

DDP 2022 JUL 14 PM 1:04

PERMIT NUMBER: B 22002734

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 <small>REQUIRED</small>					
Street Address: 11364 Barley Field Way					Unit:
City: Marriottsville			State: MD		Zip Code: 21104
Subdivision/Village/Complex Name:				SDP/WP/BA #:	
Lot: 3840043SQ	Tax Map:	Parcel: 03-325547		Grading Permit #:	
DESCRIPTION OF WORK <small>REQUIRED</small>					
Existing Use: Residential - Home		Proposed Use: Residential - Home		Estimated Cost: \$100.00	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None					
Remove 36" wide floor to ceiling wall inside bathroom to expand existing shower by 1 foot. <i>APX 15 sq ft</i>					
PROPERTY OWNER INFORMATION <small>REQUIRED</small>					
Owner(s) Name(s) (As it appears on tax records): Akbar Khan				Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Owner's Street Address: 11364 Barley Field Way					
City: Marriottsville			State: MD		Zip Code: 21104
Phone: (909) 438-0575			Email: alikhwork@yahoo.com		
APPLICANT NAME <small>REQUIRED INDIVIDUAL WHO SIGNS THIS APPLICATION</small>					
Business Name: Akbar Khan				Contact Name:	
Street Address: 11364 Barley Field Way					
City: Marriottsville			State: MD		Zip Code: 21104
Phone: (909) 438-0575			Email: alikhwork@yahoo.com		
CONTRACTOR INFORMATION <small>REQUIRED</small>					
Business Name: <i>owner to act as contractor</i>					
Licensee's Name:				License #:	
Street Address:					
City:		State:		Zip Code:	
Phone:			Email:		
ARCHITECT/ENGINEER INFORMATION <small>INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</small>					
Business Name:				Name:	
Street Address:					
City:		State:		Zip Code:	
Phone:			Email:		
BUILDING CHARACTERISTICS <small>REQUIRED</small>					
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 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 type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" 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		
ADDITIONAL RESIDENTIAL INFORMATION <small>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</small>					
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 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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1 st Fl Width:		1 st Fl Depth:		2 nd Fl Width:	
2 nd 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: sq ft	
				Occupiable Area: sq ft	
AGREEMENT / DISCALIMER <small>REQUIRED</small>					
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.					
<i>[Signature]</i>				7/14/2022	
APPLICANT'S ORIGINAL SIGNATURE				DATE SIGNED	
FOR OFFICE USE ONLY <small>CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY</small>					
AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>[Signature]</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: \$ 80.00		PAYMENT: <i>ck # 7082</i>		ACCEPTED BY: <i>[Signature]</i>	

Proposed Layout #2

