

RECEIVE

PERMIT NUMBER: B 21002347

DATE ACCEPTED:

JUN 24 2021

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

LICENSES & PERMIT DIVISION

BUILDING SITE ADDRESS REQUIRED

Street Address: 13628 Gilbride Ln Unit: _____
 City: Clarksville State: MD Zip Code: 21029
 Subdivision/Village/Complex Name: 1001 SDP/WP/BA #: _____
 Lot: 2 Tax Map: 0028 Parcel: 0030 Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: Existing Home Proposed Use: Interior Remodel Estimated Cost: \$ 320,000.00
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
 Kitchen Remodel, Powder Room/Mudroom Remodel, move existing first floor Laundry to the second floor closet space.
 Master Bedroom and Master Bathroom Remodel. (Interior Remodel only).

PROPERTY OWNER INFORMATION REQUIRED

Owner's Name(s) (As it appears on tax records): Christopher and Rachel Parent Primary Residence: Yes No
 Owner's Street Address: 13628 Gilbride Ln
 City: Clarksville State: MD Zip Code: 21029
 Phone: 413-530-1041 Email: christopher.a.parent@gmail.com/rachel.a.parent@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Design Build Remodeling Group of MD Contact Name: Kristy Loftice
 Street Address: 1299 Judges Ct
 City: Eldersburg State: MD Zip Code: 21784
 Phone: 443-300-2268 Email: info@dbrgmaryland.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Design Build Remodeling Group of MD License #: 129933
 Licensee's Name: Eric Swanson
 Street Address: 1299 Judges Ct
 City: Eldersburg State: MD Zip Code: 21784
 Phone: 443-300-2268 Email: info@dbrgmaryland.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Creative Outlooks Name: Phil Gugliuzza
 Street Address: 228 Stem Rd
 City: Union Bridge State: MD Zip Code: 21791
 Phone: 410-596-1062 Email: pgcreativeoutlooks@gmail.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: Oil 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: Colonial
 # of Bedrooms (SF): 5 # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: 18 # Full Baths: 5 # Half Baths: 2 # Fireplaces: 3
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement Full Partial
 1st Fl Width: 85' 1st Fl Depth: 41' 2nd Fl Width: 85' 2nd Fl Depth: 41' Bsmt Width: N/A Bsmt Depth: N/A
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: 10963 sq ft Occupiable Area: 9048 sq ft

AGREEMENT/DISCLAIMER 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 HERETO; (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.

Kristy Loftice DATE SIGNED: 6/24/21
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

FOR OFFICE USE ONLY (FEES PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY)

AGENCIES REQUIRED/APPROVALS
 CE PR DEP DEE Health 7/2/21 SHA CID
 SUBMITTAL FEES: \$25 PAYMENT ACCEPTED BY:

check # 1508

