

PERMIT NUMBER: B 22000826

DATE ACCEPTED: 3/8/22



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: 835 MAY RD		Unit:
City: SYKESVILLE	State: MD	Zip Code: 21074
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: DRIVEWAY	Proposed Use: ADDITION	Estimated Cost: \$ 137,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
ADDITION FOR OFFICE & FAMILY ROOM WITH BATHROOM W EACH. 1 STORY ADDITION 16x36 WITH CRAWL SPACE UNDERNEATH		
576 <input checked="" type="checkbox"/>		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): KAZAMA ALI	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 835 MAY RD	
City: SYKESVILLE	State: MD
Phone: 301 458 5270	Email: KAZAMAALI76@HOTMAIL.COM
Zip Code: 21074	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: MIRACLE CONTRACTORS	Contact Name: BRIAN MITCHELL
Street Address: 94 WEST MAIN ST DEAR	
City: WESTMINSTER	State: MD
Phone: 410 487 3252	Email: CARLTON@MIRACLECONTRACTORS.NET
Zip Code: 21157	

CONTRACTOR INFORMATION REQUIRED

Business Name: MIRACLE CONTRACTORS	License #: 13-8505
Licensee's Name:	
Street Address:	
City:	State:
Phone:	Email:
Zip Code:	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

BUILDING CHARACTERISTICS REQUIRED

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 type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	

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

Model Name & Options: 1 STORY ADDITION					
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 2	# Full Baths: 2	# Half Baths:	# Fireplaces:		
Garage/Carport Info: <input 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 checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1st Fl Width: 16	1st Fl Depth: 36	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI	Gross Area: 576	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: 3/8/22
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FOR OFFICE USE ONLY

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"/> DED	<input checked="" type="checkbox"/> Health <i>7/1/2022 RIE</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID

SUBMITTAL FEES:	PAYMENT: 9738	ACCEPTED BY: <i>[Signature]</i>
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Primary
No

Organization Name
MIRACLE CONTRACTORS LLC

Street Address
94 WEST MAIN STREET, REAR

Address Line 2

City WESTMINSTER **State** MD **Zip Code** 21157-0000

Phone 4434873752 **Cell** **Fax** 2408466039

E-mail *
CARLITO@MIRACLECONTRACTORS.NET

Contact (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type
Contact

Relationship
Licensed Professional

Primary
Yes

First Name BRIAN **MI** **Last Name** MITCHELL

Full Name
BRIAN MITCHELL

Organization Name
MIRACLE CONTRACTORS LLC

Street Address
94 WEST MAIN STREET, REAR

Address Line 2

City WESTMINSTER **State** MD **Zip Code** 21157-0000

Phone 4434873752 **Cell** **Fax** 2408466039

E-mail
CARLITO@MIRACLECONTRACTORS.NET

Addtl Info

Est Construction Cost * 130000 **Housing Units *** 0 **Number of Buildings *** 0 **Public Owned** No

Construction Type
434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee * Yes No **Capital Project Number** **Fee Exempt *** Yes No **Roadside Tree Project Permit** Yes No **Roadside Tree Project Permit #**

No of Stories * 1 **Foundation *** Crawl Space **Basement *** N/A **No of Rooms *** 2 **Full Baths *** 2 **Half Baths *** 0 **Existing Use** Other - See Description of Work

Model *
SFD/ CONSTRUCT OFFICE & FAMILY ROOM ADDITION/

[check spelling](#)

Other Structure * **Bedrooms *** **Porch Deck *** **No of Fireplaces *** **Type of Fireplace** **Energy Code ***

None 0 N/A 0 --Select-- Prescriptive Method

W & S Fees Paid Yes No
Water * Private
Sewage * Private
Utilities * Electric
Heating System * Oil
Sprinkler System * None
Road Frontage --Select--

1st Floor Width 16 FT
1st Floor Depth 38 FT
2nd Floor Width FT
2nd Floor Depth FT
Basement Width FT
Basement Depth FT
Height FT

Total Square Footage * 576 SQFT
Occupiable Square Footage * 576 SQFT
Affordable Housing Funding N/A
Foundation Measurement FT
Footings FT

Walls
Roof
Change In Use Yes No
Grading Permit No

Additional Description Info

Expiration Date
9/26/2022

[check spelling](#)

PAYMENT INFORMATION

Check 1 Payee 1
 Check 2 Payee 2
 SAP Doc No SAP Entered

Related Records

Showing 1-3 of 3

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B22000826	Residential Addition Single Family Dwelling Permit	Review In Process	835	DAY	03/08/2022	SFD/ CONSTRUCT OFFICE & FAMILY ROOM ADDITION/, 1 STORY, Crawl Space,

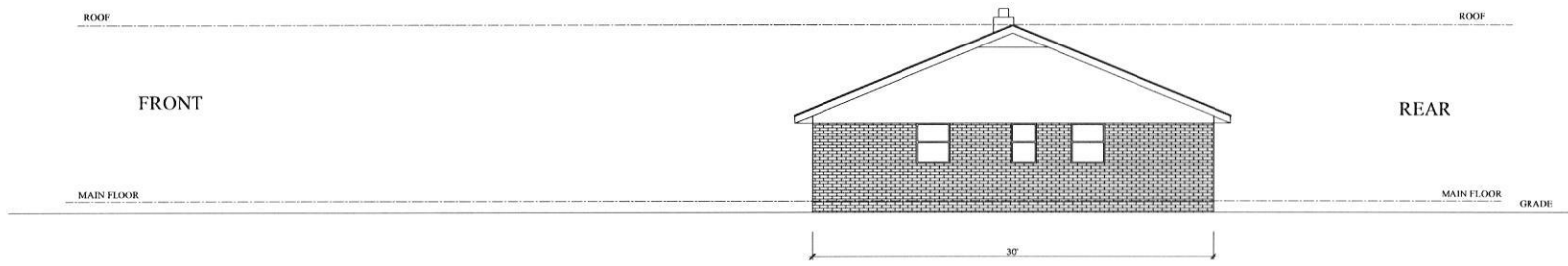
Submit Cancel

835 DAY ROAD
CUSTOMER HOME IMPROV

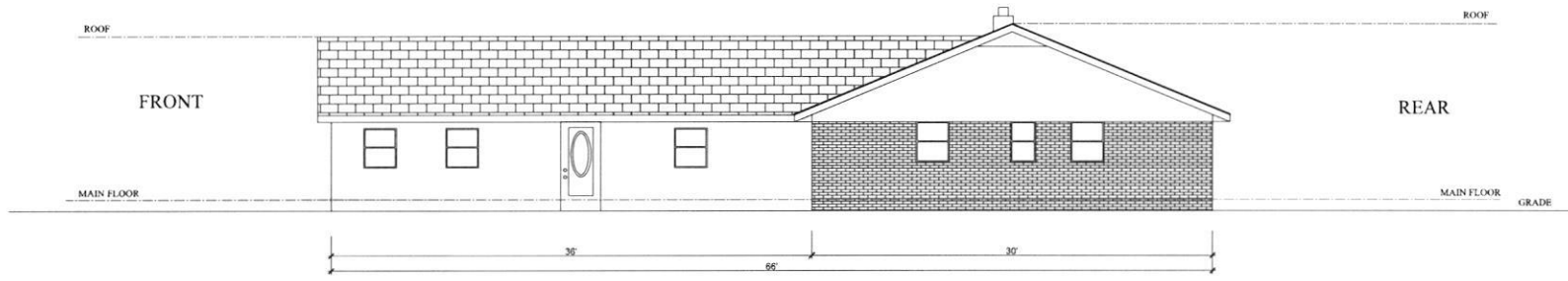


DAY ROAD

NOT TO SCALE



EXISTING SIDE ELEVATION
SCALE 1/4" = 1'0"



PROPOSED SIDE ELEVATION
SCALE 1/4" = 1'0"

SEAL

PROJECT
DAY ROAD
ADDITION
835 Day Road
Sykesville, MD 21784

**MIRACLE
CONTRACTORS**

CARLETO MITCHELL
OWNER
E-CARLITOSH@MIRACLECONTRACTORS.NET
P-441-487-3752

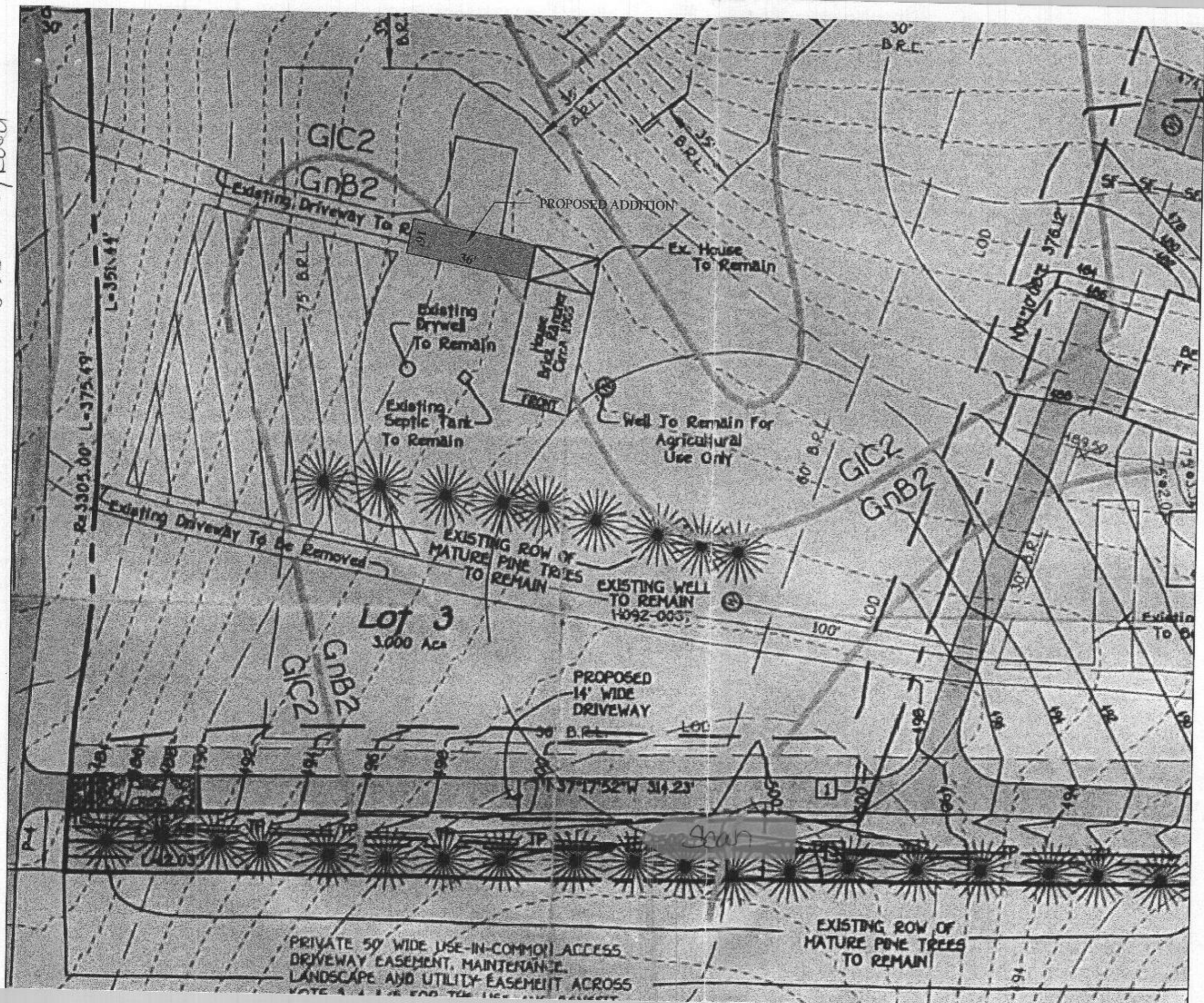
MARK	DATE	DESCRIPTION

ISSUE:
PROJECT NO:
CAD FILE:
DATE:
DRAWN BY:
CHECKED BY:
COPYRIGHT:
SHEET TITLE:

EXISTING AND PROPOSED
SIDE ELEVATIONS

DRAWING SHEET NO:
A05

B2200
835 Day Road



Approved R/W
 B22000826
 7/1/2022

