



Walk thru 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.: B15004759

Building Address: 14905 VICTORY LANE
City: GLENELG State: MD Zip Code: 21737
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
Proposed Use: Play rooms / Entertainment
Estimated Construction Cost: \$10,000 to \$12,000
Description of Work: Install insulation in the ceiling and drywall all insulated wall ceiling / exterior. Plus install 1 toilet, shower, vanity and carpet/tiles.
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Melissa Anderson
Address: 14905 VICTORY LANE
City: GLENELG State: MD Zip Code: 21737
Phone: 202-321-3863 Fax: _____
Email: melanderson19@yahoo.com

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: OWNER
Contact Person: x Melissa Anderson
Address: 14905 Victory Lane
City: GLENELG State: MD Zip Code: 21737
License No.: _____
Phone: 202-321-3863 Fax: _____
Email: melanderson19@yahoo.com

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.): <u>1722</u> <u>(1722) sq. ft.</u>	Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Use group:	<input type="checkbox"/> Slab on Grade
<u>Construction type:</u>	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input checked="" type="checkbox"/> Yes <input 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.

Melissa Anderson
Applicant's Signature
xmelanderson19@yahoo.com
Email Address
Title/Company _____

Melissa Anderson
Print Name
10/27/15
Date

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	<u>10-27-15</u>	<u>Dina Bevilacqua</u>

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	# <u>1367</u>

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

Total Sq Ft 1722

Walk Up Stairs

Egress Window
P.S.

Egress Window
P.S.

BP #

WALK-THRU BUILDING PERMIT

APPROVED

A#

APR SAN ~~DI~~ DATE: 10-29-93

DESC. OF WORK: Study in

Basement Approved

As shown for Mike Lane

Open Space

BASEMENT

Mechanical /
Storage
P.S.

OS&A DUPLEX
RECEPTACLE
48" A.F.

P.S.

TO LIGHT SWITCH
AT TOP OF STAIRS.

B.D.

TO A/C CONDENSER
220V. DISCONNECT.

TO HOT WATER HEATER
220V. (ELECT.)
110V. (GAS)

Theatre Room

TO HVAC UNIT
220V. (ELECT.)
110V. (GAS)

P.S.

TO APPLIANCES
AS REQUIRED
220V. (ELECT.)
110V. (GAS)

O. RYER
220 (ELECT.)
110V (GAS)

Sump Pump

HVAC

W.H.

UNEXCAVATED

Bookcases

Study

Bath

Existing Plumbing

BASEMENT/FOUNDATION ELECTRICAL PLAN

SCALE: 1/4" = 1'-0"

Melissa Anderson
14905 Victory Lane
Glenelg MD 21737

FEDERAL SHOWN