

RECEIVED

PERMIT NUMBER: B 20003754

DATE ACCEPTED:

OCT 20 2020



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

LICENSES & PERMITS DIVISION

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 11917 Northern Bell Way
City: Clarksville
State: MD
Zip Code: 21029
Subdivision/Village/Complex Name:
SDP/WP/BA #:
Lot:
Tax Map:
Parcel:
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Unfinished basement
Proposed Use: Finished basement
Cost: \$76,000
Trade Work to Be Completed: Mechanical (HVAC) Electrical Plumbing None
Description: Finish off section of basement for home gym and full bedroom + Bathroom
Approx Const. Sq. Footage: 500 SQ FT

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Mark V. Mishra
Primary Residence: Yes
Owner's Street Address: 11917 Northern Bell Way
City: Clarksville
State: MD
Zip Code: 21029
Phone: (513) 218-3660
Email: mishramv@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Cornerstone Remodeling, LLC
Contact Name: AJ Ballantine
Street Address: 3273 Pine Orchard Lane, Suite C
City: Ellicott City
State: MD
Zip Code: 21042
Phone: (410) 336-7011
Email: aj@cornerstone.house

CONTRACTOR INFORMATION REQUIRED

Business Name: Cornerstone Remodeling, LLC
Licensee's Name: AJ Ballantine
License #: 129673
Street Address: 3273 Pine Orchard Lane, Suite C
City: Ellicott City
State: MD
Zip Code: 21042
Phone: (410) 336-7011
Email: info@cornerstone.house

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 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:
Bedrooms (SF): 5 # of efficiency units (MF*):
of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
Rooms: # Full Baths: # Half Baths: # Fireplaces:
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

AGREEMENT/ DISCALIMER REQUIRED

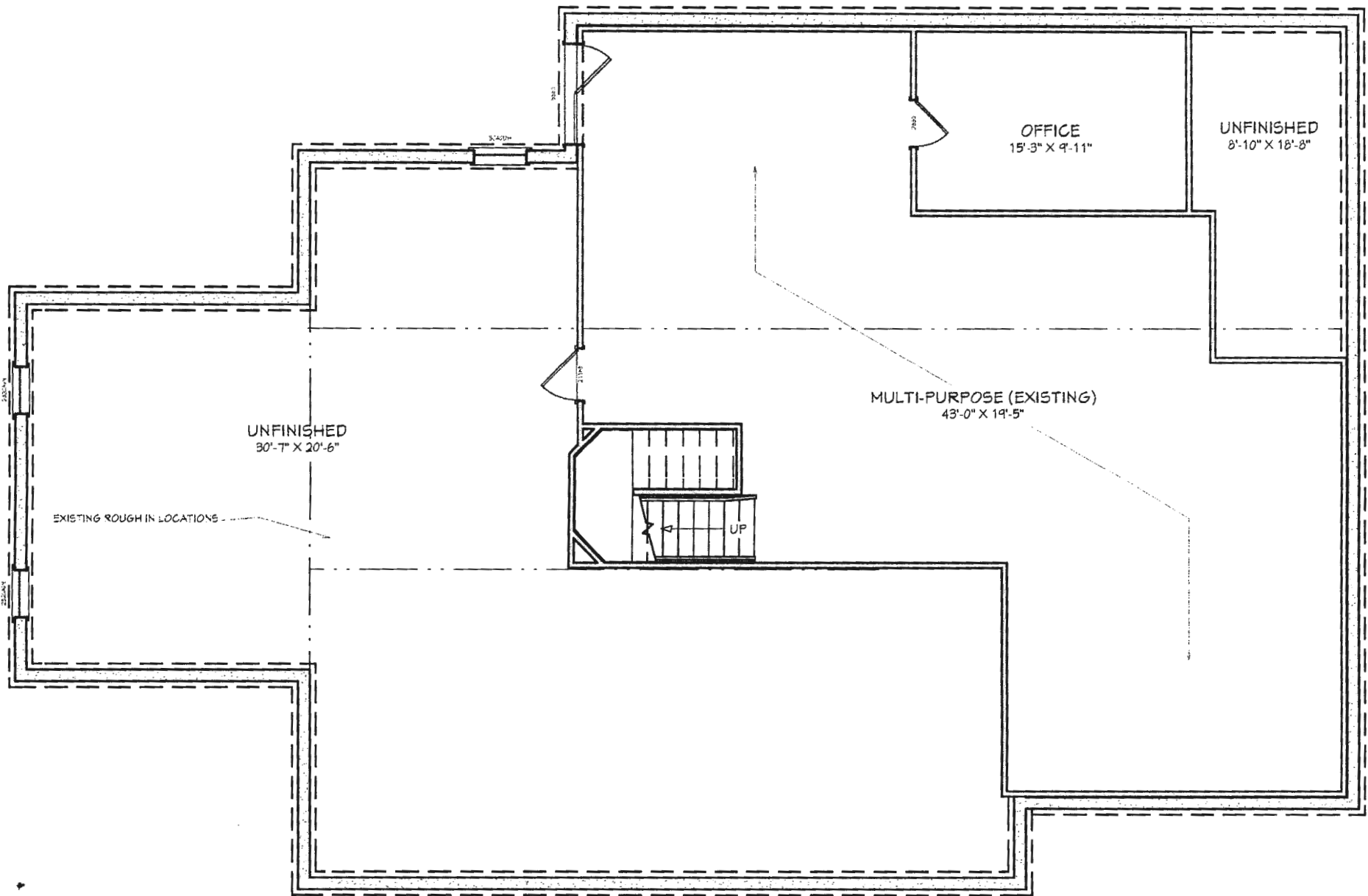
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

Signature: [Handwritten Signature] DATE SIGNED: 10/19/2020

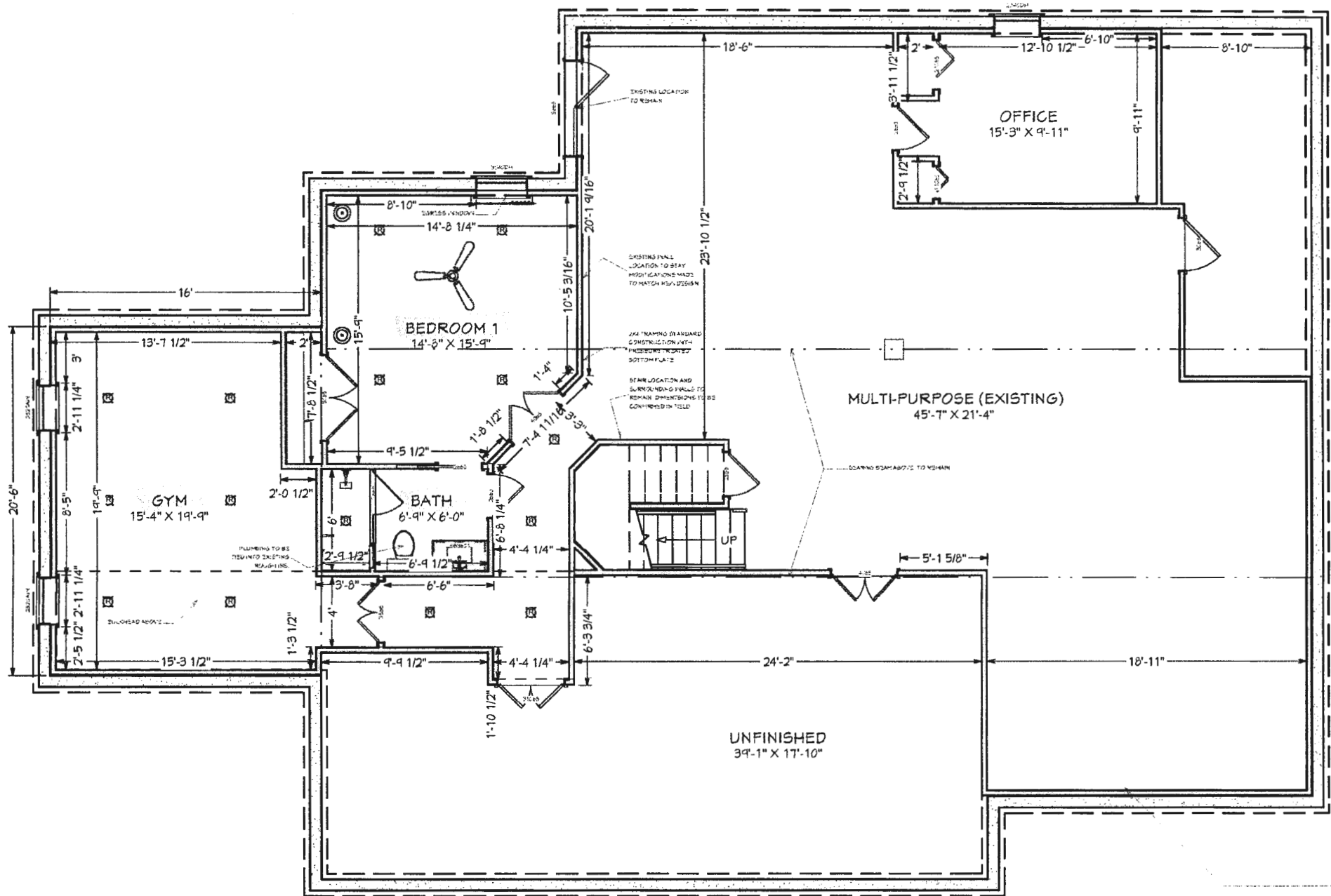
FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health Department SHA CID
SUBMITTAL FEES: 13500 25 PAYMENT: No Check ACCEPTED BY: Drop Box



Mishra Basement Permit small
Scale 1/8" = 1'



Mishra Basement Permit small
 Scale 1/8" = 1'

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

Date: 12-1-2020

To: Building Health
(Person's Name and Division)

From: Cornerstone Remodeling (410) 336-7011
(Your Name, Company Name and Telephone Number)

Subject: Project name Mishra Basement
 Project site address 1197 N. Bell Way Clarksville MD 21029
 Permit # B2000 3754 SDP # _____
 Other information pertinent to this project - PLAN Alteration

- 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 FLOOR PLAN (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)

JAMES Killorin / A.J. Ballentine Telephone No: 410-336-7011
 Please Print Name ~~410-336-7011~~

E-Mail Address: Jim@Cornerstone.House

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.



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