



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: 11/5/19
 Permit No.: B19003765

Building Address: 3805 HEADPLAY CT
 City: GLENELG State: MD Zip Code: 21737
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: PADOCKS
 Lot: 10 Tax Map: 22 Parcel: 0041

Existing Use: UNFINISHED BASEMENT
 Proposed Use: REC ROOM, 2 BED ROOMS
 Estimated Construction Cost: \$ 100,000

Description of Work: FINISH PART OF UNFINISHED BASEMENT FOR RECREATOR ROOM, BAR, 2 BED ROOMS, 2 BATHROOMS - FULLY EXERCISE ROOM, CLOSET, FINISHED STG

Occupant/Tenant Name: + UNFIN. STORAGE GAS FIREPLACE, ONE NEW WINDOW ROOM
 Was tenant space previously occupied? Yes No

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

Property Owner's Name: MARY ROBIDOUX
 Address: 3805 HEADPLAY CT
 City: GLENELG State: MD Zip Code: 21737
 Phone: 301-706-0491 Fax: _____
 Email: merobidoux@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: HOMEOWNER
 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: | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | |
| No. of stories: | Depth | Width |
| Gross area, sq. ft./floor: | 1st floor: <u>54</u> | <u>66</u> |
| | 2nd floor: <u>54</u> | <u>66</u> |
| Area of construction (sq. ft.): | Basement: <u>54</u> | <u>66</u> |
| Use group: | <input type="checkbox"/> Finished Basement | |
| | <input checked="" 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 | <u>Multi-family Dwelling</u> | |
| <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: | |
| | 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 checked="" 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 checked="" 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: | |

RECEIVED
 NOV 05 2019
 LICENSES & PERMITS
 DIVISION

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: Mary E. Robidou Print Name: MARY E. ROBIDOUX
 Email Address: merobidoux@gmail.com 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>[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 |
| 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>35</u> |
| Permit Fee | \$ | |
| Tech Fee | \$ | |
| Excise Tax | \$ | |
| PSFS | \$ | |
| Guaranty Fund | \$ | |
| Add'l per Fee | \$ | |
| Total Fees | \$ | |
| Sub- Total Paid | \$ | |
| Balance Due | \$ | <u>0</u> |
| Check | # | <u>0</u> |

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

Date: 2/24/2020

To: DANA BERNARD, HEALTH DEPT
(Person's Name and Division)

From: MARY ROBIDOUX (301) 706-0491
(Your Name, Company Name and Telephone Number)

Subject: Project name BASEMENT - ~~ENTR~~ PARTIAL FINISH
 Project site address 3805 HEADPLAY CT., GLENELG, MD 21737
 Permit # B19003765 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.**
 - Letter Summarizing Changes
 - Energy conservation calculations
 - Copies of REVISED FLOOR PLAN (be specific). REMOVE OFFICE FROM SCOPE of work
 - 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)

MARY ROBIDOUX Telephone No: 301-706-0491
Please Print Name

E-Mail Address: merobidouxx@gmail.com

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.

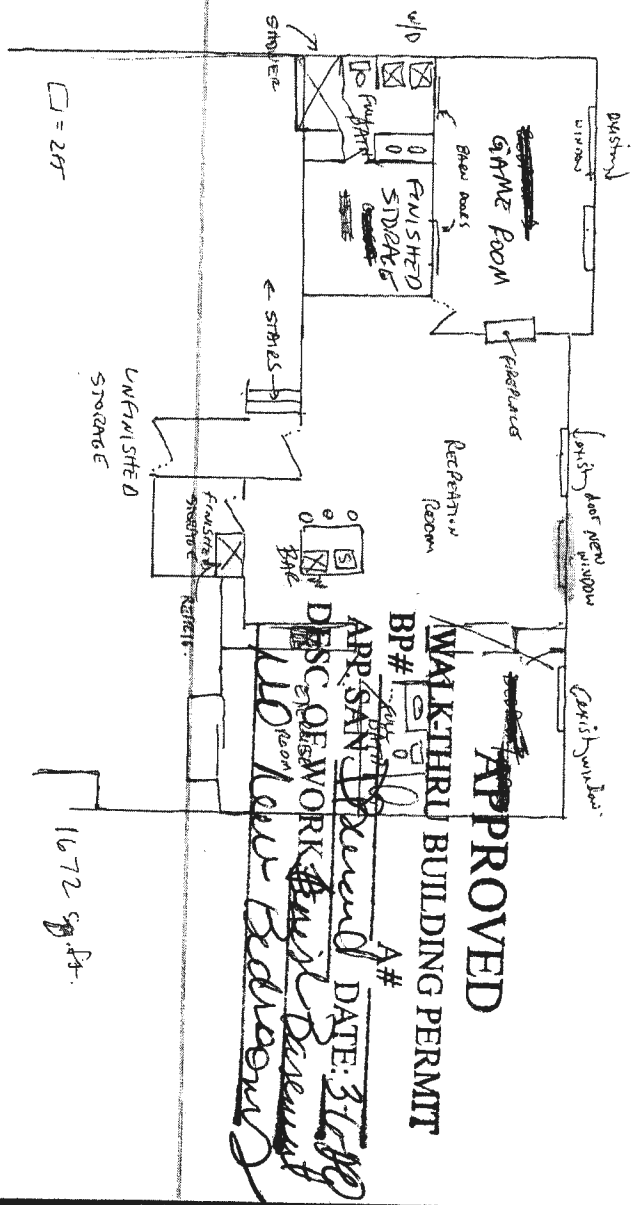
Received by AKH PER HEALTH DEPT REQ.

REVISED

Date: 02/24/2020

Comments: B19003765
REMOVE OFFICE FROM SCOPE OF WORK, PER HEALTH

M. Rob. Dwyer
3805 HERRINGTON CT
GLENVIEW, MD 20723



1672 sq. ft.

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

Date: 12/30/2019
To: Plan Review
(Person's Name and Division)
From: MARY ROBIDOUX (301) 706-0491
(Your Name, Company Name and Telephone Number)
Subject: Project name PARTIAL BASEMENT FINISH
Project site address 3805 HEADPLAY CT, GLENELG, MD 21737
Permit # B19003765 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.**
 Letter Summarizing Changes
 Energy conservation calculations
 Copies of _____ (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 CHANGING BED ROOMS TO GAME ROOM + OFFICE

Contact Person Information: (Required)

MARY ROBIDOUX
Please Print Name

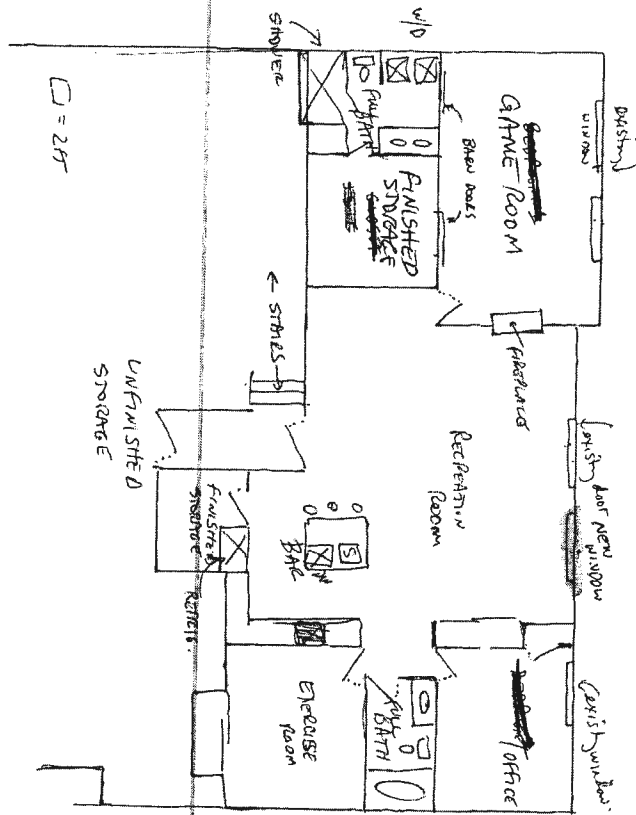
Telephone No: 301-706-0491
E-Mail Address: merobidoux@gmail.com

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Received by [Signature]

CC: Health Dept
PTZ

DATE 2019 DEC 30 PM 1:18



□ = 2ft

1672 sq. ft.

M. ROBERT DOWY
 3805 HENRIETTA CT
 GLENELG, MD 29723

REVISED

Date: 12/30/19

B19003765

Comments: Changing Bedrm#1 to
 gameroom + Bedrm#2 to office