



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: 15210 Frederick Road
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Residential
 Proposed Use: Residential
 Estimated Construction Cost: \$ _____
 Description of Work: Finish basement

Occupant/Tenant Name: Kain
 Was tenant space previously occupied? Yes No
 Contact Name: Sean Kain
 Address: 15210 Frederick Road
 City: Woodbine State: MD Zip Code: 21797
 Phone: 443 472 2445 Fax: _____
 Email: Sean.kain.geo@gmail.com

Property Owner's Name: Sean Kain
 Address: 15210 Frederick Road
 City: Woodbine State: MD Zip Code: 21797
 Phone: 443 472 2445 Fax: _____
 Email: Sean.kain.geo@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: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ 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: <u>1</u>	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>27'</u> <u>58'</u>
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: <u>27'</u> <u>58'</u>
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>3</u>
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	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 checked="" type="checkbox"/> Manufactured Home

Utilities

Electric: Yes No
 Gas: Yes No

Water Supply

Public
 Private

Sewage Disposal

Public
 Private

Heating System

Electric Oil
 Natural Gas Propane Gas
 Other: _____

Sprinkler System:

Yes 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.

Sean Kain
 Applicant's Signature
Sean.kain.geo@gmail.com
 Email Address

 Title/Company

Sean Kain
 Print Name
5/10/2018
 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>5/17/18</u>	<u>H. O. Smith</u>

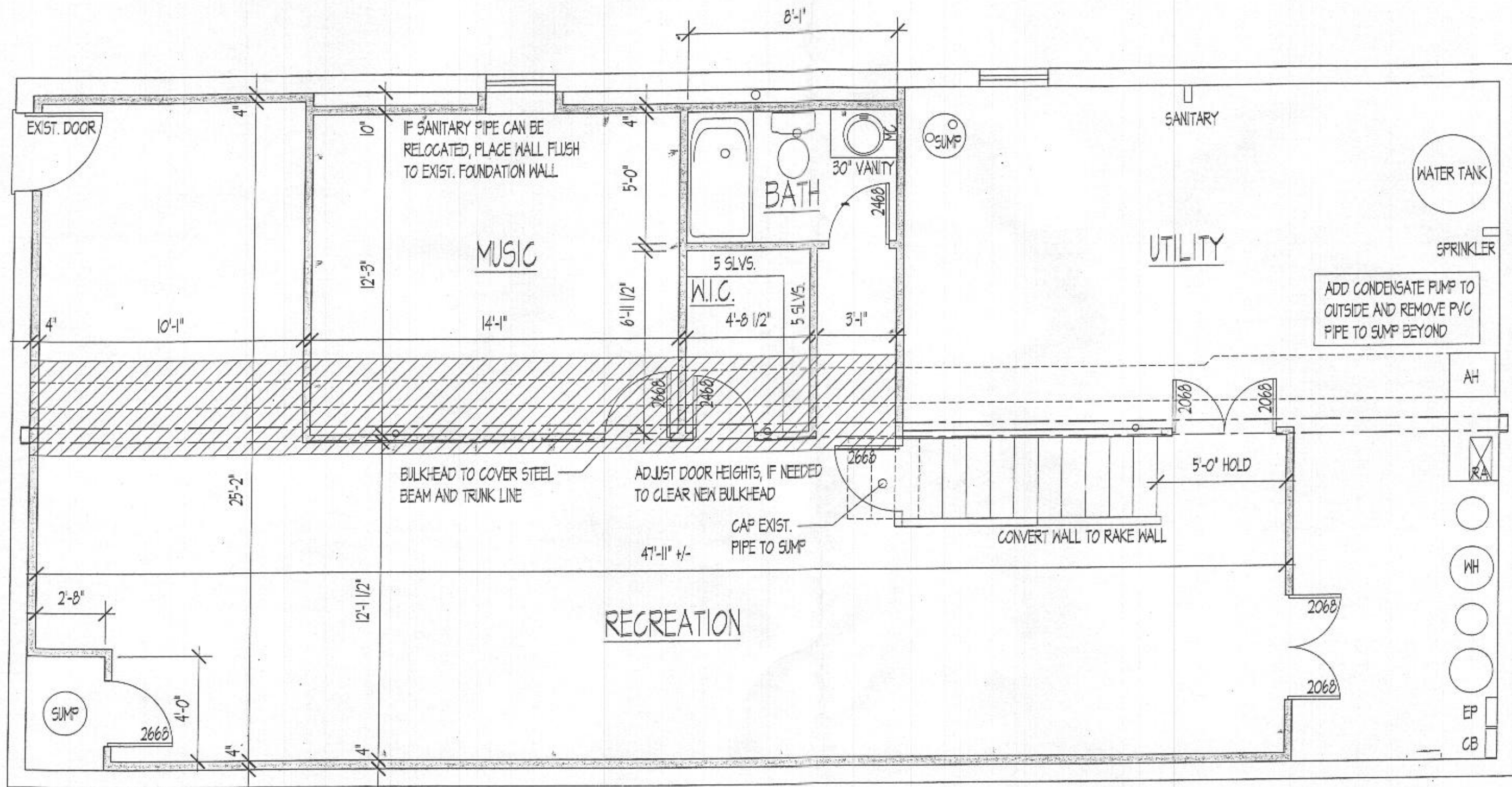
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes 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



JB HOME DESIGN, LLC
 446 CONCORD COURT
 BALTIMORE, MARYLAND 21254
 OFFICE (410) 594-4551
 FAX (410) 668-1004
 EMAIL: JON@JBDESIGN.COM
 Home design

KAIN BASEMENT
 15210 FREDERICK ROAD
 WOODBINE, MD 21797

PROPOSED FINISHED BASEMENT PLAN
 SCALE: 1/4" = 1'-0"
 PROJECT TITLE: **KAIN BASEMENT**

ISSUE	DATE	BY	CHKD BY

PROJECT TITLE: **KAIN BASEMENT**

SCALE: 1/4" = 1'-0"

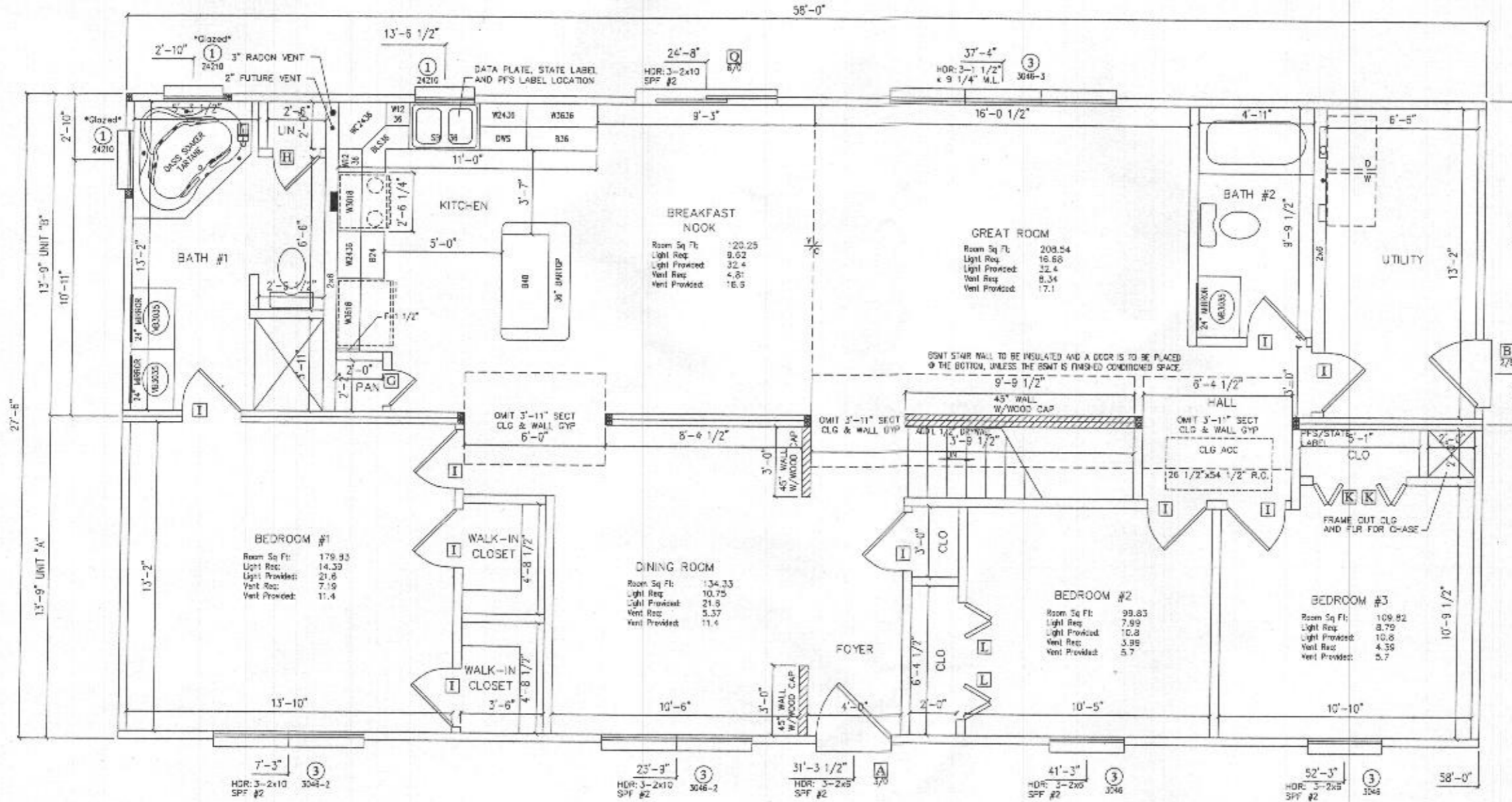
PROJECT TITLE: **KAIN BASEMENT**

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN H. Ogunwa DATE: 5/17/18
 DESC. OF WORK: Finish basement.

PROPOSED FINISHED BASEMENT PLAN
 SCALE: 1/4" = 1'-0"
 KAIN RESIDENCE

A-1

BUILDER RESPONSIBLE FOR COMPLIANCE WITH SECTION R612.2 (WINDOW SILLS) OF THE 2009 IRC (TO BE DONE ONSITE IF APPLICABLE)



PFS Corporation
Northeast Region
APPROVED
R Wenner - 1
11/11
 Approval limited to
 Factory Built Portion

CUSTOMER	SPLC - FREDERICK ROAD
BUILDER	DORMAN BUILDERS
CITY	WOODBINE
COUNTY	HOWARD
STATE	MD
WIND SPEED	90 MPH
SNOW LOAD	35
SQ. FT.	1595
ORDER NO.	3 SECOND GUST
SERIAL NO.	FILE NO. P.43731(140)
	43731

2858-PRMIER RANCH
 1st STORY FLOOR PLAN

72 EAST MARKET STREET
 P.O. BOX 219
 MIDDLEBURG, PA. 17842
 PHONE: (570) 837-1424
 FAX: (570) 837-6133



STATUS:	S.T.F.
DRAWN BY:	JLG
	CLP
DATE:	10/26/11
	10/27/2011
	APPROVAL

CODES:
 2009 INTERNATIONAL RESIDENTIAL CODE W/MD AMENDMENTS
 2008 NATIONAL ELECTRICAL CODE
 2009 INTERNATIONAL ENERGY CONSERVATION CODE
 2009 NFPA 101 (LIFE SAFETY) CODE W/AMENDMENTS

SPRINKLER SYSTEM
 THE SPRINKLER SYSTEM WILL BE INSTALLED BY A CERTIFIED SPRINKLER SYSTEM CONTRACTOR, ALSO APPROVED AND INSPECTED BY THE LOCAL JURISDICTION FOR THIS PROJECT.
 THE MARYLAND INSOMIA DOES CERTIFY THE ON-SITE SPRINKLER SYSTEM.
 ANY REFERENCES IN RESPECT TO THE ON-SITE SPRINKLER SYSTEM WILL ALSO BE ON THE DATA PLATE.

- NOTES: 1.* - DENOTES ADDITIONAL COLUMN IN BASEMENT
 2. 2X4 EXTERIOR WALLS 16" O.C.
 3. 2X3 MARRIAGE WALLS 16" O.C.
 4. 8'-0" CLG.

5. STAIRS TO BE 7 3/4" RISERS AND 10" TREADS.
 6. CEILING BEAM OVER DINING/KITCHEN TO BE:(2)-2x10 SPF #2(NO SPLICES)
 7. CEILING BEAM OVER HALL TO BE:(2)-2x10 SPF #2(NO SPLICES)
 8. CEILING BEAM OVER FOYER/GREAT ROOM TO BE:(2)-1 1/2"x9 1/4" M.L.

9. HEAT LOSS WAS CALCULATED W/ R-19 INSULATION OR HEATED BSMT
 10. BUILDER IS RESPONSIBLE FOR PROVIDING A PROPERLY SIZED HEATING SYSTEM TO COVER A BTU LOSS OF 35700
 11. *GLAZED* = SAFETY GLAZED
 12.

