



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: 18361 Chelsea Knolls Dr.
 City: Mt Airy State: MD Zip Code: 21771
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 12 Parcel: 78 Grid: 5
 Zoning: _____ Map Coordinates: _____ Lot Size: 6.17 Ac

Existing Use: unfinished
 Proposed Use: Finished basement
 Estimated Construction Cost: \$ 60K
 Description of Work: Finish basement to include
multi-purpose room, play room, exercise room,
full bath, unfinished utility + wet bar
 Occupant/Tenant Name: Approx 1200 sq ft
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Jay + Erin Stice
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 443 904 3391 Fax: _____
 Email: _____

Applicant's Name & Mailing Address. (If other than stated herein)
 Applicant's Name: A.J. Ballantine
 Address: 3273 Pine Orchard Lane Ste C
 City: Ellicott City State: MD Zip Code: 21112
 Phone: 410 336 7011 Fax: _____
 Email: aj@cornerstoneremodeling.com

Contractor Company: Cornerstone Remodeling
 Contact Person: A.J. Ballantine
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: 129673
 Phone: 410 336 7011 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 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 st floor:
Area of construction (sq. ft.):	2 nd floor:
<u>1200</u>	Basement:
Use group:	<input type="checkbox"/> Finished Basement
	<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:
<input type="checkbox"/> Masonry	Multi-family Dwelling
<input 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:
➤ 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 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 checked="" type="checkbox"/> Yes <input 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.

[Signature]
 Applicant's Signature
aj@cornerstoneremodeling.com
 Email Address

 Title/Company

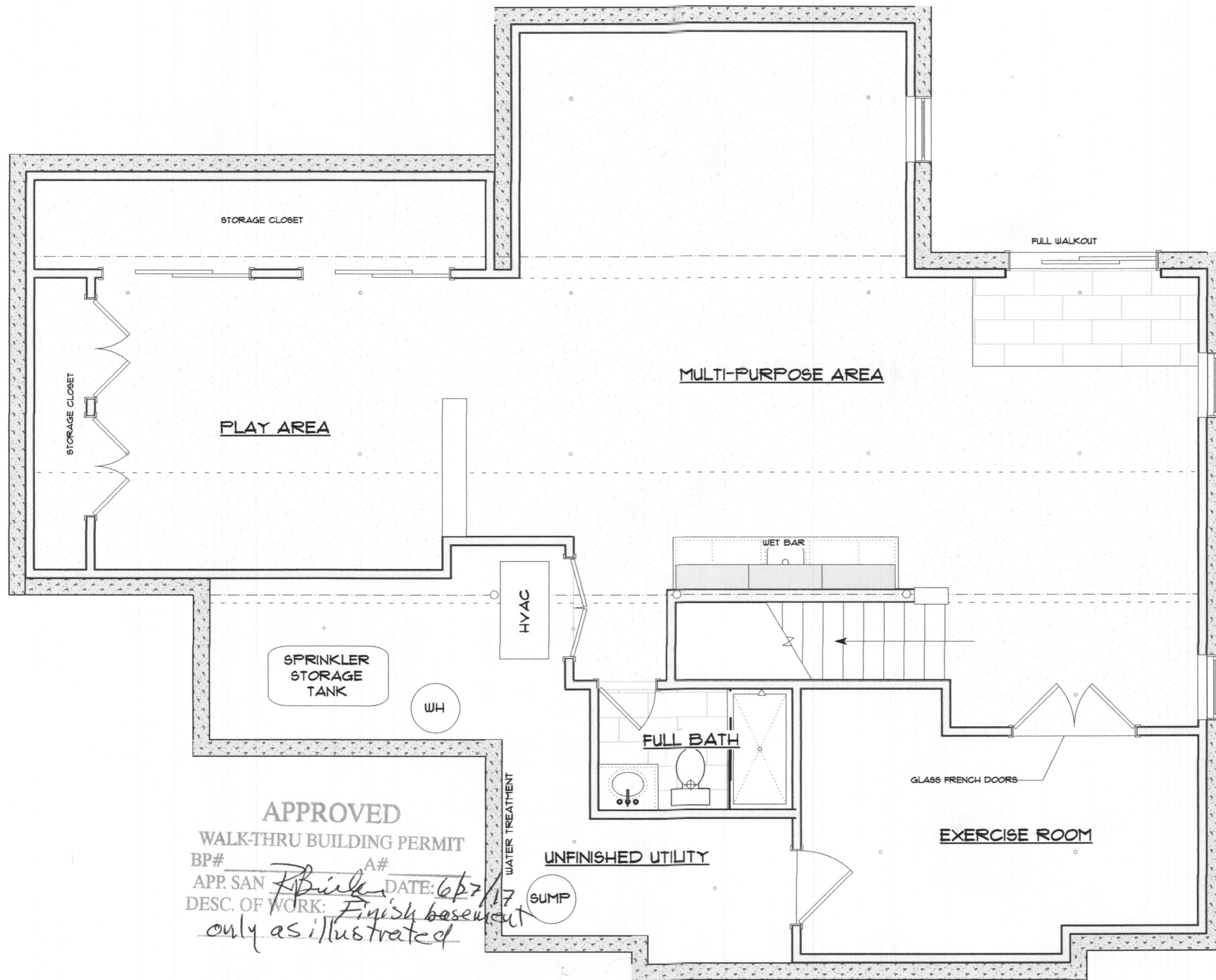
A.J. Ballantine
 Print Name
6/22/17
 Date

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>6/27/17</u>	<u>[Signature]</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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	#



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *F. Biele* DATE: *6/27/17*
 DESC. OF WORK: *Finish basement*
only as illustrated

○ STINE BASEMENT: FINAL FLOOR PLAN
 SCALE: 1/4" = 1'-0"