

Record Detail * (This section is required.)

Permit Type Building/Residential/Alteration/SFD Permit Number B21001962 Opened Date 05/19/2021

Description of Work SFD/ FINISHED ADDITIONAL AREAS OF BASEMENT TO INCLUDE: MEDIA RM AND DEN (APPROX 500 SQ FT)*09.09.21 REVISION REQUEST TO OPEN UP WALL OF "NEW ROOM"

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street # 5102 Street Name HONEY LOCUST Street Type CT
 Unit Type -Select- Unit # X Coordinate -76.9471 Y Coordinate 39.23859
 City ELLICOTT CITY State MD Zip Code 21042 Primary Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1101216	49	38063	338600	1152000	813400	RURAL

Legal Description IMPSLOT 32 38063 SQ[]5102 HONEY LOCUST CT[]WALNUT CREEK PHASE 2

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	32	605101	5				
Plan Area		State Tax Id		Subdivision Name			
		1405595173		Walnut Creek			
Section		Area		Tax Map			
				28			
Grid		Zoning District		ADC Map			
28-11		RC-DEO		4933-J2			
SDP No.		Final Plan No.		WP File No.			
		F-07-076					
Record Plat No.		WS Contract No.		FDP No.	Primary		
22227-2224					Yes		
Owner Occupied		Year Built		Historic District			
<input type="radio"/> Yes <input type="radio"/> No		2014		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Historic District Registry No.		Stat Area		Flood Plain			
		5-02A		<input type="radio"/> Yes <input checked="" type="radio"/> No			
Building No							

Owner (This section is not required.)

Search Reset Clear

Name * DADYALA MANJEET
 Address Line 1 5102 HONEY LOCUST CT
 Address Line 2
 Address Line 3
 Mail City ELLICOTT CITY Mail State MD Mail Zip Code 21042
 Phone 240-676-2799 Primary Yes
 E-mail MDADYALA@GMAIL.COM
 Cell Number Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
0			
License Type *	First Name	Middle Name	Last Name
Property Owner	MANJEET		DADYALA
Primary	Address Line 1		
Yes	5102 HONEY LOCUST CT		
	Address Line 2		
	City	State	ZIP Code
	ELLCOTT CITY	MD	21042
	Phone 1	Phone 2	Fax
	240-676-2799		
	E-mail		
	MDADYALA@GMAIL.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant			
Relationship	Full Name		
Owner	DADYALA MANJEET		
Primary	Organization Name		
No			
	Street Address		
	5102 HONEY LOCUST CT		
	Address Line 2		
	City	State	Zip Code
	ELLCOTT CITY	MD	21042
	Phone	Cell	Fax
	240-676-2799		
	E-mail *		
	MDADYALA@GMAIL.COM		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact			
Relationship	Full Name		
Owner	DADYALA MANJEET		
Primary	Organization Name		
Yes			
	Street Address		
	5102 HONEY LOCUST CT		
	Address Line 2		
	City	State	Zip Code
	ELLCOTT CITY	MD	21042
	Phone	Cell	Fax
	240-676-2799		
	E-mail		
	MDADYALA@GMAIL.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
20000	0	0	No
Construction Type			
434 - Additions, Alterations and Conversions - Residential			

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *	Bedrooms	Full Baths	Half Baths	Water *	Sewage *	Existing Utilities *
500	0	0	0	Private	Private	Gas & Electric

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

Date: 9/13/21 *Health*

To: Robert Bricker *Health*
(Person's Name and Division)

From: MANJEET DADYALA (240) 676 2799
(Your Name, Company Name and Telephone Number)

Subject: Project name Dadyala - Basement
Project site address 5102 Honey Locust Court, Ellicott City MD 21042
Permit # B 21001962 SDP # _____
Other information pertinent to this project _____

- 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 _____ (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 _____
- Received plans via email*

Contact Person Information: (Required)

MANJEET DADYALA
Please Print Name

Telephone No: (240) 676 - 2799
E-Mail Address: mdadyala@gmail.com

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.

Received by LP

RECEIVED
SEP 23 2021
LICENSES & PERMITS
DIVISION

