



HEALTH
CB151368

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: 1/21/16

Permit No.: B16000199

Building Address: 2225 MCKENDREE RD.
City: WEST FRIENDSHIP State: MD Zip Code: 21794
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: SFD
Estimated Construction Cost: \$ 80,000 / MIGHT MAKE EXISTING WALL KNEE WALL
Description of Work: REPAIRING MOLD DAMAGE TO EXISTING DWELLING. INSTALLING INSULATION & DRYWALL 3500 SF
Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: KEVIN STURM
Address: 137 MITCHELLS CHANCE RD. SUITE 300
City: FOGEWATER State: MD Zip Code: 21037
Phone: 410-215-5826 Fax: _____
Email: KSTURM28@YAHOO.COM

Property Owner's Name: JIM DAVIS / 4D REALTY
Address: 2661 RIVA RD
City: ANNAPOLIS State: MD Zip Code: 21401
Phone: 410-215-5826 Fax: _____
Email: KSTURM28@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: SAME AS OWNER
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
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: 2000 sq ft
Area of construction (sq. ft.):	2 nd floor: _____ Basement: 1500 sq ft
Use group:	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: _____ Multi-family Dwelling
<input type="checkbox"/> Reinforced Concrete	No. of efficiency units: _____
<input type="checkbox"/> Structural Steel	No. of 1 BR units: _____
<input type="checkbox"/> Masonry	No. of 2 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 3 BR units: _____
<input type="checkbox"/> State Certified Modular	Other Structure: _____
<input type="checkbox"/> Roadside Tree Project Permit	Dimensions: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Footings: _____
Roadside Tree Project Permit #	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<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 checked="" type="checkbox"/> No
Heating System
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> 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: [Signature]
Email Address: KSTURM28@YAHOO.COM
Title/Company: OWNER

Print Name: JAMES DAVIS
Date: 1/21/16

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

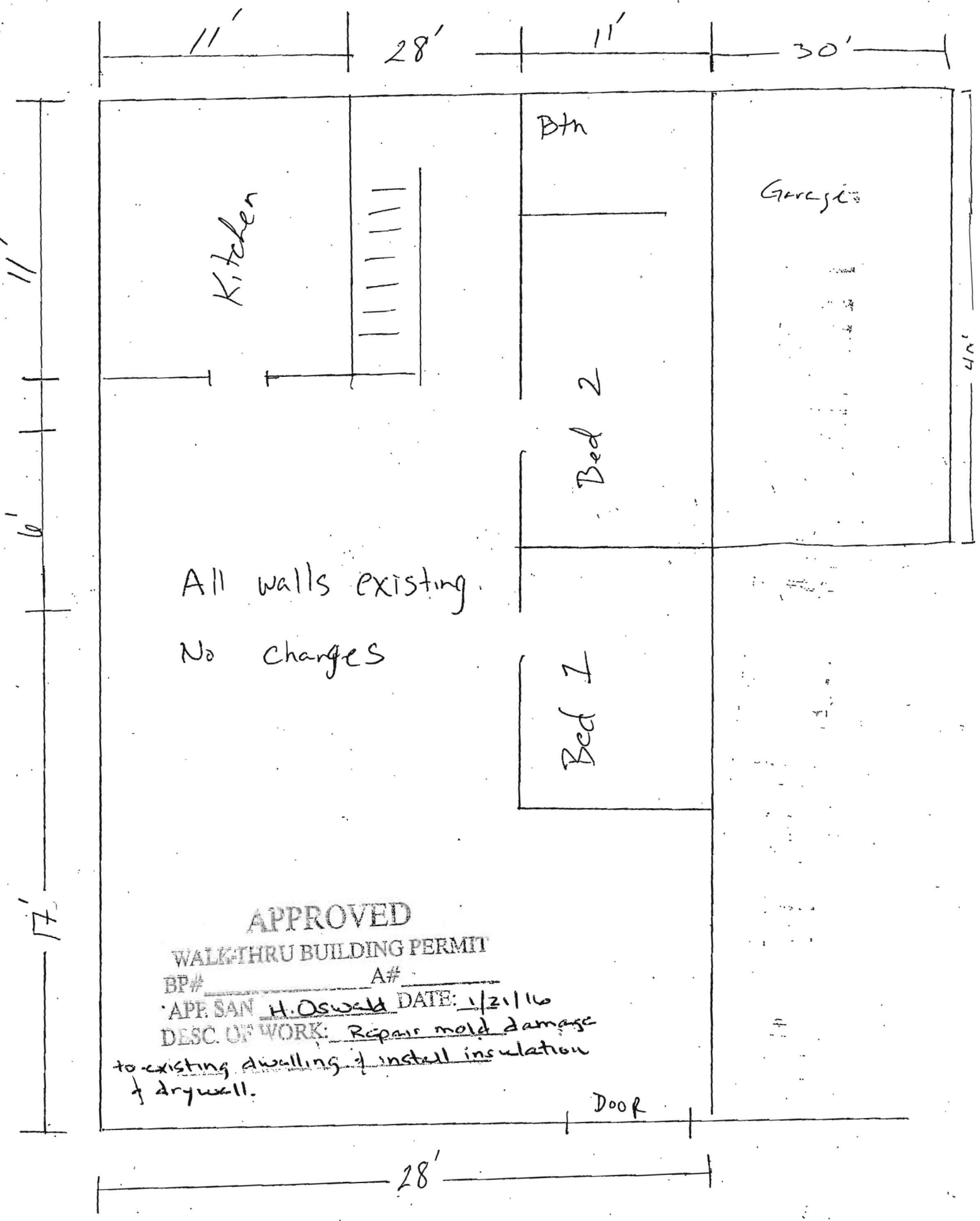
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	1/21/16	H. O'Sullivan

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	\$ 25.00
Permit Fee	\$ 400.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$ 100.00
Total Fees	\$ 235.00
Sub-Total Paid	\$
Balance Due	\$
Check	# 1425

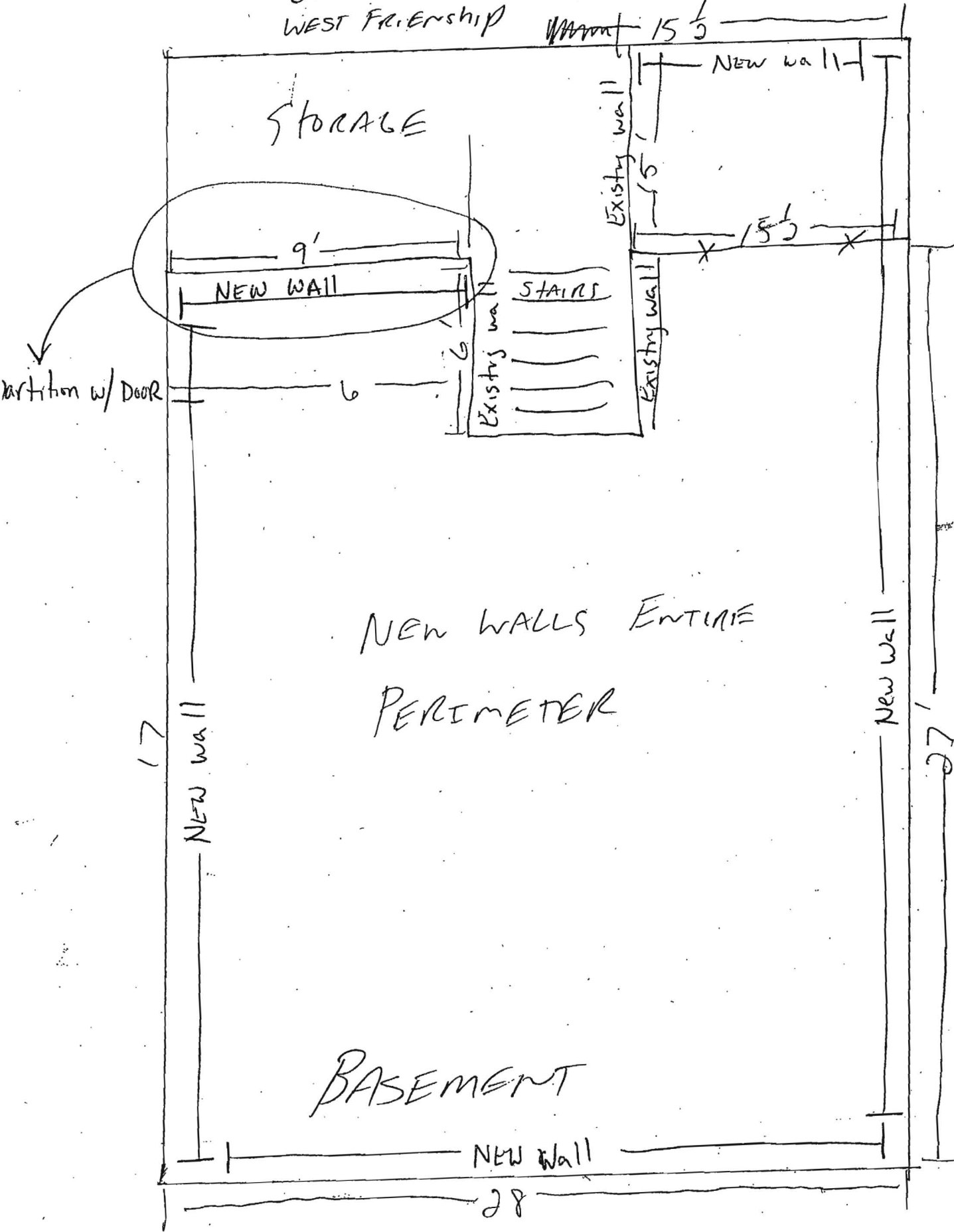
2225 McLeodway



All walls existing.
 No changes

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APPLICANT H. Oswald DATE: 1/21/16
 DESC. OF WORK: Repair mold damage
to existing dwelling & install insulation
& drywall.

2225 MCKENDREE Rd.
WEST FRIENDSHIP



STORAGE

9'

NEW WALL

PARTITION W/ DOOR

6

STAIRS

EXISTING WALL

EXISTING WALL

EXISTING WALL

NEW WALL

15 1/2

NEW WALLS ENTIRE PERIMETER

17

NEW WALL

NEW WALL

27

BASEMENT

NEW WALL

28