



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: 2890 Hunt Valley Dr
 City: Glenwood State: MD Zip Code: 21738
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Master Bathroom
 Proposed Use: Master Bathroom
 Estimated Construction Cost: \$ 37,000
 Description of Work: Remodel Bathroom for new layout

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
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

Property Owner's Name: Garth & Debra Cronkite
 Address: 2890 Hunt Valley Dr
 City: Glenwood State: MD Zip Code: 21738
 Phone: 410-489-9269 Fax: _____
 Email: dcronkite@gmail.com

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

Contractor Company: Distinctive Designs Inc
 Contact Person: Eric Long
 Address: 118 S Forge Ave
 City: Hanover State: Pa Zip Code: 17331
 License No.: 11112
 Phone: 410-984-6690 Fax: 717-632-0123
 Email: elongs.dd@gmail.com

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

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input 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 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 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: Eric Long Print Name: Eric Long
 Email Address: elongs.dd@gmail.com Date: 9/20/17
 Title/Company: Owner

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>9/20/17</u>	<u>H.Oswald</u>

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	#

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

BULKHEAD
HEADER PER FLR. MITR
APPROVED
WALK-THRU BUILDING PERMIT

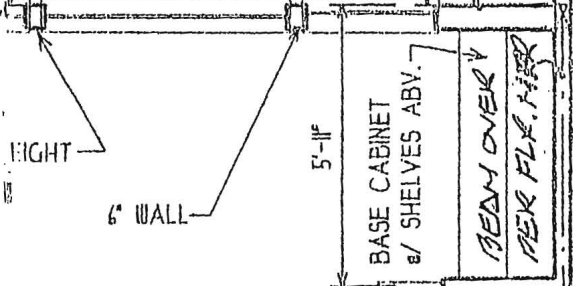
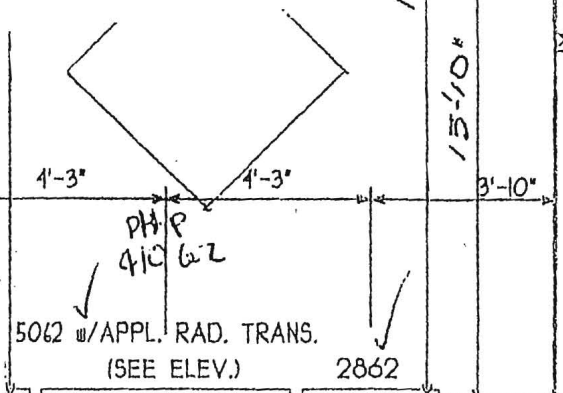
BP# _____ A# _____
APP. SAN H. Oswald DATE: 9/20/17
DESC. OF WORK: Remodel
master bathroom

NEW LAYOUT
MASTER BEDROOM
15'4" x 19'4"
TRAY CEILING

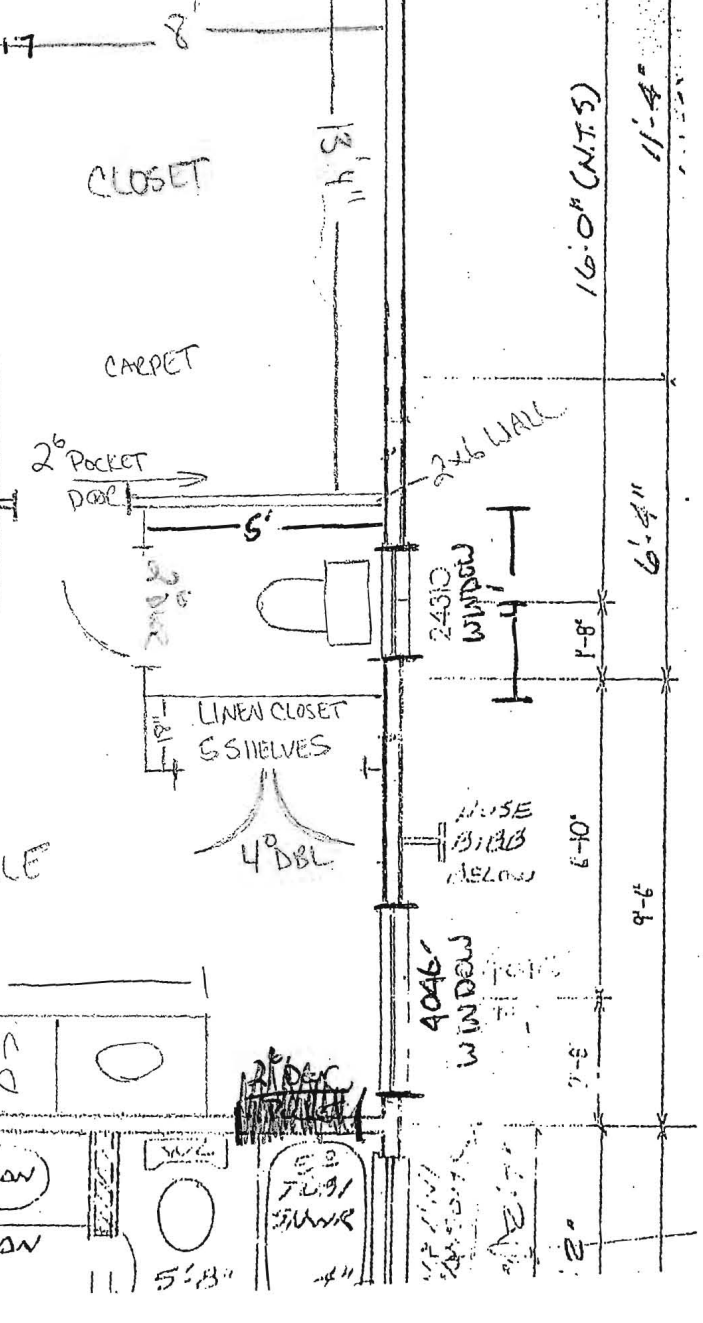
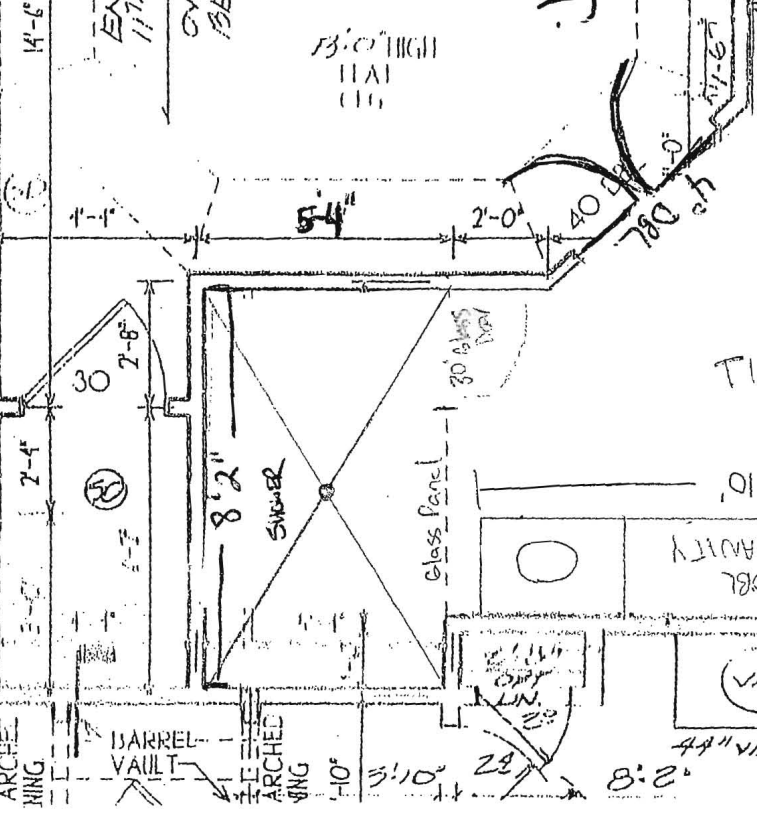
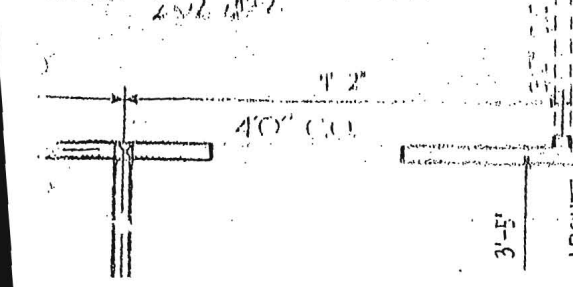
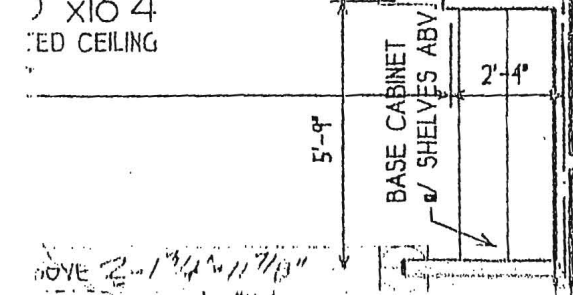
ENGINEERED FLR. SYS
11/18" TJI C19, 2" O.C. (OK AS REQ'D)
OVER PER MANUF. PROVIDE
BEAMS AS REQUIRED

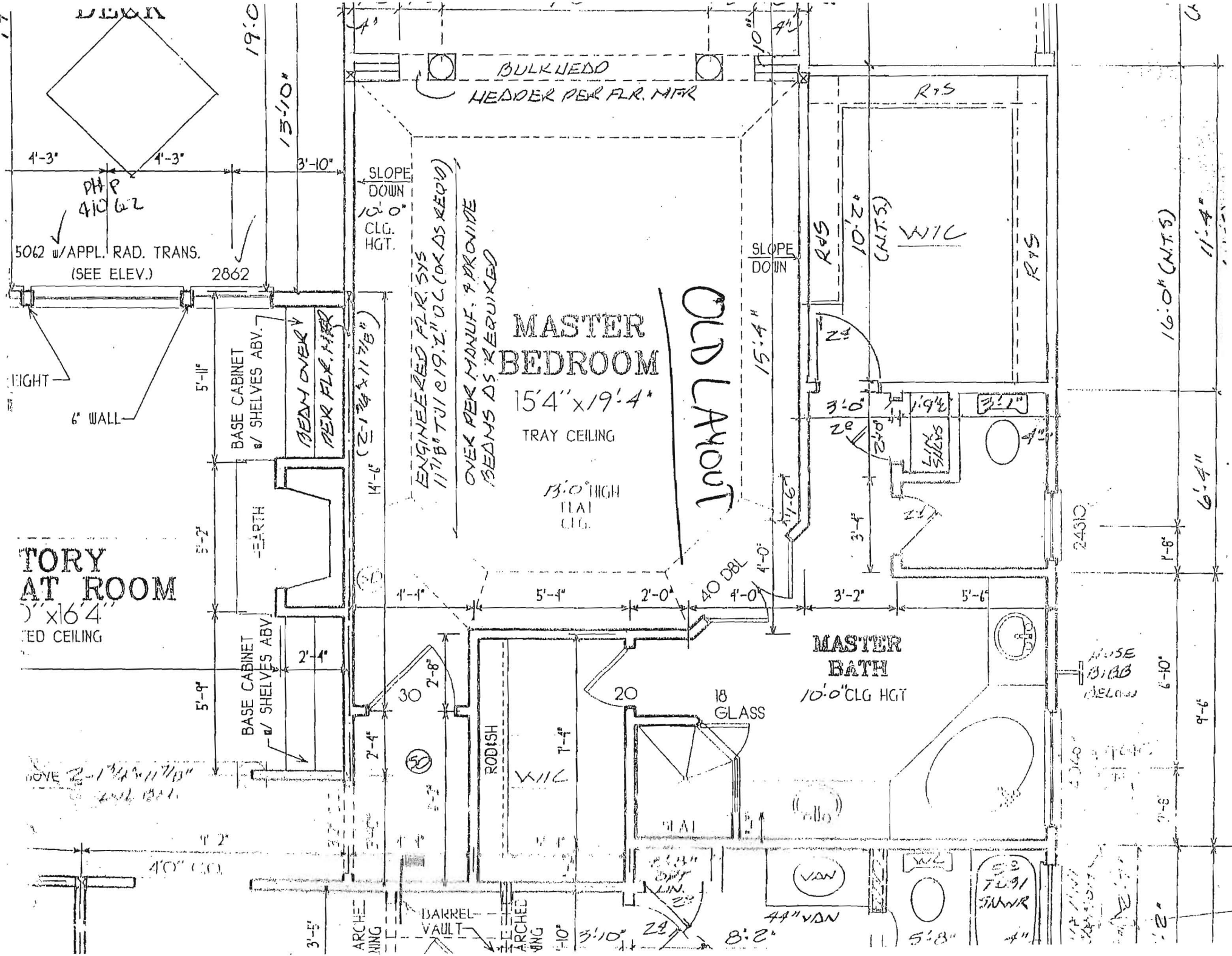
SLOPE DOWN
10'0" CLG. HGT.

SLOPE DOWN



TORY AT ROOM
x16'4"
ED CEILING





TORY AT ROOM
 10' x 16'4"
 TRAY CEILING

MASTER BEDROOM
 15'4" x 19'4"
 TRAY CEILING
 13'0" HIGH FLAT CLG.

MASTER BATH
 10'0" CLG HGT

OLD LAYOUT

ENGINEERED FLR. SYS
 11"18" TJI @ 19" O.C. (OK AS REQ'D)
 OVER PER MANUF. PROVIDE
 BEAMS AS REQUIRED

BULKHEAD
 HEADER PER FLR. MFR

5062 w/APPL. RAD. TRANS.
 (SEE ELEV.)
 2862

PHP
 41062

BASE CABINET
 w/ SHELVES ABV.
 BEAM OVER
 PER FLR. MFR

BASE CABINET
 w/ SHELVES ABV.

RODISH

18 GLASS

BARREL VAULT

WIC

WIC

WIC

5'2" TUB
 5'8" SHWR

HOUSE
 BIRAB
 BELOW

16'0" (N.T.S)

6'4"

6'10"

9'8"

1'2"

11'4"

6"

SLOPE
 DOWN
 1/2" 0'
 CLG.
 HGT.

SLOPE
 DOWN

EIGHT

6" WALL

5'-11"

5'-2"

5'-9"

40' (C.O.)

3'-5"

ARCHED
 WING

ARCHED
 WING

1'-4"

1'-0"

3'-10"

8'-2"

44" VDN

5'-8"

4"

24310

1'-8"

9'-8"

9'-8"

1'-2"

1'-2"

1'-2"

