



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: 2026 DROVERS LN
 City: COOKSVILLE State: MD Zip Code: 21723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: SUMIT BHUTANI
 Address: 2026 DROVERS LN
 City: COOKSVILLE State: MD Zip Code: 21723
 Phone: 856-520-6496 Fax: _____
 Email: SUMITBHUTANI@YAHOO.COM

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: STEPHEN MALAT
 Address: 4 WEST AYLESBURY RD
 City: TIMONIUM State: MD Zip Code: 21093
 Phone: 443-375-0553 Fax: _____
 Email: SMALAT@GRAMOPHONE.COM

Existing Use: Finished Basement
 Proposed Use: Media Room Redesign
 Estimated Construction Cost: \$ 10,000
 Description of Work: Change single int. door to double door; modify existing platform; add bulkheads; construct new int. wall
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: GRAMOPHONE LTD
 Contact Person: STEPHEN MALAT
 Address: 4 WEST AYLESBURY RD
 City: TIMONIUM State: MD Zip Code: 21093
 License No.: 45114-01
 Phone: 410-308-1650 Fax: 410-308-1631
 Email: SMALAT@GRAMOPHONE.COM

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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 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	<u>Multi-family Dwelling</u>	
<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 type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 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: _____ Print Name: STEPHEN MALAT
 Email Address: SMALAT@GRAMOPHONE.COM
 Title/Company: CONTRACTOR
 Date: _____

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

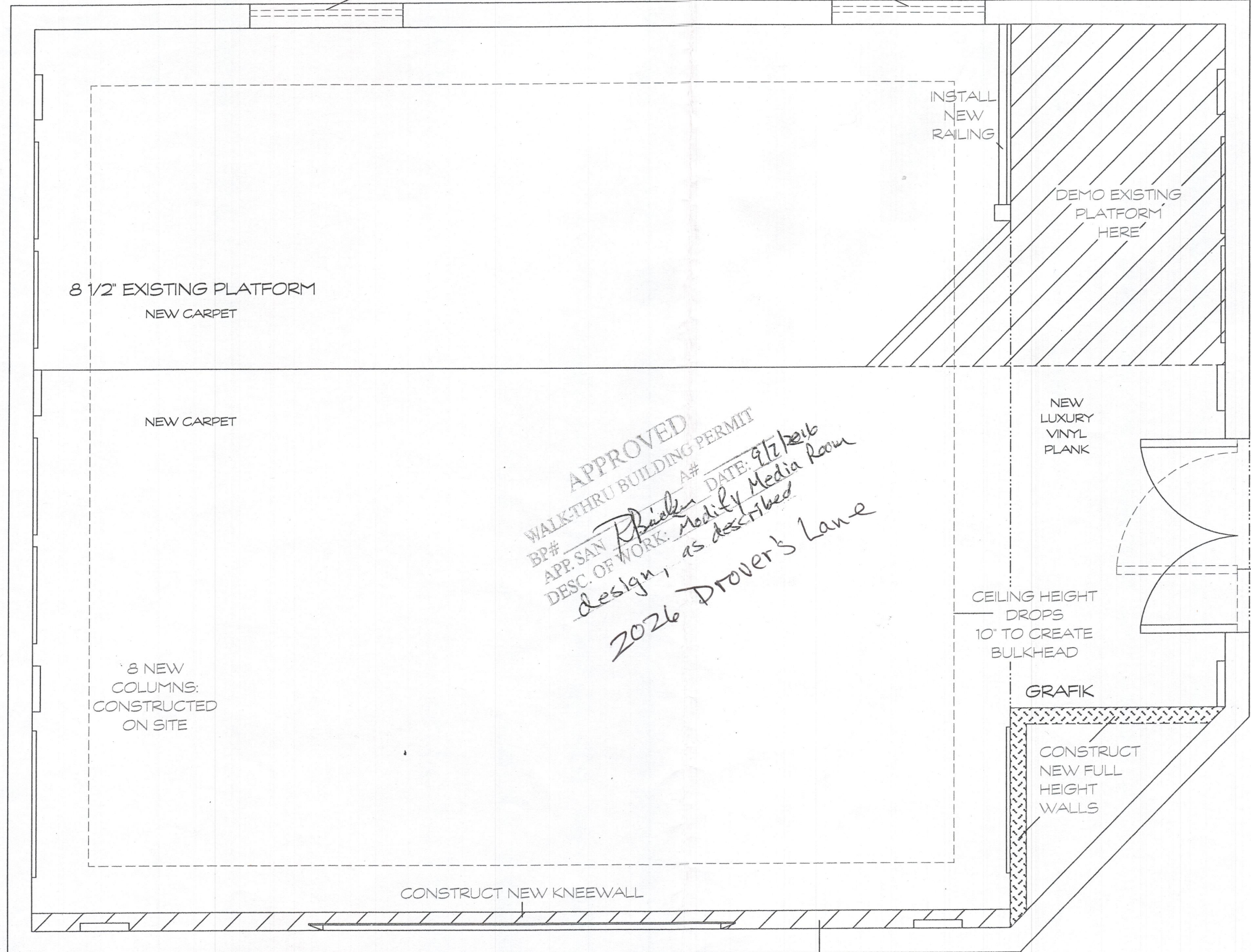
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>8/7/2016 RB</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

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	#

Copy: Sheet D-100 (9/1/2016)
'Bhutani Residence'

DRYWALL ENCLOSE



8 1/2" EXISTING PLATFORM
NEW CARPET

NEW CARPET

8 NEW COLUMNS:
CONSTRUCTED
ON SITE

CONSTRUCT NEW KNEEWALL

INSTALL
NEW
RAILING

DEMO EXISTING
PLATFORM
HERE

NEW
LUXURY
VINYL
PLANK

CEILING HEIGHT
DROPS
10' TO CREATE
BULKHEAD

GRAFIK

CONSTRUCT
NEW FULL
HEIGHT
WALLS

CHANGE
EXISTING
DOOR

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____ DATE: 9/2/2016
APP. SAN _____
DESC. OF WORK: Modify Media Room
design, as described
2026 Drover's Lane

RE WALL CURB THIS WALL