

PERMIT NUMBER: B 10002109

DATE ACCEPTED:

RESIDENTIAL BUILDING PERMIT APPLICATION
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 12343 Preakness Circle Ln Unit: _____
 City: Clarksville State: MD Zip Code: 21029
 Subdivision/Village/Complex Name: Walnut Grove SDP/WP/BA #: _____
 Lot: 4 Tax Map: 0028 Parcel: 0074 Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: Basement Proposed Use: Finished Basement Estimated Cost: \$50,000.00
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
 Framing, Hvac, Electrical, plumbing to finish and unfinished basement for recreational use - gym, tv room/theater and game room. Approximately, 2400 sqft to be finished. Plans attached.
Bunk Room - been here + video game room, not traditional bunks or beds.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Mark and Angela Paliotta Primary Residence: Yes No
 Owner's Street Address: 12343 Preakness Circle Ln
 City: Clarksville State: MD Zip Code: 21029
 Phone: (410) 531-6182 Email: markpaliotta@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: N/A Contact Name: Mark Paliotta
 Street Address: 12343 Preakness Circle Ln
 City: Clarksville State: MD Zip Code: 21029
 Phone: (410) 531-6182 Email: markpaliotta@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: GC Construction, LLC
 Licensee's Name: Hak Kim License #: 105924
 Street Address: 14205 COLEFORD COURT
 City: Laurel State: MD Zip Code: 20707
 Phone: (443) 691-6947 Email: hkim@gccmd.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Jonathan Rivera Architecture Name: Jonathan Rivera
 Street Address: _____
 City: _____ State: MD Zip Code: _____
 Phone: (443) 226-5745 Email: jriviera@jonathanrivera.com

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: _____ Roadside Tree Project: No Yes: # _____
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: NV Homes / Monticello
 # of Bedrooms (SF): 5 # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: _____ # Full Baths: 5 # Half Baths: 2 # Fireplaces: _____
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: 97 1st Fl Depth: 47 2nd Fl Width: 75 2nd Fl Depth: 47 Bsmt Width: 97 Bsmt Depth: 40
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: 10,000 sq ft Occupiable Area: 6,747 sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE: [Signature] DATE SIGNED: 6/25/20

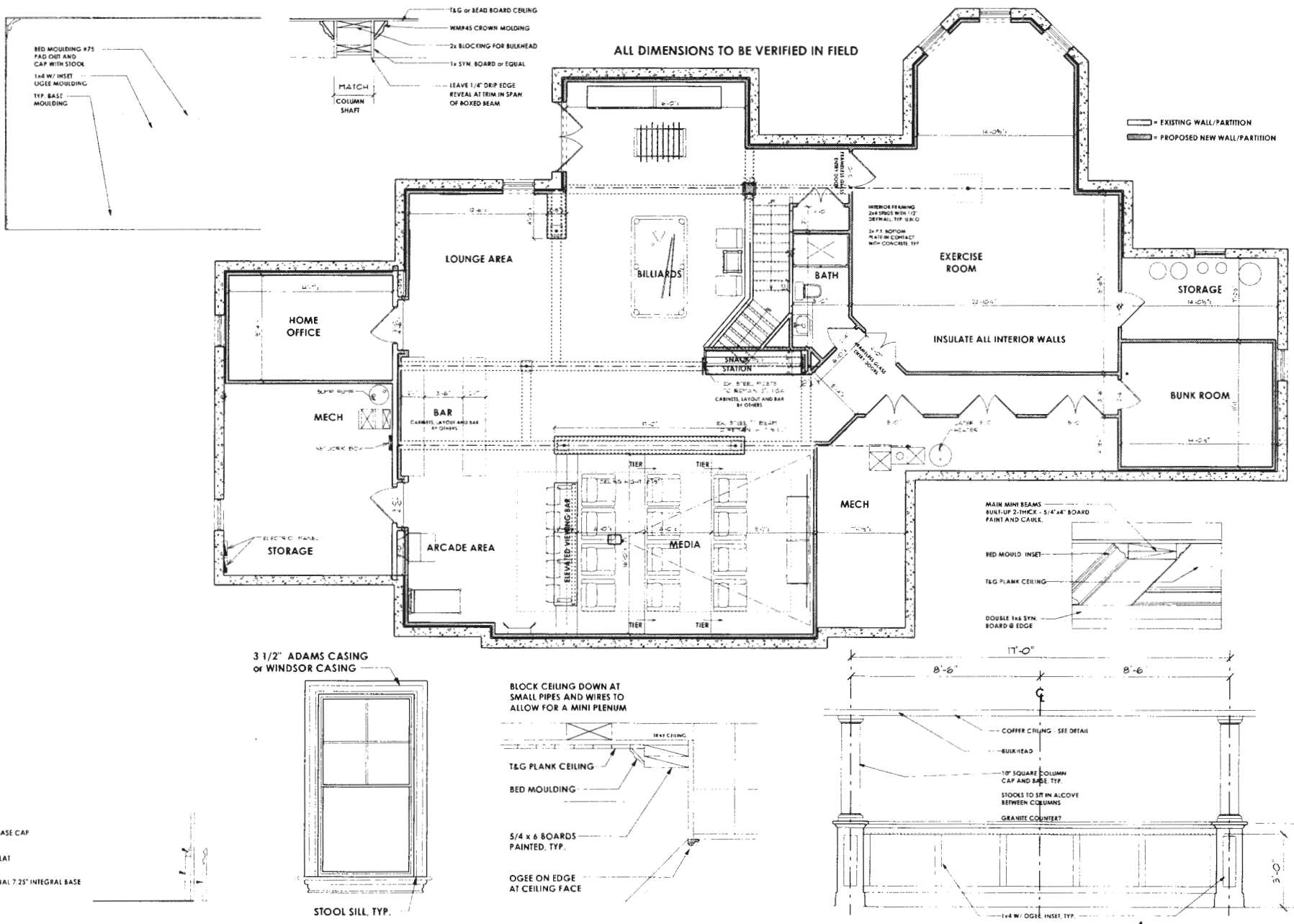
FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: _____
 PR DPZ DED SHA CID
 SUBMITTAL FEES: 135 PAYMENT: ck# 4172 ACCEPTED BY: Prop Rex

PROFESSIONAL CERTIFICATION
 I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.
 License Number: 414478
 Expiration Date: 6/30/2022

Paliotta Residence
 PROPOSED RENOVATION
 12343 Preakness Circle Lane, Clarksville, Maryland 21029

REVISIONS
 1 4-18 REVIEW
 SCALE: 1/4" = 1'-0"
FINISHED PLAN
A1
 PRINT DATE: Thursday, August 23, 2018



Approved 126602109 B/R 7/28/2020

Approved prior on 9/4/18.
 Bunk Room addition is only difference. Original permit was canceled.



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: 12343 Preakness Circle Ln.
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: 7101 Walnut Grove
Lot: 4 Tax Map: 0008 Parcel: 0074

Property Owner's Name: Mark Palotta
Address: 12343 Preakness Circle Lane
City: Clarksville State: MD Zip Code: 21029
Phone: (703) 405-1056 Fax: _____
Email: MARK.PALOTTA@gmail.com

Existing Use: Unfinish basement
Proposed Use: Finish basement
Estimated Construction Cost: \$ 150,000.00

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

Description of Work: Finishing unfinished basement with (1) home office (1) lounge area (1) Billiards room (1) Bar/BBQ (1) Arcade area (1) Bunk room (1) Exercise room (1) Spa/bath (1) Media room APX 2,700
Occupant/Tenant Name: _____

Contractor Company: Shaw Remodeling
Contact Person: John Shaw
Address: 8901 Baltimore St
City: Savage State: MD Zip Code: 20763
License No. 40951
Phone: 301-395-9619 Fax: _____
Email: ShawJF3@yahoo.com

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

Engineer/Architect Company: Jonathan Rivera
Responsible Design Prof.: _____
Address: 1242 Margari Station rd.
City: Woodbine State: _____ Zip Code: 21797
Phone: 410-266-5745 Fax: _____
Email: J.Rivera@JonathanRivera.com

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:	
	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	
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 checked="" 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:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input checked="" 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:	

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Applicant's Signature: [Signature]
Print Name: John Shaw
Email Address: JohnShaw901@gmail.com
Date: 8/28/18
Title/Company: DWHS

Engineer/Architect Signature: [Signature]
Print Name: Jonathan Rivera
Date: 8/28/18

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

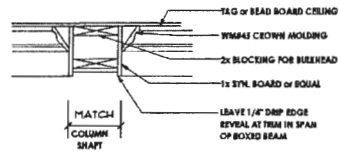
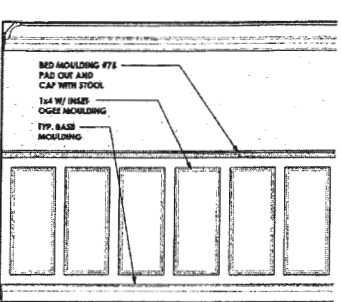
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/4/18</u>	<u>[Signature]</u>

Is Sediment Control approval required for insurance? Yes No
 CONTINGENT CONSTRUCTION START

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

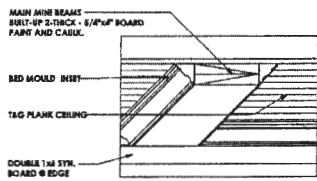
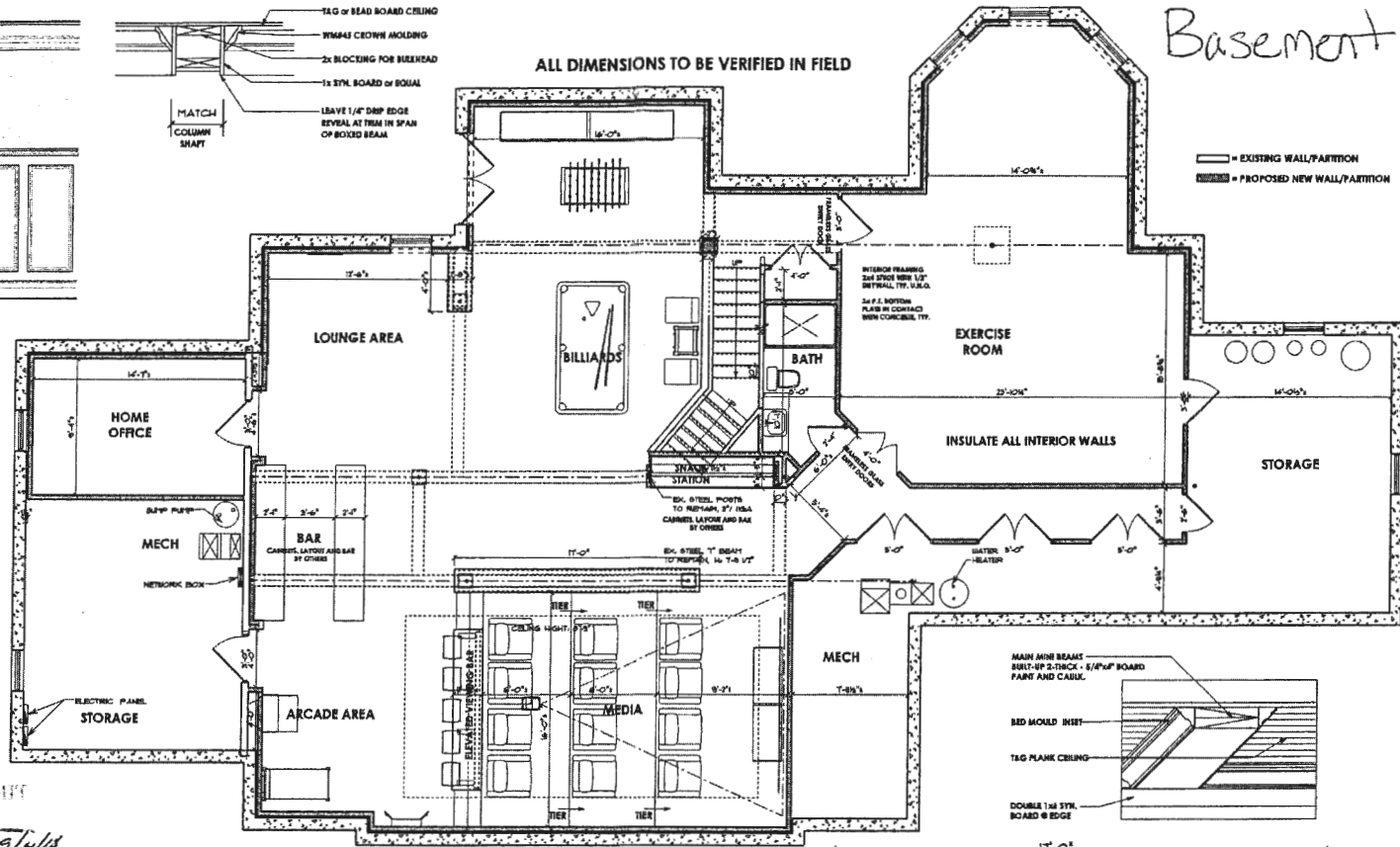
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



ALL DIMENSIONS TO BE VERIFIED IN FIELD

Basement

EXISTING WALL/PARTITION
PROPOSED NEW WALL/PARTITION

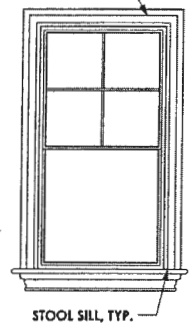


APPROVED
WALSHRU BUILDING PERMIT

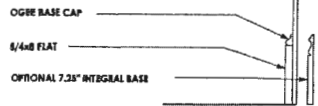
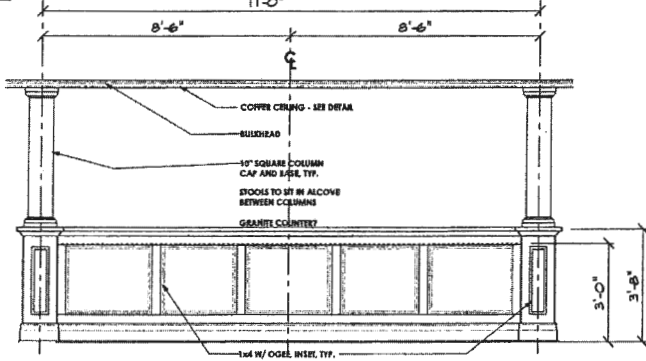
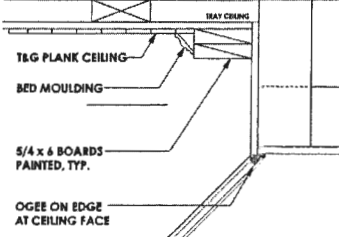
BP#
APR SAN *K. P. [Signature]* DATE 9/4/18
DESC OF WORK *Finish basement*

as shown.
No additional solution.
Ed. Total BR = 5

3 1/2" ADAMS CASING
or WINDSOR CASING



BLOCK CEILING DOWN AT
SMALL PIPES AND WIRES TO
ALLOW FOR A MINI PLENUM



JONATHAN RIVERA
1-410-236-3745
JonathanRivera.com

PROFESSIONAL CERTIFICATION
I certify that these documents
were prepared or approved
by me, and that I am a duly
licensed professional
architect under the laws of the
State of Maryland.
License Number: 014678
Expiration Date: 6/30/2020

Paliotta Residence
PROPOSED RENOVATION
12343 Preakness Circle Lane, Clarksville, Maryland 21029

REVISIONS
8-10-18
SCALE: 1/4" = 1'-0"
FINISHED PLAN
A1
PRINT DATE:
Sunday, September 02, 2018