



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: 13905 WAYSIDE DR
City: CLARKSVILLE State: MD Zip Code: 21029
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: HAVILAND HILLS
Lot: 20 Tax Map: 0034 Parcel: 0220

Existing Use: sfh
Proposed Use: sfh
Estimated Construction Cost: \$ 17,000
Description of Work: Add full bath in finished basement

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: Robert Shovan
Address: 13905 WAYSIDE DRIVE
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: 410 794 6215 Fax: _____
Email: Robert.a.shovan@gmail.com

Property Owner's Name: Robert Shovan
Address: 13905 WAYSIDE DRIVE
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: 410 794 6215 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Trevor Paquette
Address: 1300 ST. MICHAELS RD
City: MT. AIRY State: MD Zip Code: 21771
Phone: 413 336 7690 Fax: _____
Email: trmpaquette@hotmail.com

Contractor Company: Paquette Const. mgmt
Contact Person: Trevor Paquette
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: 91628
Phone: _____ Fax: _____
Email: same

Engineer/Architect Company: _____
Responsible Design Prof.: same
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:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
Construction type:	<input checked="" type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms:
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units:
	No. of 1 BR units:
	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
	Footings:
	Roof:
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

☒ Roadside Tree Project Permit
☐ Yes ☒ No
Roadside Tree Project Permit # _____

Utilities
Electric: <input checked="" 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" 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: Trevor Paquette
Email Address: trmpaquette@hotmail.com
Title/Company: owner

Print Name: Trevor Paquette
Date: 2/18/20

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	2/18/20	[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

Shovan
13905 Wayside Drive
Basement

~~APPROVED~~

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

APP. SAN

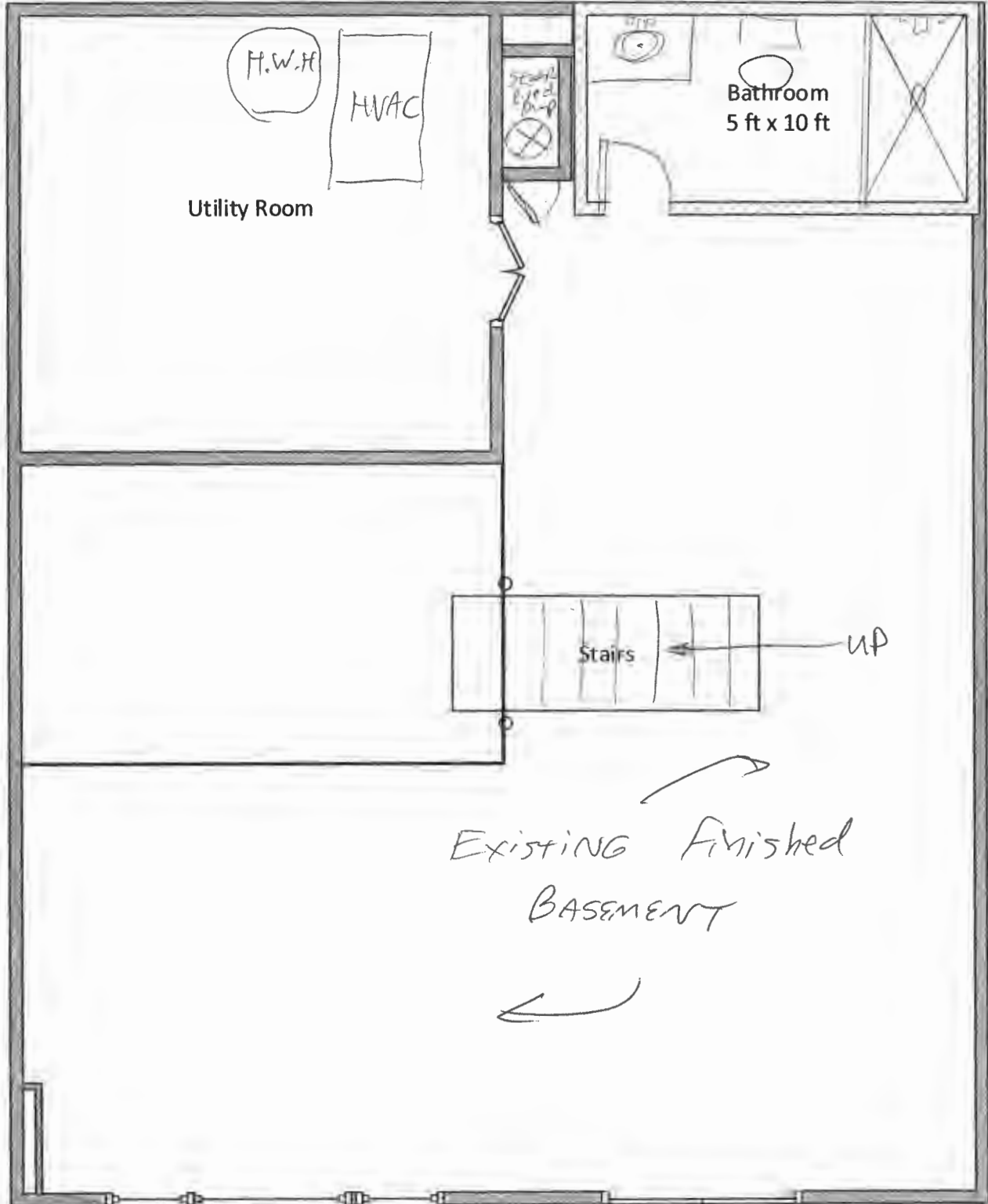
Robert Freeman

DATE: 2/18/2010

ADD fullbath in existing finished basement

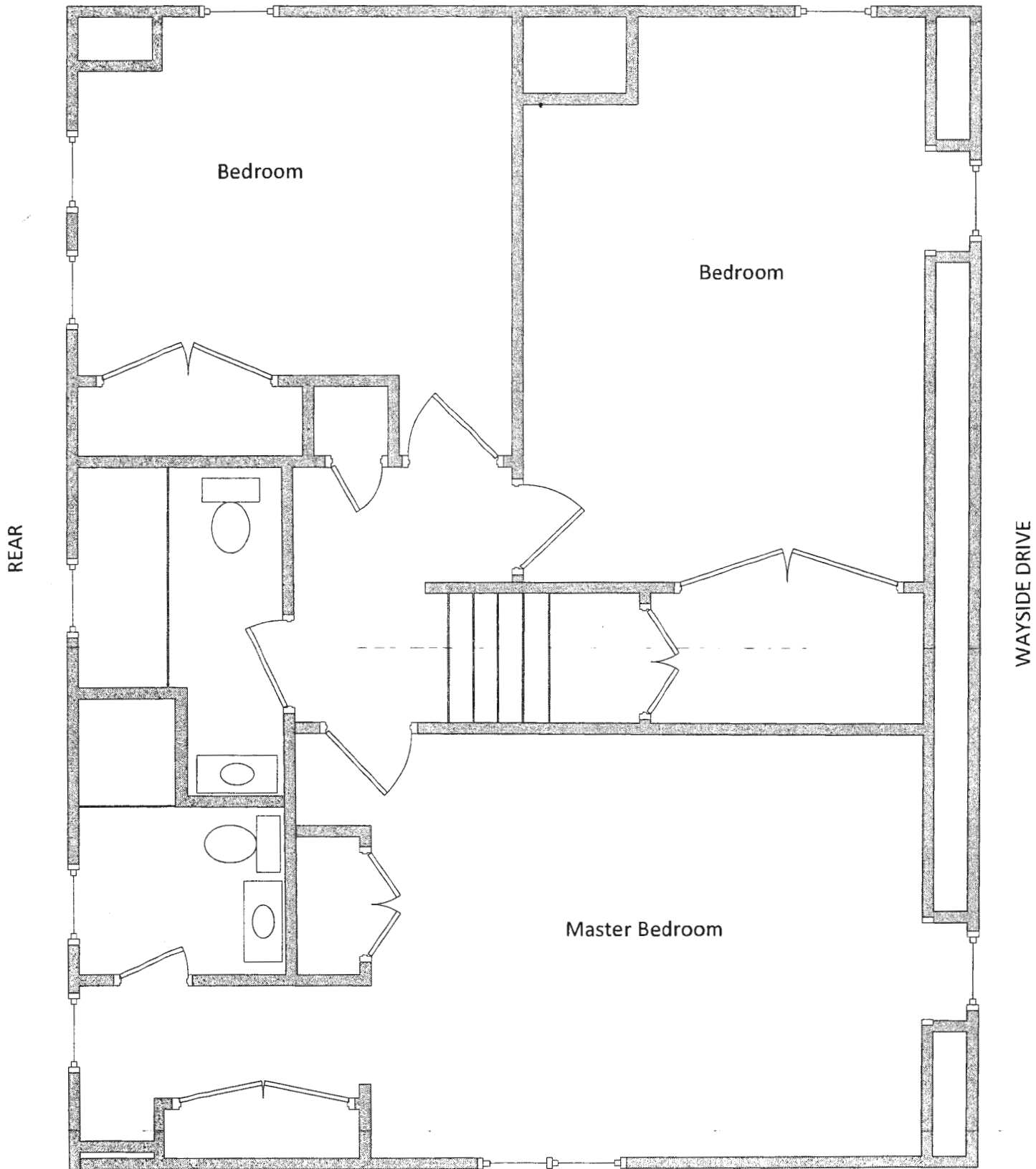
DESC. OF WORK:

Add full bath in finished basement as shown



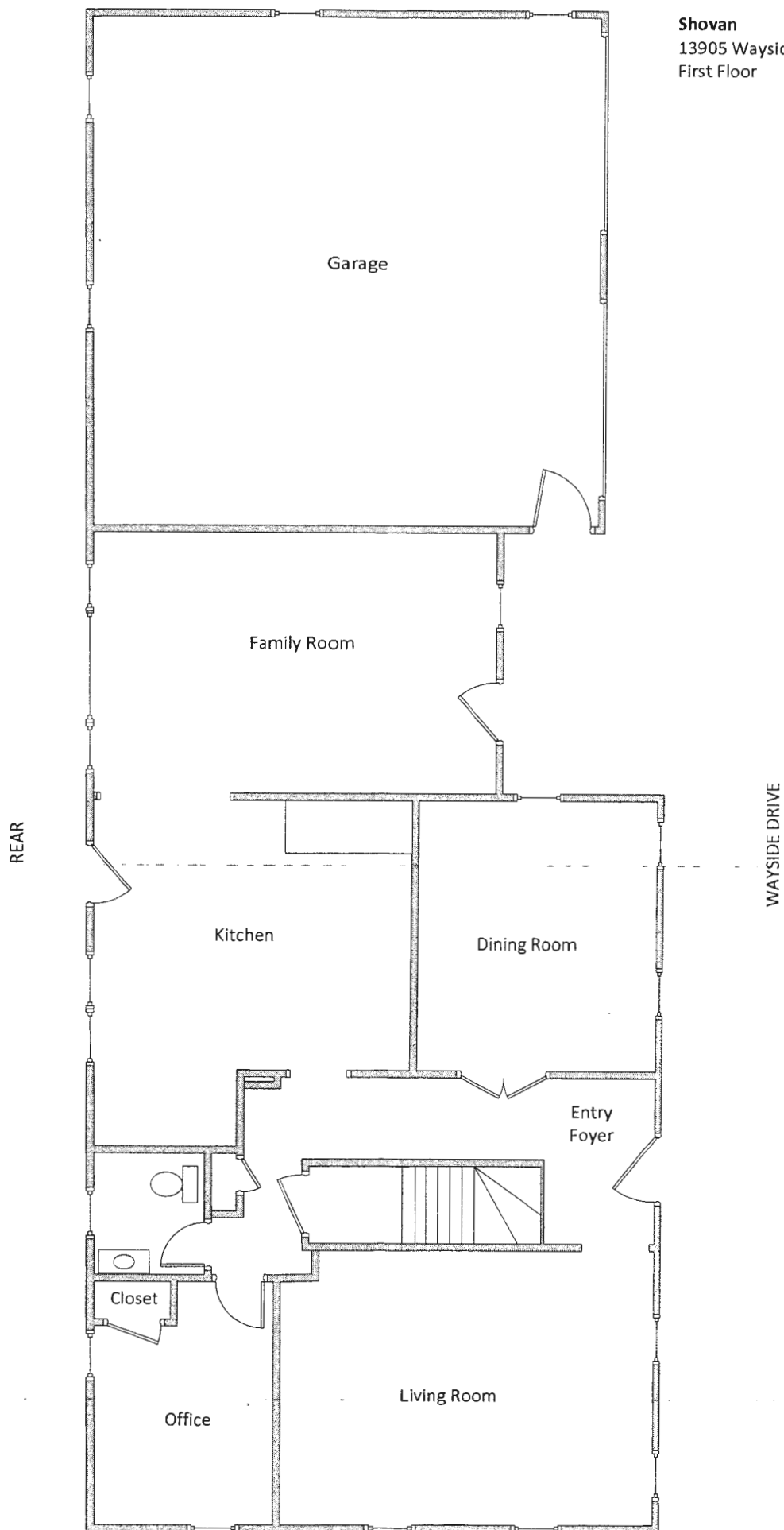
Scale 1/4" = 1'-0"

Shovan
13905 Wayside Drive
Second Floor



Scale 1/4" = 1'-0"

Shovan
13905 Wayside Drive
First Floor



Scale 3/16" = 1'-0"