Health

DILP 2019 NOV 21 PM 12:19

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.: B1900 4015

Building Address: 14831 Roxbury Rd
City: Glenelg State: MD Zip Code: 21737
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Signed family
Proposed Use: finished Basement
Estimated Construction Cost: $ 85000
Description of Work:
Bedroom, full new Bathroom
storage Room, Kitchen, no
stove, fireplace

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

Property Owner's Name: Mahmoud Djavani
Address: 14831 Roxbury Rd
City: Glenelg State: MD Zip Code: 21737
Phone: 410-882-5879 Fax: _____
Email: djavani@gmail.com

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

Contractor Company: Mizan General Const.
Contact Person: Seyed M. Ali
Address: 8519 Heathrow Court
City: Nottingham State: MD Zip Code: 21236
License No.: 136998
Phone: 443-600-[illegible] Fax: 2503
Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics
Height: 9' 5"	☒SF Dwelling ☐ SF Townhouse
No. of stories: 2	Depth / Width
Gross area, sq. ft./floor:	1st floor: X
	2nd floor:
Area of construction (sq. ft.): 1200	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: X
	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* Mahmoud Djavani

Email Address djavani@gmail.com *Date* Nov. 21/2019

Title/Company _____

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	12/5/19	[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? ☐ 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	$ 135
Permit Fee	$
Tech Fee	$
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$
Sub- Total Paid	$
Balance Due	$
Check	# 1004

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

T:\Operations\Updated Forms\BuildingPermitApplication03.29.2018.docx

9*

Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B19004015	11/21/2019

Description of Work

SFD/FINISH BASEMENT FOR 1 BEDROOM, 1FB, STORAGE ROOM, KITCHEN (NO STOVE), 1 FP, 1200 SQ. FT.

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
14831	ROXBURY	RD

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.02763	39.25293

City	State	Zip Code	Primary
GLENELG	MD	21737	Yes

Parcel * *(This section is required.)*

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
889725	58	1.36	203600	665700	462100	RURAL

Legal Description

IMPSLOT 1 1.3609 A.[ ]14831 ROXBURY ROAD SS[ ]FROSTY PINES

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	1	605601	5				

Plan Area	State Tax Id	Subdivision Name
	1404365046	FROSTY PINES

Section	Area	Tax Map
		21

Grid	Zoning District	ADC Map
21-22	RC-DEO	4812-F10

SDP No.	Final Plan No.	WP File No.	Primary
			Yes

Record Plat No.	WS Contract No.	FDP No.
14554		

Owner Occupied	Year Built	Historic District
○ Yes ○ No	2011	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	4-09	○ Yes ◉ No

Building No

Owner *(This section is not required.)*

Search **Reset** **Clear**

Name *
MAHMOUD DJAVANI
Address Line 1
14831 ROXBURY ROAD
Address Line 2
Address Line 3
Mail City **Mail State** **Mail Zip Code**
GLENELG | MD | 21737
Phone **Primary**
410-882-5879 | Yes
E-mail
DJAVANI@GMAIL.COM
Cell Number **Fax Number**

Professionals *(This section is not required.)*

Search **Reset** **Clear**

License # * **Business Name**
08050136998 | MIZAN GENERAL CONSTRUCTION INC
License Type * **First Name** **Middle Name** **Last Name**
MHIC Co | SYED | | ALI
Primary **Address Line 1**
Yes | 8519 HEATHROW COURT C
Address Line 2
City **State** **ZIP Code**
BALTIMORE | MD | 21236-0000
Phone 1 **Phone 2** **Fax**
3476135205 | | 0000000000
E-mail
MASHADAL1@YAHOO.COM

Applicant *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type * **First Name** **MI** **Last Name**
Applicant | MAHMOUD | | DJAVANI
Relationship **Full Name**
Applicant | MAHMOUD DJAVANI
Primary **Organization Name**
No
Street Address
14831 ROXBURY ROAD
Address Line 2

City	State	Zip Code
GLENELG	MD	21737

Phone	Cell	Fax
410-882-5879		

E-mail *
DJAVANI@GMAIL.COM

Contact *(This section is not required.)*

Search **As Owner** **As Lic. Prof** **As Contact**

Type	First Name	MI	Last Name
Contact	MAHMOUD		DJAVANI

Relationship
Owner

Full Name
MAHMOUD DJAVANI

Primary
Yes

Organization Name

Street Address
14831 ROXBURY ROAD

Address Line 2

City	State	Zip Code
GLENELG	MD	21737

Phone	Cell	Fax
410-882-5879		

E-mail
DJAVANI@GMAIL.COM

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
85000	0	0	No

Construction Type
434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *	Bedrooms	Full Baths	Half Baths	Water *	Sewage *	Existing Utilities *
1200 SQFT	1	1		Private	Private	Electric

Existing Heating System *	Existing Sprinkler System *	Type of New Fireplace	Expiration Date	Fee Exempt *
Propane Gas	None	Prefab	5/25/2020	○ Yes ◉ No

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit **Cancel**

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

Date: 11/27/19

To: Ms. Debbie Whalen (Building Review)
(Person's Name and Division)

RECEIVED
NOV 27 2019
PLAN REVIEW DIVISION

From: Mahmoud Djavani (410) 419-6647
(Your Name, Company Name and Telephone Number)

Subject: Project name _____

Project site address 14831 Roxbury Rd, Glenelg MD 21737

Permit # B19004015 **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 dwelling model plans to be placed on permanent file: Model name and/or #_____
- ____ Other _____

Contact Person Information: (Required)

Mahmoud Djavani
Please Print Name

Telephone No: 410-419-6647

E-Mail Address: djavani@gmail.com

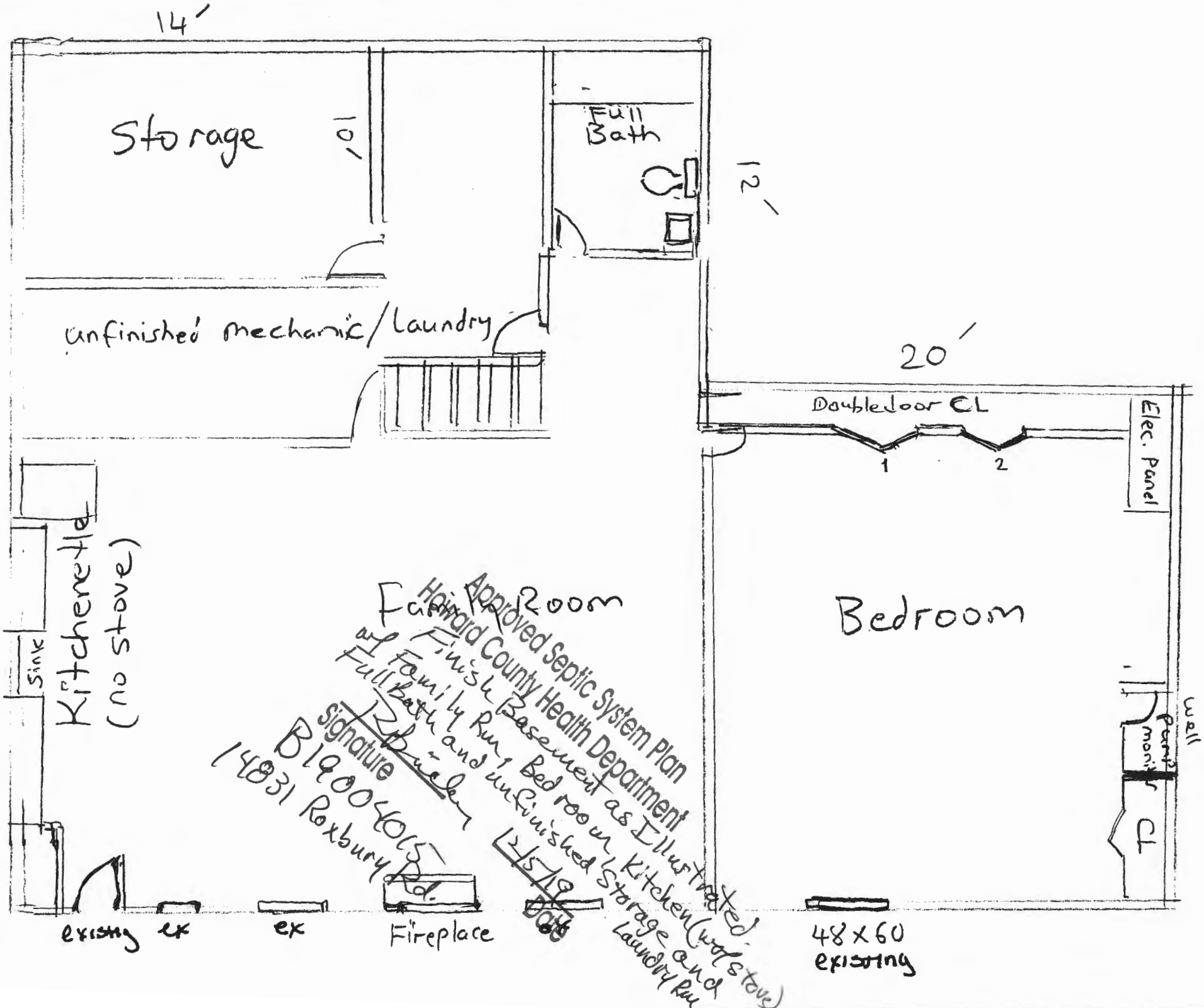
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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. 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 _____

RECEIVED
NOV 27 2019
LICENSES & PERMITS DIVISION

Health
1st Rev. 20 fee

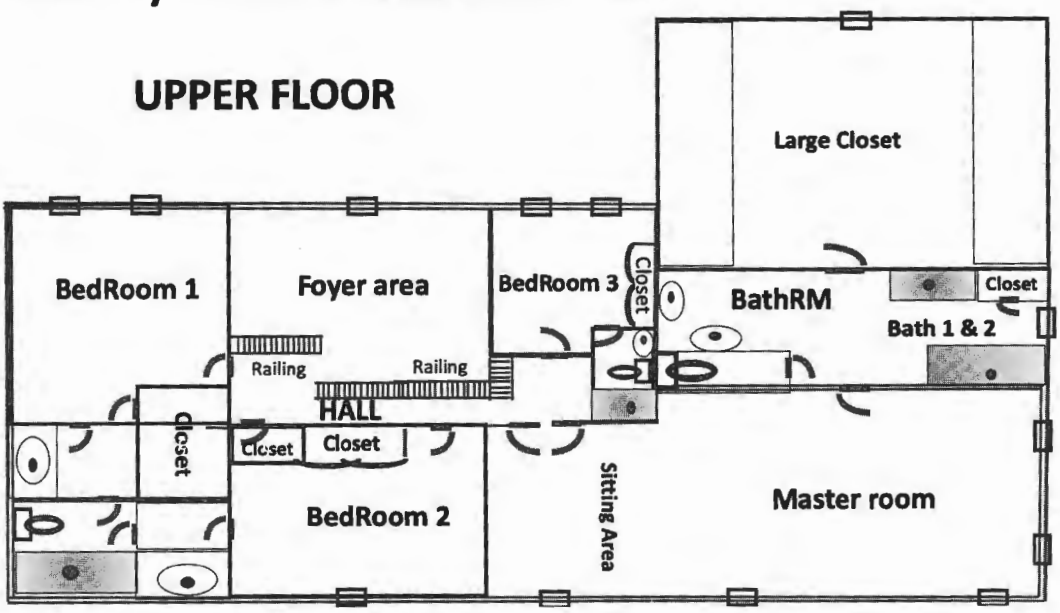
White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014


14'
Storage
10'
Full Bath
12'
unfinished mechanic/Laundry
20'
Doubledoor CL
Elec. Panel
1
2
Kitchenette
(no stove)
Sink
Approved Septic System Plan
Howard County Health Department
Finish Basement as Illustrated.
Family Room
Bedroom
Family Room, Bed room, Kitchen (w/o stove)
Full Bath and unfinished Storage and
Laundry Room
Signature
Date
14831 Roxbury Rd.
Well
Pump monitor
CL
existing
ex
ex
Fireplace
48 x 60
existing

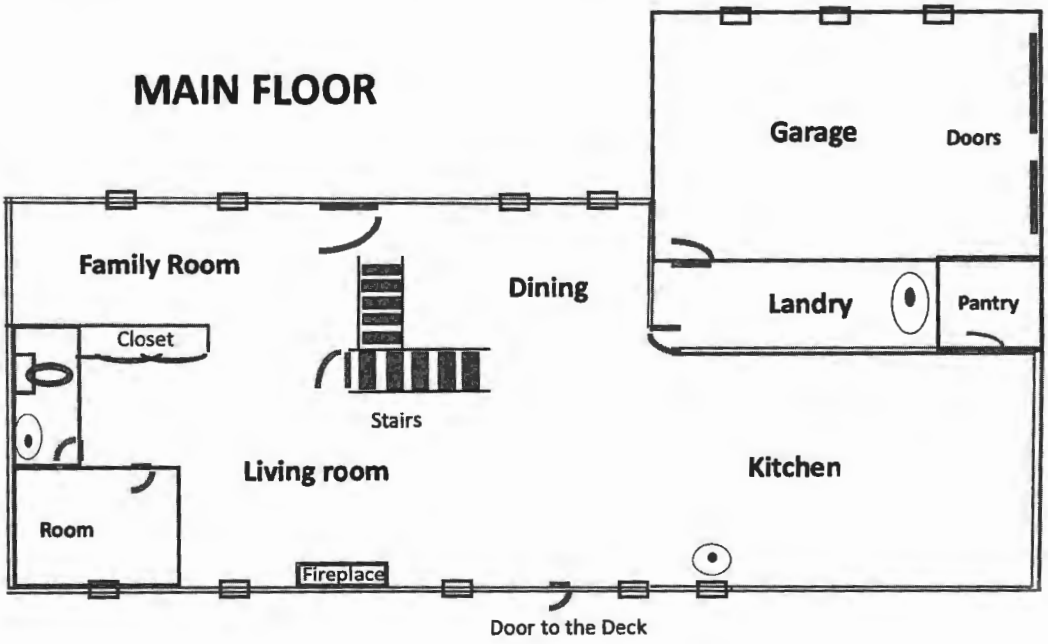
Roxbury Whole House Floor Plan:

#4831 Roxbury Rd.
B19004015

UPPER FLOOR



MAIN FLOOR



Approved Septic System Plan
Howard County Health Department
Finished Basement approved
Septic System has adequate
capacity for 5 bedrooms
[signature]
12/5/19
Signature
Date

BASEMENT