

PERMIT NUMBER: B22002715

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: 5624 DOSA CT. Unit: _____
 City: CLARKSVILLE State: MD Zip Code: 21029
 Subdivision/Village/Complex Name: THE WOODLANDS SDP/WP/BA #: _____
 Lot: 2 Tax Map: 28 Parcel: 11059749 Grading Permit #: G20000148

DESCRIPTION OF WORK REQUIRED

Existing Use: UNFINISHED Proposed Use: FINISHED ROOMS - GAME ROOM ET Estimated Cost: \$18,000
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
FINISH TWO ROOMS AND OPTIONAL LAUNDRY AREA IN THE PARTIALLY-FINISHED BASEMENT.
Game room / Media Rm / Closer 889

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): ANIL NIMMAGADDA & SWATHI LANKA Primary Residence: Yes No
 Owner's Street Address: 5624 DOSA CT.
 City: CLARKSVILLE State: MD Zip Code: 21029
 Phone: 617-872-4781 Email: ANIL.NIMMAGADDA@GMAIL.COM

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: _____ Contact Name: ANIL NIMMAGADDA
 Street Address: 5624 DOSA CT.
 City: CLARKSVILLE State: MD Zip Code: 21029
 Phone: 617-872-4781 Email: _____

CONTRACTOR INFORMATION REQUIRED

Business Name: OLD BAY REMODELING
 Licensee's Name: MHIC License #: 119037
 Street Address: _____
 City: BALTIMORE State: MD Zip Code: 21229
 Phone: 240-581-2680 Email: WWW.OLDBAYREMODELING.COM

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: _____ 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: (PROPANE) 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: MIDEL WELLINGTON, 2 STORY, FULL BASEMENT (PARTIAL FINISHED), CONSERVATORY
 # of Bedrooms (SF): 5 # of efficiency units (MF*): _____ # of 1 BR (MF*): _____ # of 2 BR (MF*): _____ # of 3 BR (MF*): _____
 # Rooms: 15 # Full Baths: 6 # Half Baths: 1 # Fireplaces: 1 (GAS FIREPLACE)
 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/DISCLAIMER 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: [Signature] DATE SIGNED: 07/08/22

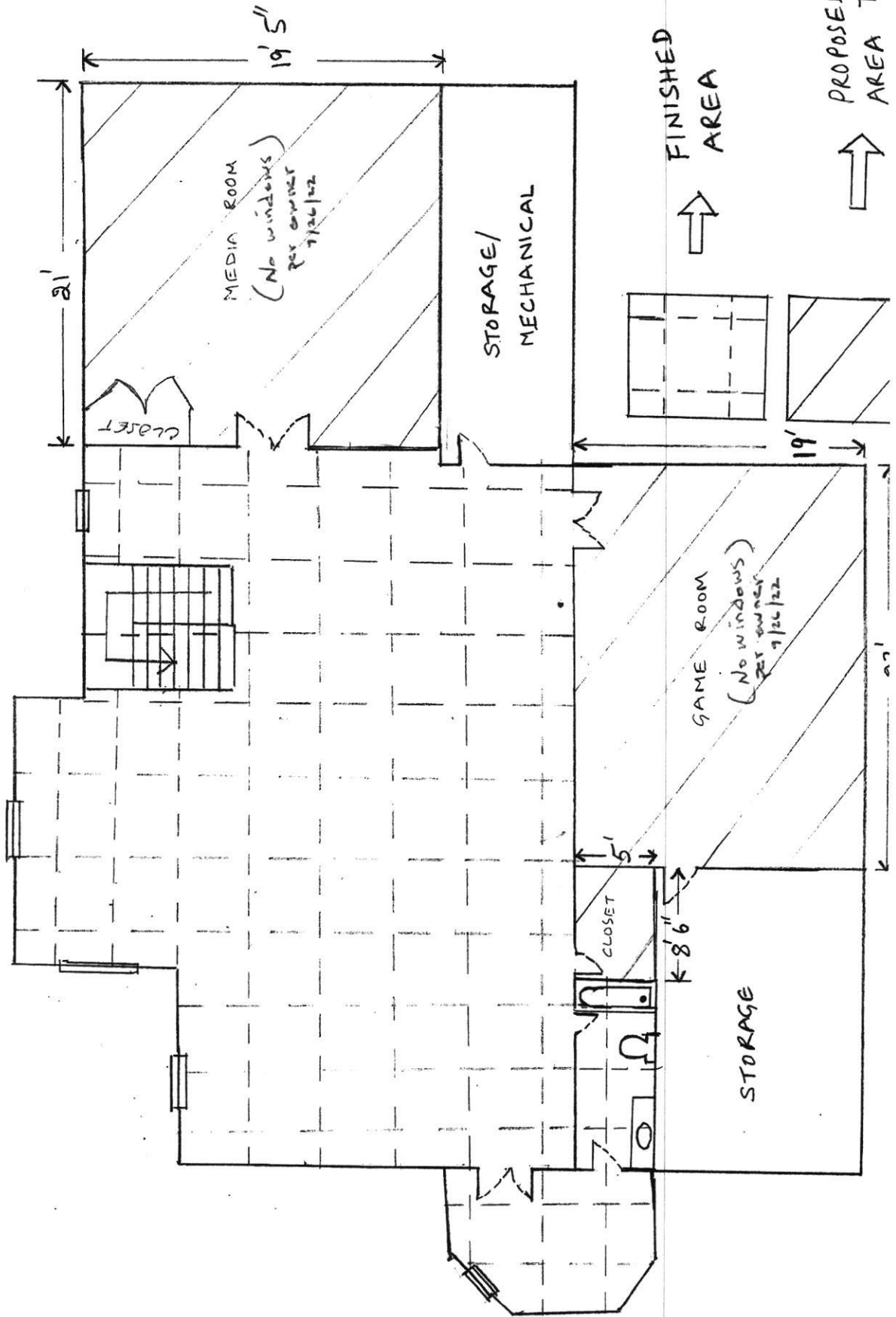
FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

PR DPZ DED Health 7/26/22 SHA CID

SUBMITTAL FEES: \$35.00 PAYMENT: 433 ACCEPTED BY: [Signature]

BASEMENT (5624 DOSA CT., CLARKSVILLE, MD-21039)





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> PS: I left you a voice mail, but I was able to get your email now. Please ignore the voice mail.
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> Thanks,
> Anil.
> 617.872.4781.
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