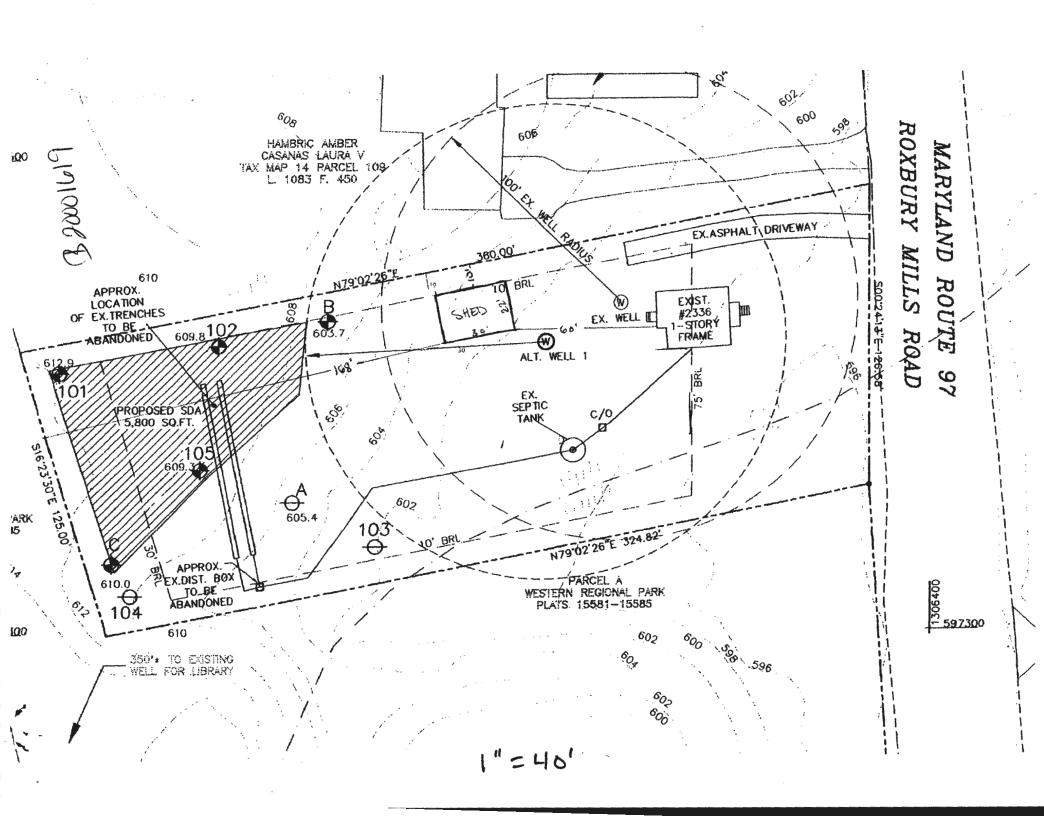
PERMIT NUMBER: B ACCOLUIS

DATE ACCEPTED:

LICENSES & PERMITS
DIVISION

and the	RESIDENTIAL BUILDING PERMIT APPLICATION									
	HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS									
3430 0	COURT HOUSE DRIVE, E	LLICOTT CITY, MD 2			2455 01	PTION #4				
BUILDING SITE AD					111		<u> </u>			
	OXBURY MILLS ROAD	(RT 97)		2	Unit:	04700				
City: COOKSVILLE	No.		State: MD	CDDAYS'GL #		21723				
Subdivision/Village/Compl Lot:	Tax Map:	Parcel:		SDP/WP/BA # Grading Permit #:	:					
DESCRIPTION OF V		Parcel.		Grading Permit #.						
Existing Use: HOME		Proposed Use: SHED	1	N > 1	Estimate	ed Cost: \$8,000				
	ted (Separate Permits Requir				■ No					
CONSTRUCT A BAC	KYARD OVERSIZED S	HED, 22' X 30', SH	GLESTOR	A Fair						
			V	A Comment		,				
	LA - MANAGEMENT AND	· A	1 0							
PROPERTY OWNER		QUIRED	and the second	ECV/	Jan .		- J.			
Owner(s) Name(s) (As it	appears on tax records): CO	ROAD			Primary	Residence: Y	es 🗆 No			
City: COOKSVILLE	DOU HOADON MILLS	1000	State MD		7in Cod	e: 21723				
Phone: 301-401-9177		Email	CORNERS	TONEREMODELING	.COM					
APPLICANT NAME	REQUIRED INDIVI						3.0			
Business Name: CORNE	RSTONE REMODELLA			e: A.J. BALLANTINE			38			
Street Address: SAME A				·						
City:		MV	State:		Zip Code	e:				
Phone: 301-401-9177	TAVE YOU	Email: AJ	CORNERS	TONEREMODELING	.COM					
CONTRACTOR INFO	DRMATTON BOOKS		Jan							
	RSTONE REMODIECTA	IG.		400070						
Licensee's Name: A.J. B		200	License #:	1296/3						
Street Address: SAME A	AS ABOVE		C1 1		7. 6.4					
City: Phone: 301-401-9177		Ι τ Δ.3 (State:	TONEREMODELING	Zip Code	e:				
THE RESERVE OF THE PARTY OF THE	EER INFORMATION	NAME OF TAXABLE PARTY.	THE RESERVE OF THE PERSON NAMED IN							
Business Name:	VEEK THE REPATION	INDIVIDUAL WITH	Name:	MIS, IT MEETEROLE	·					
Street Address:										
City:			State:		Zip Cod	e;				
Phone:		Email:	ś							
BUILDING CHARAC										
	Dwelling SF Townhouse					Condo: ☐ Yes	□ No			
Utilities: Electric		Public Private	(Well)	Sewage Disposal: D Pu		Private (Septic)				
	ric Natural Gas Prop		Fine At-	Roadside Tree Project:						
	PA 13 NFPA 13R		The same of the	arm System: Yes	NO 🗆	Voice Evac				
Model Name & Options:	DENTIAL INFORMATI	ON TELEASE SELE	. E/ CUMPLE	TE ALL THAT APPLY	-11					
# of Bedrooms (SF): 2	# of efficiency units (MF*	*): # of 1 BR (MP*):	# of 2 BR (MF*);		# of 3 BR (MF*):				
# Rooms:	# Full Baths: 1		# Half Bath	s:	# Fire	places:				
Garage/Carport Info: □	Attached Garage Deta	ched Garage 📮 Integ	ral Garage	☐ Carport ■ None						
Basement/Foundation Inf			ned Basement	☐ Finished Basement:	□ Full o					
1st Fi Width:		2 nd Fl Width:	2 nd Fl Depth			Bsmt Depth				
Energy Method: Preso	riptive Performance	UA Alternative 🖾 ERI	Gross Area:	600 sq ft	Occupia	ble Area: 600	sq ft			
AGREEMENT/ DISC	TIFIES AND AGREES AS FOLLOWS: (1)		O MAYE THIS ADD	USCATION: (2) THAT THE INCORM	ATION IS CO	PRECT: (3) THAT HE/SH	E WILL COMPLY			
WITH ALL REGULATIONS OF HO	OWARD COUNTY WHICH ARE APPLICA	ABLE THERETO; (4) THAT HE/SH	WILL PERFORM N	O WORK ON THE ABOVE REFERE	NCED PROPE	RTY NOT SPECIFICALLY	DESCRIBED IN			
THIS APPLICATION; (5) THA	T HE/SHE GRANTS COUNTY OFFICIAL	S THE RIGHT TO ENTER ONTO T	HIS PROPERTY FOR	R THE PURPOSE OF INSPECTING TO	HE WORK PE	RMITTED AND POSTIN	G NOTICES.			
APPLICANT'S ORIGINAL SIGN	ATURE		D/	ATE SIGNED						
		-2-4			AND CONTROL	WADD COUNTY	2019			
FOR OFFICE USE O			HIGS Ed.	SELITO: DIRECTOR OF 100	- 17F HO	vewnix Olympia i				
AGENCIES REQUIRED/AP	TROVALS:									
□ PR	□ DPZ	DED		☐ Health		☐ SHA	□ CID			
SUBMITTAL FEES:		PAYMENT:			ACCEPT	ED BY:				



LICENSES & PERMITS
DIVISION

PERMIT NUMBER: B 16001688

DATE ACCEPTED:

ELE CREE	RESIDENTIAL BUILDING PERMIT APPLICATION									
H	HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS									
C	3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4									
BUTI DING	SITE ADDRESS REQUIRE		conityma.c	<u>ov</u>	1.1	· · · · · · · · · · · · · · · · · · ·				
	2336 ROXBURY MILLS ROA					Unit:		•		
City: COOKS			State: MD			Zip Code: 21	1723	_		
Subdivision/Vill	age/Complex Name:			s s	DP/WP/BA #:					
- Lot:	Tax Map:	Parcel:		Grading Pe	ermit #:					
DESCRIPTI Existing Use: H	ON OF WORK REQUERED	Proposed Use; SHED				California de C	ost: \$ 8,000			
	Be Completed (Separate Permits Re		VACP) [7	Electrical I	☐ Plumbing	■ None	ost: \$ 0,000			
CONSTRUC	TA BACKYARD OVERSIZED	SHED, 22' X 30', SIN	GLESTOR		Fidilibility	- None		\dashv		
						1 4 1				
PROPERTY	OWNER INFORMATION	REQUERED	:			j				
Owner(s) Name	e(s) (As it appears on tax records):	CORNERSTONE REM	ODELING I	LC		Primary Resi	dence: Yes 🗆 No	_		
Owner's Street	Address: 2336 ROXBURY MILL	LS HUAD	State: MD			Zip Code: 21	1723	4		
Phone: 301-40		Fmail. AJ	State: WD	TONERE	MODELING	.COM				
APPLICANT		VIDUAL WHO SIGNS T								
	CORNERSTONE REMODE				LLANTINE					
	SAME AS ABOVE			,						
City:			State:			Zip Code:				
Phone: 301-40		Email: AJ@	CORNER	STONERE	MODELING	.COM				
	OR INFORMATION REQUI					<u>i</u>				
	e: A.J. BALLANTINE	LING	License #:	129673				\dashv		
	SAME AS ABOVE		License #							
City:			State:		1	Zip Code:		7		
Phone: 301-40	01-9177	Email: AJ@	CORNERS	STONERE	MODELING	COM				
ARCHITECT	/ENGINEER INFORMATIO	N INDIVIDUAL WHO S	SIGNED PLA	NS, İF APP.	LICABLE					
Business Name			Name:					_		
Street Address: City:			State:			Zip Code:				
Phone:		Email:	State.			Zip Code.		-		
	CHARACTERISTICS REQU	UIRED	,		1	i				
Primary Structu	are: SF Dwelling	se 🛮 SF Duplex 🚨 Mobile	Home 🗖 Mu	ılti-Family Dw	velling (M₽*)	Con	do: 🗆 Yes 🗖 No			
		ly: 🗖 Public 📕 Private	(Well)		posal: 🗖 Put		vate (Septic)	_		
	n: Electric D Natural Gas D P				ree Project:					
	m: NFPA 13 NFPA 13R NFPA 13				□ Yes ■	No D Void	e Evac			
Model Name &	AL RESIDENTIAL INFORMA	TION (PLEASE SELEC	CT/COMPLE	TE ALL THA	(I APPLY)	;				
# of Bedrooms		MF*): # of 1 8R (MF*):	# of 2 8R (MF*);	. # ol	F 3 BR (MF*):	-		
# Rooms:	# Full Baths		# Half Bath	<u> </u>		# Fireplace	s:			
Garage/Carport	t Info: 🗖 Attached Garage 📮 D			☐ Carport	■ None					
			hed Basement		d Basement: I			_		
1st Fl Width:	1st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth Gross Area:		Bsmt Width:	Occupiable /	Bsmt Depth:	-		
	: □ Prescriptive □ Performance □ T/ DISCALIMER REQUIF		Gross Area:		sq ft	Occupiable /	Area: 600 sq f			
THE UNDERSIGNED	HEREBY CERTIFIES AND AGREES AS FOLLOWS	: (1) THAT HE/SHE IS A UTHORIZED T	TO MAKE THIS APP	LICATION; (2) TH	AT THE INFORMA	TION IS CORRECT	; (3) THAT HE/SHE WILL COMP	LY		
WITH ALL REGULA THIS APPLICAT	ATIONS OF HOWARD COUNTY WHICH ARE APP (ION; (5) THAT HE/SHE GRANTS COUNTY OFFK	UCABLE THERETO; (4) THAT HE/SHE CIALS THE RIGHT TO ENTER ONTO T	E WILL PERFORM I HIS PROPERTY FOI	O WORK ON THE THE PURPOSE O	E ABOVE REFEREN OF INSPECTING THE	CED PROPERTY N E WORK PERMITT	OT SPECIFICALLY DESCRIBED II FED AND POSTING NOTICES.	N		
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<u> Carandolisa da a</u>	4			iga paga in the	. Wester					
ARPEKANTSO	RIGHALSIGNATURE	ng den		STE SIGNED			Λ	-		
FOR OFFIC	E USE ONLY		CHECES PAY	ABLE TO: OBER	CFOR OF FIRMS	CETA BEANAN	DOUGHT			
AGENCIES REC	QUIRED/APPROVALS:				\sim	4 11 (1	ACT -	\dashv		
ØPR	6 DPZ	_ DED		O Health	DD	MUS	SHA 🖸 CID			
SUBMITTAL FE	ES:	PAYMENT:				ACCEPTED I	BY:			
							W Ch	PUL		
T:\\Operat	ions\UpdatedForms\ResidentialBuilding	PermitApp01:28.2020					1000			
							11-			

