

EC
OK/ALH
10/1/19



CB190858

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455

DILP 2019 OCT 1 AM 9:00
Date Received: _____

Permit No.: **B19003299**

Building Address: 8440 Church Lane Rd.
City: Ellicott City State: MD Zip Code: 21043
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Residential
Proposed Use: Residential
Estimated Construction Cost: \$ 30k.

Description of Work:
Remove non load bearing wall
Expand master bathroom
Reconfigure kitchen + additional bathroom
Add 2 closets + 16 recessed lights

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

Property Owner's Name: Brad Brown
Address: 8440 Church Lane Rd.
City: Ellicott City State: MD Zip Code: 21043
Phone: 443-386-2238 Fax: _____
Email: _____

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

Contractor Company: Brownstein Contracting
Contact Person: Chris Brownstein
Address: 1508 Abell Dr.
City: Westminster State: MD Zip Code: 21157
License No.: 99528
Phone: 442-797-9409 Fax: _____
Email: CFULLER@HOTMAIL.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: <u>29</u> Width: <u>56</u>
Gross area, sq. ft.: _____	1st floor: _____
Area of construction: _____	2nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawlspace
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of bedrooms: <u>3</u>
<input type="checkbox"/> State Certified Modular	<input checked="" type="checkbox"/> Multi-family Dwelling
<input type="checkbox"/> Roadside Tree Project Permit	No. of 1 BR units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 2 BR units: _____
Roadside Tree Project Permit # _____	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<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 type="checkbox"/> Public
	<input checked="" 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 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: [Signature]
Email Address: CFULLER@HOTMAIL.COM
Title/Company: President / Brownstein Contracting

Print Name: Chris Brownstein
Date: 10/1/19

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>10-13-19</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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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>100</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ <u>100</u>
Total Fees	\$ <u>225.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check #	<u>5312</u>

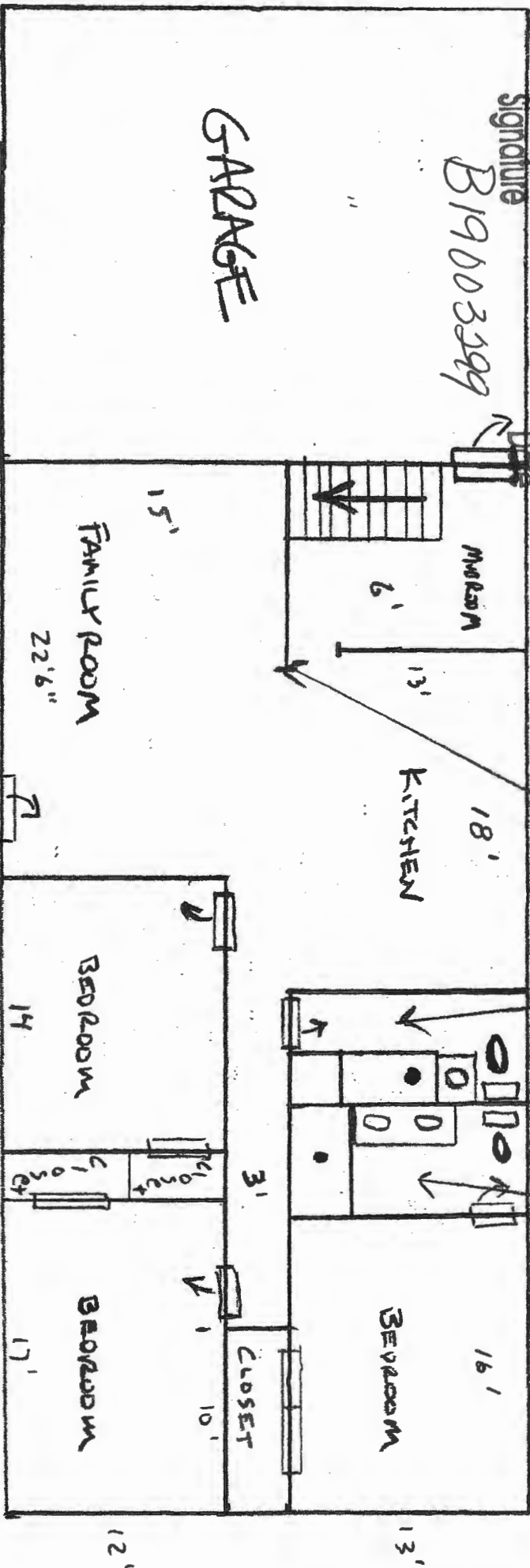
Approved Septic System Plan

Howard County Health Department

Kama Bernard 10-15-19

Signature

B19003399



Remove non-load bearing wall

Proposed Bathroom

PROPOSED House

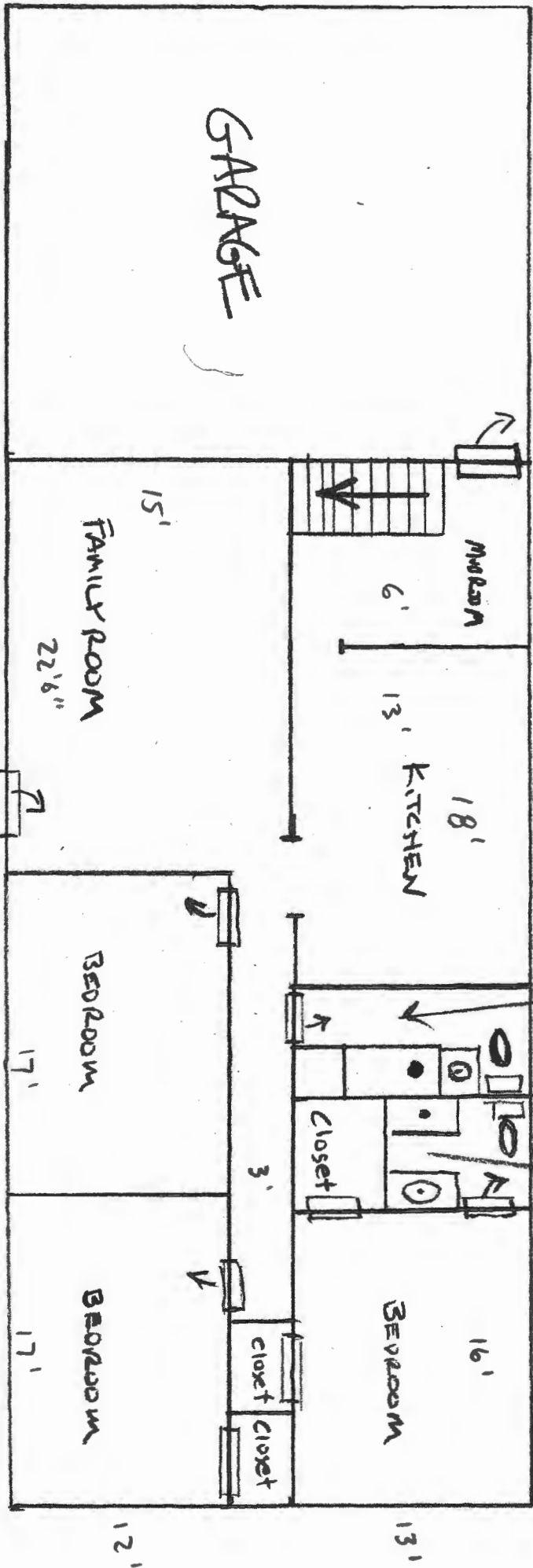
3440 Church Lane Road
Ellicott City MD 21043

SCALE: 1/8" = 1'

8440 CHURCH LAKE ROAD
 ELLICOTT CITY MD. 21043

EXISTING HOUSE

Front Door



SCALE: 1/8" = 1'