PERMIT NUMBER: B

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: 11710 Old Frederick Road			Unit:
City: Marriottsville	State: MD		Zip Code: 21104
Subdivision/Village/Complex Name: 0002		SDP/WP/BA #:	
Lot:	Tax Map: 10	Parcel: 908468	Grading Permit #:

DESCRIPTION OF WORK *REQUIRED*

Existing Use: None	Proposed Use: Attached Garage	Estimated Cost: $98,000

Trade Work to Be Completed *(Separate Permits Required)*: ☐ Mechanical (HVACR) ■ Electrical ☐ Plumbing ☐ None

SFD/Construct 14 x 20 (Sq Ft 292)Attached Front Garage with an Attached Rear Garage 30 x 16 (Sq Ft 488) Total Sq Ft 780
Install new roof, windows, 2 separate garage doors, 2 story, new siding, floor- poured concrete, foundation walls- concrete block, provide required electrical for new garage

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) *(As it appears on tax records)*: Galloway, Steven		Primary Residence: ■ Yes ☐ No
Owner's Street Address: 11710 Old Frederick Road		
City: Marriottsville	State: MD	Zip Code: 21104
Phone: (301) 490-9204	Email: judismith.bdhi@gmail.com	

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: Bowie Design and Home Improvement	Contact Name: Robert Bowie	
Street Address: 5094 Dorsey Hall Dr, Ste 205		
City: Ellicott City	State: MD	Zip Code: 21042
Phone: (301) 490-9204	Email: judismith.bdhi@gmail.com	

CONTRACTOR INFORMATION *REQUIRED*

Business Name: Bowie Design and Home Improvement		
Licensee's Name: Robert Bowie	License #: 08050128821	
Street Address: 5094 Dorsey Hall Dr, Ste 205		
City: Ellicott City	State: MD	Zip Code: 21042
Phone: (301) 490-9204	Email: judismith.bdhi@gmail.com	

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

Business Name: Ronald Johnston & Assoc Architects	Name: Ronald Johnston	
Street Address: 11407 Barley Field Way		
City: Marroittsville	State: MD	Zip Code: 21104
Phone: (410) 442-3667	Email: ron@rjarchitect.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):	# 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 Widtn:	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.

Robert Bowie — APPLICANT'S ORIGINAL SIGNATURE

3.7.23 — DATE SIGNED

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

AGENCIES REQUIRED/APPROVALS:

☐ PR _____	☐ DPZ _____	☐ DED _____	☐ Health APPROVED 3/10/23	☐ SHA	☐ CID

SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY: