

RECEIVED

PERMIT NUMBER: B 21001962

DATE ACCEPTED:

MAY 19 2021



RESIDENTIAL BUILDING PERMIT APPLICATION

LICENSES & PERMITS DIVISION

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: 5102 Honey Locust Court
City: Ellicott City
State: MD
Subdivision/Village/Complex Name: Walnut Creek
Lot: 32
Tax Map:
Parcel: 05595173
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Finish space in basement
Proposed Use: Additional rooms to be added
Estimated Cost: \$20,000
Trade Work to Be Completed (Separate Permits Required):
Finish additional areas of current partially finished basement. 1) Basement Media Room (approx 260 sq ft) 2) Basement Den (approx Septic) Please note that home in a community that has shared septic. I've checked "Private (Septic)" in the Sewage disposal area below.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Manjeet Dadyala
Primary Residence: Yes
Owner's Street Address: 5102 Honey Locust Court
City: Ellicott City
State: MD
Phone: 240-676-2799
Email: mdadyala@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: N/A
Contact Name: Manjeet Dadyala
Street Address: 5102 Honey Locust Court
City: Ellicott City
State: MD
Phone: 240-676-2799
Email: mdadyala@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: N/A - To be completed by Homeowner
Licensee's Name: N/A
License #: N/A
Street Address:
City:
State:
Zip Code:
Phone:
Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:
Name:
Street Address:
City:
State:
Zip Code:
Phone:
Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling
Utilities: Electric, Gas, Water Supply, Sewage Disposal
Heating System: Electric, Natural Gas, Propane, Other
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: Winchester Homes Inc - Langley II with side addition
of Bedrooms (SF): 5
of efficiency units (MF*):
of 1 BR (MF*):
of 2 BR (MF*):
of 3 BR (MF*):
Rooms: 12
Full Baths: 6
Half Baths: 1
Fireplaces: 1
Garage/Carport Info: Attached Garage
Basement/Foundation Info: Finished Basement: Full or Partial
1st Fl Width:
1st Fl Depth:
2nd Fl Width:
2nd Fl Depth:
Bsmt Width:
Bsmt Depth:
Energy Method: Prescriptive, Performance, UA Alternative, ERI
Gross Area: sq ft
Occupiable Area: 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 DATE SIGNED

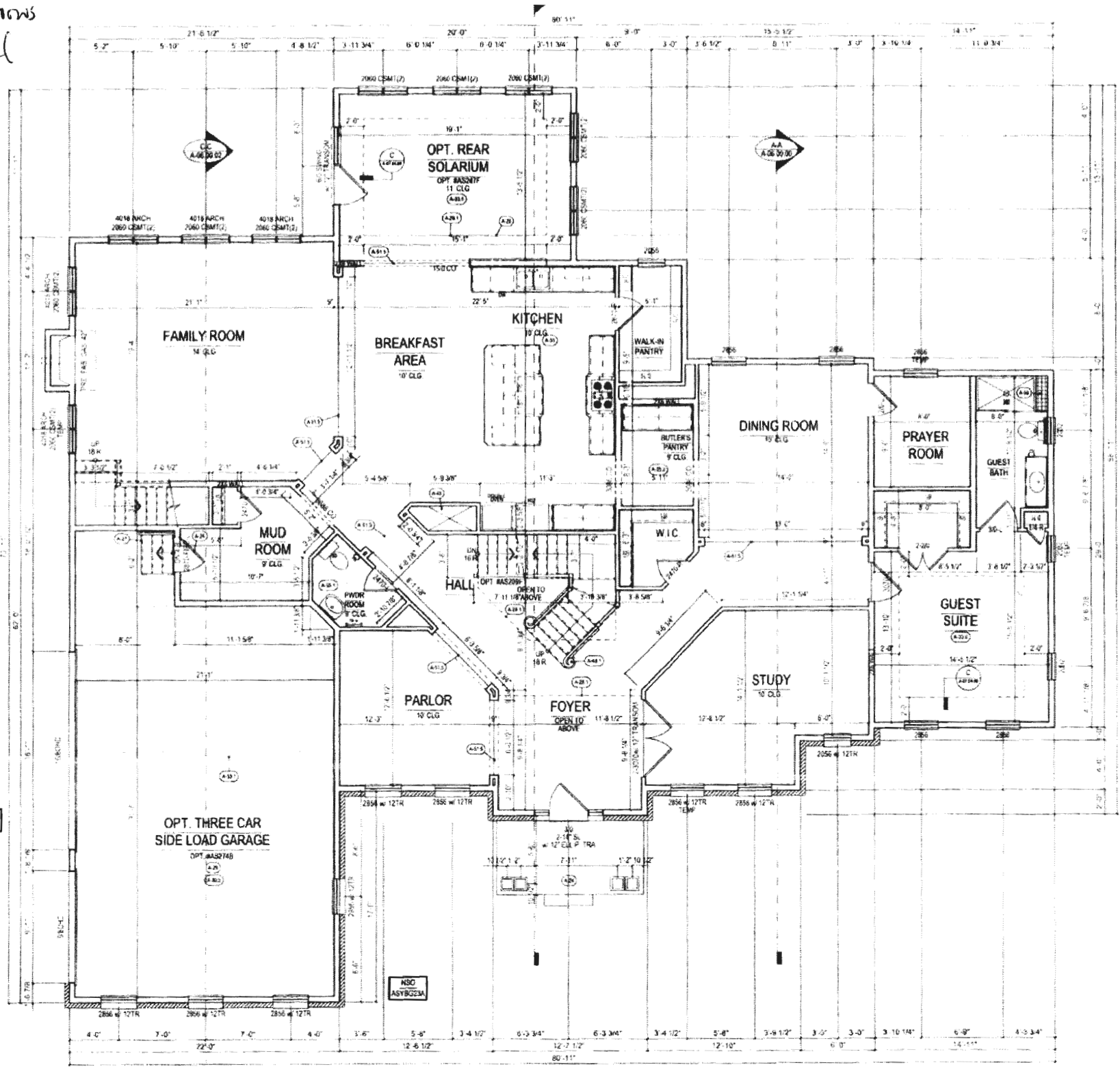
FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
PR, DPZ, DED, Health, SHA, CID
SUBMITTAL FEES: 135
PAYMENT: 267
ACCEPTED BY: [Signature]

Highlight shows optional

For Proposal
B21001962

First Floor

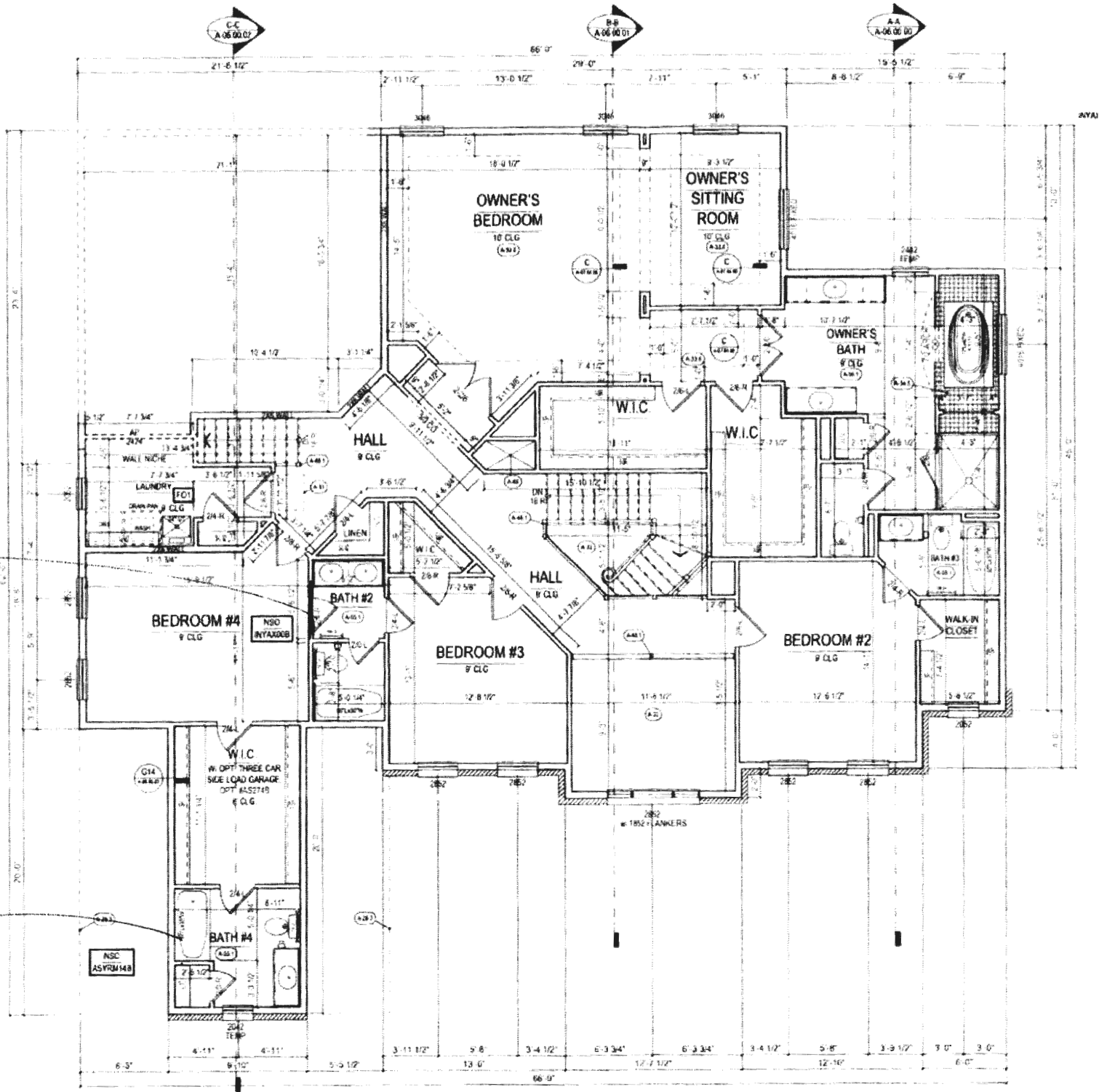


NSO WUYO2A2A

NSO ASYB23A

For Proposal
B21001962

Second Floor



Bath #2 is not accurately drawn in this diagram. has a single sink has a linen closet no door to toilet + tub

Added via modification

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

Date: 9/9/21 Health

To: Robert Bricker
(Person's Name and Division)

From: MANJEET DADYALA (240) 676 2799
(Your Name, Company Name and Telephone Number)

Subject: Project name Dadyala - Basement
Project site address 5102 Honey Locust Court, Ellicott City MD 21042
Permit # B 21001962 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 _____

Contact Person Information: (Required)

MANJEET DADYALA
Please Print Name

Telephone No: (240) 676 - 2799

E-Mail Address: mdadyala@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 LP

Basement design

Approved
2/13/21 NB

Remains as
5-bed room in residence
NB

