

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: 15370 OLD FREDERICK ROAD		Unit:
City: WOODRIDGE	State: MD	Zip Code: 21797
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot: PAR A	Tax Map: 0008	Parcel: 0008
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use:	Proposed Use:	Estimated Cost: \$
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None		

ADD 2 CAR GARAGE

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): ROBERT AKINWA AJIWA	Primary Residence: <input type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 15370 OLD FREDERICK ROAD	
City: WOODRIDGE	State: MD
Phone: 301-807-8075	Email: BATTUNWA@GMAIL.COM
Zip Code: 21797	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name:	Contact Name: ROBERT AKINWA AJIWA
Street Address: 15370 OLD FREDERICK ROAD	
City: WOODRIDGE	State: MD
Phone: 301-807-8075	Email: BATTUNWA@GMAIL.COM
Zip Code: 21797	

CONTRACTOR INFORMATION REQUIRED

Business Name: HOMEOWNER TO ACT AS CONTRACTOR	License #:
Licensee's Name:	
Street Address:	
City:	State:
Phone:	Email:
Zip Code:	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name:
Street Address:	
City:	State:
Phone:	Email:
Zip Code:	

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 checked="" type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
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):	# 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: <input 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 checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input checked="" 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:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input checked="" type="checkbox"/> UA Alternative <input type="checkbox"/> 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.

APPLICANT'S ORIGINAL SIGNATURE: *[Signature]* DATE SIGNED: 3/10/2023

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:				
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>Approved M... 3/5/23</i>	<input type="checkbox"/> SHA
<input type="checkbox"/> CID	SUBMITTAL FEES:		PAYMENT:	ACCEPTED BY:

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 7/11/2023 ONLINE SUBMITTAL PAPER SUBMITTAL

To: MIKE BLEVIN PLAN REVIEW
(Reviewer/Requestor's Name) (Division)

From: Akin Ajuwon _____
(Your Name, Company Name) (Phone Number)

Subject: Project name AJUWON RESIDENCE GARAGE ADDITION
Project site address 15320 OLD FREDERICK RD, WOODBINE MD 21797
Permit # B23000841 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).
- _____ Health Department Request _____ DPZ/ DED Request _____ Applicant's Request
- Two sets of single-family model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

AKIN AJUWON
Please Print Name

Telephone No: 202 548-8275

E-Mail Address: AAJUWON@GMAIL.COM

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING MYHOWARD.INFO. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by FR
White-Plan Review / Yellow-Applicant / Pink-Permit Division
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