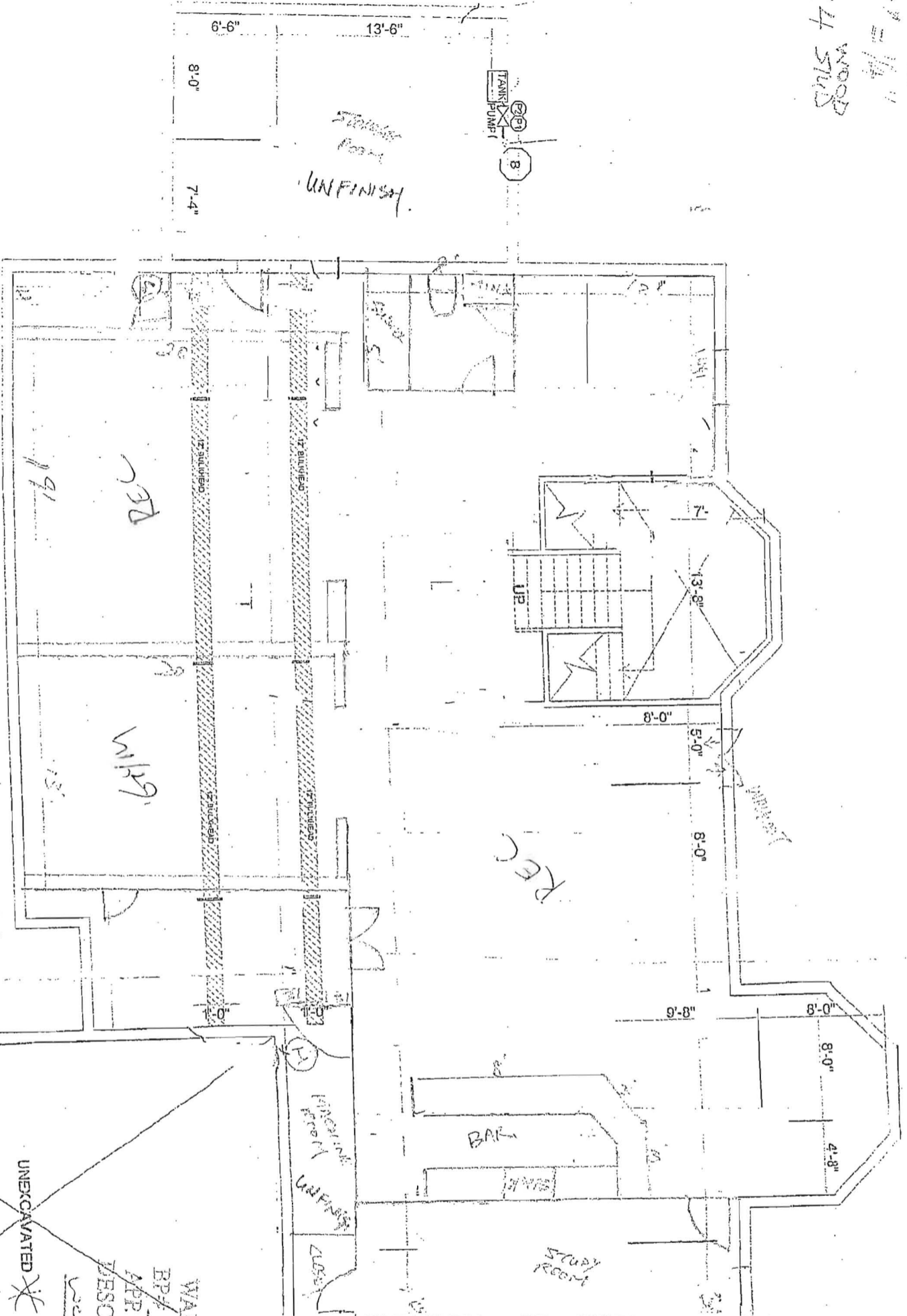
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PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	

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

SCALE
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WOOD STUD
2x4



BASEMENT PLAN

13030 HIGHGROVE RD
HIGHLAND MD 20777

~~UNEXCAVATED~~ * Approved As Shown

APPROVED
WALKTHRU BUILDING PERMIT
BP# _____ A# _____
APP SAN Robert Freeman DATE: 5/16/17
DESC. OF WORK: Finish basement
add wet bar, Study room and
Full Bathroom, (2) Rec room,
unfinished area and
mechanical rooms

APPROVED
WALKTHRU BUILDING PERMIT
BP# _____ A# _____
APP SAN Robert Freeman DATE: 5/16/17
DESC. OF WORK: Finish Basement
wet bar and Full Bathroom