MER

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B00128751

Building Address 2929 Summer Hill Drive
West Friendship MD 21794
Suite/Apt. #: ______ SDP/WP/Petition #: ______
Census Tract ______ Subdivision Sobus Farms
Section ______ Area ______ Lot 26
Tax Map 15 Parcel [illegible] Grid 18
Zoning [illegible] Map Coordinates [illegible] Lot size [illegible]

Property Owner's Name [illegible] Richter
Address [illegible]
City West Friendship State MD Zip Code 21794
Home Phone 410-442-[illegible] Work Phone ______
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone ______ Fax 410-750-2596

Existing Use single family residence
Proposed Use [illegible]
Estimated Construction Cost $ [illegible]
Description of Work 15 x 32 addition w/ unfinished bsmt, FP

Contractor Company Catonsville Homes
Contact Person Sandy Stanton
Address 10753 [illegible]
City Woodstock State MD Zip Code 21163
License No. 990
Phone 410-750-1200 Fax 410-750-2596

Occupant or Tenant owner
Contact Name ______
Address ______
City ______ State ______ Zip Code ______
Phone ______ Fax ______

Engineer or Architect Company owner
Contact Person ______
Address ______
City ______ State ______ Zip Code ______
Phone ______ Fax ______

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Utilities

Water Supply: ____ Public ____ Private
Sewage Disposal: ____ Public ____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

	Depth	Width
1st floor:	[illegible]	[illegible]
2nd floor:	—	—
Basement:	32	15'4

Finished Basement ☐ Unfinished Basement ☒
Crawl space ☐ Slab on Grade ☐
No. of Bedrooms ______

Multi-family dwellings:
No. of efficiency units: ______
No. of 1 BR units: ______
No. of 2 BR units: ______
No. of 3 BR units: ______

Other Structure: ______
Dimensions: ______
Footings: [illegible]
Roof: [illegible]
____ State Certified Modular
____ Manufactured Home

Utilities

Water Supply: ____ Public X Private
Sewage Disposal: ____ Public X Private
Electric Yes ☒ No ☐
Gas Yes ☒ No ☐
Heating System: Electric ☐ Oil ☐ Natural Gas ☒ Propane Gas ☐
Sprinkler system: N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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 Sandy Stanton
Title/Company Catonsville Homes Date 3/2/01

Checks payable to: *DIRECTOR OF FINANCE OF HOWARD COUNTY*
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
X Land Development, DPZ		
State Highways		
X Building Official		
X Dev. Engineering, DPZ		
X Health	3/8/01	Mark Lifton
Fire Protection		

Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone ______
SDP/Red-line approval date ______

PROPERTY ID#: 20988
Filing fee $ [illegible]
Permit fee $ ______
Excise tax $ ______
Sub-total paid $ ______
Add'l permit fee $ ______
TOTAL FEES $ ______
Balance due $ ______
Check # 1265
Validation # [illegible]
Accepted by ______

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

s:\permit.frm Rev. 10/15/98

Menu Save Reset Cancel Help

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

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B19003579	10/22/2019

Description of Work

SFD/ FINISHED BASEMENT TO INCLUDE REC RM, GAME RM, MEDIA RM, BATHROOM, MECHANICAL RM, & LAUNDRY RM, APX 1900 SQ. FT.

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
2929	SUMMER HILL	DR

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.93943	39.29334

City	State	Zip Code	Primary
WEST FRIENDSHIP	MD	21794	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
903922	26	1.31	198100	629000	430900	RURAL

Legal Description

IMPSLOT 26 1.3184 A[ ]2929 SUMMER HILL DR[ ]SOBUS FARMS

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	26	603000	5				

Plan Area	State Tax Id	Subdivision Name
	1403319954	SOBUS FARMS

Section	Area	Tax Map
		15

Grid	Zoning District	ADC Map
15-18	RR-DEO	4813-K4

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

Record Plat No.	WS Contract No.	FDP No.
11927		

Owner Occupied	Year Built	Historic District
○ Yes ○ No	1997	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	3-05	○ Yes ◉ No

Building No

Owner *(This section is not required.)*

Search **Reset** **Clear**

Name *
MARUTHI PRASAD VEERAMARCHNANI
Address Line 1
2929 SUMMER HILL DR
Address Line 2
Address Line 3
Mail City | **Mail State** | **Mail Zip Code**
WEST FRIENDSHIP | MD | 21794
Phone | **Primary**
612-233-2222 | Yes
E-mail
MARUTHIPRASAD2006@GMAIL.COM
Cell Number | **Fax Number**

Professionals *(This section is not required.)*

Search **Reset** **Clear**

License # * | **Business Name**
0 | HOME OWNER
License Type * | **First Name** | **Middle Name** | **Last Name**
Property Owner | MARUTHI PRASAD | | VEERAMARCHNANI
Primary | **Address Line 1**
Yes | 2929 SUMMER HILL DR
Address Line 2
City | **State** | **ZIP Code**
WEST FRIENDSHIP | MD | 21794
Phone 1 | **Phone 2** | **Fax**
612-233-2222 | |
E-mail
MARUTHIPRASAD2006@GMAIL.COM

Applicant *(This section is not required.)*

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

Type * | **First Name** | **MI** | **Last Name**
Applicant | MARUTHI PRASAD | | VEERAMARCHNANI
Relationship | **Full Name**
Applicant | MARUTHI PRASAD VEERAMARCHNANI
Primary | **Organization Name**
No | HOME OWNER
Street Address
2929 SUMMER HILL DR
Address Line 2

City	State	Zip Code
WEST FRIENDSHIP	MD	21794

Phone	Cell	Fax
612-233-2222		

E-mail *
MARUTHIPRASAD2006@GMAIL.COM

Contact *(This section is not required.)*

Search | As Owner | As Lic. Prof | As Contact

Type	First Name	MI	Last Name
Contact	MARUTHI PRASAD		VEERAMARCHNANI

Relationship: Owner
Full Name: MARUTHI PRASAD VEERAMARCHNANI
Primary: Yes
Organization Name: HOME OWNER
Street Address: 2929 SUMMER HILL DR
Address Line 2:

City	State	Zip Code
WEST FRIENDSHIP	MD	21794

Phone	Cell	Fax
612-233-2222		

E-mail
MARUTHIPRASAD2006@GMAIL.COM

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
40000	0	0	No

Construction Type: --Select--

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *	Bedrooms	Full Baths	Half Baths	Water *	Sewage *	Existing Utilities *
1900 SQFT				Private	Private	Gas & Electric

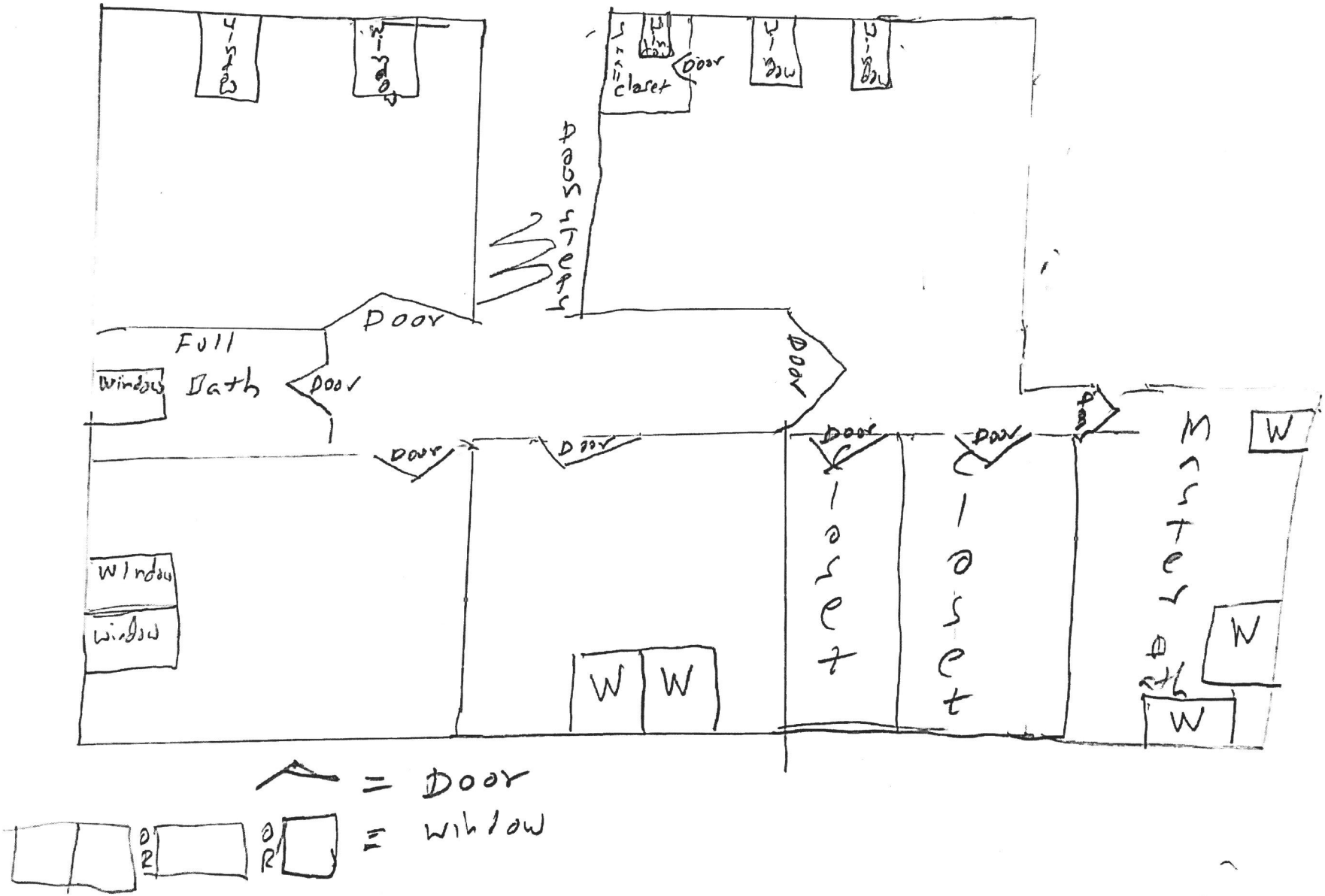
Existing Heating System *	Existing Sprinkler System *	Type of New Fireplace	Expiration Date	Fee Exempt *
Natural Gas	None	--Select--	4/21/2020	○ Yes ◉ No

PAYMENT INFORMATION

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

Submit | Cancel

1st Floor
2929 Summer hill drive
W. Friendship MD 21794



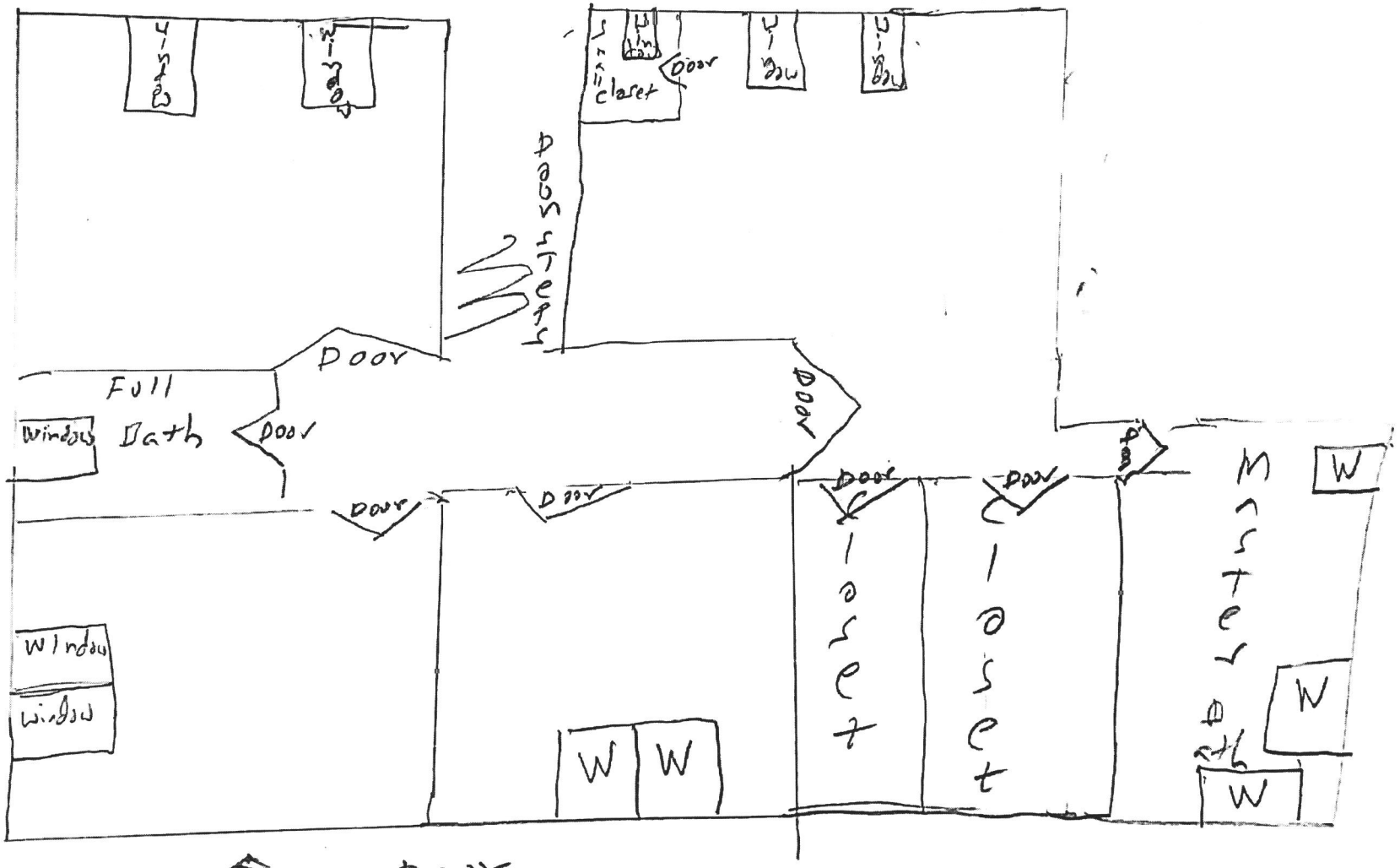
Living room
2929 Sommer hill dr
W. Friendship MD 21794

= Door

W = window

From entrance door to Living room, Dining study, Kitchen there is no seperate door. Its just walkway

1st Floor
2929 Summer hill drive
W. Friendship MD 21794



= Door

OR = Window

Living room
2929 Sommer hill dr
W. Friendship MD 21794

= Door

W = window

From entrance door to Living room, Dining study, Kitchen there is no seperate door. Its just walkway