



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: 2814 Bndal Wreath Ct
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 14
 Tax Map: 14 Parcel: 666 Grid: 20
 Zoning: _____ Map Coordinates: _____ Lot Size: 49000

Existing Use: SFD
 Proposed Use: SFD w/ finished basement
 Estimated Construction Cost: \$ 38,000
 Description of Work: Finish portion of basement for media room & structure bath w/3' dia
 Occupant/Tenant Name: Owner
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: William Werner
 Address: 2814 Bndal Wreath Ct
 City: Woodbine State: MD Zip Code: 21797
 Phone: 760-577-5612 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Michelle Clancy
 Address: PO Box 310
 City: Pennsville State: MD Zip Code: 21288
 Phone: 410-361-0751 Fax: _____
 Email: _____

Contractor Company: Remodel USA
 Contact Person: Bill Cusick
 Address: 605 Hampton Park Blvd
 City: Capital Heights State: MD Zip Code: 20743
 License No.: 125450
 Phone: 301-333-6000 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: Central
 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 checked="" 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 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 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: Michelle Clancy Print Name: Michelle Clancy
 Email Address: michelle@applieddevelopment.com Date: 8/9/17
 Title/Company: Permit

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>8/17/17</u>	<u>[Signature]</u>

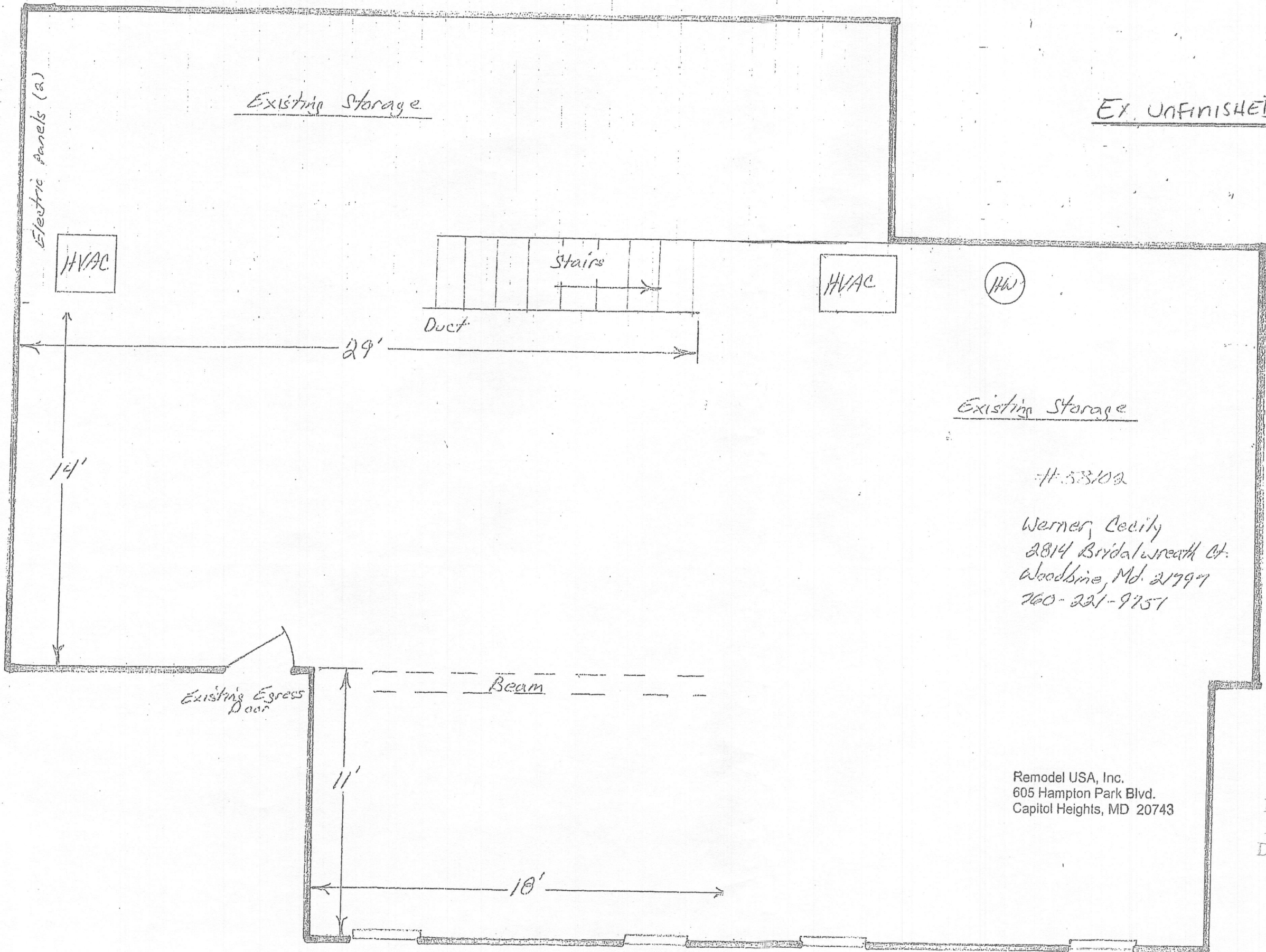
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	#

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

EX. UNFINISHED BASEMENT



Existing Storage

#53100

Werner, Cecily
2814 Bridalwreath Ct.
Woodbine, Md. 21797
760-221-9757

Remodel USA, Inc.
605 Hampton Park Blvd.
Capitol Heights, MD 20743

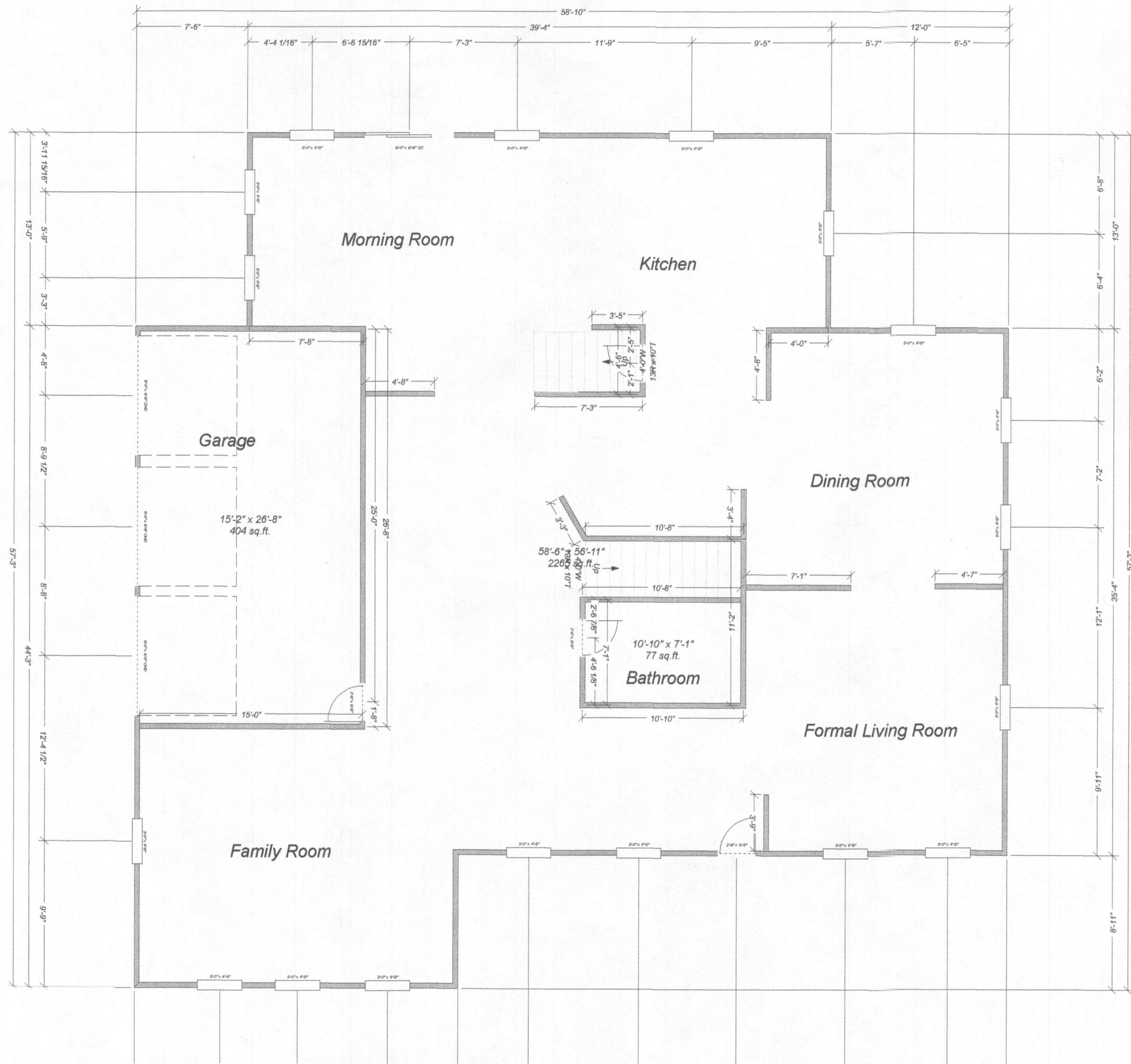
APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

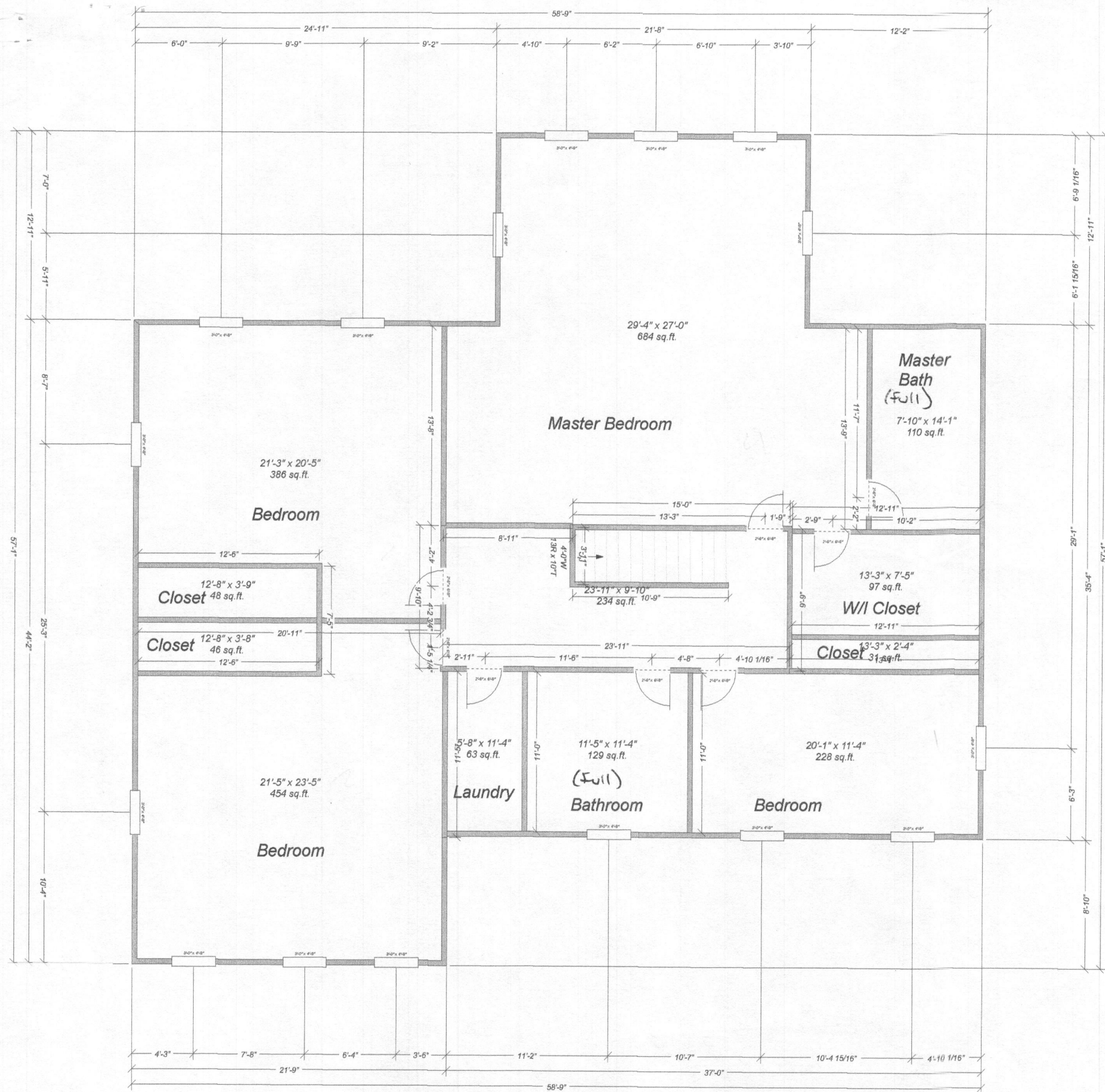
APP. SAN Robert Freeman DATE: 8/17/17

DESC. OF WORK: Finishing portion
of basement Full bathroom,
Media room.



Existing 1st floor
 (scale 1/8" = 1'-0")

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN Robert Freeman DATE: 8/17/17
 DESC. OF WORK: Finishing portion of basement Full bathroom and Media room



Existing 2nd Floor
 (scale 1/8" = 1'-0")

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN Robert Freeman DATE: 8/17/17
 DESC. OF WORK: Finishing portion of
basement - Full bathroom and Media room