



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DL P 2018 DEC 26 AM 10:1
Date Received: _____

Permit No.: **B18004243**

Building Address: 14596 Mustang Path
City: Glenwood State: MD Zip Code: 21738
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: SF
Proposed Use: SF
Estimated Construction Cost: \$ 96,000

Description of Work: Remodel Kitchen which will include the removal of one (1) Barry wall & the installation of (1) triple beam, cabinets/ Tops/ Flooring Lighting, Plumbing, 192 sqft

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

Property Owner's Name: Michael & Brooke Clark
Address: 14596 Mustang Path
City: Glenwood State: MD Zip Code: 21738
Phone: 443.829.8673 Fax: _____
Email: brooke.clark@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Kevin Oliver
Address: 14 Saxon Ct
City: Belth State: MD Zip Code: 21236
Phone: 443.734.4574 Fax: _____
Email: Kevin.Oliver@gmail.com

Contractor Company: Cavalier Construction Services
Contact Person: Kevin Oliver
Address: 14 Saxon Ct
City: Belth State: MD Zip Code: 21236
License No.: 85756
Phone: 443.734.4574 Fax: _____
Email: Kevin.Oliver@gmail.com

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: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input 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 type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<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 checked="" 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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Kevin Oliver
Email Address: Kevin.Oliver@gmail.com
Title/Company: _____

Print Name: Kevin Oliver
Date: 12/26/18
RECEIVED
DEC 26 2018
LICENSES & PERMITS DIVISION

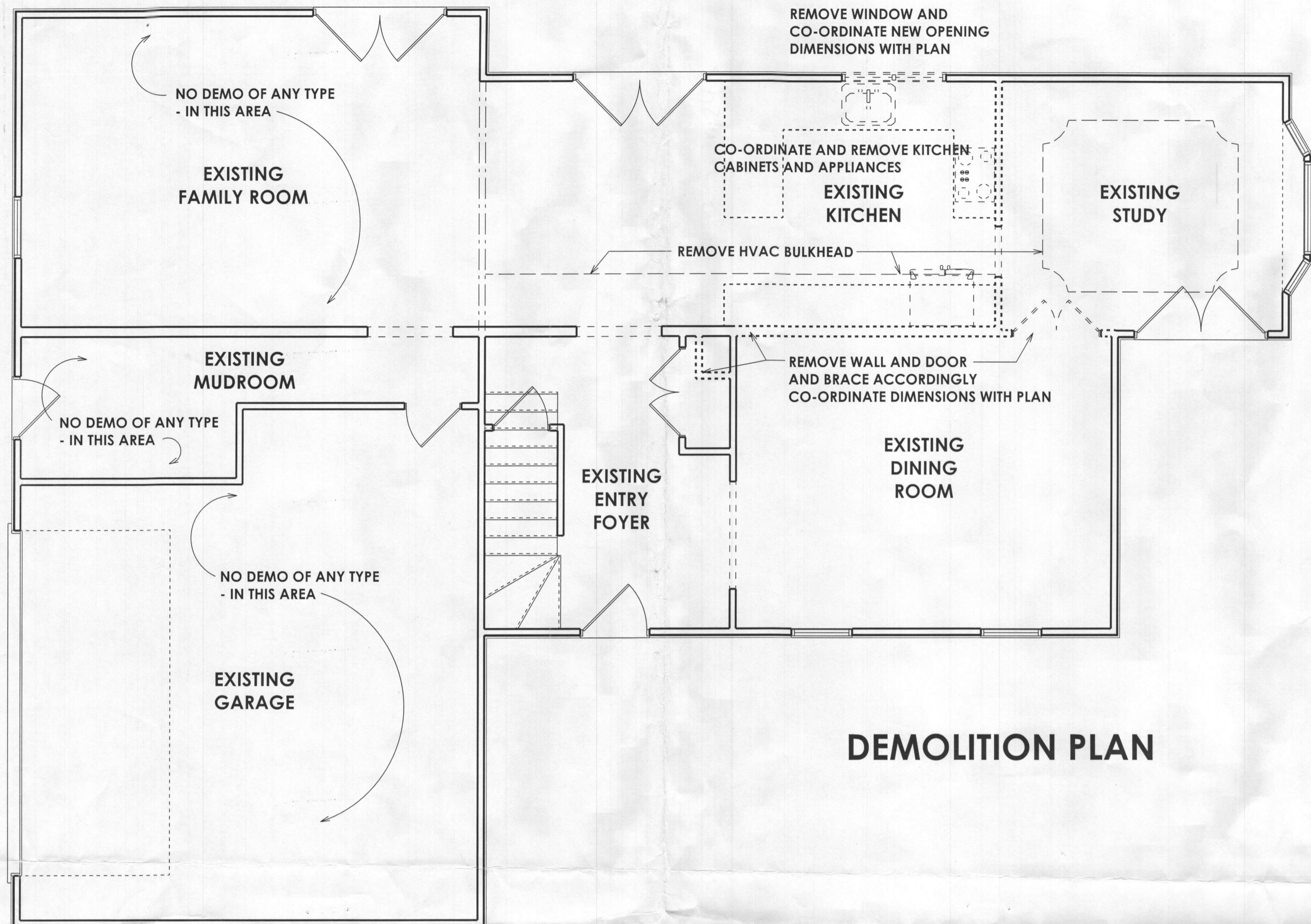
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12/26/18</u>	<u>Kevin Oliver</u>

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: _____
SOP/Red-line approval date: _____

Filing Fee	\$ <u>80.00</u>
Permit Fee	\$ <u>50</u>
Tech Fee	\$ <u>5</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>80.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1009</u>

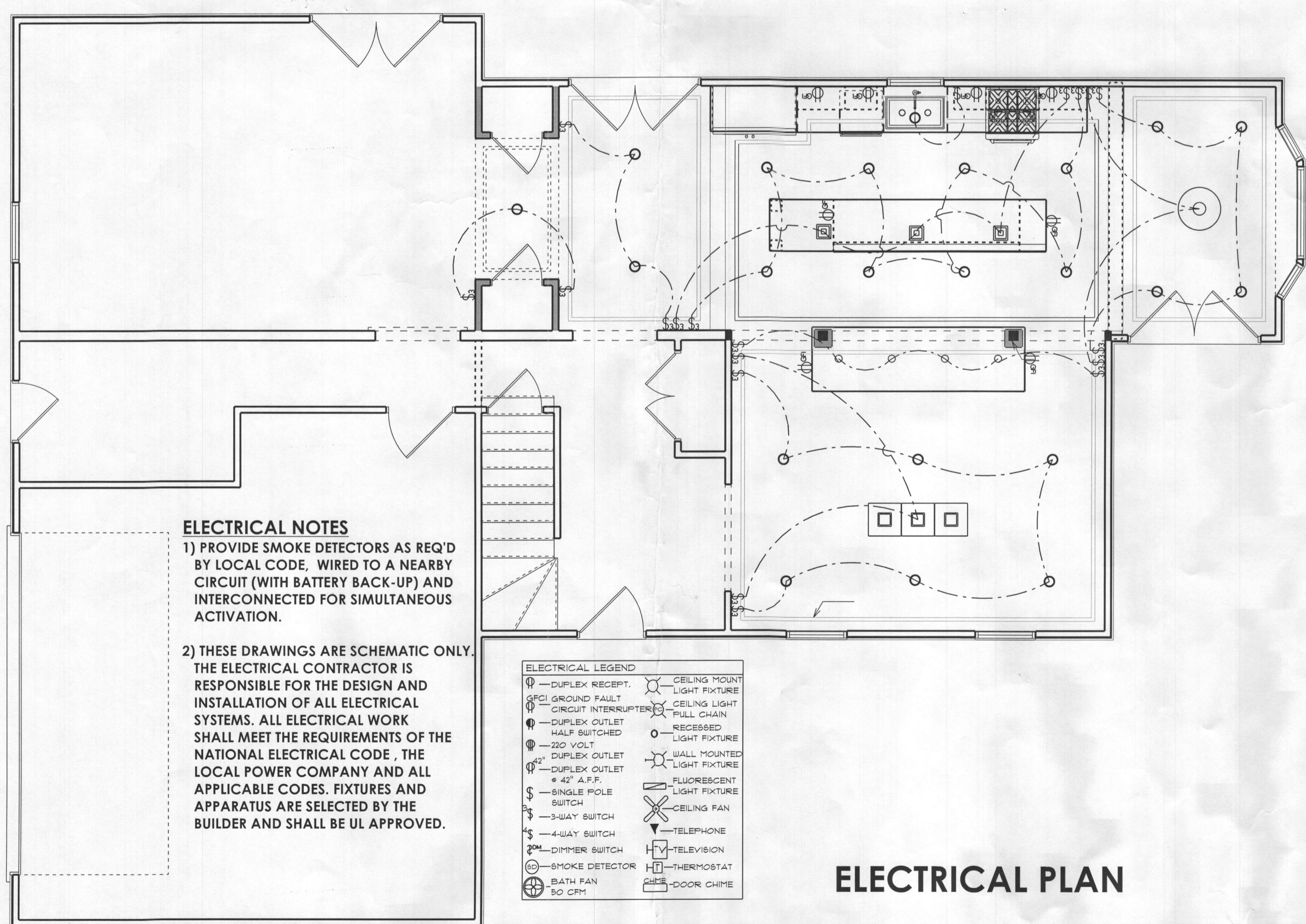


DEMOLITION PLAN



CONCEPT PERSPECTIVES

Approved 1/15/2019
B18004243 R1E

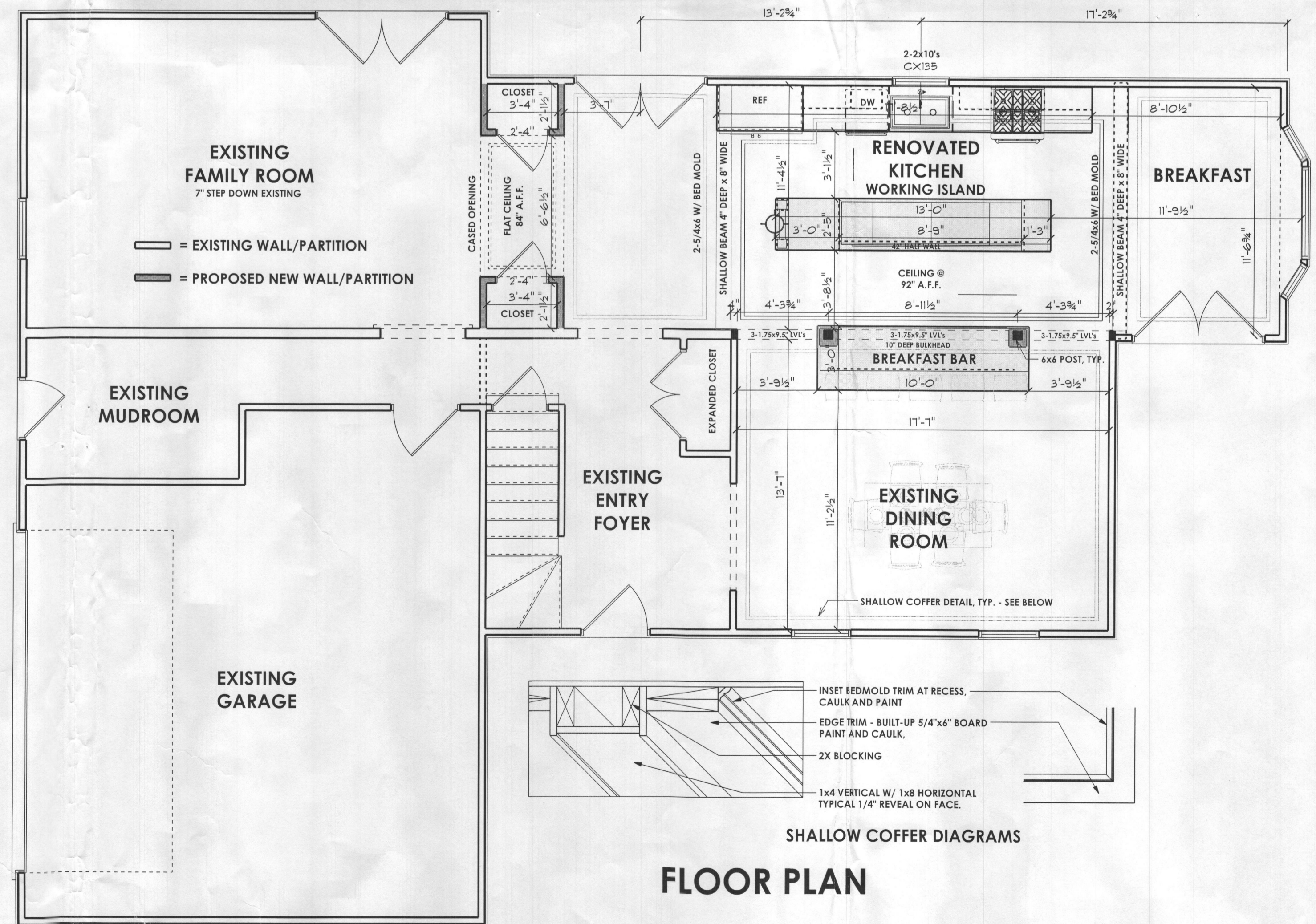


ELECTRICAL PLAN

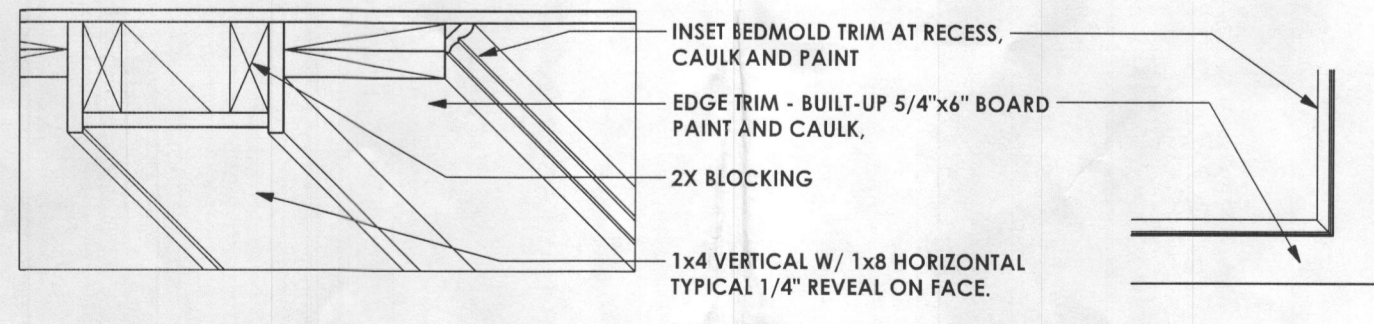
ELECTRICAL NOTES
1) PROVIDE SMOKE DETECTORS AS REQ'D BY LOCAL CODE. WIRED TO A NEARBY CIRCUIT (WITH BATTERY BACK-UP) AND INTERCONNECTED FOR SIMULTANEOUS ACTIVATION.
2) THESE DRAWINGS ARE SCHEMATIC ONLY. THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR THE DESIGN AND INSTALLATION OF ALL ELECTRICAL SYSTEMS. ALL ELECTRICAL WORK SHALL MEET THE REQUIREMENTS OF THE NATIONAL ELECTRICAL CODE, THE LOCAL POWER COMPANY AND ALL APPLICABLE CODES. FIXTURES AND APPARATUS ARE SELECTED BY THE BUILDER AND SHALL BE UL APPROVED.

ELECTRICAL LEGEND

⊕	DUPLEX RECEPT.	⊙	CILING MOUNT LIGHT FIXTURE
⊖	GROUND FAULT CIRCUIT INTERRUPTER	⊙	CILING LIGHT PULL CHAIN RECESSED
⊕	DUPLEX OUTLET HALF SWITCHED	⊙	WALL MOUNTED LIGHT FIXTURE
⊖	DUPLEX OUTLET	⊙	FLUORESCENT LIGHT FIXTURE
⊕	DUPLEX OUTLET	⊙	CILING FAN
⊖	SINGLE POLE SWITCH	⊙	TELEPHONE
⊕	3-WAY SWITCH	⊙	TELEVISION
⊖	4-WAY SWITCH	⊙	THERMOSTAT
⊕	DIMMER SWITCH	⊙	DOOR CHIME
⊕	SMOKE DETECTOR		
⊕	BATH FAN		
⊕	50 CFM		



FLOOR PLAN



SHALLOW COFFER DIAGRAMS

Oakes Residence
PROPOSED RENOVATION
14596 Mustang Path, Glenwood Maryland 21738-9519

ISSUE DATES:
4-13-17 PERMIT REVIEW

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

FLOOR PLAN

A1

PRINT DATE:
Saturday, September 08, 2018