



# 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: 12691 FOHLY QUARTER ROAD  
 City: ELLCOTT CITY State: MD Zip Code: 21042  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Existing Use: BATH  
 Proposed Use: BATH  
 Estimated Construction Cost: \$ 30,000

Description of Work: MODIFY FRAMING, PLUMBING, ELECTRIC - INSTALL NEW TILE, TRIM, DOWNHILL, FIXTURES PER NEW DESIGN.

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

Property Owner's Name: DON AND BARBARA PELLAMUT  
 Address: 12691 FOHLY QUARTER ROAD  
 City: ELLCOTT CITY State: MD Zip Code: 21042  
 Phone: 443 535 9191 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: BUDGET BATH INC.  
 Contact Person: DAVID HAISE / KRISTY SHREMOKE  
 Address: 2160 EAST JOPPA ROAD #202 B  
 City: PANDOLPH State: MD Zip Code: 21234  
 License No.: 82479  
 Phone: 410 663 4183 Fax: \_\_\_\_\_  
 Email: BUDGET BATH USA @ gmail.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 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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**

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.

Applicant's Signature: [Signature]  
 Email Address: BUDGET BATH USA @ gmail.com  
 Title/Company: \_\_\_\_\_

Print Name: DAVID A HAISE  
 Date: 10/25/18

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>10/25/18</u>	<u>H. Oswald</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	#

# PROFESSIONAL BATHROOM RENOVATORS

## CONTRACT INFORMATION

Phone 1: 443 535 9191 *SABES*  
 Phone 2: 7AD 565 5307 *Don*  
 E-mail: *DBPERRAULT@VERIZON.NET*



LICENSED AND INSURED  
 MHIC#82479

Date: *APRIL 14 2012*

**Angle's List #1 410-663-4183**

**BBB Rating A+**

THIS CONTRACT, by and between BUDGET BATH INC. (hereafter referred to as "Contractor") and MR. DON AND MRS. BARBARA FERRAULT (hereafter referred to as "Owner") whose address is: 12691 FOLLY QUARTER ROAD ELLICOTT CITY MARYLAND 21042

27,900  
 480  
 425  
 425  
 695  
 430  
 585  
 285  
 179

# JOB SITE COPY

1. CONTRACTOR AGREES TO FURNISH ALL MATERIALS AND LABOR TO PERFORM THE FOLLOWING WORK:

## PROFESSIONAL RENOVATION OF MASTER BATH

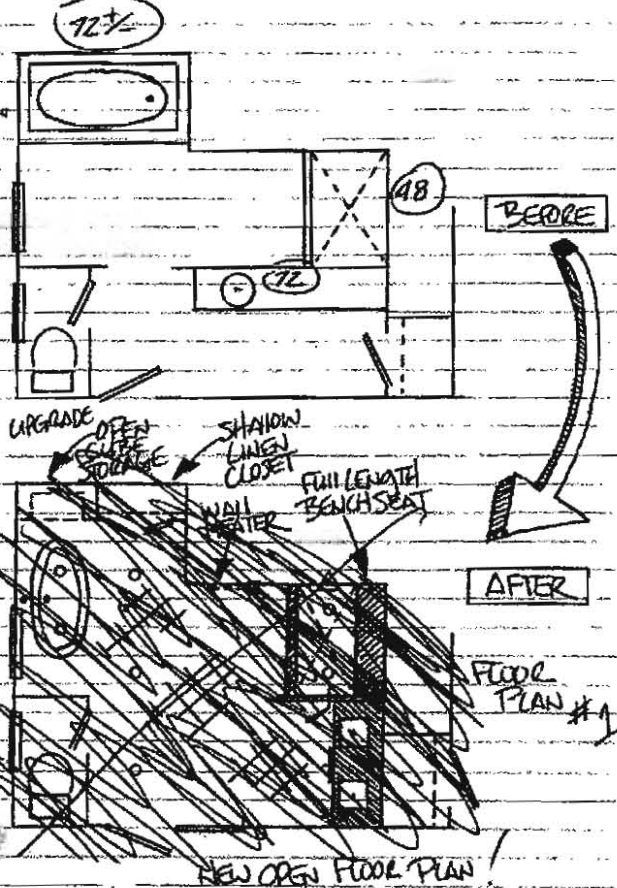
CONGRATULATIONS FOR CHOOSING BUDGET BATH INC. WE ARE QUINCY BALTIMORE'S #1 BATH COMPANY.

MEMBERS OF OUR TRAINED STAFF WILL ARRIVE AT 8:00 AM EACH DAY COMPLETING YOUR NEW MASTER BATH, LAUNDRY ROOM AND HALLWAY/WESTER RENOVATION IN ABOUT 21-21 BUSINESS DAYS.

PRODUCTS SUCH AS TILE, PAINT, LIGHTS, MIRRORS, FIXTURES AND TUB SAMPLES WILL BE DELIVERED DIRECTLY TO YOUR HOME AND ADVICE OFFERED ON YOUR SELECTIONS.

WORK SHALL PROCEED AS FOLLOWS ---

- REMOVE TOILET VANITY, SINK, FIXTURES, BASEBOARD, LIGHTS, MIRROR, TUB, PLATFORM, SOME DOWEL, FLOOR, AND WALL TILE, CLOSET, SECTIONS OF 2x4 WALLS, SHOWER ENCLOSURE, ACCESSORIES ETC.



2. The undersigned represents that (He is) (She is) (They are) the sole Owner(s) of the property described in the contract. It is understood that the entire Contract is contained in this Agreement and that no other Agreement or understanding, verbal or written shall be binding on the Company. Owner(s) acknowledge that they have read and understand this Contract and have received a copy, attachments, and have been advised of their right to cancel this Contract in writing within three (3) days of above date.  
 Initials *BP*

3. This Agreement and the additional terms and conditions on the reverse side constitute the entire understanding between the parties and no other representations shall be binding unless in writing.

**JOB STARTS Mon Oct 1st  
 MUST BE COMPLETED BY**

[BudgetBath.com](http://BudgetBath.com)

Existing



# PROFESSIONAL BATHROOM RENOVATORS

CONTRACT INFORMATION

Phone 1: 443 535 9191 Barb

Phone 2: 740 565 5307 Don

E-mail: DB.PERRAULT@VERIZON.NET



LICENSED AND INSURED

MHIC#82479

Date: JUNE 19 2018

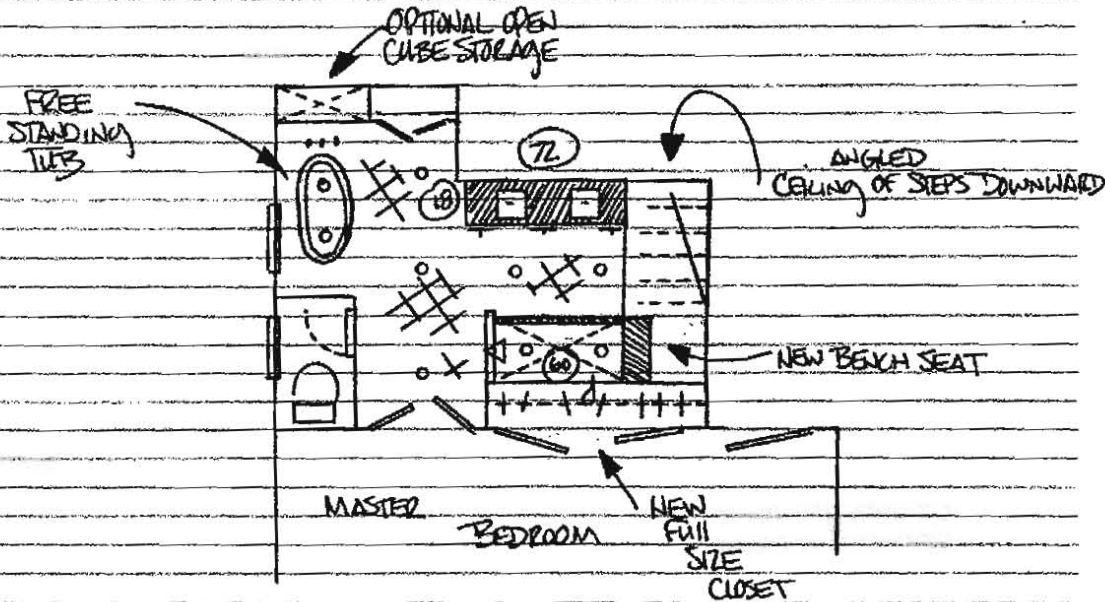
Angle's List #1

410-663-4183

BBB Rating A+

## JOB SITE COPY

REVISION MASTER BATHROOM / FLOOR PLAN OPTION #2 FROM ORIGINAL DATED 4/14/18



- UPGRADE (11) DRAWING SHOWS (5) RECESSED LIGHTS HOWEVER ONLY 3 WERE INCLUDED IN THE BASE PRICE. LETS DISCUSS HOW MANY WE NEED.
- UPGRADE (12) OPTION TO INSTAL (2) PETITE PENDANT LIGHTS ABOVE FREE STANDING TUB

\* UPGRADES WERE NOT INITIALED ON THE ORIGINAL - LETS GET THAT DONE BEFORE THE JOB BEGINS OR VERIFY BY EMAIL.

VERY EXCITED TO BEGIN!

APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

APP. SAN H. OSWALD DATE: 10/25/18

DESC. OF WORK: Master Bathroom Renovation

**JOB STARTS Mon Oct 1st**  
**Must be completed by \_\_\_\_\_**

Proposed

BudgetBathUSA.com

