



Building Address: 14078 Gared Dr
 City: Glenwood State: MD Zip Code: 21738
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: 0000
 Lot: 7 Tax Map: _____ Parcel: 0141

Existing Use: SF 100
 Proposed Use: SF 20
 Estimated Construction Cost: \$ 1500

Description of Work:
 Remove 3 non load bearing wall *changing shower place*

Occupant/Tenant Name: Brent Wambie
 Was tenant space previously occupied? Yes No
 Contact Name: Brian Franklin
 Address: 14078 Gared Dr
 City: Glenwood State: MD Zip Code: 21738
 Phone: 860-918-1612 Fax: _____
 Email: Brianefranklin@gmail.com

Property Owner's Name: Brian Franklin
 Address: 14078 Gared Dr
 City: Glenwood State: MD Zip Code: 21738
 Phone: 860-918-1612 Fax: _____
 Email: Brianefranklin@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Joe Zouine
 Address: 3317 Stapleton Dr
 City: Glenwood State: MD Zip Code: 21738
 Phone: 410-449-1020 Fax: _____
 Email: Joe@blackstonekitchenandbath.com

Contractor Company: Blackstone Kitchen & Bath
 Contact Person: Joe Zouine
 Address: 3317 Stapleton Dr
 City: Glenwood State: MD Zip Code: 21738
 License No.: 135-861
 Phone: 410-449-1020 Fax: _____
 Email: sales@blackstonekb.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	Width
Gross area, sq. ft./floor:	1 st floor: ' _____	2 nd floor: _____
Area of construction (sq. ft.):	Basement:	
Use group:	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: 3	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____	
<input type="checkbox"/> Masonry	No. of 1 BR units: _____	
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: Shingles	
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 type="checkbox"/> Yes <input checked="" 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 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: *Joe Zouine*
 Joe@blackstonekitchenandbath.com
 Email Address: _____
 Owner / Blackstone Kitchen & Bath
 Title/Company: _____

Joe Zouine
 Print Name: _____
 11/29/2018
 Date: _____

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

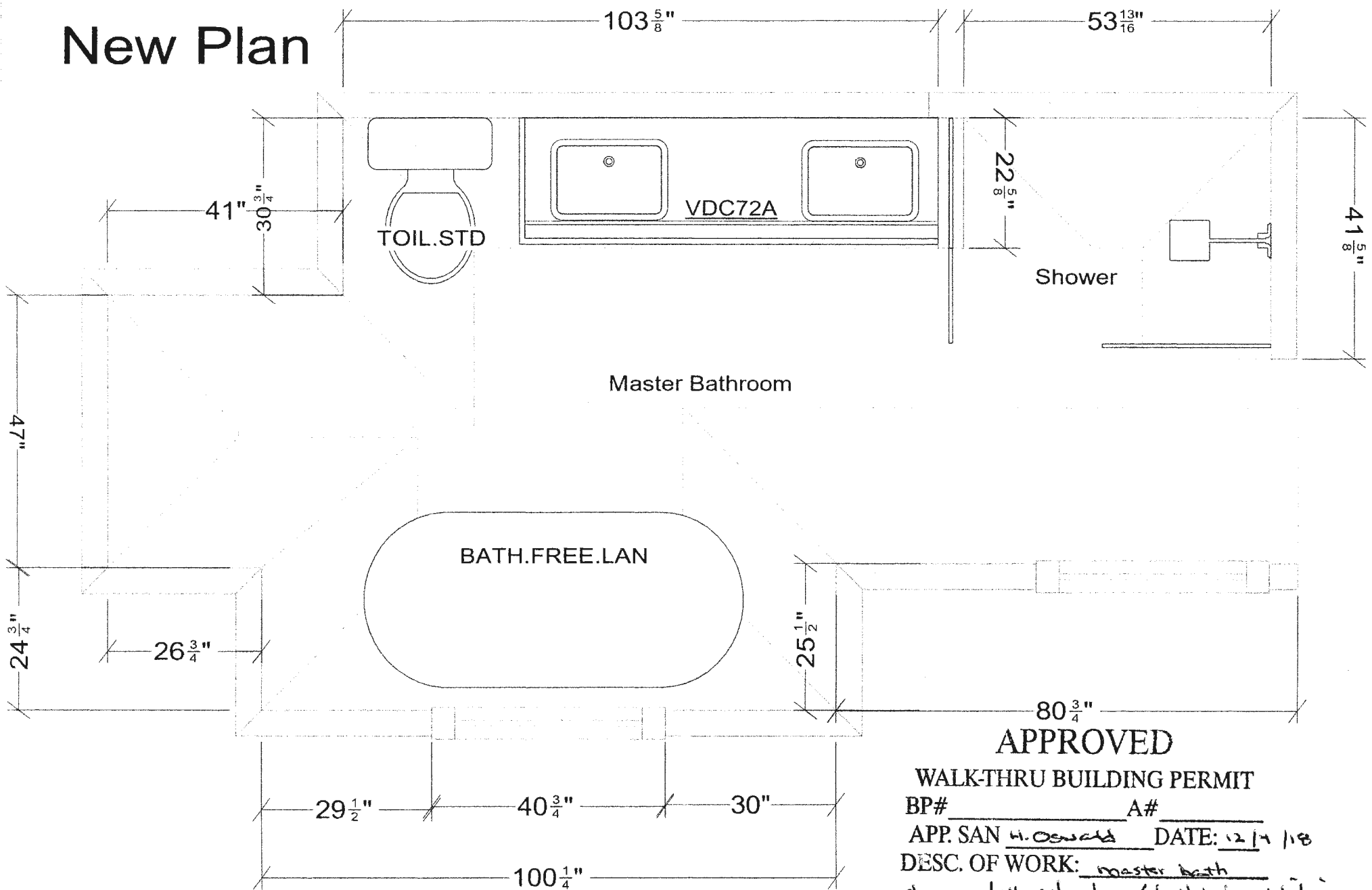
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	12/4/18	H. Oswald

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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

New Plan



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN H. Oswald DATE: 12/17/18

DESC. OF WORK: master bath
shower install relocate / bath tub addition

All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 11/11/2018
Printed: 11/29/2018

