



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.: 817002428

Building Address: 4450 Route 97
 City: Brookville State: MD Zip Code: 20833
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 27 Parcel: 14 Grid: 1
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Decatur LLC
 Address: 511 Ashton Road
 City: Ashton State: MD Zip Code: 20861
 Phone: 301-370-1188 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Jim Kerwin
 Address: PO Box 532
 City: Woodbine State: MD Zip Code: 21797
 Phone: 445-309-7792 Fax: _____
 Email: Jim@DecaturbuildingServices.com

Contractor Company: Decatur LLC
 Contact Person: Jimmy Pereira
 Address: 511 Ashton Road
 City: Ashton State: MD Zip Code: 20861
 License No.: 4635
 Phone: 301-370-1188 Fax: _____
 Email: GPCarpentry1@gmail.com

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

Existing Use: Vacant lot
 Proposed Use: Single family house
 Estimated Construction Cost: \$ 240,000
 Description of Work: New 2 story custom with 2 car garage and finished lower level (Rec Room, Bedroom, Bathroom and wet bar)
 Occupant or Tenant: _____
 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: | |
| Area of construction (sq. ft.): | 2 nd floor: | |
| Use group: | Basement: | |
| Construction type: | <input checked="" type="checkbox"/> Finished Basement | |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Unfinished Basement | |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Crawl Space | |
| <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 | Multi-family Dwelling | |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | No. of efficiency units: | |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | No. of 1 BR units: | |
| Roadside Tree Project Permit # | No. of 2 BR units: | |
| | No. of 3 BR units: | |
| | Other Structure: | |
| | Dimensions: | |
| | Footings: | |
| | Roof: | |
| | <input type="checkbox"/> State Certified Modular | |
| | <input type="checkbox"/> Manufactured Home | |

| Utilities |
|---|
| Water Supply |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| Sewage Disposal |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 checked="" 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.

Jim Kerwin
 Applicant's Signature
Jim@DecaturbuildingServices.com
 Email Address
AGENT Decatur LLC
 Title/Company

Jim Kerwin
 Print Name
6/19/2017
 Date

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 | | <u>VOID</u> |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | | <u>Heather Hunt</u> |

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

DPZ SETBACK INFORMATION

Front: _____
 Rear: 30'
 Side: 10'
 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 | \$ <u>100.00</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ <u>50.00</u> |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>1074</u> |

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

Revised 4 BRs
Buildable lot letter required by per BL

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 6/15/2018

To: Spencer Freeman
(Person's Name and Division)

From: Jim Kerwin (443) 309-7792
(Your Name, Company Name and Telephone Number)

Subject: Project name 4450 RT 97 Brookville MD
Project site address _____
Permit # B17002428 SDP # _____
Other information pertinent to this project _____

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
 - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
removing bedroom from Basement Plan
 - Letter Summarizing Changes
 - Energy conservation calculations
 - Copies of revised site plan (be specific).
 - Health Department Request
 - DPZ/ DED Request
 - Applicant's Request
 - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other _____

Contact Person Information: (Required)

Please Print Name

Telephone No:

E-Mail Address:

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

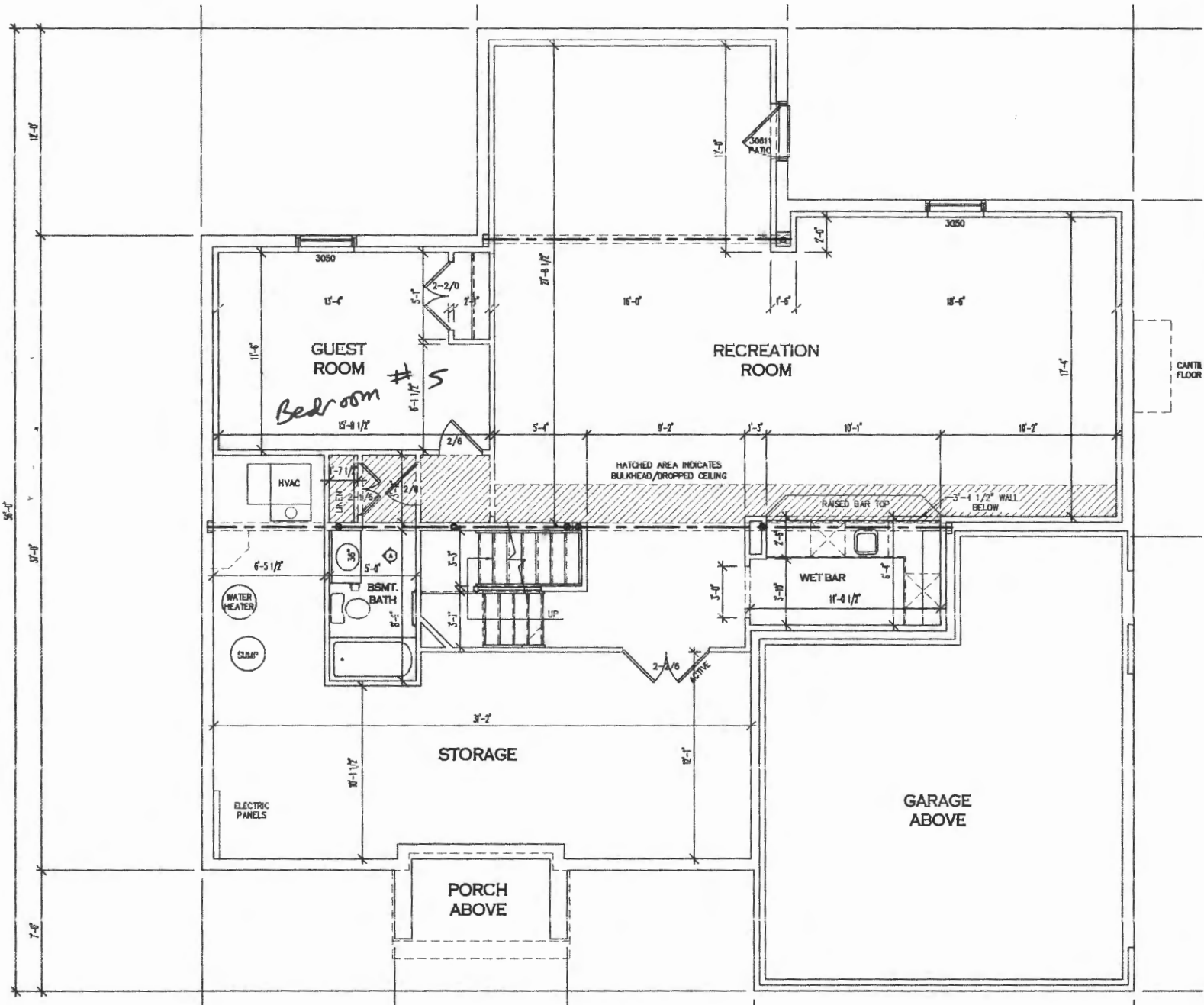
Received by *ASurman*

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4450 Route 97 Brookville MD

B17002428

HEALTH



Health

