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JUN 24 2021

LICENSES & PERMITS DIVISION

PERMIT NUMBER: B 21002349

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: 12612 Farming Drive
City: Highland
State: MD
Zip Code: 20777
Subdivision/Village/Complex Name: Vistas at Browns Bridge
SDP/WP/BA #:
Lot: #5 Tax Map: 45 Parcel: 0063 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Basement Proposed Use: Finished Basement Estimated Cost: \$30,000
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Framing of basement, electrical outlets and lights, drywall, plumbing for bar sink and finished full bath (rough-in is pre-existing) and installation of pellet stove. 1,922 sq ft finished space.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Michael Drabinski Primary Residence: Yes No
Owner's Street Address: 12612 Farming Drive
City: Highland State: MD Zip Code: 20777
Phone: 443.535.1531 Email: mdrabinski@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: n/a Contact Name: Michael Drabinski
Street Address: 12612 Farming Drive
City: Highland State: MD Zip Code: 20777
Phone: 443.535.1531 Email: mdrabinski@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: n/a
Licensee's Name: OWNER License #:
Street Address:
City: State: Zip Code:
Phone: Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: n/a 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:
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: 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.

APPLICANT'S ORIGINAL SIGNATURE

6/21/21 DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
PR DPZ DED Health SHA CID
SUBMITTAL FEES: CK # 1433 PAYMENT: \$ 135 ACCEPTED BY:

