



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 7/29/15

Permit No.: _____

Building Address: 5223 Sweet Meadow Lane
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: 0000
Section: _____ Area: _____ Lot: 72
Tax Map: 0028 Parcel: 0074 Grid: 0018
Zoning: _____ Map Coordinates: _____ Lot Size: 1.01 AC

Existing Use: Basement project
Proposed Use: family use
Estimated Construction Cost: \$ 100K
Description of Work: Bathroom / Bar / theatre / exercise room
Bedroom fully finish

Occupant or Tenant: Occupant
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement: 2500 sq. ft.
	<input checked="" type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Manish Oza
Address: 5223 Sweet Meadow Lane
City: Clarksville State: MD Zip Code: 21029
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: HAK Kim
Address: 14205 Gileford Ct
City: Laurel State: MD Zip Code: 20707
Phone: 443 691 6947 Fax: 301 604 0861
Email: hkim@gccmd.com

Contractor Company: Global Cinema Construction LLC
Contact Person: HAK Kim
Address: 14205 Gileford Ct
City: Laurel State: MD Zip Code: 20707
License No.: 105924
Phone: 443 691 6947 Fax: 301 604 0861
Email: hkim@gccmd.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
Sprinkler System:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number:
Building Shell Permit Number:

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: _____
Email Address: hkim@gccmd.com
Title/Company: Global Cinema Construction, LLC

Print Name: HAK Kim
Date: 7/29/2015

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	7/29/15	[Signature]

Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

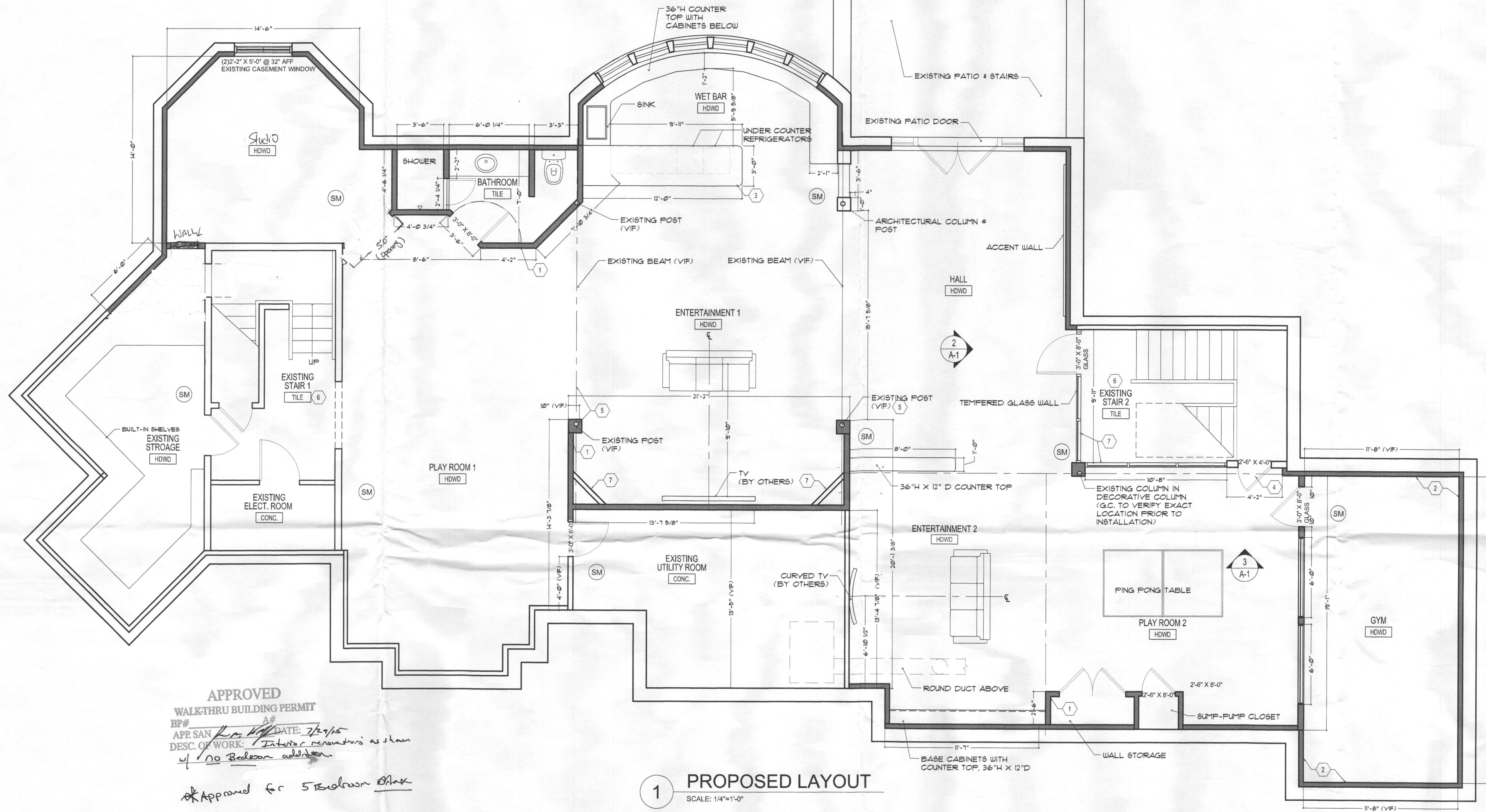
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

5223 SWEET MEADOW LANE
in Clarksville
BASEMENT RENOVATION

NO.	DATE	DESCRIPTION
R2		
R1		
CD	07.07.15	PERMIT SET
SD	06.21.15	SCHEMATIC DESIGN



1 PROPOSED LAYOUT
SCALE: 1/4"=1'-0"

GENERAL NOTES

- THIS SPACE SHALL BE CONSTRUCTED UNDER THE FOLLOWING IN ACCORDANCE WITH LOCAL APPLICABLE CURRENT BUILDING CODE.
- THE CONTRACTOR SHALL VISIT THE SITE TO HAVE A COMPLETE UNDERSTANDING OF THE SCOPE OF PROJECT BEFORE SUBMITTING THE PROPOSAL.
- DO NOT SCALE DRAWINGS.
- ALL PLAN DIMENSIONS TO CENTER LINE OF PARTITION UNLESS NOTED OTHERWISE, THE GENERAL CONTRACTOR SHALL VERIFY ALL DIMENSIONS BEFORE CONSTRUCTION.
- FLOOR, WALL AND CEILING FINISHES SHALL EXTEND OVER, UNDER OR BEHIND ANY ITEM OF EQUIPMENT, FURNITURE, ETC., AS INDICATED IN THE DRAWINGS.
- PROVIDE SUPPLEMENTARY SUPPORT AND/OR FRAMING FOR ALL LIGHTING FIXTURES, CEILING DIFFUSERS, ETC.
- COORDINATE LOCATION OF CEILING DIFFUSERS LIGHT FIXTURES, SPRINKLER HEAD, MECH. DUCTS, ETC., SO AS NOT TO INTERFERE WITH EACH OTHER.
- PROVIDE METAL FURRING AROUND DUCTWORK, PIPING, ETC. WITH MATERIAL TO MATCH SURROUNDING FINISHES.
- REPAIR, REPLACE AND/OR REFINISH ANY DAMAGE TO ITS ORIGINAL CONDITION AND ANY DAMAGE TO THE EXISTING BUILDING CAUSED BY NEW CONSTRUCTION.
- DO NOT DISTURB OR DISRUPT UTILITIES SERVING THE EXISTING BUILDING.
- CONSTRUCTION SHALL AT NO TIME RESTRICT ACCESS TO THE EXISTING BUILDING OR THE SERVICE AREAS WITHIN.
- CONTRACTOR SHALL "DOVETAIL" AND GET OWNER/TENANT APPROVAL OF "DOWN TIME" SCHEDULING, LENGTH AND EXTENT AT LEAST 24 HOURS PRIOR TO THE SCHEDULE DOWN.

DESIGN CRITERIA

- SPF (SPRUCE-PINE-FIR) USE - 1150 PSI
- CONC : 3,000 PSI
- STEEL STRENGTH : 24KIPS
- LIVE LOAD : DESIGNED AS IRC & IBC 2012 CODE
 - BED ROOM : 30 PSF
 - LIVING ROOM : 40 PSF
- DEAD LOAD : 10 PSF
- SNOW LOAD : 30 PSF
- WIND LOAD : WIND SPEED=90 mph
- SOIL BEARING CAPACITY : 2000PSF

LEGENDS

- EXISTING DOOR, FRAME AND HARDWARE TO REMAIN
- EXISTING DOOR (PATIO DOOR) WITH SIDE LIGHTS TO REMAIN
- NEW DOOR, FRAME AND HARDWARE
- NEW WALL CONSTRUCTION (2X4 STUD @ 24" O.C., 1/2" GWB BOTH SIDE)
- KEY NOTE
- EX. EXISTING
- DN DOWN
- # DOOR NUMBER
- ROOM TITLE
- HDWD FLOOR FINISH: HDWD (HARDWOOD), CONC (CONCRETE)
- SM SMOKE DETECTOR (HARD WIRED)

VICINITY MAP



SHEET KEY NOTES

- All new interior walls/partitions are non-bearing, non-rated from floor finish to finished ceiling. 2x4 wood stud @ 24" o.c., 1/2" GWB on both sides (typ.)
- Use abuse resistant gypsum board in the gym: HI-Abuse XP or HI-Impact XP recommended.
- 42" h countertop with under counter refrigerators.
- 2'-6" w x 4'-0" h access door to existing under stair storage.
- Existing columns and beams to remain, there is no structural changes in this work scope.
- Existing stairs/stair cases and handrails to remain.
- Angled wall for speakers and components. (VIF)

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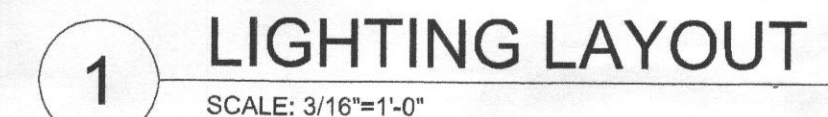
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