



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: 1255 Meadow wood way
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: 0000
 Lot: 10 Tax Map: 00W Parcel: 0423

Existing Use: SFH
 Proposed Use: _____
 Estimated Construction Cost: \$ 4,600.00
 Description of Work: Move existing Non Load bearing wall to be removed - Demo CBW and Backstop close fastening. 930 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: Ferraro Philp
 Address: 1255 Meadow wood way
 City: Clarksville State: MD Zip Code: 21029
 Phone: 410-531-6387 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Ranah Ibrahimov
 Address: 6955 oakland woods rd
 City: Columbia State: MD Zip Code: 21045
 Phone: 410-290-9099 Fax: _____
 Email: vkbkitchenandbath@gmail.com

Contractor Company: VKB Kitchen and Bath
 Contact Person: Ranah Ibrahimov
 Address: 6955 oakland woods rd S.M
 City: Columbia State: MD Zip Code: 21045
 License No.: _____
 Phone: 410-290-9099 Fax: _____
 Email: vkbkitchenandbath@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:	1st floor: <u>30 x 31</u>
Area of construction (sq. ft.):	2nd floor: _____
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms:
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units:
<input type="checkbox"/> Masonry	No. of 1 BR units:
<input type="checkbox"/> Wood Frame	No. of 2 BR units:
<input type="checkbox"/> State Certified Modular	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 type="checkbox"/> No
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input checked="" type="checkbox"/> Public	
<input 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 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.

Jason Freeman Applicant's Signature JASON FREEMAN Print Name
vkbkitchenandbath@gmail.com Email Address 01/10/19 Date
 _____ Title/Company

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>1/10/19</u>	<u>H. Oschid</u>

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

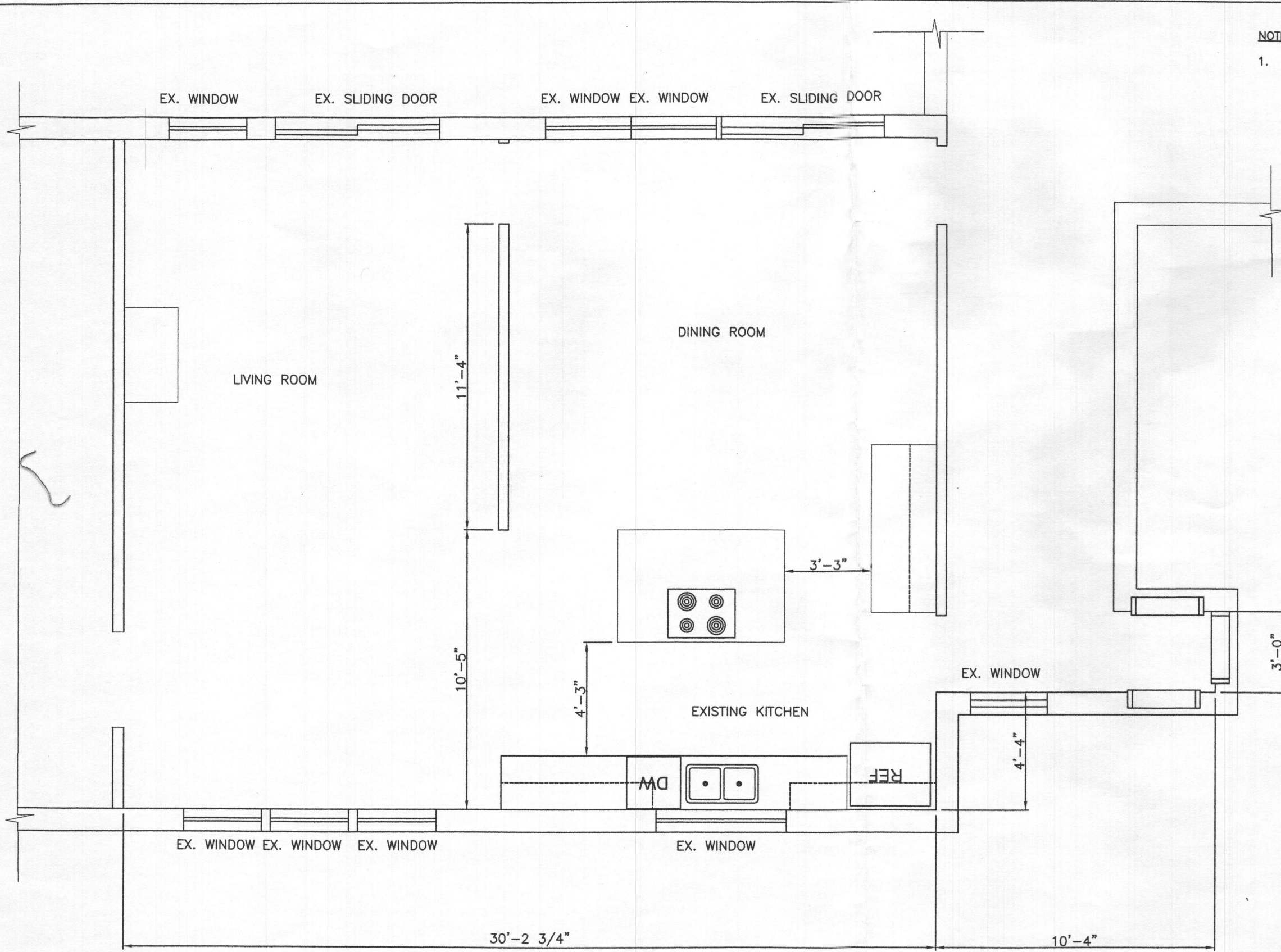
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>25</u>
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>135.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	#

6'

NOTES:

- 1. FOR GENERAL NOTES SEE DRAWING A1.



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN H. Oswald DATE: 1/10/19
 DESC. OF WORK: Remove non load bearing wall & close pass through



PROFESSIONAL CERTIFICATION. I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 23081 EXPIRATION DATE: 04/24/2019

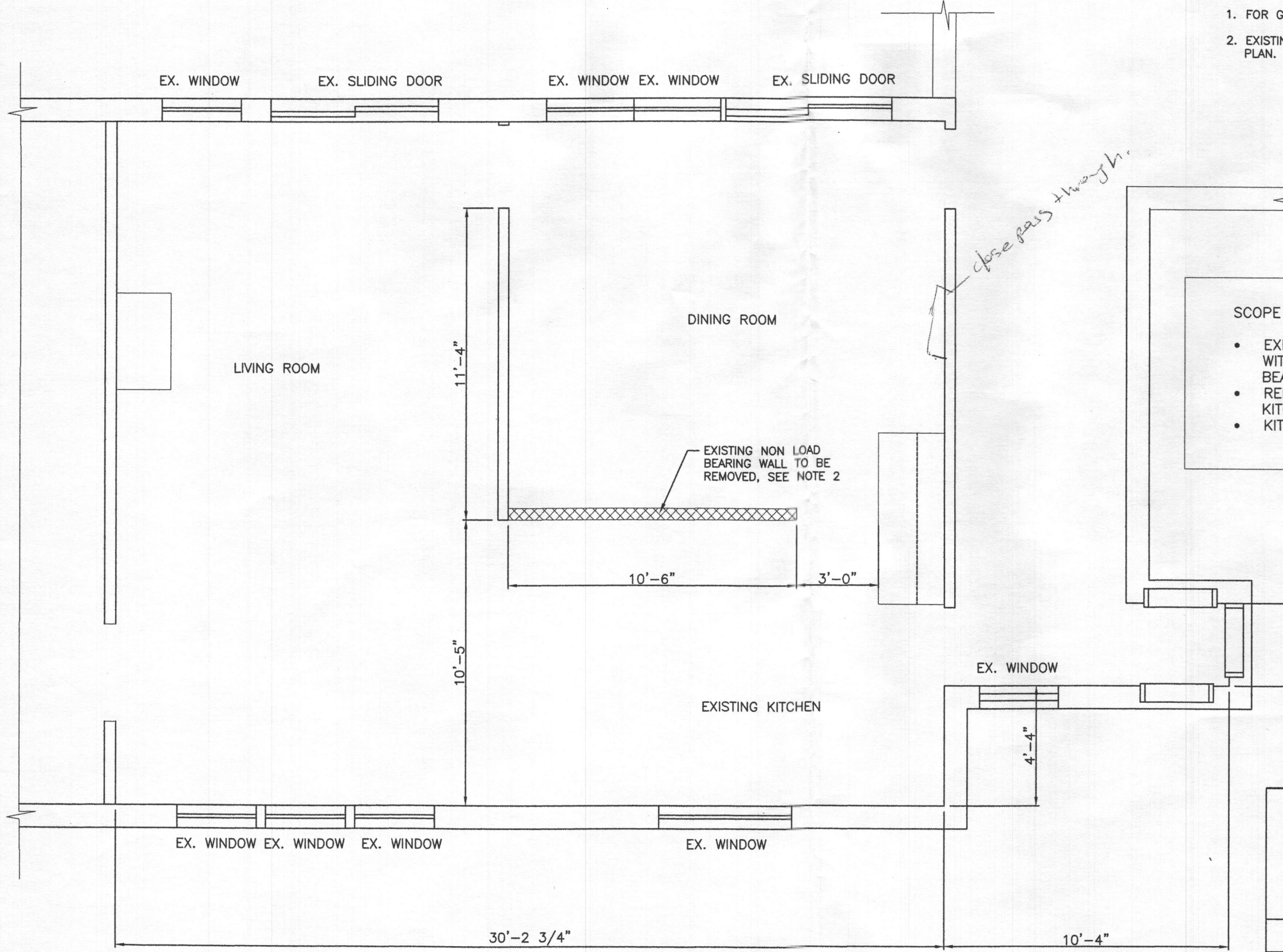
7225 MEADOW WOOD WAY CLARKSVILLE, MD 21029 INTERIOR RENOVATION		A3
PROPOSED FIRST FLOOR PLAN		
ARENCO, LLC ARCHITECTURAL ENGINEERING CONSULTANTS 8207 DRAGONFLY CT LAUREL MD 20723		
SCALE AS SHOWN	SHEET 19-08	DRAWING NO. 03 OF 03 19-08 -03

PROPOSED FIRST FLOOR PLAN
 SCALE: 1/4" = 1'-0"

FILE NAME: _____
FILE DATE: _____

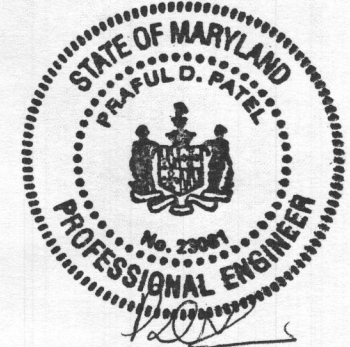
NOTES:

1. FOR GENERAL NOTES AND STRUCTURAL NOTES SEE DRAWINGS A1.
2. EXISTING NON LOAD BEARING WALL SHALL BE REMOVED AS SHOWN ON PLAN.



SCOPE OF WORK:

- EXISTING HOUSE IS SINGLE STORY RANCH HOUSE WITH ROOF TRUSSES OF FRONT AND REAR LOAD BEARING WALL
- REMOVE EXISTING NON LOAD BEARING WALL BETWEEN KITCHEN AND DINING ROOM TO OPEN KITCHEN AREA
- KITCHEN RENOVATION



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7225 MEADOW WOOD WAY CLARKSVILLE, MD 21029 INTERIOR RENOVATION		A2
FIRST FLOOR DEMOLITION PLAN		
ARENCO, LLC ARCHITECTURAL ENGINEERING CONSULTANTS 8207 DRAGONFLY CT LAUREL MD 20723		
SCALE AS SHOWN	WORK REQUEST # 19-08	SHEET 02 OF 03
DRAWING NO. 19-08 -02		

FIRST FLOOR DEMO PLAN
SCALE: 1/4" = 1'-0"

ET F DATE:
ET F NAME: