



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.: B/9003129

Building Address: 14330 Bensworth way
 City: Groveland State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: 30 Tax Map: 21 Parcel: 90

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

Description of Work: Finish basement to include family area, gym area, two baths & media room. Convert 1st floor bath to full bath. Approx. 2500 sq ft.

Occupant/Tenant Name: Same as Owner

Was tenant space previously occupied? Yes No

Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Krasad Charavala
 Address: 14330 Bensworth way
 City: Groveland State: MD Zip Code: 21737
 Phone: 301-793-0429 Fax: _____
 Email: charavala@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Same as owner
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: KD Contracting
 Contact Person: Shirley Kende
 Address: 201 Ruxton Commons Ct.
 City: Towson State: MD Zip Code: 21204
 License No.: _____
 Phone: 410-461-6600 Fax: _____
 Email: kdcontractingmd@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 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	
	<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 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 type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input 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 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: Charavala
 Email Address: charavala@gmail.com
 Title/Company: _____

Print Name: Krasad Charavala
 Date: 9/19/19

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

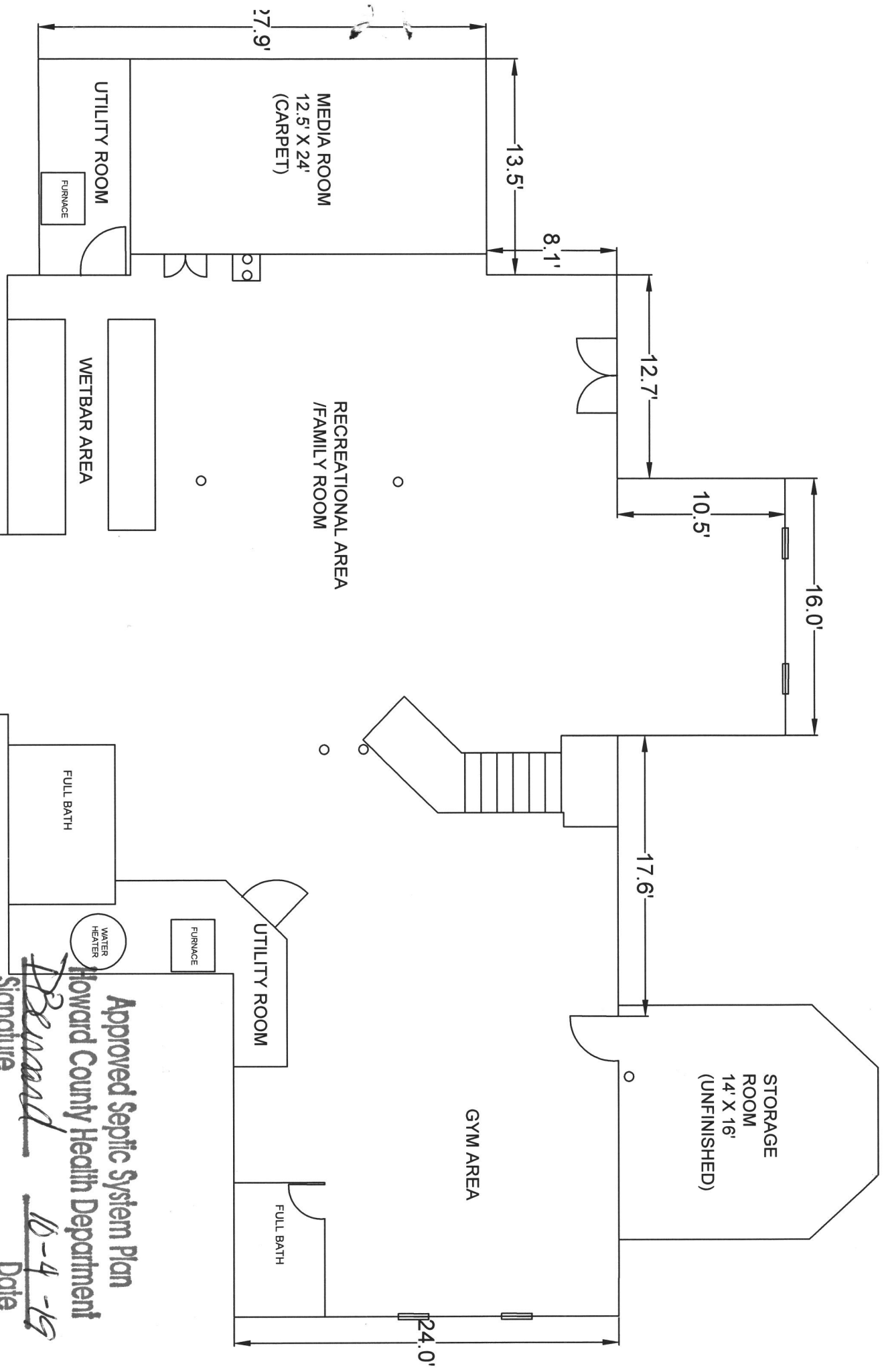
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10-4-19</u>	<u>DBernard</u>

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>135.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$ <u>225</u>
Check	# <u>225</u>

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



ADDRESS: 14330 BENS WORTH WAY, GLENELG

BASEMENT FINISH

SCALE: 1"=8'

Approved Septic System Plan
Howard County Health Department

Bernard
 Signature

10-4-19
 Date

NO Redrooms in Basement
819003129