



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: 12249 RUNNING FENCE LANE
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: RESIDENTIAL SINGLE FAMILY
Proposed Use: // w/ PARTIAL FINISHED BASEMENT
Estimated Construction Cost: \$ 10,000
Description of Work: FINISH PARTIAL UNFINISHED BASEMENT w/ HALF BATH ONLY

Occupant/Tenant Name: LAURA LONG
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: LAURA LONG
Address: 12249 RUNNING FENCE LANE
City: CLARKSVILLE State: MD Zip Code: 21029
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: | 1st floor: |
| | 2nd floor: |
| Area of construction (sq. ft.): | Basement: |
| | <input 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 type="checkbox"/> No | Roof: |
| Roadside Tree Project Permit # | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

Property Owner's Name: LAURA LONG
Address: 12249 RUNNING FENCE LANE
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: 410-220-8395 Fax: _____
Email: FRIAR_96@hotmail.com

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

Contractor Company: RENOVO GROUP LLC
Contact Person: JOE MALANDRUCCOLO
Address: 1011 BALANOVUE ROAD
City: TOWSON State: MD Zip Code: 21204
License No.: MHC-102286
Phone: 443-756-9140 Fax: _____
Email: joe@renovogroupllc.com

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

| Utilities | |
|---|--|
| Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| 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 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: joe@renovogroupllc.com
Title/Company: OWNER

Print Name: JOSEPH MALANDRUCCOLO
Date: 1/10/2019

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

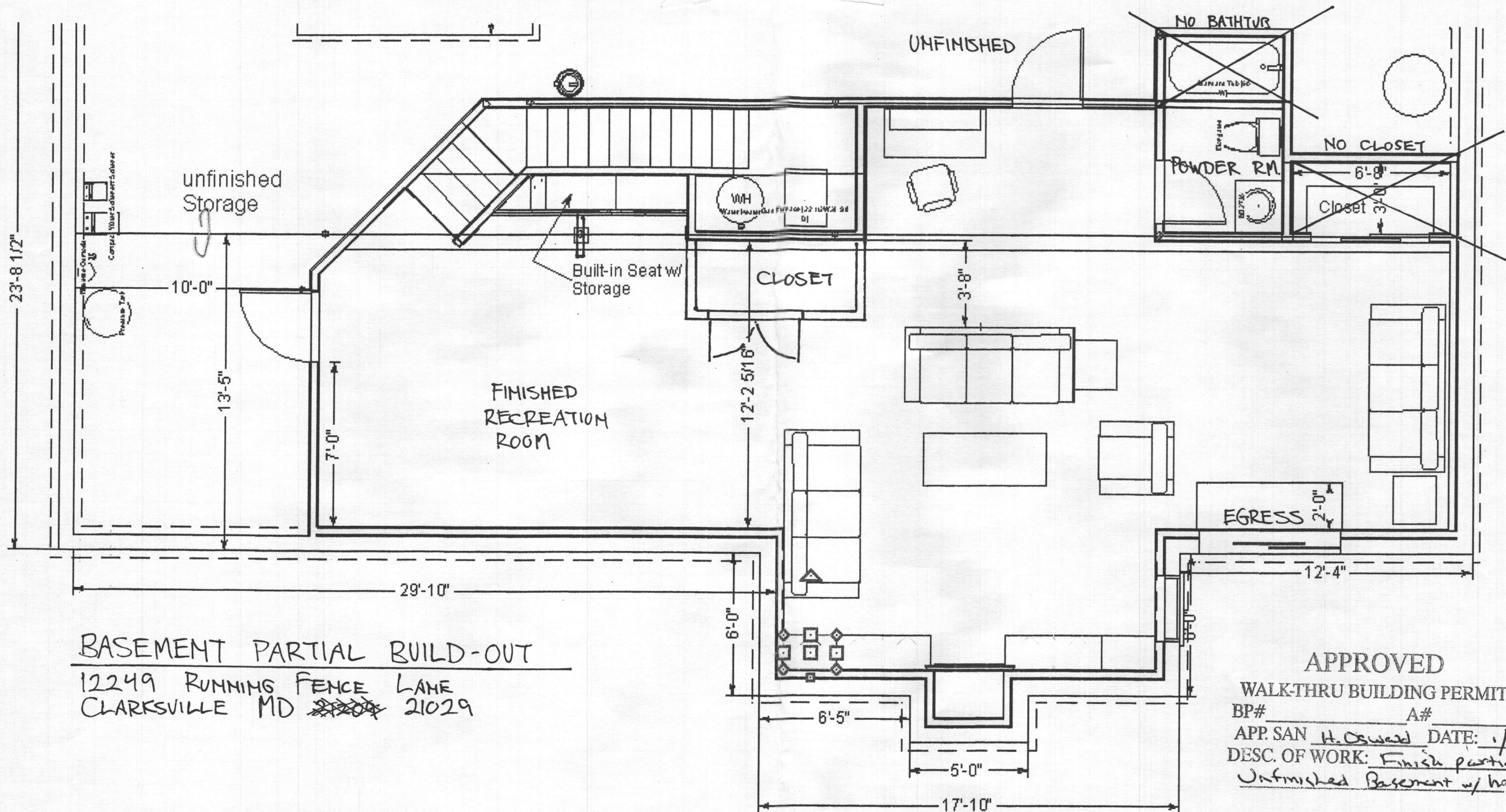
| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--------------------|----------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | <u>1/10/19</u> | <u>H. Oswald</u> |

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



BASEMENT PARTIAL BUILD-OUT
 12249 RUNNING FENCE LANE
 CLARKSVILLE MD ~~21029~~ 21029

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN H. Oswald DATE: 1/10/19
 DESC. OF WORK: Finish partial
Unfinished Basement w/ half bath only