



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: 5130 HONEY LOCUST COURT
City: ELLCOTT CITY State: MD Zip Code: 21042
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SINGLE FAMILY HOME
Proposed Use: SAME W/ GARAGE ADDITION & 2 PLAY ROOM / FAMILY ROOM
Estimated Construction Cost: \$ 20,000
Description of Work: 1020 SF GARAGE ADDITION
640 SF PLAY ROOM / FAMILY ROOM
REMODEL - SEE PLANS
Occupant/Tenant Name: CLAYTON & IDA CHEUNG

Was tenant space previously occupied? Yes No
Contact Name: CLAYTON & IDA CHEUNG
Address: 5130 HONEY LOCUST COURT
City: ELLCOTT CITY State: MD Zip Code: 21042
Phone: 808 333 0866 Fax: SAME
Email: ida@t23@yahoo.com

Property Owner's Name: CLAYTON & IDA CHEUNG
Address: 5130 HONEY LOCUST COURT
City: ELLCOTT CITY State: MD Zip Code: 21042
Phone: 808-333-0866 Fax: SAME
Email: IDAT23@yahoo.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: WAYNE COSSENTINO
Address: 8775 CENTRE PARK DRIVE 659
City: COLUMBIA State: MD Zip Code: 21045
Phone: 410 442 0000 Fax: 410 442 5765
Email: WAYNECOSSENTINO@yahoo.com

Contractor Company: COSENTINO REMODELING
Contact Person: WAYNE COSSENTINO
Address: 8775 CENTRE PARK DR 659
City: COLUMBIA State: MD Zip Code: 21045
License No.: 08010016414
Phone: 410 777 5781 Fax: 410 442 5765
Email: WAYNECOSSENTINO@yahoo.com

Engineer/Architect Company: ALISA SCHMIDT ARCHITECTURE INC
Responsible Design Prof.: YES
Address: 2739 THORNBROOK ROAD
City: ELLCOTT CITY State: MD Zip Code: 21042
Phone: 410 461 3462 Fax: SAME
Email: ALISA1@VERIZON.NET

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.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Craw Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input 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 type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<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.

Applicant's Signature: Wayne Cosentino Print Name: WAYNE COSSENTINO
Email Address: WAYNECOSSENTINO@yahoo.com Date: OCTOBER 11TH 2017
Title/Company: PRESIDENT COSSENTINO REMODELING

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

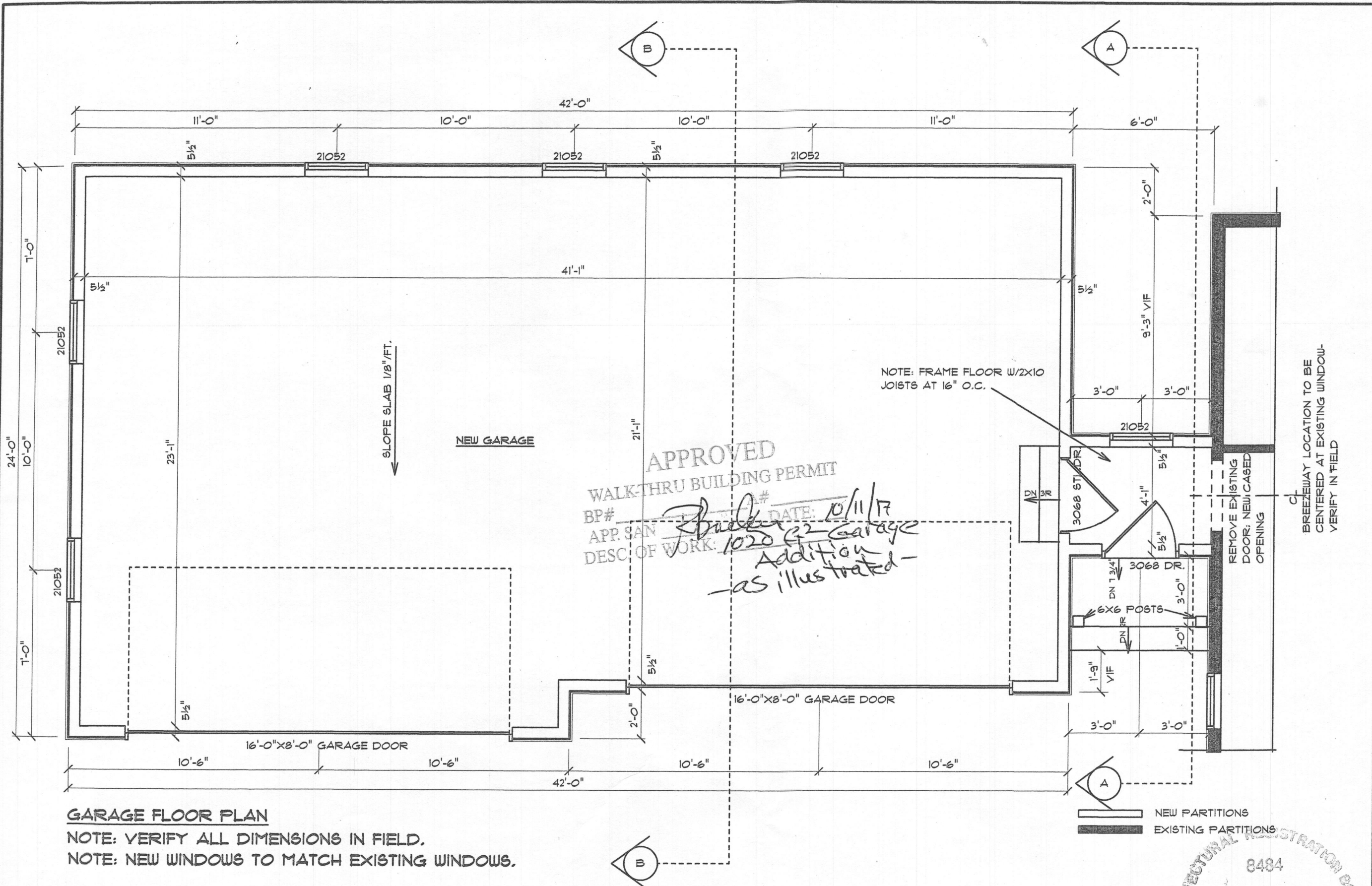
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>Alisa Schmidt</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> 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



GARAGE FLOOR PLAN

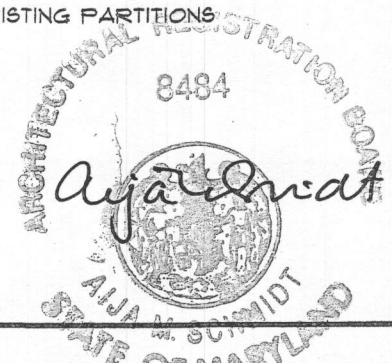
NOTE: VERIFY ALL DIMENSIONS IN FIELD.
 NOTE: NEW WINDOWS TO MATCH EXISTING WINDOWS.

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____
 APP. SAN _____
 DATE: 10/11/17
 DESC. OF WORK: 1020 Garage Addition as illustrated -

NOTE: FRAME FLOOR W/2X10 JOISTS AT 16" O.C.

BREEZEWAY LOCATION TO BE CENTERED AT EXISTING WINDOW- VERIFY IN FIELD

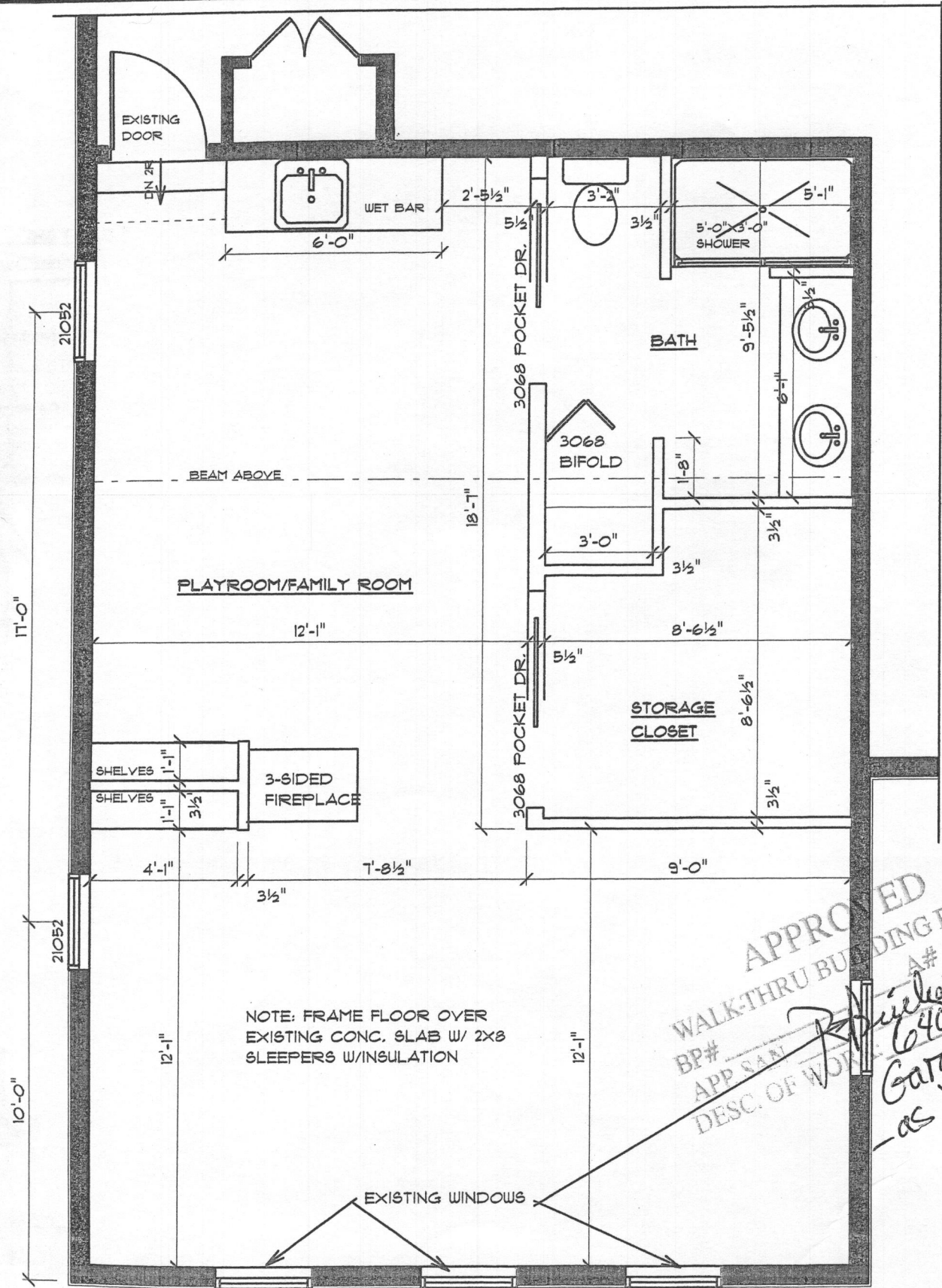
NEW PARTITIONS
 EXISTING PARTITIONS



CHEUNG RESIDENCE ADDITION
 HOWARD COUNTY, MARYLAND
 AJA SCHMIDT ARCHITECT, INC.
 ELLICOTT CITY, MARYLAND

DATE:
 10/05/17
 SCALE:
 1/4"=1'-0"

A2



NOTE: FRAME FLOOR OVER EXISTING CONC. SLAB W/ 2X8 SLEEPERS W/ INSULATION

NOTE: NEW WINDOWS TO MATCH EXISTING WINDOWS.

NEW PARTITIONS
 EXISTING PARTITIONS

FIRST FLOOR PLAN
NOTE: VERIFY ALL DIMENSIONS IN FIELD.

APPROVED
 WALK-THRU BUILDING PERMIT
 A# _____ DATE: 10/11/17
 BP# 640
 APP SAN _____
 DESC. OF WORK: Garage conversion as illustrated

STRUCTURAL NOTES

SOIL BEARING AND WATER CONDITION:
ASSUMED 2,500 psf WITH NO WATER CONDITION ANTICIPATED.

LIVE LOADS:
 ROOF - 30 psf
 FLOOR - 40 psf
 FLOOR AT BEDROOM LEVEL - 30 psf

BACKFILL:
SHALL NOT BE PLACED AGAINST WALLS UNTIL SLABS ON GRADE AND FRAMED FLOORS ARE IN PLACE AND REQUIRED INSPECTIONS HAVE BEEN MADE. WHERE BACKFILL IS REQUIRED ON BOTH SIDES OF WALLS, BACKFILL BOTH SIDES SIMULTANEOUSLY WITH THE GRADE DIFFERENCE NOT TO EXCEED 2'-0" AT ANY TIME. BACKFILL AGAINST BASEMENT WALLS SHALL NOT EXCEED AN EQUIVALENT WEIGHT OF 30 pcf.

FOUNDATIONS:
BOTTOMS OF ALL EXTERIOR FOOTINGS SHALL BE MINIMUM 2'-6" BELOW GRADE. FOOTING DEPTHS SHALL BE SUBJECT TO CHANGE IF SOIL CONDITIONS ARE OTHER THAN ASSUMED. CONTRACTOR TO NOTIFY ARCHITECT OF ANY UNUSUAL SOIL CONDITIONS. FOUNDATION WALL FOOTINGS TO BE 8" DEEP MINIMUM AND PROJECT 4" MINIMUM BEYOND FACE OF WALL UNLESS OTHERWISE SHOWN.

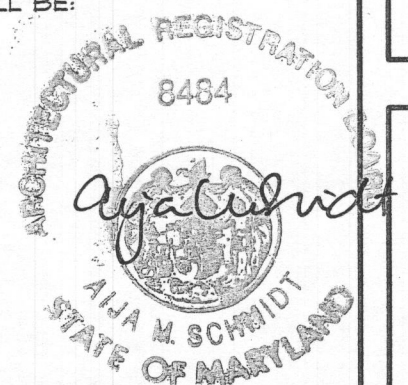
CONCRETE:
ALL CONCRETE CONSTRUCTION SHALL CONFORM TO THE LATEST ACI CODE. 28 DAY CONCRETE STRENGTH SHALL BE AS FOLLOWS:
 F'C=3000 psi FOR FOOTINGS, INTERIOR SLABS ON GRADE AND BASEMENT WALLS
 F'C=3500 psi FOR EXTERIOR SLABS ON GRADE AND GARAGE SLABS WITH 6% AIR ENTRAINMENT.

ROOF TRUSSES:
WOOD TRUSSES SHALL BE DESIGNED BY THE TRUSS MANUFACTURER. COMPLETE SHOP DETAILS AND STRESS DIAGRAMS, INCLUDING BEARING DETAILS, TO BE SUBMITTED FOR APPROVAL. TRUSSES TO BE INSTALLED AND BRACED IN ACCORDANCE WITH MANUFACTURERS RECOMMENDATIONS. TRUSS MANF. TO SPECIFY HANGERS REQ'D. AT FLUSH AND BEARING CONDITIONS. TRUSSES TO BE BRACED PER LATEST EDITION OF BCSI.

WOOD FRAMING:
JOISTS SHALL HAVE A 4" MINIMUM BEARING ON MASONRY. WOOD JOISTS AND HEADERS SHALL NOT BE CUT OR DRILLED UNLESS AUTHORIZED BY THE STRUCTURAL CONSULTANT. ALL BEARING PARTITIONS SHALL BE HORIZONTALLY BRACED AT MID-HEIGHT. FLUSH JOIST TO BEAM CONNECTIONS TO BE ATTACHED WITH METAL FASTENERS. USE GALVANIZED FASTENERS AT EXTERIOR CONDITIONS. UNLESS OTHERWISE NOTED, ALL STRUCTURAL MEMBERS SHALL BE:
 JOISTS AND RAFTERS: HEM FIR #2, 19% M.C.
 HEADERS, POSTS AND BEAMS: SO. PINE #2, 19% M.C.
 STUD WALLS: SPF #2, 19% M.C.

LVL BEAMS:
 E = 2,000,000 psi
 Fb = 2,900 psi
 Fv = 285 psi

STRUCTURAL STEEL:
STEEL SHALL CONFORM TO ASTM A-36.



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A3