



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: 2249 McKendree Road
City: W. Friendship State: MD Zip Code: 21794
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: 0434923 Grid: _____
Zoning: C Map Coordinates: 39.309° 77° Lot Size: 3 acre
PLAT 8525 (lot 4, Stira Property)
Existing Use: Home
Proposed Use: Home
Estimated Construction Cost: \$ _____
Description of Work: Add a shower/toilet ground level, or a shower 1st floor w/ laundry ground floor
Occupant/Tenant Name: Melinda Abbott
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: Melinda Abbott
Address: 2249 McKendree Rd
City: W. Friendship State: MD Zip Code: 21794
Phone: 410-489-9054 (h) cell 443-745-5230
Email: ghsmindy@gmail.com

Property Owner's Name: Melinda + Charles Abbott
Address: 2249 McKendree Rd.
City: W. Friendship State: MD Zip Code: 21794
Phone: 410-489-9054 Fax: _____
Email: ghsmindy@gmail.com
Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____
Contractor Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No. : _____
Phone: _____ Fax: _____
Email: _____
Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	☒ SF Dwelling ☐ SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>28' x 57.7' / 35.5' L</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>28' x 35.5'</u>
Use group: _____	Basement: <u>28' x 35.5' / 7' (L)</u>
Construction type: _____	☒ Finished Basement <u>partial</u>
☐ Reinforced Concrete	☒ Unfinished Basement <u>partial</u>
☐ Structural Steel	☐ Crawl Space
☐ Masonry	☐ Slab on Grade
☐ Wood Frame	No. of Bedrooms: <u>4</u>
☐ State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	☐ State Certified Modular
	☐ Manufactured Home

➤ Roadside Tree Project Permit
☐ Yes ☐ No
Roadside Tree Project Permit # _____

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.

Melinda R. Abbott
Applicant's Signature

Melinda R. Abbott
Print Name

Email Address

9/4/19
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>9/4/2019</u>	<u>[Signature]</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? ☐ Yes ☐ No
Is Entrance Permit Required? ☐ Yes ☐ No
Historic District? ☐ Yes ☐ 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

Nelindu + Charles Abbott 410-489-9054
 2249 McKendree Road, West Friendship, MD 21794
 4BR 2.5 Bath (at present)
 410-489-9054

Proposed

First Choice Plan

Add shower (+ toilet
 sink if okay?) ground
 level

Basement



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN Robert Freeman DATE: 9/4/2017

DESC. OF WORK: Full Bath

in Basement/Ground Level as shown

I have photos of these

spaces - melinda

(U)

$$\begin{array}{r} 35.5 \\ + 22.2 \\ \hline 57.7 \end{array}$$