

Walk thru

P29539 A 19969

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-3155 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B11002342
Building Address <u>6491 River Clyde Drive</u> <u>Highland MD 20777</u>		Property Owner's Name <u>Julie Krein</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>6491 River Clyde Drive</u>	
Census Tract _____ Subdivision _____		City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u>	
Section _____ Area _____ Lot <u>44</u>		Home Phone <u>410-221-0020</u> Work Phone _____	
Tax Map _____ Parcel _____ Grid _____		Applicant's Name & Mailing Address, (if other than stated hereon): _____	
Zoning _____ Map Coordinates _____ Lot size _____		Phone _____ Fax _____	
Existing Use <u>SF Dwelling</u>		Contractor Company <u>WDL Carpentry Inc</u>	
Proposed Use <u>SF Dwelling</u>		Contact Person <u>Dan Lewis</u>	
Estimated Construction Cost \$ <u>18000.00</u>		Address <u>14150 twisting Lane</u>	
Description of Work <u>Finish Basement</u> <u>with Full Bath and Bar Room Plan</u> <u>Bed room office storage</u> <u>and workshop 895 sq ft</u>		City <u>Darton</u> State <u>MD</u> Zip Code <u>21036</u>	
Occupant or Tenant <u>Julie Krein</u>		License No. <u>62500</u> Phone <u>410-531-1001</u> Fax <u>410-531-0720</u>	
Contact Name <u>Julie</u>		Engineer or Architect Company _____	
Address <u>6419 River Clyde Drive</u>		Contact Person <u>NA</u>	
City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u>		Address _____	
Phone <u>410-221-0020</u> Fax _____		City _____ State _____ Zip Code _____	
Phone _____ Fax _____		Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling ☒ SF Townhouse ☐ Depth _____ Width _____	Water Supply: _____ Public _____ Private ☒
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private ☒
Gross area, sq. ft. per floor: _____	Electric Yes ☐ No ☐ Gas Yes ☐ No ☐	2nd floor: _____	Electric Yes ☒ No ☐ Gas Yes ☐ No ☐
Use group: _____	Heating System: _____ Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐	Basement: _____	Heating System: _____ Electric ☒ Oil ☐ Natural Gas ☐ Propane Gas ☐
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A ☐ Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A ☒ NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	

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 Signature

WDL Carpentry Inc
Title/Company

Print Name

S-S-11

Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>8-9-11</u>	<u>DPZ</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?

YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐

ONE STOP SHOP: ☐

DPZ SETBACK INFORMATION

PROPERTY ID#:
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? YES ☐ NO ☐
Is Entrance Permit required? YES ☐ NO ☐
Historic District? YES ☐ NO ☐
Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

Distribution of Copies
T:\forms\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

Accepted by _____

Rev. 11/4/04

CASE NO. LA 96532

LOCATION DRAWING

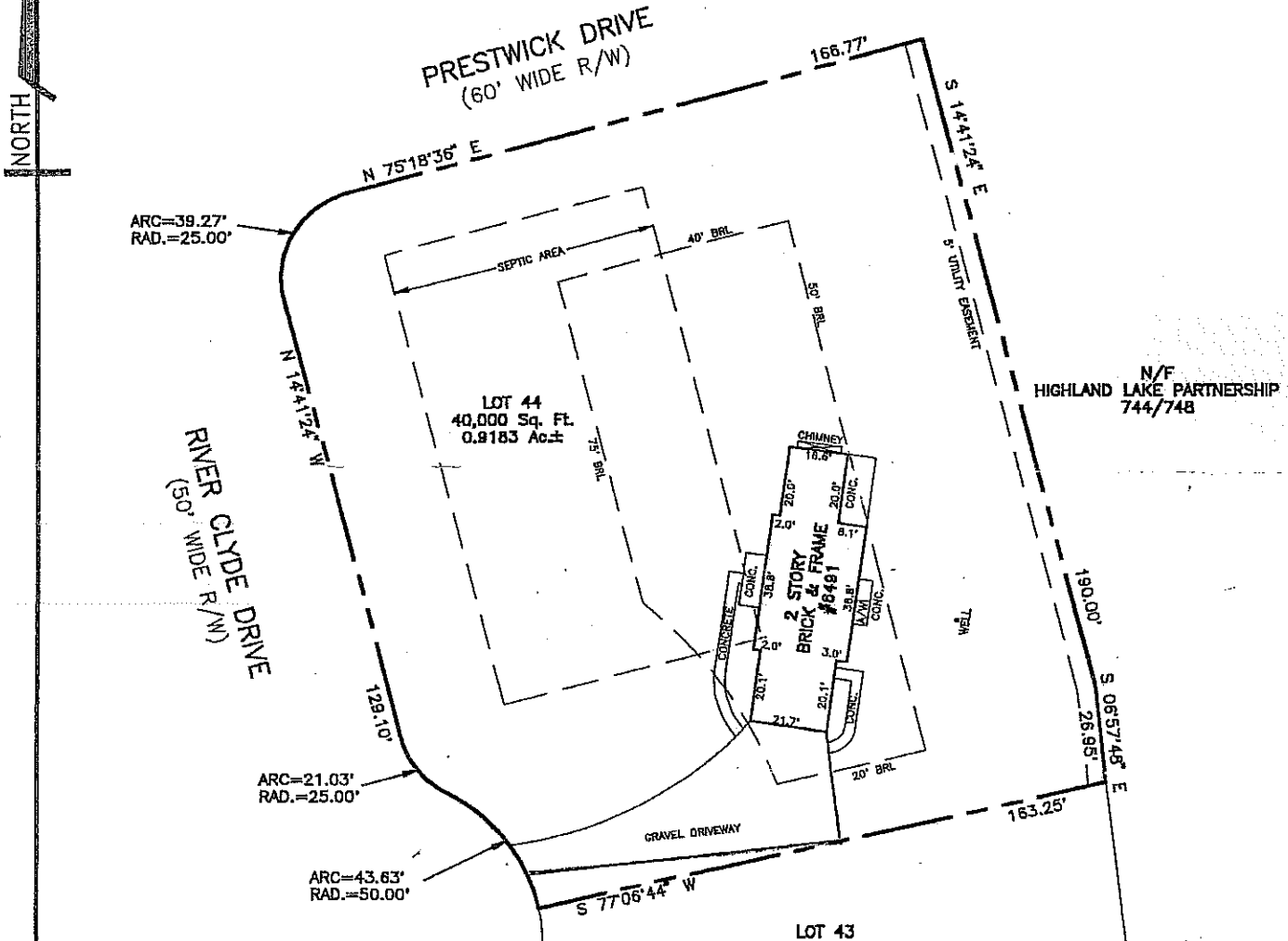
SHEET 4 OF 4

SECTION ONE

HIGHLAND LAKE

LOT 44

HOWARD COUNTY, MARYLAND



APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

APP. SAN Dana Bernad DATE: 89-11-14

DESC. OF WORK: Finish Basement

Approved as shown
Basement Renovation

