

PERMIT NUMBER: B 22 003762

DATE ACCEPTED:

04



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: 3115 OLD OAK DRIVE		Unit: 1
City: Ellicott City	State: MD	Zip Code: 21042-1329
Subdivision/Village/Complex Name: 2002		SDP/WP/BA #:
Lot: 17	Tax Map: 0016	Parcel: 0040
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Unfinished Basement	Proposed Use: Finish Rec Room & Bath	Estimated Cost: \$ 85,000.00
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		
Finish Rec Room Study & Bedroom 94 sq ft		
Full		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): George & Louva Milano		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 3115 OLD OAK DR.		
City: Ellicott City	State: MD	Zip Code: 21042-1329
Phone:	Email:	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Bowie Design & Home Imp.	Contact Name: Robert Bowie
Street Address: 5094 Dorsey Hill Dr. Suite 405	
City: Ellicott City	State: MD
Phone: 301 490-9204	Email: RobertBowie@BDHI.com
Zip Code: 21042	

CONTRACTOR INFORMATION REQUIRED

Business Name: Bowie Design & Home Improvement, Inc.	License #: 69276
Licensee's Name: Robert & M. Bowie	
Street Address: 5094 Dorsey Hill Dr. Suite 405	
City: Ellicott City	State: MD
Phone: 301 490 9204	Email: RobertBowie@BDHI.com
Zip Code: 21042	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: N/A Ronald Johnson & Associates	Name: RONALD JOHNSON
Street Address: 11407 Parley Field Way	
City: Marriottsville	State: MD
Phone: 410 442-3667	Email: Ron@RJArchitect.com
Zip Code: 21104	

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input 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 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 type="checkbox"/> Electric <input checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

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

Model Name & Options:				
# of Bedrooms (SF): 5	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths: 4	# Half Baths: 1	# Fireplaces: 1	
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				
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:
Bsmt Depth:		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: <i>Robert Bowie</i>	DATE SIGNED: 10-29-2022
---	-------------------------

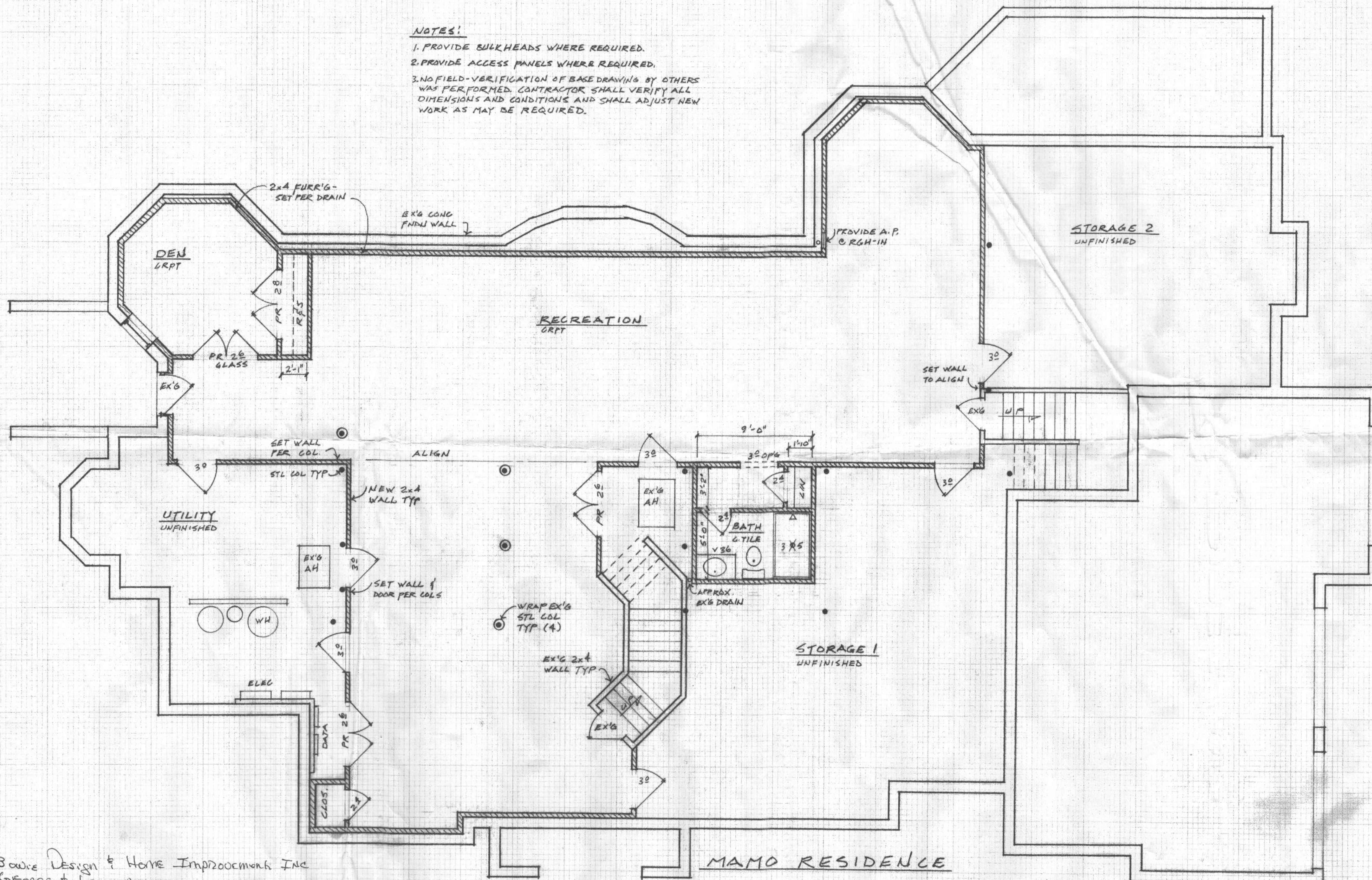
FOR OFFICE USE ONLY

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>10/28/2022</i>	<input type="checkbox"/> SHA
SUBMITTAL FEES: \$13500		PAYMENT: <i>CL # 15000</i>		ACCEPTED BY: <i>[Signature]</i>

NOTES:

1. PROVIDE BULKHEADS WHERE REQUIRED.
2. PROVIDE ACCESS PANELS WHERE REQUIRED.
3. NO FIELD-VERIFICATION OF BASE DRAWING BY OTHERS WAS PERFORMED. CONTRACTOR SHALL VERIFY ALL DIMENSIONS AND CONDITIONS AND SHALL ADJUST NEW WORK AS MAY BE REQUIRED.

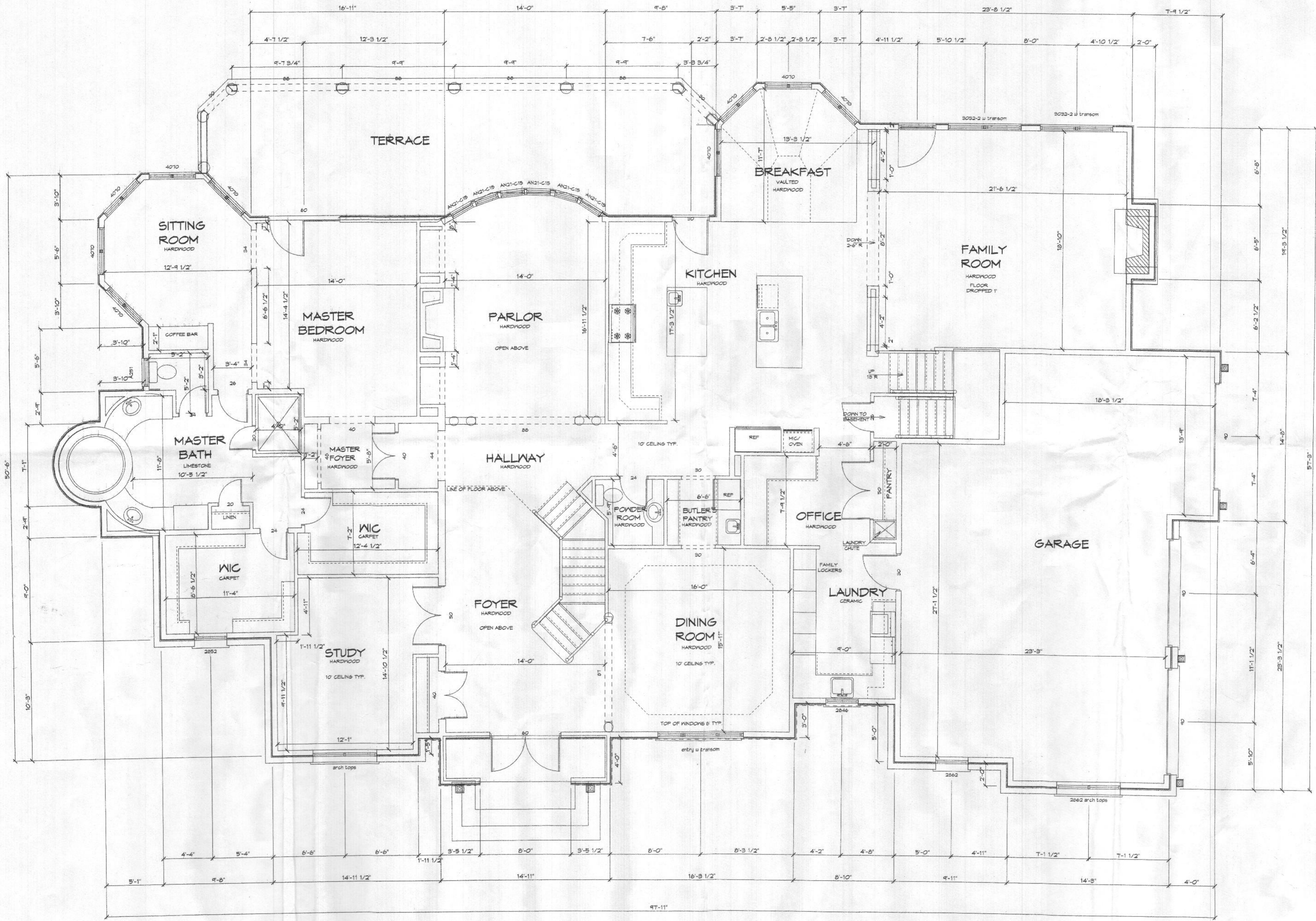


Bowie Design & Home Improvement Inc
 George & Laura Mamo
 3115 OLD OAK DR.
 ELICOTT CITY, MD. 21042

MAMO RESIDENCE
 FINISHED BASEMENT PLAN 1/4"
 BOWIE DESIGN AND HOME IMPROVEMENT 11/15/2020

Approved D22003762
 RMC 10/28/2022

RECEIVED
 OCT 11 2022
 BOWIE DESIGN AND HOME IMPROVEMENT



Existing Floor Plans

Fred C. Dickson Co.
 9724 Owen Brown Rd
 Columbia, MD 21045

Mamo Residence
 3115 OLD OAK DR
 ELLETTTS CITY, MD 21117

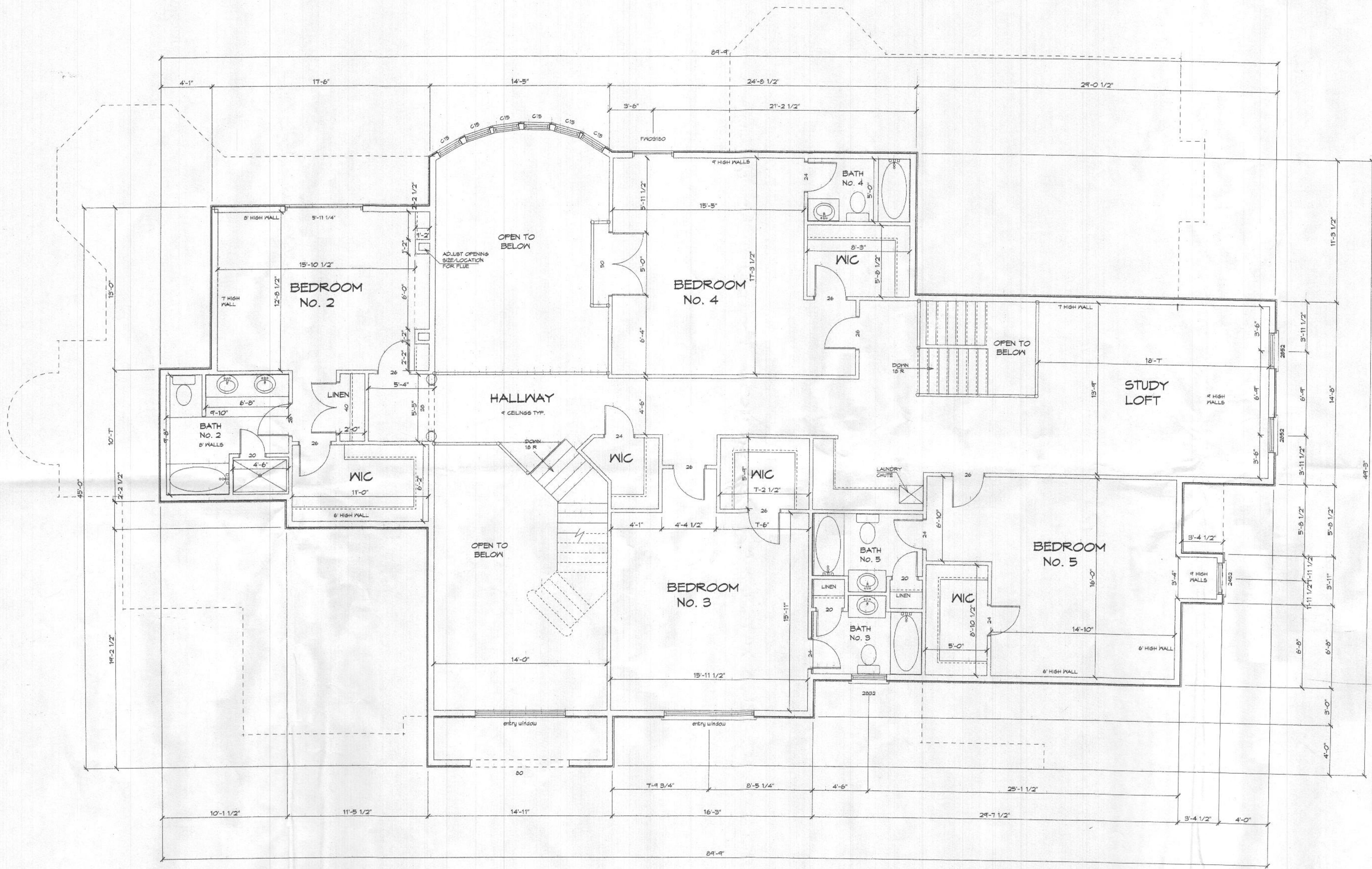
First Floor Plan

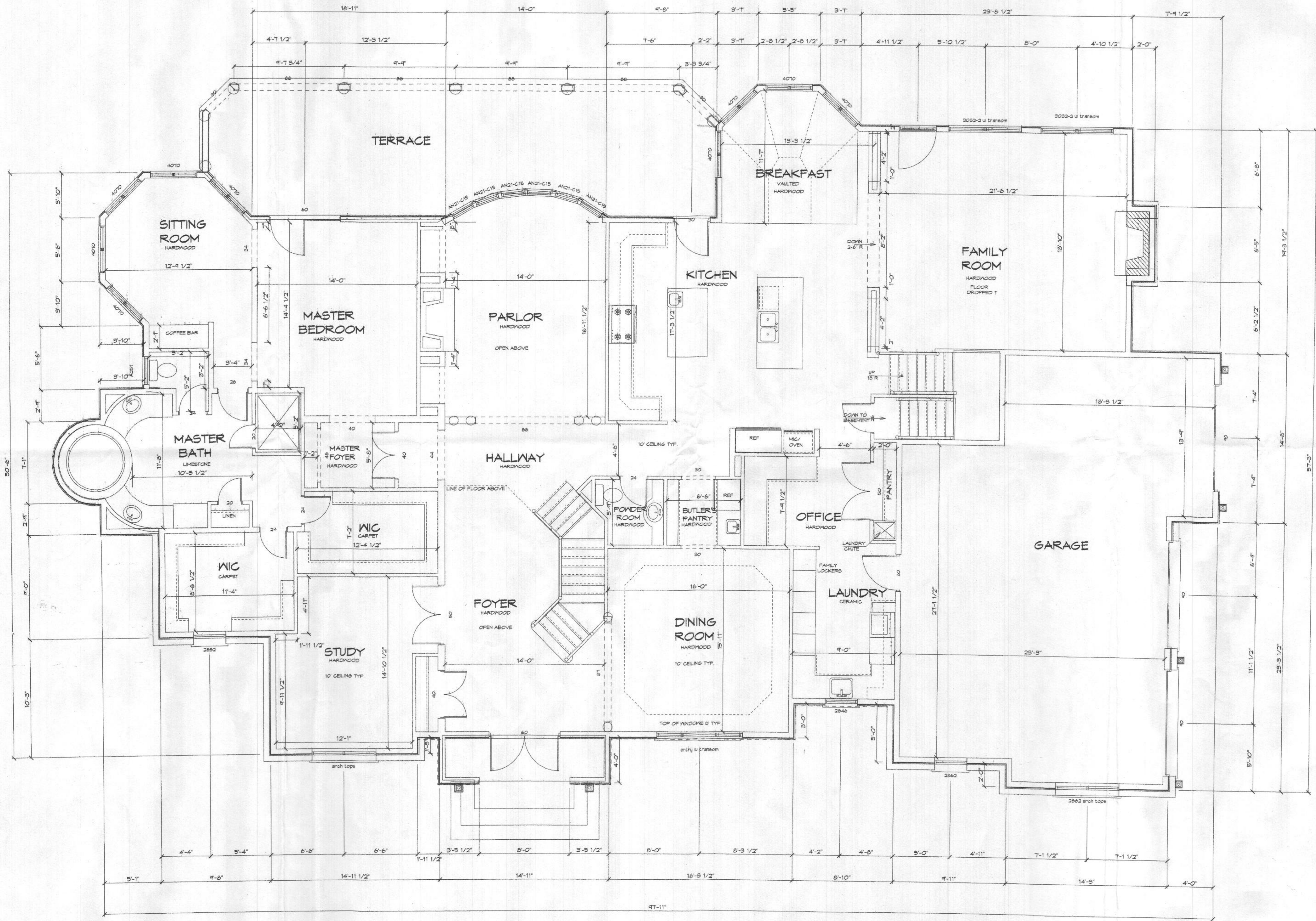
Drawing by: BGD
 Scale: 1/4" = 1'

Date: 01/24/04 Page: 1 / 3
 Revision: 1 - bathroom changes

working plan

B20031602





First Floor Plan

Mamo Residence
 2115 OLS OAK DR.
 FALLS CHURCH VA 22034
working plan

