



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: 13308 CEDARVIEW COURT
 City: WEST FRIENDSHIP State: MD Zip Code: 21794
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 6
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD W/KITCHEN REMODEL
 Estimated Construction Cost: \$ 15,000
 Description of Work: KITCHEN REMODEL - REMOVE CLOSETS, ADD SINK, REPLACE WINDOW WITH LARGER WINDOW
 Occupant/Tenant Name: OWNER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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 |

Property Owner's Name: MARK & CLARISSA TUMMINELLO
 Address: 13008 CEDARVIEW COURT
 City: W. FRIENDSHIP State: MD Zip Code: 21794
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: MICHELLE CLANCY
 Address: PO BOX 310
 City: PERRY HALL State: MD Zip Code: 21128
 Phone: _____ Fax: _____
 Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: LEWIS & ASSOCIATES CONTRACTING LLC
 Contact Person: PAUL LEWIS
 Address: 1618 PINE KNOB ROAD
 City: SYKESVILLE State: MD Zip Code: 21784
 License No.: 106698 EXP 7/16/19
 Phone: 443-597-2657 Fax: _____
 Email: _____

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

| Utilities | |
|---|---|
| Electric: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: | <input type="checkbox"/> Yes <input 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@APPLIEDANDAPPROVED.COM
 Email Address
 Title/Company

Print Name
MICHELLE CLANCY
 Date
3/21/19

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>[Signature]</u> |

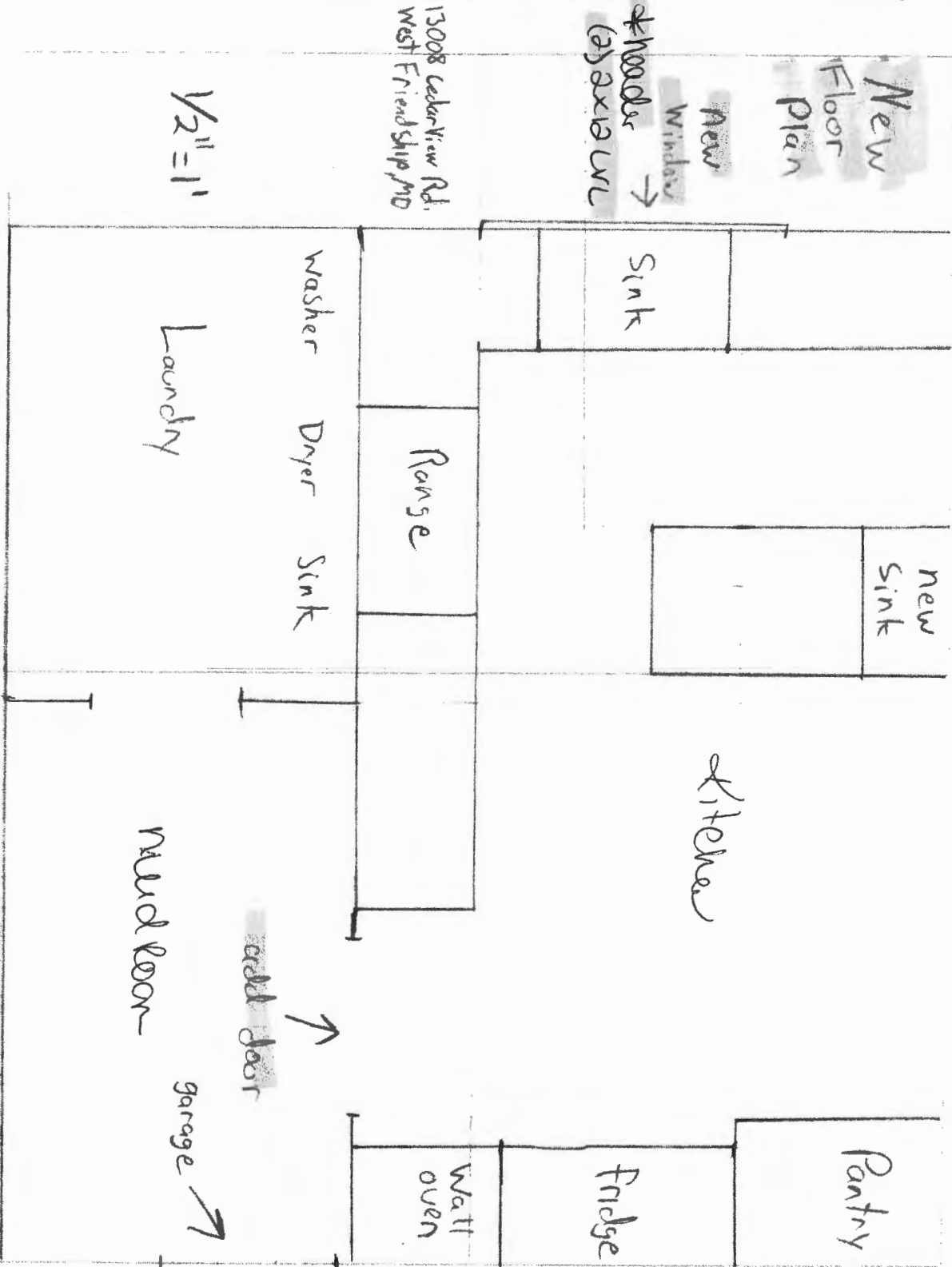
| DPZ SETBACK INFORMATION |
|---|
| Front: |
| Rear: |
| Side: |
| Side St.: |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> 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 | # |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

13308 Cedarview Ct.

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN R. B. Qualk DATE: 3/21/2019
DESC. OF WORK: Remove 2 closets
Install a new window
and a door. JB



13308 Cedarview Ct.

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN Phisher DATE: 3/21/2019
DESC. OF WORK: Install a new window
and a door, and remove 2 closets

