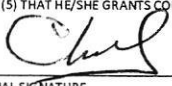
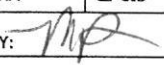


PERMIT NUMBER: B **21004627**

DATE ACCEPTED:

<b>RESIDENTIAL BUILDING PERMIT APPLICATION</b>					
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 <a href="http://www.howardcountymd.gov">www.howardcountymd.gov</a>					
<b>BUILDING SITE ADDRESS REQUIRED</b>					
Street Address: <b>8527 Clarkson Dr</b>					Unit:
City: <b>Fulton</b>		State: <b>MD</b>		Zip Code: <b>20759</b>	
Subdivision/Village/Complex Name: <b>2101</b>				SDP/WP/BA #: <b>368596</b>	
Lot: <b>NO 1 BL G S 1</b>	Tax Map: <b>0045</b>	Parcel: <b>0026</b>	Grading Permit #:		
<b>DESCRIPTION OF WORK REQUIRED</b>					
Existing Use: <b>unfinished</b>		Proposed Use: <b>adding entertainment room</b>		Estimated Cost: <b>\$ 12000</b>	
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None					
<b>Finish 628 sq ft of unfinished basement to create an entertainment room. Separate unfinished utility closet, unfinished mech room and unfinished storage.</b>					
<b>PROPERTY OWNER INFORMATION REQUIRED</b>					
Owner(s) Name(s) (As it appears on tax records): <b>Michael and Megan Lucinski</b>				Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Owner's Street Address: <b>8527 Clarkson Dr</b>					
City: <b>Fulton</b>		State: <b>MD</b>		Zip Code: <b>20759</b>	
Phone: <b>202-256-9027</b>			Email: <b>mlucinski@yahoo.com</b>		
<b>APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</b>					
Business Name: <b>GLOREM, LLC</b>			Contact Name: <b>Evgeny Chernousov</b>		
Street Address: <b>9244 Harvest Rush Rd</b>					
City: <b>Owings Mills</b>		State: <b>MD</b>		Zip Code: <b>21117</b>	
Phone: <b>443-224-2124</b>			Email: <b>contact_us@gloremllc.com</b>		
<b>CONTRACTOR INFORMATION REQUIRED</b>					
Business Name: <b>GLOREM, LLC</b>					
Licensee's Name: <b>Evgeny Chernousov</b>			License #: <b>103610</b>		
Street Address: <b>9244 Harvest Rush Rd</b>					
City: <b>Owings Mills</b>		State: <b>MD</b>		Zip Code: <b>21117</b>	
Phone: <b>443-224-3124</b>			Email: <b>contact_us@gloremllc.com</b>		
<b>ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</b>					
Business Name:			Name:		
Street Address:					
City:		State:		Zip Code:	
Phone:			Email:		
<b>BUILDING CHARACTERISTICS REQUIRED</b>					
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)			Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities: <input checked="" type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)		Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:			Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #		
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None			Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac		
<b>ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)</b>					
Model Name & Options:					
# of Bedrooms (SF):	# 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: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1 <sup>st</sup> Fl Width:	1 <sup>st</sup> Fl Depth:	2 <sup>nd</sup> Fl Width:	2 <sup>nd</sup> Fl Depth:	Bsmt Width: <b>48'</b>	Bsmt Depth: <b>26'</b>
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI			Gross Area: sq ft Occupiable Area: sq ft		
<b>AGREEMENT/ DISCALIMER REQUIRED</b>					
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			<b>11-30-21</b> DATE SIGNED		
<b>FOR OFFICE USE ONLY</b>					
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY					
AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> JED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: <b>\$ 135.00</b>		PAYMENT		ACCEPTED BY: 	

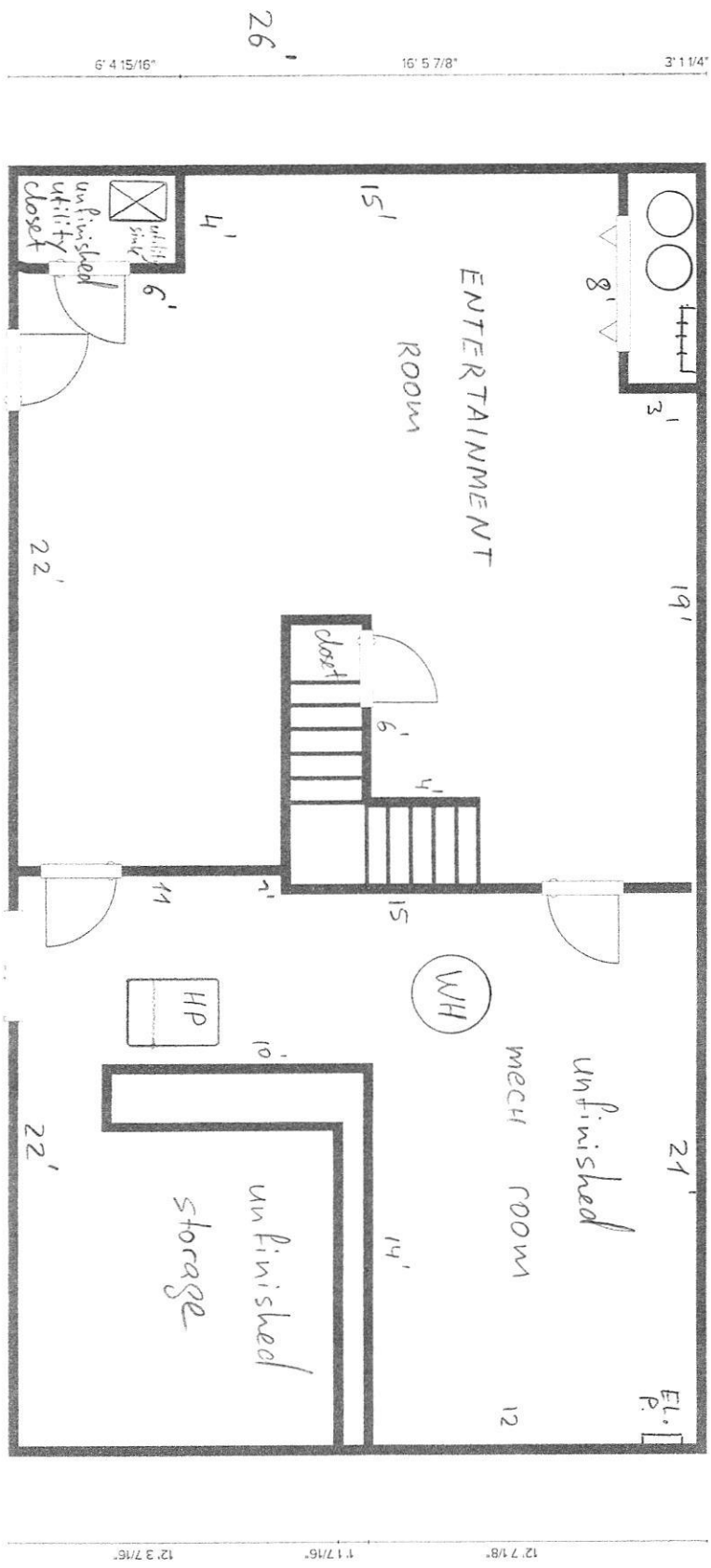
**RECEIVED**  
 NOV 30 2021  
 LICENSES & PERMITS  
 DIVISION

8527 Clarkson Dr, Fulton, MD 20759

# BASEMENT

Total	1248	✓
Finished	628	✓

BA1004627



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Approved Septic System Plan  
 Howard County Health Department  
 Signature: *Stane Brown*  
 Date: 12-1-21