

PERMIT NUMBER: B

22002732

DATE ACCEPTED:

DILP 2022 JUL 8 PM 12:08

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: **3026 Hickorymede Dr** Unit: _____
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Subdivision/Village/Complex Name: **Valleymede** SDP/WP/BA #: _____
 Lot: **8** Tax Map: **17** Parcel: **0564** Grading Permit #: _____

DESCRIPTION OF WORK *REQUIRED*

Existing Use: **Bedroom** Proposed Use: **New Master Bathroom/Walk-in Closet** Estimated Cost: **\$45,000.00**
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
Existing spare bedroom will be converted into a new master bathroom and walk-in closet. The old master bathroom will be combined with the adjacent spare bathroom. Floor 1 approx 203 sq ft

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) (As it appears on tax records): **Erik Hasselbarth; Angela Hasselbarth** Primary Residence: Yes No
 Owner's Street Address: **3026 Hickorymede Dr**
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Phone: **(443) 388-1695** Email: **erikhasselbarth@yahoo.com**

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: **N/A** Contact Name: **Erik Hasselbarth**
 Street Address: **3026 Hickorymede Dr**
 City: **Ellicott City** State: **MD** Zip Code: **21042**
 Phone: **(443) 388-1695** Email: **erikhasselbarth@yahoo.com**

CONTRACTOR INFORMATION *REQUIRED*

Business Name: **Seyer's Properties Solutions LLC**
 Licensee's Name: **Marlon Reyes** License #: **111322**
 Street Address: **9805 Cottrell Ter**
 City: **Silver Spring** State: **MD** Zip Code: **20903**
 Phone: **(301) 613-4727** Email: **seyerpropertiessolutions@gmail.com**

ARCHITECT/ENGINEER INFORMATION *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name: **ArchDESIGN, LLC** Name: **David Dalo**
 Street Address: **PO Box 39**
 City: **Chruchton** State: **MD** Zip Code: **20733**
 Phone: **(301) 538-2190** Email: **autocadd.design@gmail.com**

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): **2** # of efficiency units (MF*): **0** # of 1 BR (MF*): **0** # of 2 BR (MF*): **0** # of 3 BR (MF*): **0**
 # Rooms: **2** # Full Baths: **2** # Half Baths: **0** # Fireplaces: **0**
 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: **54** 1st Fl Depth: **34** 2nd Fl Width: _____ 2nd Fl Depth: _____ Bsmt Width: **54** Bsmt Depth: **34**
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: **2,960** sq ft Occupiable Area: **2,480** 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: *Erik Hasselbarth* DATE SIGNED: **7/8/22**

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: *Approved, Public Works*
 PR _____ DPZ _____ DED _____ Health *9/8 7/22/22* SHA CID
 SUBMITTAL FEES: **\$135.00** PAYMENT: **CK# 0356** ACCEPTED BY: **AKH**