

PERMIT NUMBER: B 20003594

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: 13581 MITCHELLS WAY Unit: _____
 City: WEST FRIENDSHIP State: MD Zip Code: 21794
 Subdivision/Village/Complex Name: CLOVERFIELD SECTION 2 SDP/WP/BA #: _____
 Lot: 01 Tax Map: _____ Parcel: _____ Grading Permit #: _____

DESCRIPTION OF WORK REQUIRED

Existing Use: Primary residence Proposed Use: Primary residence Estimated Cost: \$5,500
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
 Finish basement to include wet bar, bedroom, full bath, recreational area, mechanical room and unfinished storage. Approx. 1700 sq ft.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): DUSMANTHA TENNAKON Primary Residence: Yes No
 Owner's Street Address: 13581 MITCHELLS WAY
 City: WEST FRIENDSHIP State: MD Zip Code: 21794
 Phone: 443 996 2106 Email: dtenn2000@yahoo.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: N/A Contact Name: DUSMANTHA TENNAKON
 Street Address: 13581 MITCHELLS WAY
 City: WEST FRIENDSHIP State: MD Zip Code: 21794
 Phone: 443 996 2106 Email: dtenn2000@yahoo.com

CONTRACTOR INFORMATION REQUIRED

Business Name: OWNER to Act as Contractor.
 Licensee's Name: _____ 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: N/A State: _____ Zip Code: _____
 Phone: _____ Email: _____

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:
 # of Bedrooms (SF): 4 # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: _____ # Full Baths: 3 # Half Baths: 1 # Fireplaces: 1
 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: _____ 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

DISCLAIMER REQUIRED

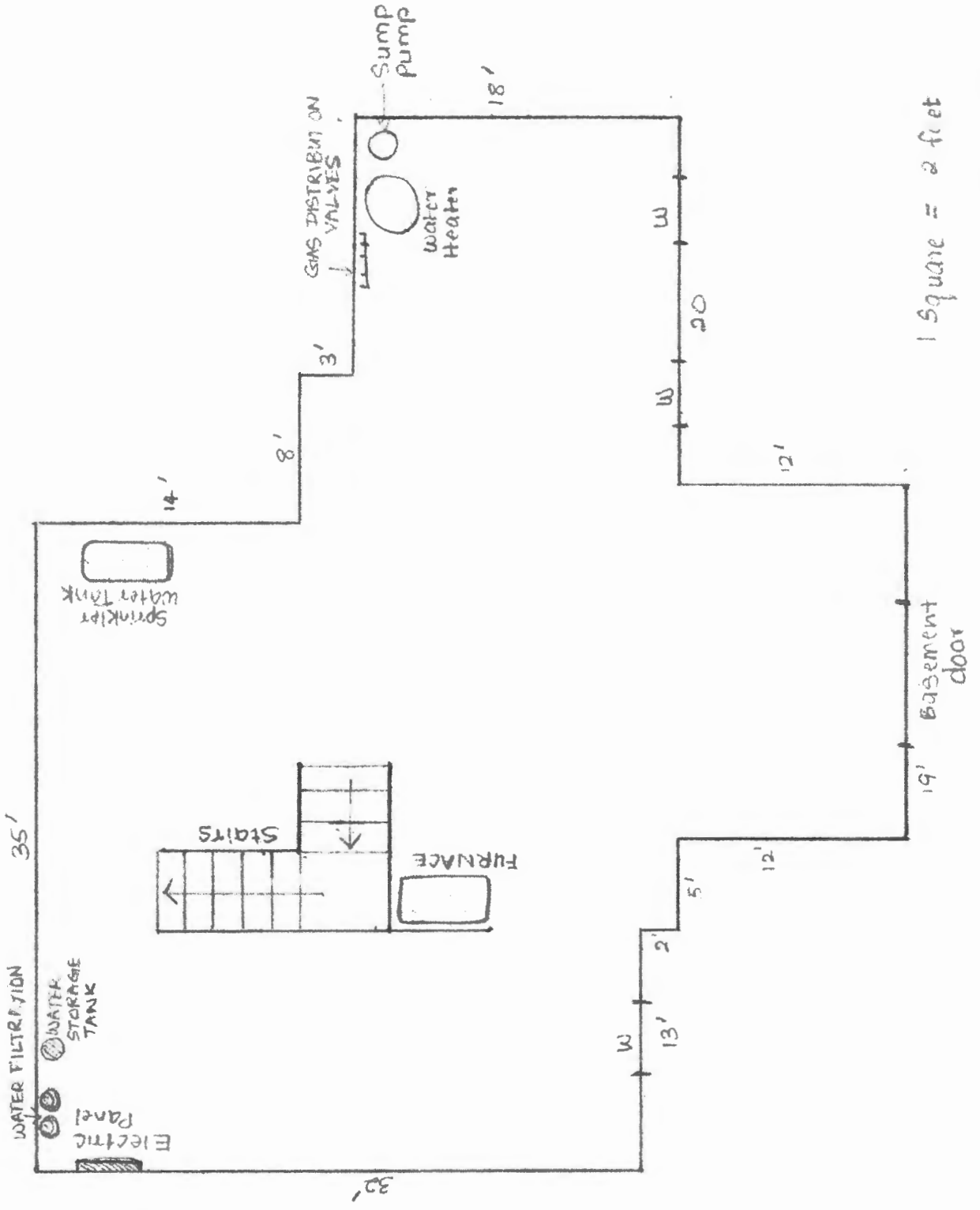
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

D. Tennakon 10/7/2020
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

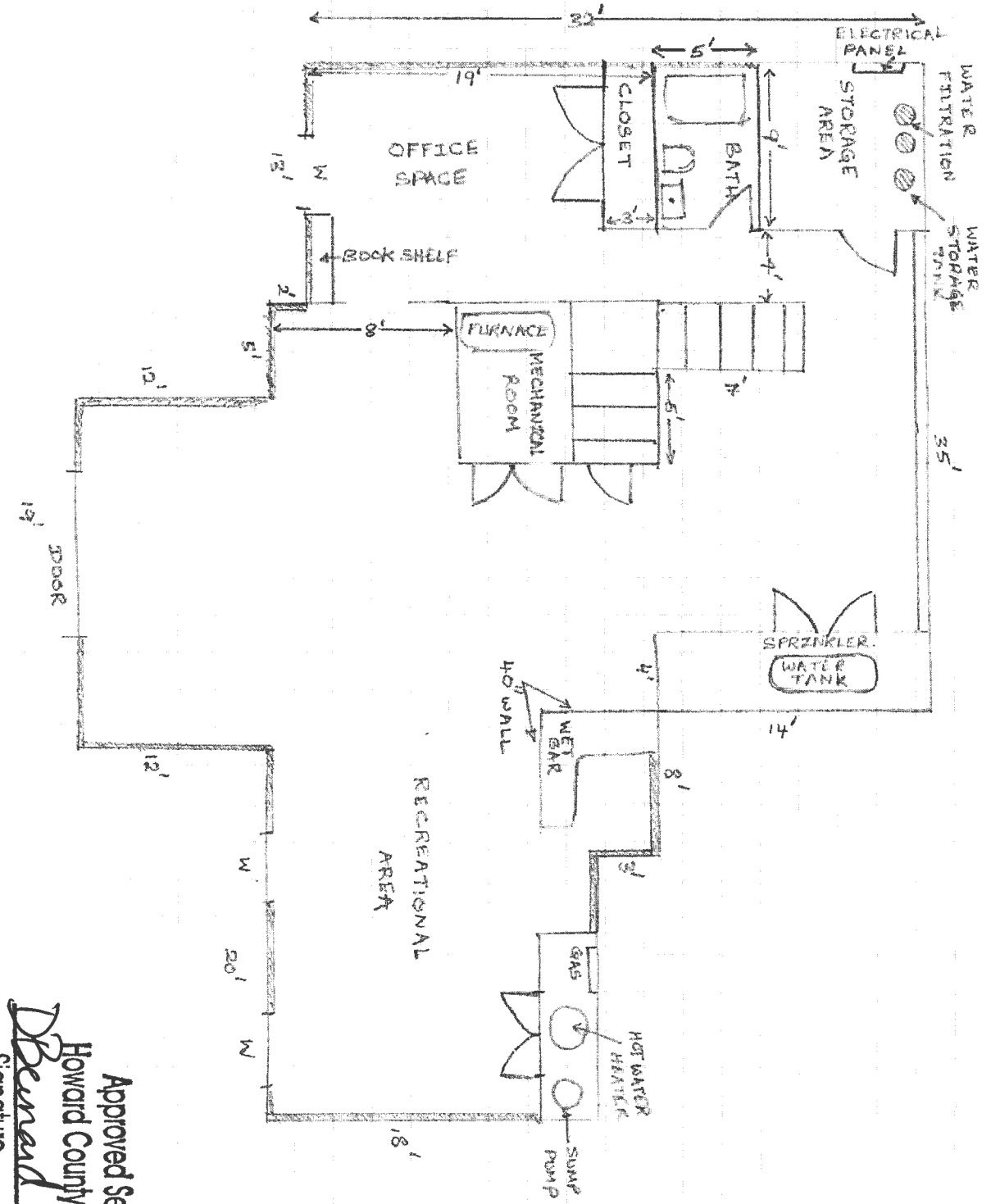
FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
 PR _____ DPZ _____ DED _____ Health *DBurns* SHA CID
 SUBMITTAL FEES: _____ PAYMENT: _____ ACCEPTED BY: _____

EXISTING BASEMENT FLOOR PLAN



PROPOSED BASEMENT FLOOR PLAN (REVISED)



Approved Septic System Plan
 Howard County Health Department
 Signature D. Benard Date 11-16-20
 B-2000 3594