



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: 10830 Frederick Rd
 City: MD State: MD Zip Code: 21771
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: SDP
 Proposed Use: SDP w/ Basement finish
 Estimated Construction Cost: \$ 25,000

Description of Work:
Finish part of basement for media room approx 900 sq ft

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

Property Owner's Name: Robert Stamer
 Address: 10830 Frederick Rd
 City: MD State: MD Zip Code: 21771
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address. (If other than stated herein)
 Applicant's Name: Michelle Clancy
 Address: PO Box 310
 City: Kingston State: MD Zip Code: 21743
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Remodel USA
 Contact Person: _____
 Address: 605 Hampton Park Blvd
 City: Cap Heights State: MD Zip Code: 21743
 License No.: _____
 Phone: 3013336000 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:	
	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	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" 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@appliedandapproved.com Date: 5/22/18
 Title/Company: Permits

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>5/23/18</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	#



SCALE 1/8" = 1 FOOT

Proposed Floor Plan

REMODEL USA TO CREATE MEDIA ROOM
 APPROX 900 sq ft.
 OWENS CORNING 2 1/2" INSULATED WALLS
 2 1/2" STEEL STUDS 16" ON CENTER
 MOLD RESISTANT DRYWALL OVER STUDS
 90" CEILINGS
 PRIVATE WELL AND SEPTIC
 ELECTRIC TO CODE
 14-18 OUTLETS
 5-6 SWITCHES
 GAS HEAT/HOT WATER

Remodel USA
 605 HAMPTON PARK BLVD
 CAPITOL HEIGHTS MD 20743

301-333-6000

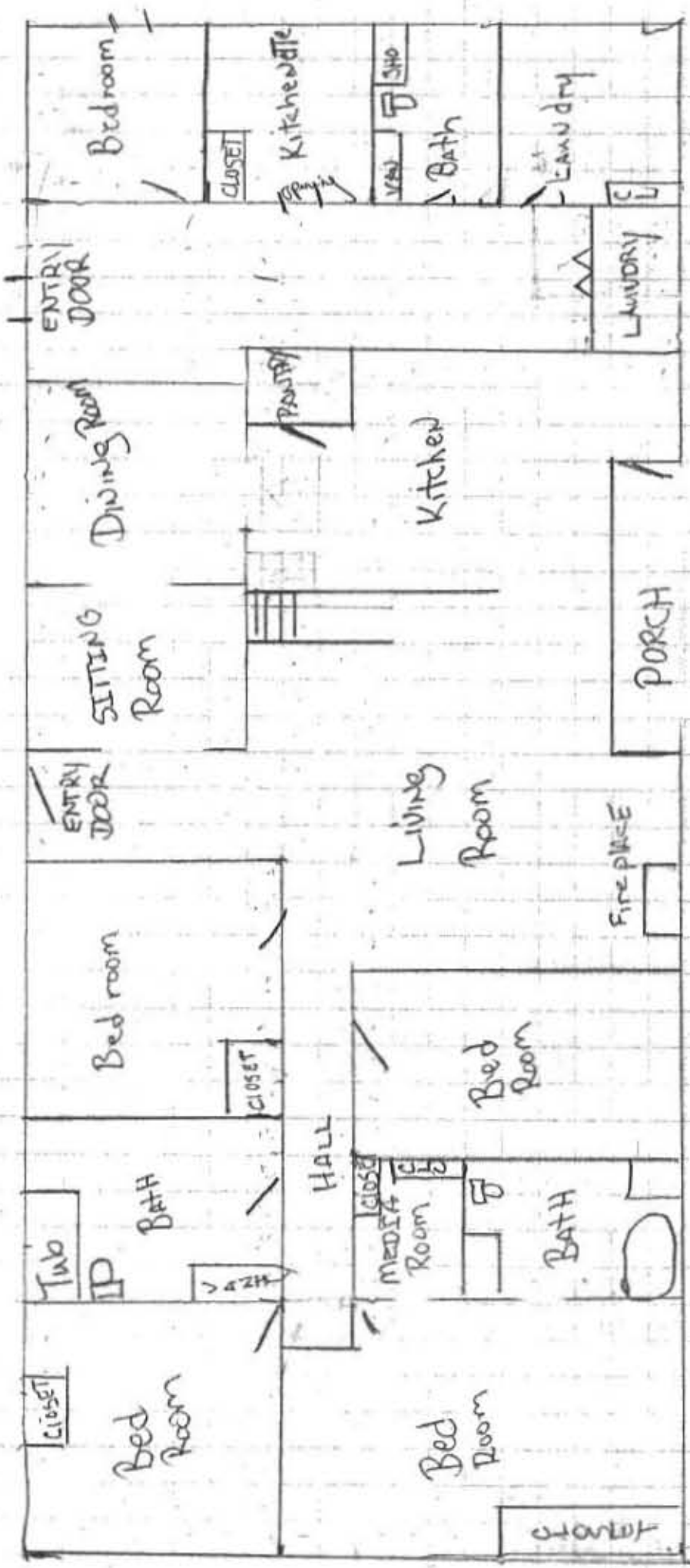
STONER, EILEEN
 16830 FREDRICK RD
 MOUNT AERY MD 20885
 301-641-7288

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN [Signature] DATE: 5/23/18

DESC. OF WORK: Finish basement
as shown. No increase in
Bedroom Total SAR per
original permit 2000.



STONER ROBERT
 16830 FREDRICK ROAD
 MOUNT AIRY MD 21771
 301-641-7288

REMODEL U.S.A INC
 605 HAMPTON PARK BLVD
 CAPITOL HEIGHTS MD 20743
 301-333-6000

FIRST FLOOR PLAN

WELL
SEPTIC



Remodel USA
 605 HAMPTON PARK BLVD
 CAPITOL HEIGHTS MD
 21

301-333-6000

Stoner Eileen
 16830 Frederick Rd
 Mt Airy MD 21771

Existing Floor Plan

SCALE 1/8" = 1 FOOT