

MAY 27 2020

LICENSES & PERMITS
DIVISION

PERMIT NUMBER: B

DATE ACCEPTED:

RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043

PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov**BUILDING SITE ADDRESS** *REQUIRED*Street Address: **2336 ROXBURY MILLS ROAD (RT 97)**

Unit:

City: **COOKSVILLE**State: **MD**Zip Code: **21723**

Subdivision/Village/Complex Name:

SDP/WP/BA #:

Lot:

Tax Map:

Parcel:

Grading Permit #:

DESCRIPTION OF WORK *REQUIRED*Existing Use: **HOME**Proposed Use: **SHED**Estimated Cost: **\$8,000**Trade Work to Be Completed (Separate Permits Required): ☐ Mechanical (HVAC) ☐ Electrical ☐ Plumbing ☒ None**CONSTRUCT A BACKYARD OVERSIZED SHED, 22' X 30', SINGLE STORY****PROPERTY OWNER INFORMATION** *REQUIRED*Owner(s) Name(s) (As it appears on tax records): **CORNERSTONE REMODELING LLC**Primary Residence: ☐ Yes ☒ NoOwner's Street Address: **2336 ROXBURY MILLS ROAD**City: **COOKSVILLE**State: **MD**Zip Code: **21723**Phone: **301-401-9177**Email: **AJ@CORNERSTONEREMODELING.COM****APPLICANT NAME** *REQUIRED INDIVIDUAL WHO SIGNS THIS APPLICATION*Business Name: **CORNERSTONE REMODELING**Contact Name: **A.J. BALLANTINE**Street Address: **SAME AS ABOVE**

City:

State:

Zip Code:

Phone: **301-401-9177**Email: **AJ@CORNERSTONEREMODELING.COM****CONTRACTOR INFORMATION** *REQUIRED*Business Name: **CORNERSTONE REMODELING**Licensee's Name: **A.J. BALLANTINE**License #: **129673**Street Address: **SAME AS ABOVE**

City:

State:

Zip Code:

Phone: **301-401-9177**Email: **AJ@CORNERSTONEREMODELING.COM****ARCHITECT/ENGINEER INFORMATION** *INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE*

Business Name:

Name:

Street Address:

City:

State:

Zip Code:

Phone:

Email:

BUILDING CHARACTERISTICS *REQUIRED*Primary Structure: ☒ SF Dwelling ☐ SF Townhouse ☐ SF Duplex ☐ Mobile Home ☐ Multi-Family Dwelling (MF*) Condo: ☐ Yes ☒ NoUtilities: ☒ Electric ☐ Gas ☐ Water Supply: ☐ Public ☒ Private (Well) Sewage Disposal: ☐ Public ☒ Private (Septic)Heating System: ☒ Electric ☐ Natural Gas ☐ Propane ☐ Other: Roadside Tree Project: ☐ No ☒ Yes: #Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☐ NFPA 13D ☒ None Fire Alarm System: ☐ Yes ☒ No ☐ Voice Evac**ADDITIONAL RESIDENTIAL INFORMATION** *(PLEASE SELECT/COMPLETE ALL THAT APPLY)*

Model Name & Options:

of Bedrooms (SF): **2** # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):# Rooms: # Full Baths: **1** # Half Baths: # Fireplaces:Garage/Carport Info: ☐ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☒ NoneBasement/Foundation Info: ☐ Slab on Grade ☒ Post & Pier ☐ Unfinished Basement ☐ Finished Basement: ☐ Full or ☐ Partial1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:Energy Method: ☐ Prescriptive ☐ Performance ☐ UA Alternative ☐ ERI Gross Area: **600** sq ft Occupiable Area: **600** sq ft**AGREEMENT/ DISCALIMER** *REQUIRED*

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 ORIGINAL SIGNATURE

DATE SIGNED

FOR OFFICE USE ONLY

RECEIVED BY: DIRECTOR OF PERMITS, DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS, HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:☐ PR☐ DPZ☐ DED☐ Health☐ SHA☐ CID

SUBMITTAL FEES:

PAYMENT:

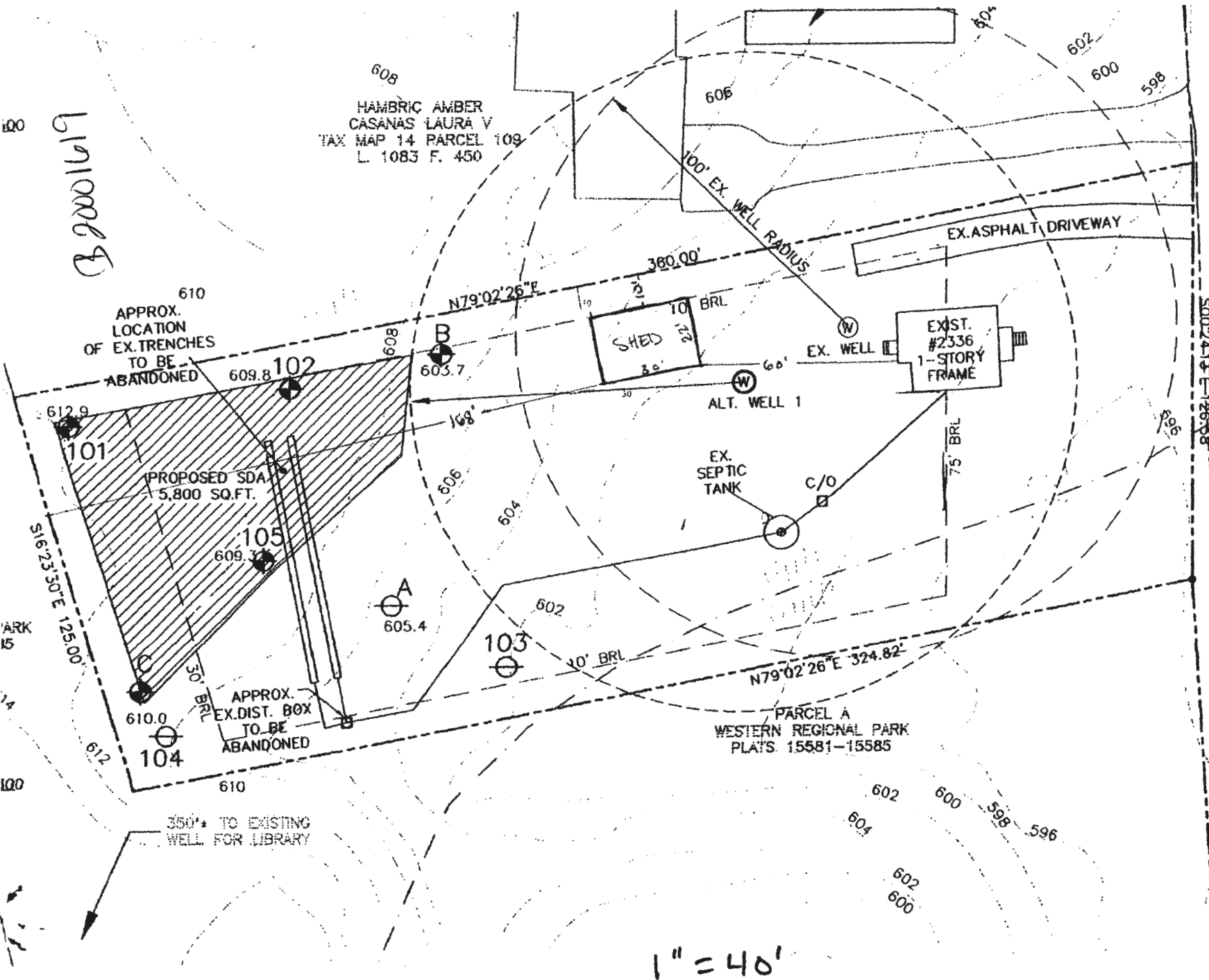
ACCEPTED BY:

No check

MARYLAND ROUTE 97 ROXBURY MILLS ROAD

1306400
597300

HAMBRIC AMBER
CASANAS LAURA V
TAX MAP 14 PARCEL 109
L. 1083 F. 450




MAY 27 2020

LICENSES & PERMITS
DIVISION

PERMIT NUMBER: B

10001688

DATE ACCEPTED:

 RESIDENTIAL BUILDING PERMIT APPLICATION HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov			
BUILDING SITE ADDRESS <i>REQUIRED</i>			
Street Address: 2336 ROXBURY MILLS ROAD (RT 97)			Unit:
City: COOKSVILLE		State: MD	Zip Code: 21723
Subdivision/Village/Complex Name:		SDP/WP/BA #:	
Lot:	Tax Map:	Parcel:	Grading Permit #:
DESCRIPTION OF WORK <i>REQUIRED</i>			
Existing Use: HOME		Proposed Use: SHED	
Trade Work to Be Completed (Separate Permits Required):		Estimated Cost: \$8,000	
<input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None			
CONSTRUCT A BACKYARD OVERSIZED SHED, 22' X 30', SINGLE STORY			
PROPERTY OWNER INFORMATION <i>REQUIRED</i>			
Owner(s) Name(s) (As it appears on tax records): CORNERSTONE REMODELING LLC			Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 2336 ROXBURY MILLS ROAD			
City: COOKSVILLE		State: MD	Zip Code: 21723
Phone: 301-401-9177		Email: AJ@CORNERSTONEREMODELING.COM	
APPLICANT NAME <i>REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</i>			
Business Name: CORNERSTONE REMODELING		Contact Name: A.J. BALLANTINE	
Street Address: SAME AS ABOVE			
City:		State:	Zip Code:
Phone: 301-401-9177		Email: AJ@CORNERSTONEREMODELING.COM	
CONTRACTOR INFORMATION <i>REQUIRED</i>			
Business Name: CORNERSTONE REMODELING			
Licensee's Name: A.J. BALLANTINE		License #: 129673	
Street Address: SAME AS ABOVE			
City:		State:	Zip Code:
Phone: 301-401-9177		Email: AJ@CORNERSTONEREMODELING.COM	
ARCHITECT/ENGINEER INFORMATION <i>INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</i>			
Business Name:		Name:	
Street Address:			
City:		State:	Zip Code:
Phone:		Email:	
BUILDING CHARACTERISTICS <i>REQUIRED</i>			
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)			Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)	
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)		Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #	
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:		Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None		Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac	
ADDITIONAL RESIDENTIAL INFORMATION <i>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</i>			
Model Name & Options:			
# of Bedrooms (SF): 2	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):
# of 3 BR (MF*):	# Rooms:	# Full Baths: 1	# Half Baths:
# Fireplaces:			
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input checked="" type="checkbox"/> None			
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial			
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth:
Bsmt Width:	Bsmt Depth:		
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 600 sq ft Occupiable Area: 600 sq ft	
AGREEMENT/ DISCALIMER <i>REQUIRED</i>			
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APPLICANT'S ORIGINAL SIGNATURE		DATE SIGNED	
FOR OFFICE USE ONLY			
AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>DBurnard</i>
<input type="checkbox"/> SHA		<input type="checkbox"/> CID	
SUBMITTAL FEES:		PAYMENT:	
		ACCEPTED BY:	

No check

