

PERMIT NUMBER: B

21000855

DATE ACCEPTED:

MAR 01 2021



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: 3779 Sharp Rd, City: Glenwood, State: MD, Zip Code: 21738, Subdivision/Village/Complex Name: Dahlia Levine, SDP/WP/BA #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Hallway on 2nd story level, Proposed Use: Additional Master bathroom, Estimated Cost: \$15,000.00, Trade Work to be Completed: Mechanical (HVAC), Electrical, Plumbing, None. Create master bathroom on 2nd story - sq. ft.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Dahlia Levine, Primary Residence: Yes, Owner's Street Address: 3779 Sharp road, City: Glenwood, State: MD, Zip Code: 21738, Phone: (240) 200-0028, Email: Dahllalevine05@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Contact Name: Benjamin Taylor, Street Address: 3779 Sharp road, City: Glenwood, State: MD, Zip Code: 21738, Phone: (240) 200-0028, Email: taylor83n@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Licensee's Name: Benjamin Taylor, License #: Street Address: 3779 Sharp road, City: Glenwood, State: MD, Zip Code: 21738, Phone: (240) 200-0028, Email: Taylor83n@gmail.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, 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), # 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: 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/ 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.

Signature of Applicant, Date Signed: 02/06/2021

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

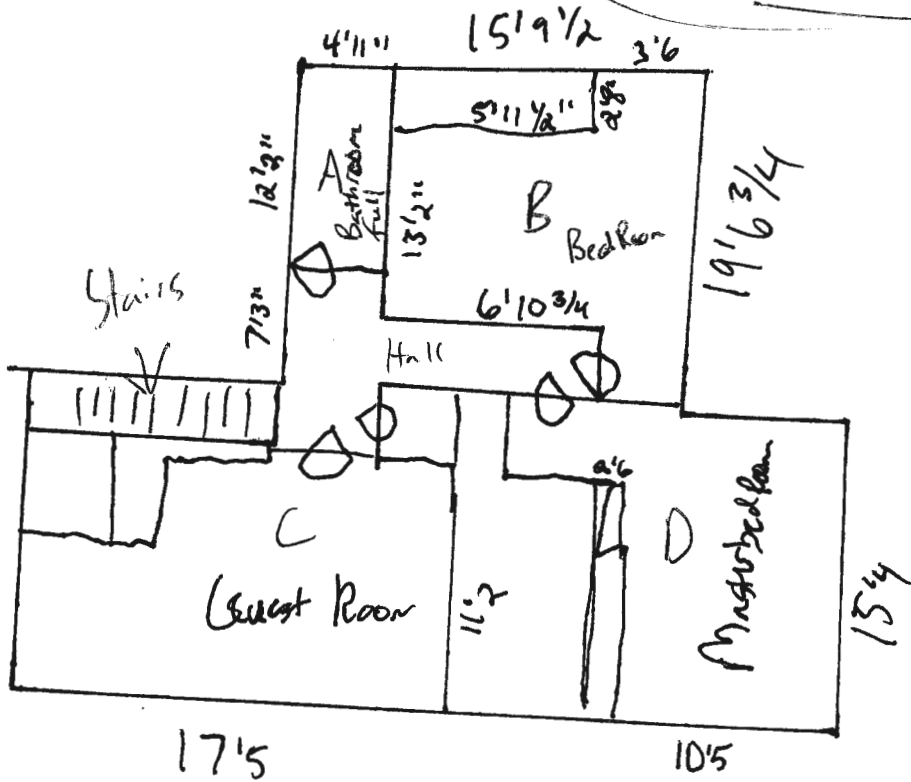
AGENCIES REQUIRED/APPROVALS:

PR, DPZ, DED, Health, SHA, CID

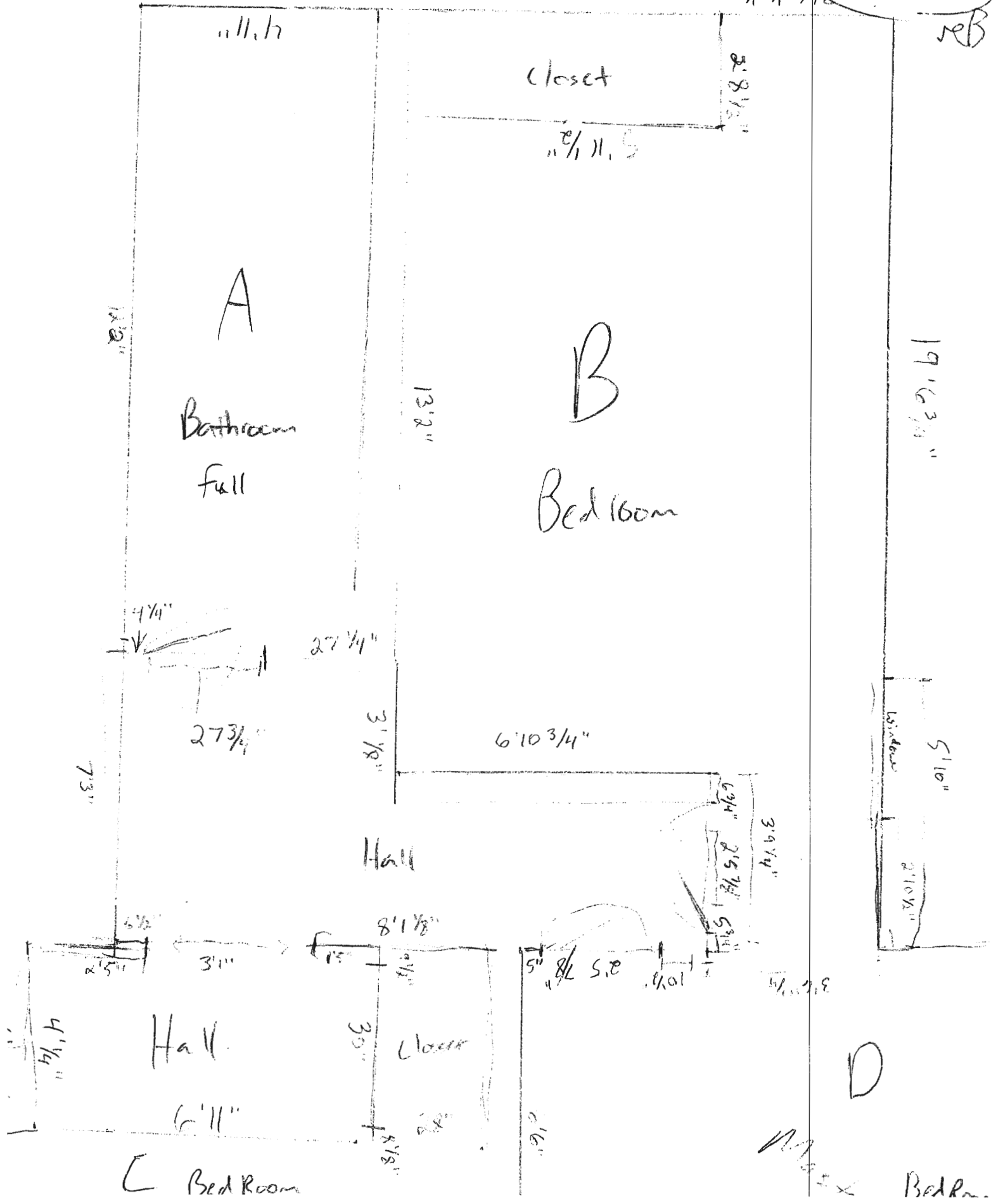
SUBMITTAL FEES: PAYMENT: CK# 160 ACCEPTED BY: DPOPTDOP

2nd Floor

Existing/Current



~~1st floor~~ 2nd floor current/ existing
 15' 9 1/2" 19' 6 3/4" 19' 6 3/4" 5' 10" 2' 10 1/2"



2nd Floor

Existing/Current

