



# 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: 4406 Oakwood Overlook Ct  
 City: Dayton State: MD Zip Code: 21036  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: DEAN NEWMAN  
 Address: 4406 OAKWOOD OVERLOOK CT  
 City: Dayton State: MD Zip Code: 21036  
 Phone: 410 537 8272 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ 1500.00  
 Description of Work: Expanding Pass through  
From Kitchen to Dining room

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: JAMES A BOWARD  
 Address: 7227 CADENCE CT  
 City: COLUMBIA State: MD Zip Code: 21046  
 Phone: 443 864 2782 Fax: \_\_\_\_\_  
 Email: REVERESERVICESINC@GMAIL.COM

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

Contractor Company: REVERE MEDIA SERVICES CO  
 Contact Person: JAMES A BOWARD  
 Address: 7227 CADENCE CT  
 City: COLUMBIA State: MD Zip Code: 21046  
 License No.: 109507  
 Phone: 443 864 2782 Fax: \_\_\_\_\_  
 Email: REVERESERVICESINC@GMAIL.COM

Engineer/Architect Company: PANJAK PATEL  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: 13413 GOOD TIMES CT  
 City: Highland State: MD Zip Code: 20777  
 Phone: 410 622 1627 Fax: \_\_\_\_\_  
 Email: PATELPPP@GMAIL.COM

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input 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"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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	
<b>Water Supply</b>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<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: JAMES A BOWARD Print Name: JAMES A BOWARD  
 Email Address: REVERESERVICESINC@GMAIL.COM Date: 6/14/17  
 Title/Company: President

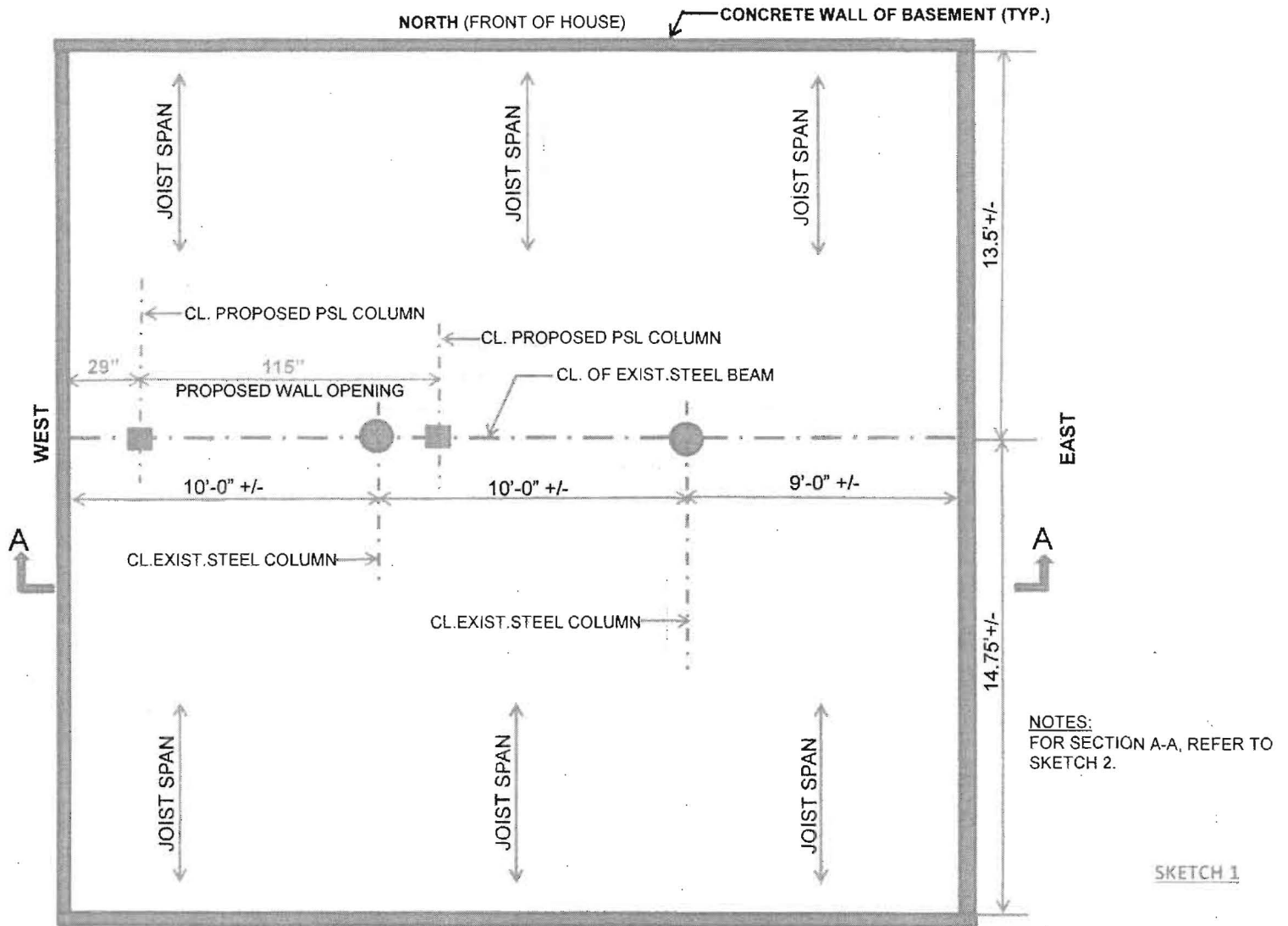
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>6/14/17</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	#



NOTES:  
FOR SECTION A-A, REFER TO  
SKETCH 2.

SKETCH 1

FIRST FLOOR FRAMING PLAN  
NOT TO SCALE

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# \_\_\_\_\_  
APP. SAN Robert Freeman DATE: 6/14/17  
DESC. OF WORK: Expanding pass  
through from kitchen to  
dining room.

*Janek*  
  
*6/6/2017*

Revere Kitchens and Bath: 4406 OAKWOOD OVERLOOK CT.



APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

APP. SAN Robert Freeman DATE: 6/14/17

DESC. OF WORK: Expanding pass through from kitchen to dining room.

**REVERE**