

ERMIT NUMBER: B 20003899

DATE ACCEPTED:

LICENSES & PERMITS DIVISION

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: 7310 MEADOW WOOD WAY, City: CLARKSVILLE MD, State: MD, Zip Code: [blank], Subdivision/Village/Complex Name: [blank], SDP/WP/BA #: [blank], Plot: [blank], Tax Map: [blank], Parcel: [blank], Grading Permit #: [blank]

DESCRIPTION OF WORK REQUIRED

Existing Use: SINGLE FAMILY, Proposed Use: SINGLE FAMILY, Estimated Cost: \$ 200,000, Trade Work to Be Completed: Mechanical (HVACR) [checked], Electrical [checked], Plumbing [checked], None [unchecked]. NEW ACCESSORY STRUCTURE ADDITION TO EXISTING SINGLE FAMILY DWELLING TO HOUSE GARAGE AND YOGA STUDIO FREE SPACE.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): BRIAN AND ROBIN TARANTINO, Primary Residence: Yes [checked], No [unchecked], Owner's Street Address: 7310 MEADOW WOOD WAY, City: CLARKSVILLE, State: MD, Zip Code: [blank], Phone: 240 328 8778, Email: B.TARANTINO@TARANTINOEC.COM

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: DOB WORKSHOP LLC, Contact Name: TAMIR EZZAT, Street Address: 1110 RADCLIFF LN, City: FULTON, State: MD, Zip Code: 20759, Phone: 301 580 1441, Email: TAMIR@DOBWORKSHOP.COM

CONTRACTOR INFORMATION REQUIRED

Business Name: KASCON, Licensee's Name: JEFF KASSMAN, License #: [redacted] EXP. 4/30/2021, Street Address: 6325 WOODSIDE CT, City: COLUMBIA, State: MD, Zip Code: [blank], Phone: 410 740 7479, Email: JKASSMAN@KASCONINC.COM

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: DOB WORKSHOP, Name: TAMIR EZZAT, Street Address: 1110 RADCLIFF LN, City: FULTON, State: MD, Zip Code: 20759, Phone: 301 580 1441, Email: TAMIR@DOBWORKSHOP.COM

BUILDING CHARACTERISTICS REQUIRED

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

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

Hotel Name & Options: [blank], # of Bedrooms (SF): [blank], # of efficiency units (MF*): [blank], # of 1 BR (MF*): [blank], # of 2 BR (MF*): [blank], # of 3 BR (MF*): [blank], Rooms: [blank], # Full Baths: [blank], # Half Baths: [blank], # Fireplaces: [blank], Garage/Carport Info: Attached Garage [checked], Detached Garage [unchecked], Integral Garage [unchecked], Carport [unchecked], None [unchecked], Basement/Foundation Info: Slab on Grade [checked], Post & Pier [unchecked], Unfinished Basement [unchecked], Finished Basement: Full or Partial [unchecked], 1st Fl Width: [blank], 1st Fl Depth: [blank], 2nd Fl Width: [blank], 2nd Fl Depth: [blank], Bsmt Width: [blank], Bsmt Depth: [blank], Energy Method: Prescriptive [checked], Performance [unchecked], UA Alternative [unchecked], ERI [unchecked], Gross Area: [blank] sq ft, Occupiable Area: [blank] sq ft

AGREEMENT/DISCLAIMER REQUIRED

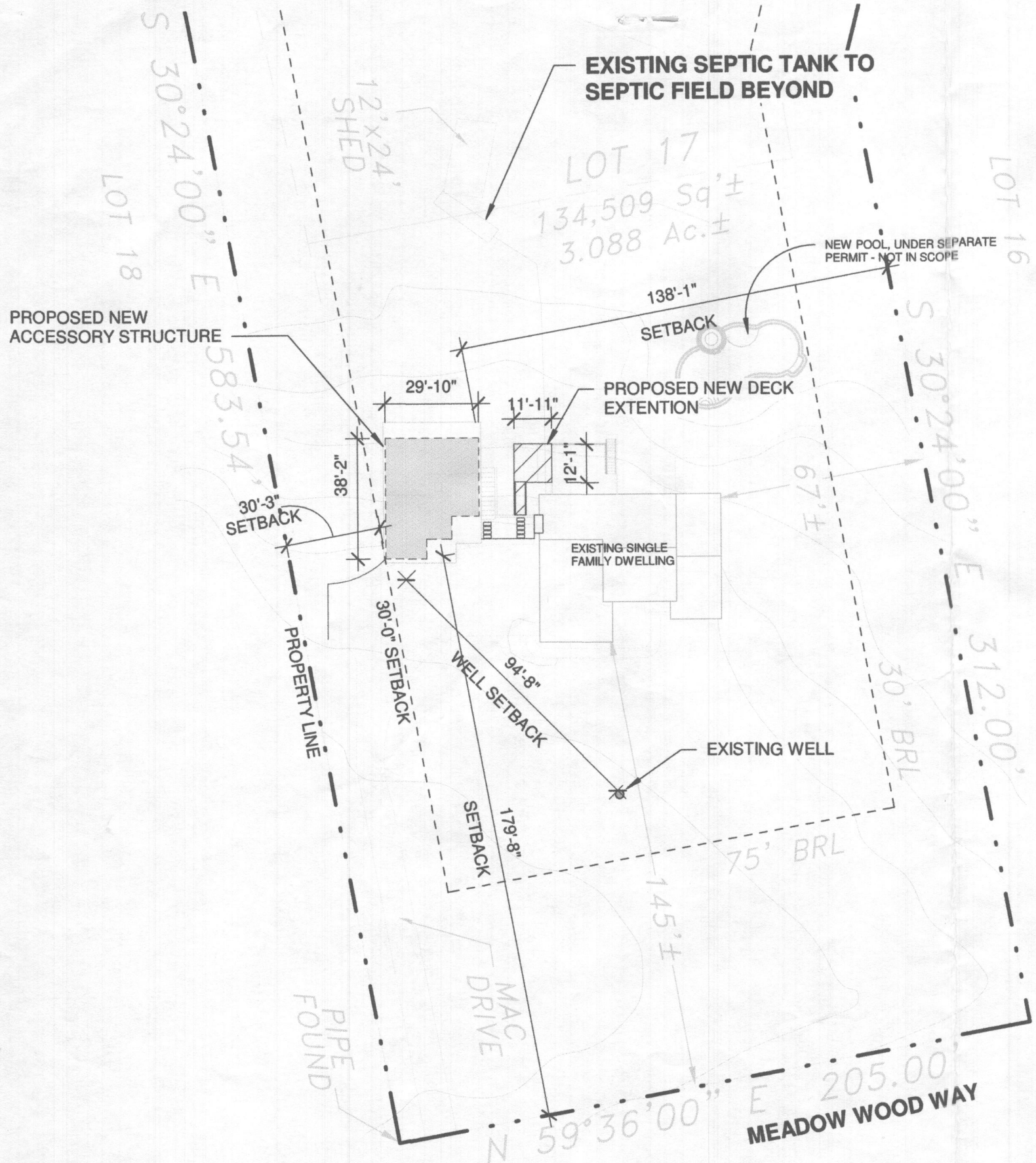
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 10/27/2020

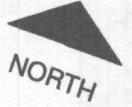
FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR [checked], DPZ [checked], BED [checked], Health [checked], SHA [checked], CID [unchecked], SUBMITTAL FEES: [blank], PAYMENT: 15-4-20, ACCEPTED BY: [Signature]



Approved Septic System Plan
 Howard County Health Department
Dana Beard 12-4-20
 Signature Date
 B 20003899



1 PLOT PLAN
 1" = 40'-0"

7310 Meadow Wood Way
 Clarksville, MD

Issue Date: 11/13/20

Plot Plan
 Accessory Structure

C-1

