



# 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: 3143 OLD OAK DRIVE  
City: ELLCOTT CITY State: MD Zip Code: 21042  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: HAWKSFIELD ESTA  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 14  
Tax Map: 16 Parcel: \_\_\_\_\_ Grid: 20  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3.36 AC.

Existing Use: MASTER BATH  
Proposed Use: RENOVATED MASTER BATH  
Estimated Construction Cost: \$ 15,000<sup>00</sup>  
Description of Work: RENOVATE THE MASTER BATH  
ALL FIXTURES TO REMAIN IN PLACE.

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

Property Owner's Name: TOM LEIGH MCINTYRE  
Address: 3143 OLD OAK DRIVE  
City: ELLCOTT CITY State: MD Zip Code: 21042  
Phone: 410 977 5705 Fax: \_\_\_\_\_  
Email: LEIGHMCINTYRE@VERIZON.NET

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: ALLAN HOMES UNLIMITED  
Contact Person: JIM BRUMSTED  
Address: 10260 OLD COLUMBIA MD.  
City: COLUMBIA State: MD Zip Code: 21046  
License No.: 77138  
Phone: 410 977 5705 Fax: \_\_\_\_\_  
Email: JIM@ALLANHOMES.COM

Engineer/Architect Company: SAME AS ABOVE  
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 <sup>st</sup> floor: 2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
Use group:	<input type="checkbox"/> Finished Basement
<b>Construction type:</b>	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	No. of Bedrooms:
<input type="checkbox"/> Wood Frame	<b>Multi-family Dwelling</b>
<input type="checkbox"/> State Certified Modular	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"/> 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.

Applicant's Signature \_\_\_\_\_

Email Address JIM@ALLANHOMES.COM

Title/Company DIRECTOR OF OPERATIONS

Print Name JIM BRUMSTED

Date 8/9/17

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>8/9/17</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

# McIntyre Bathroom

APPROVED  
WALKTHRU BUILDING PERMIT  
HP#

A#

APP. SAN Robert Freeman DATE: 8/9/17

DESC. OF WORK: Renovating  
Master Bath, Replacing Fixtures,  
to Remain in Place.

- REPLACING (1) TUB
- (2) SINKS
- (1) TOILET
- (1) SHOWER

22-3 1/2

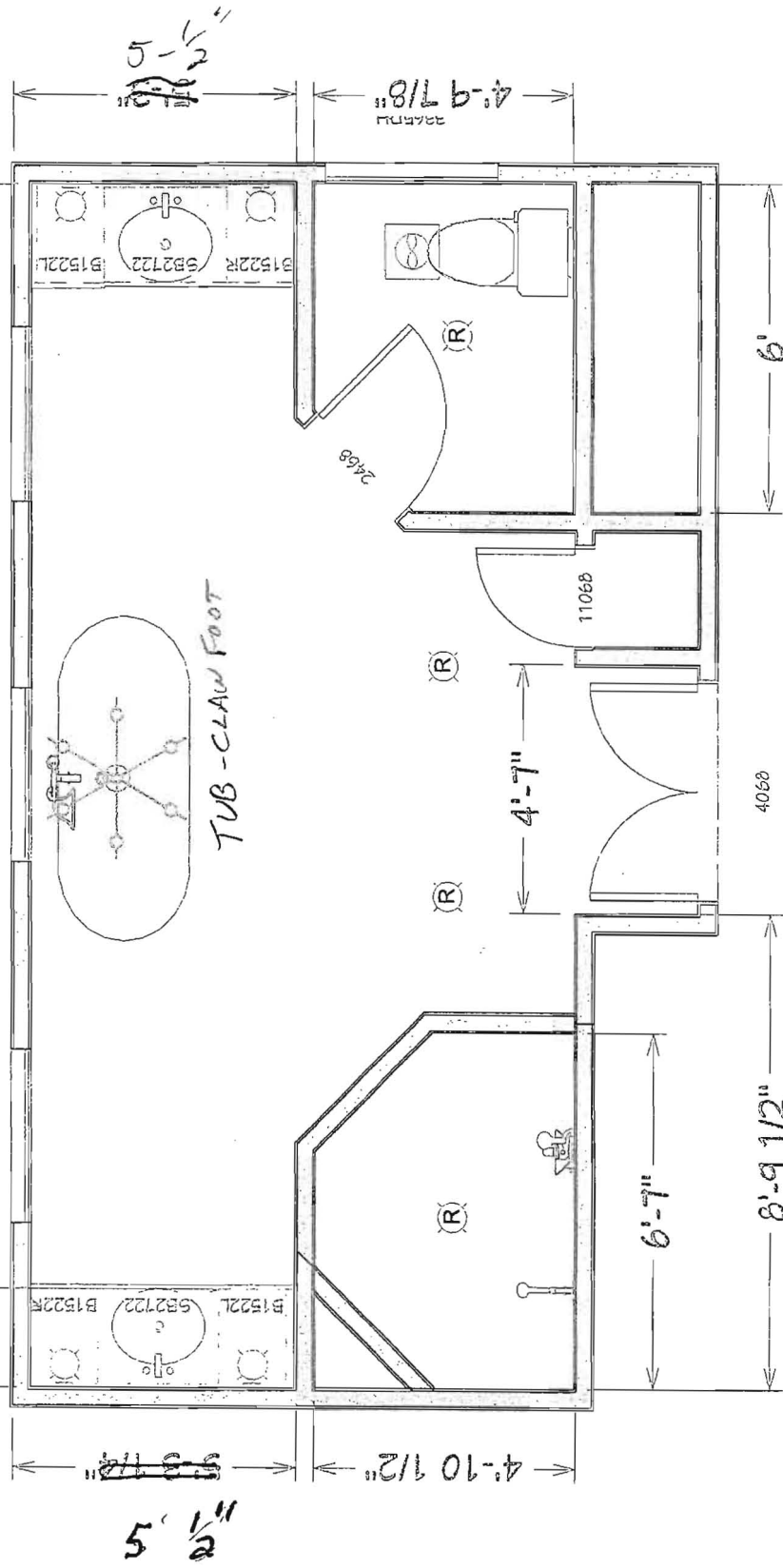
22-2 1/2"

1'-9 3/4"

3365DH

3365DH

3365DH



By: ALLAN HOMES

3143 OLD OAK DR.  
ELLICOTT CITY MD.

TOM + LEIGH McINTYRE  
DATE: 8/11/2017

LIVING AREA