



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2017 AUG 25 PM 1:00

Date Received: _____

Permit No.: BI7003218

Building Address: 13409 GREEN HILL CT
 City: HIGHLAND State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 2
 Tax Map: 0034 Parcel: 0059 Grid: 0020
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.07

Property Owner's Name: Dennis + Jeremy Androsyk
 Address: 13409 GREEN HILL CT
 City: HIGHLAND State: MD Zip Code: 20777
 Phone: 301-524-5035 Fax: _____
 Email: jeremy-home@hotmail.com

Existing Use: SINGLE FAMILY HOME
 Proposed Use: SINGLE FAMILY HOME
 Estimated Construction Cost: \$ 50,000
 Description of Work: Remodel of kitchen open up dining room plus trim refinish hardwood floors? Plumbing + Electrical by others
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: REMOVE LOAD-BEARING WALL BETWEEN KITCHEN + DINING ROOM
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Contractor Company: Penny Crest LLC
 Contact Person: EVAN FEDERLI
 Address: 10910 STEEFENY RD
 City: RANDOLPH State: MD Zip Code: 21133
 License No.: 129935
 Phone: 443-761-1259 Fax: _____
 Email: evan@pennycrestllc.com

Engineer/Architect Company: _____
 Responsible Design Prof.: NANCY HENRY INTERIORS
 Address: 230 FALCON DRIVE
 City: PASADENA State: MD Zip Code: 21122
 Phone: 410-437-8126
 Email: nhenry@nhenryinteriors.info

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: <u>2567</u>	1 st floor: <u>32'9"</u> <u>48'</u>
Area of construction (sq. ft.): _____	2 nd floor: _____
Basement: _____	<input checked="" type="checkbox"/> Finished Basement
Use group: <u>412</u>	<input type="checkbox"/> Unfinished Basement
Construction type: _____	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Structural Steel	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> Masonry	<u>Multi-family Dwelling</u>
<input checked="" type="checkbox"/> Wood Frame	No. of efficiency units: _____
<input type="checkbox"/> State Certified Modular	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 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 type="checkbox"/> No	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<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: evan@pennycrestllc.com
 Title/Company: OWNER / Penny Crest LLC

Print Name: EVAN FEDERLI
 Date: 8/25/17

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		
(Zoning)		
(Engineering)		
Health	<u>9</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>25.00</u>
Permit Fee	\$ <u>150</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ <u>135.00</u>
Sub- Total Paid	\$ _____
Balance Due	\$ <u>1308</u>
Check #	<u>1308</u>

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

T:\Operations\Updated Forms\Building applmp 03.21.2017.docx

411NT ALT PER D. SWINDER

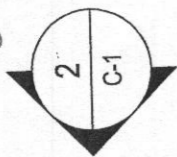
Approved Septic System Plan
Howard County Health Department

Roma Beard
Signature

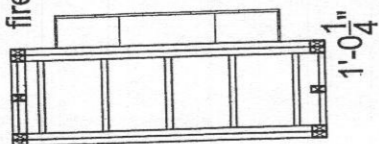
Date

9-20-17
B17003218

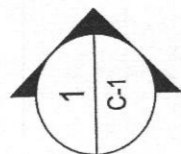
LIVING ROOM



Raised,
see-through gas
fireplace



2



1'-0 3/4"

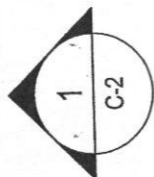
4'-6"

7'-2"

4'-6"

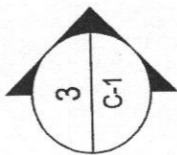
3'-7"

3



ENTRY

DINING ROOM



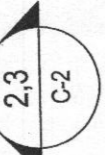
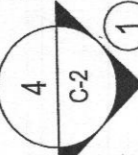
KITCHEN

5'-5" Hold

2'-8"

3'-4"

LAUNDRY-MUD ROOM



DN

GARAGE

Health