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: _____

Permit No.: _____

Building Address: 4987 W. 10 Olive Ct.
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Walnut Creek
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: $ [illegible]
Description of Work: Finished basement

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

Property Owner's Name: Reatau Gue
Address: 4987 W. 10 Olive Ct
City: Ellicott City State: MD Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Same as Below
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Welcome Home Improvements
Contact Person: John Mowery
Address: 2960 Johnson Mill Rd
City: Forest Hill State: MD Zip Code: 21050
License No.: 52587
Phone: 443-752-3455 Fax: _____
Email: _____

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

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

Utilities	
Electric: ☐ Yes ☐ No	
Gas: ☐ Yes ☐ No	
Water Supply	
☐ Public	
☑ Private	
Sewage Disposal	
☐ Public	
☑ Private	
Heating System	
☐ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☐ 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 _____ Print Name John Mowery

Email Address chuffer@welcomehomebrds.com Date 12-14-17

Title/Company owner

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	12/14/17	

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

OPZ SETBACK INFORMATION	
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	$
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

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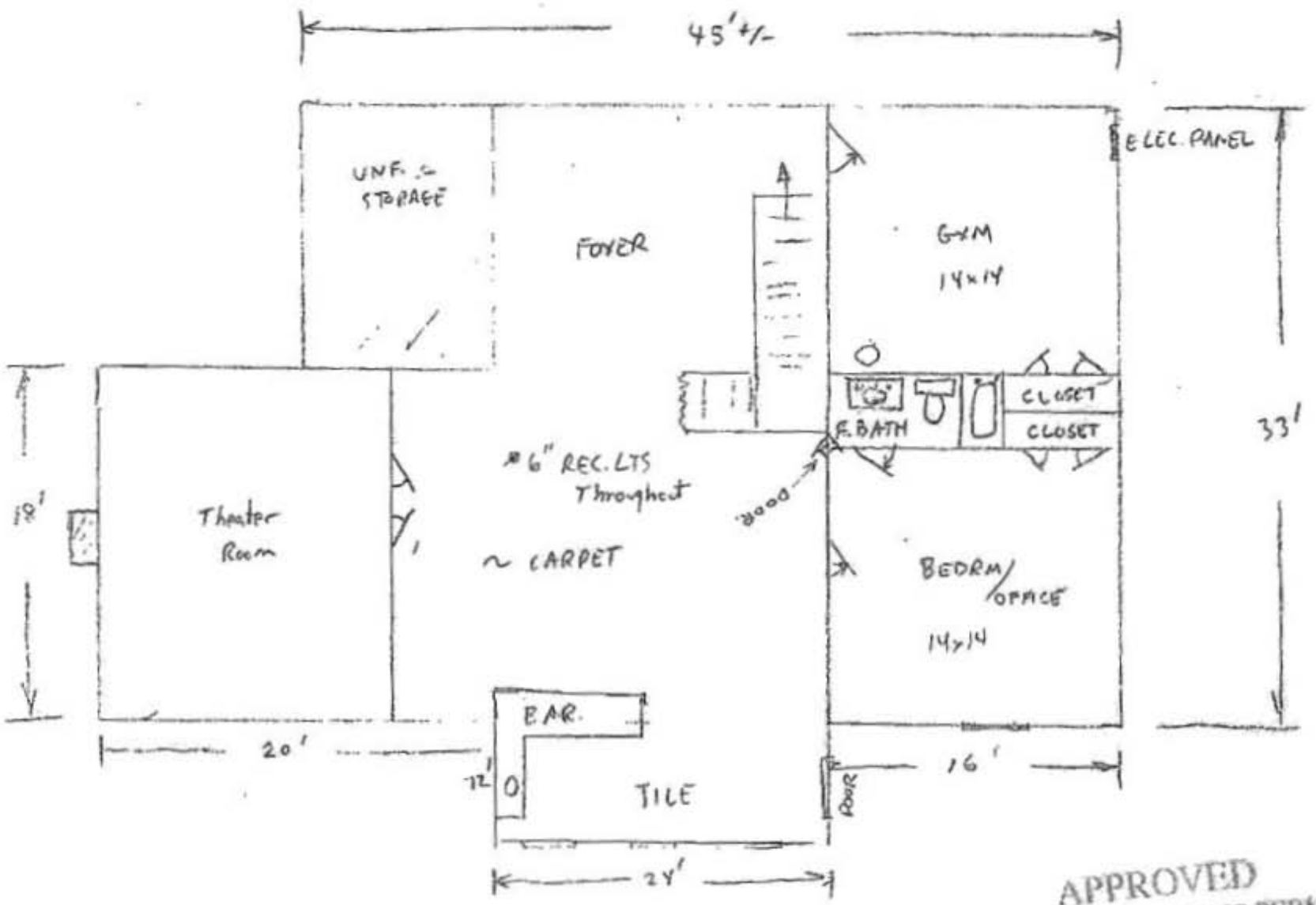
4981 WILD OLIVE



- 2x4 studs, 16" OC.
- ½" Drywall; walls/clgs
- Paint schedule.
- Tile, carpet on floors
- Elec. to code.
- Existing insulation on walls.

Basement Finish

APPROVED
WALK-THRU BUILDING PERMIT
BP# A#
APP. SAN DATE: 12/14/12
DESC OF WORK Proposed finish basement w/ 1 additional Bedroom.
Total = 5 BR Max

Name: Beatrice Gro

Street Address: 4987 Wild Olive Ct.

City, State, Zip: Ellicott City, MD 21042

Date: 12-14-17

Amendment, Permit # B17004191

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

Dear Ms. Whalen:

I am requesting to amend **Permit #** B17004191 **at**

4987 WILD OLIVE CT **to**

Adding 1500 sf finished basement to existing deck permit

Rooms added include: full bath, bedroom, theater room, rec. room, foyer, bar, gym, and unfinished & finished storage.

Enclosed:

X **Fee:** 25.00 CK#5287

____ **Plot Plans**

____ **Sets of Construction Drawings**

X **Other:** HEALTH APPROVED FLOOR PLANS

If there is anything we can do to assist you, please let me know.

Sincerely,

CC: Health
P&Z

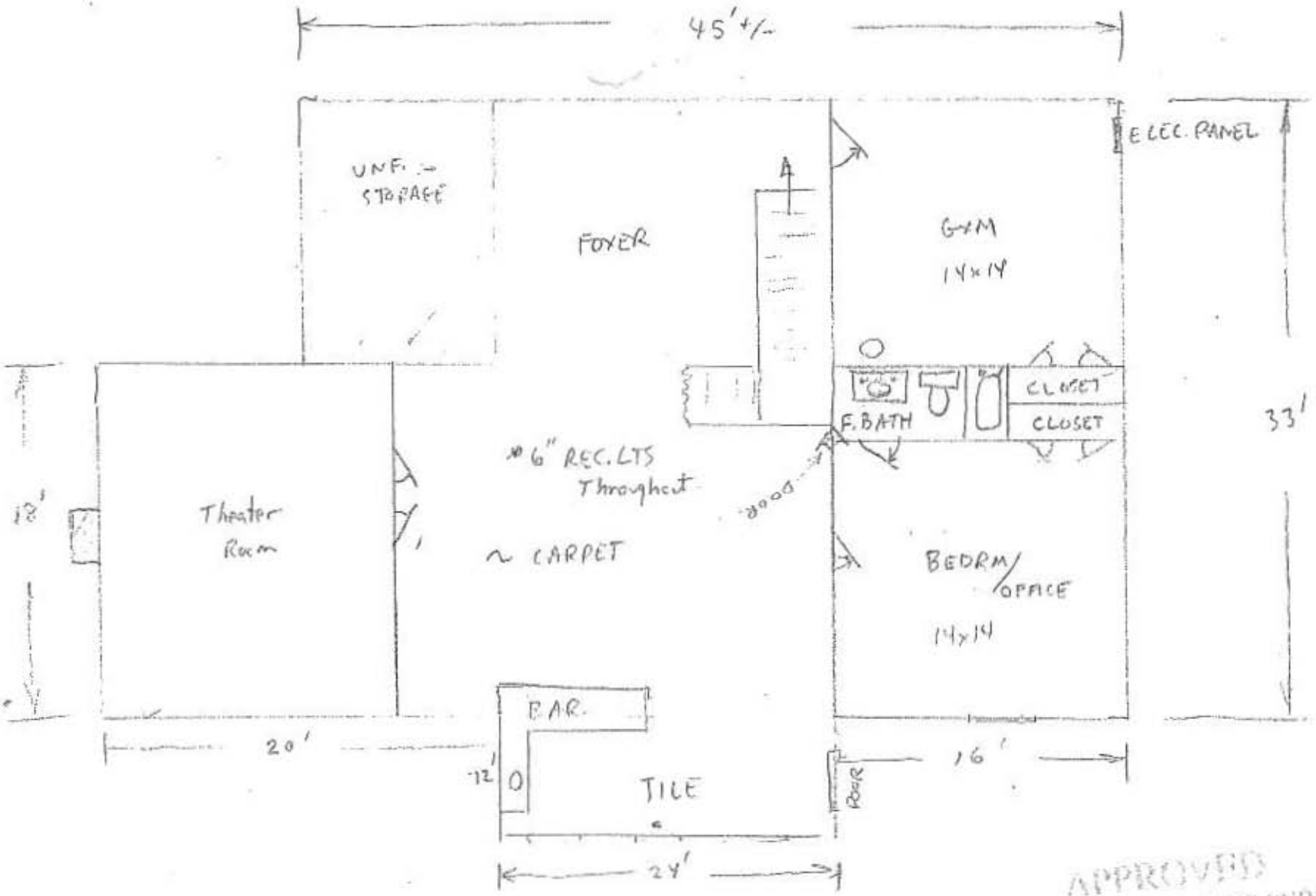
Name: John Manzari

Title: Owner/Welcome Home Improvements

Phone: 443-752-3455

Email: johne welcomehomedecks.com
john@welcomehomedecks.com

4981 WILD OLIVE



- 2x4 studs, 16" OC,
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Basement Finish

APPROVED
BUILDING PERMIT
BP# B1700419
DATE 12/14/12

Proposed finish basement w/ 1 additional Bedroom.
Total = 5 BR Max