



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: 13870 Tridelphia Mill Rd
City: Dayton State: MD Zip Code: 21038
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: 0000
Lot: 8 Tax Map: _____ Parcel: 0300

Existing Use: SF Home Basement Project
Proposed Use: SF Home Basement Project
Estimated Construction Cost: \$ 6500
Description of Work: Remove small partition Wall
Frame unfinished portion of basement and bedroom with 2 x 4 wood Studs, Add insulation
Create Egress Window, Create new bathroom, Create storage area
Add new electrical outlets, switches, recess lighting

Occupant/Tenant Name: Luckson Mathieu
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: Joe Zouine
Address: 13870 Tridelphia Mill Rd
City: Dayton State: MD Zip Code: 21038
Phone: 301-766-9814 Fax: _____
Email: Joe@blackstonekitchenandbath.com

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: 50 30
	2 nd floor: 50 30
Area of construction (sq. ft.):	Basement: 50 25
	<input checked="" type="checkbox"/> Finished Basement 750
Use group:	<input checked="" type="checkbox"/> Unfinished Basement 600
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: 3
<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:
Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: Shingles
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Luckson Mathieu
Address: 13870 Tridelphia Mill Rd
City: Dayton State: MD Zip Code: 21038
Phone: 548-608-5718 Fax: _____
Email: Alp@blackstonekb.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Joe Zouine
Address: 2480 Rt 97 Suite 8
City: Glenwood State: MD Zip Code: 21738
Phone: 410-449-1020 Fax: _____
Email: Joe@blackstonekitchenandbath.com

Contractor Company: Blackstone Kitchen & Bath
Contact Person: Joe Zouine
Address: 2480 RT 97 Suite 8
City: Glenwood State: MD Zip Code: 21738
License No.: 135-881
Phone: 410-449-1020 Fax: _____
Email: sales@blackstonekb.com

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

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" 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 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
Joe@blackstonekitchenandbath.com
Email Address
Owner / Blackstone Kitchen & Bath LLC
Title/Company

Joe Zouine
Print Name
08/19/2018
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		

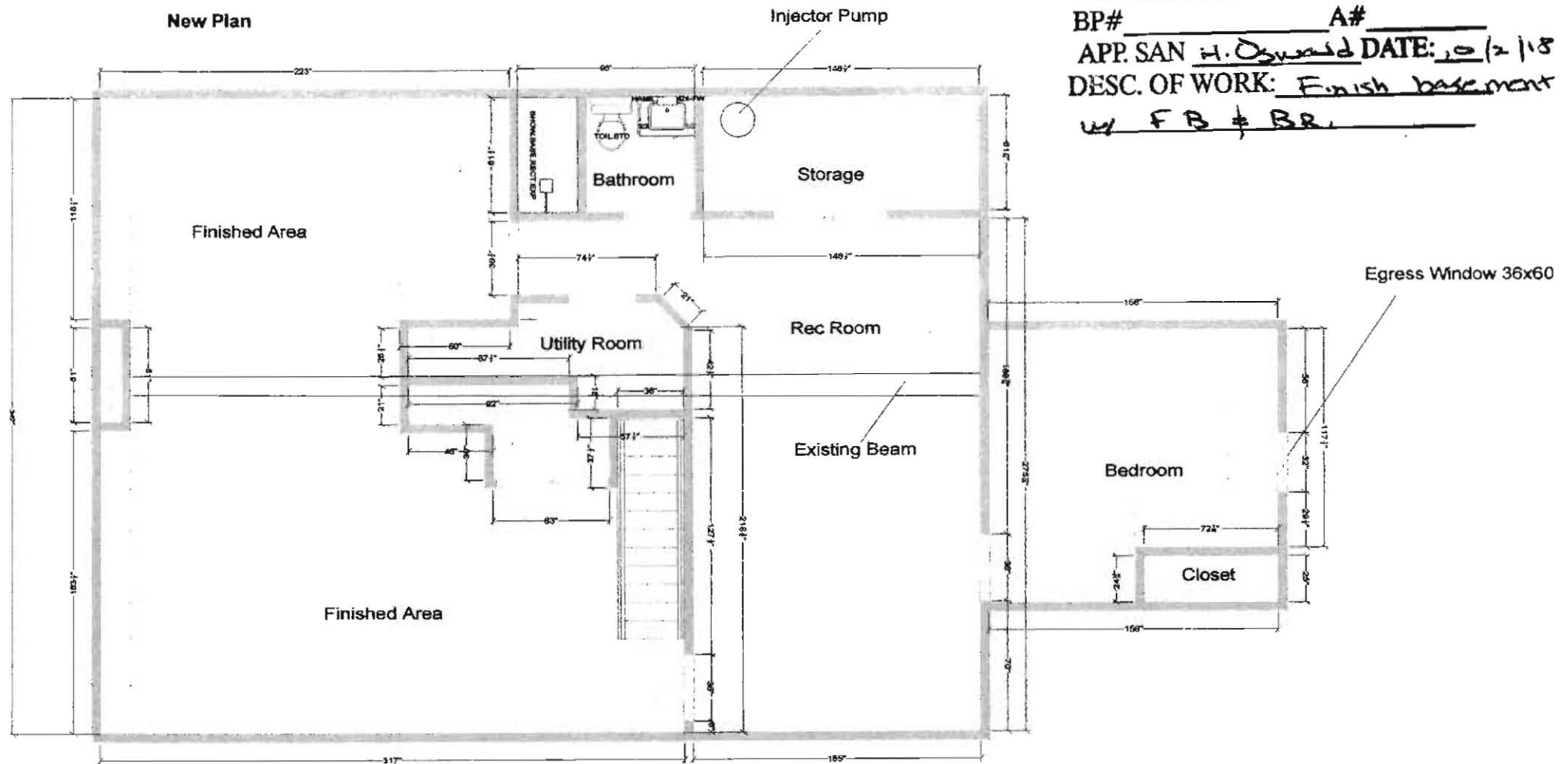
Is Sediment Control approval required for issuance? ☐ Yes ☐ No
☐ CONTINGENCY CONSTRUCTION START

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	#

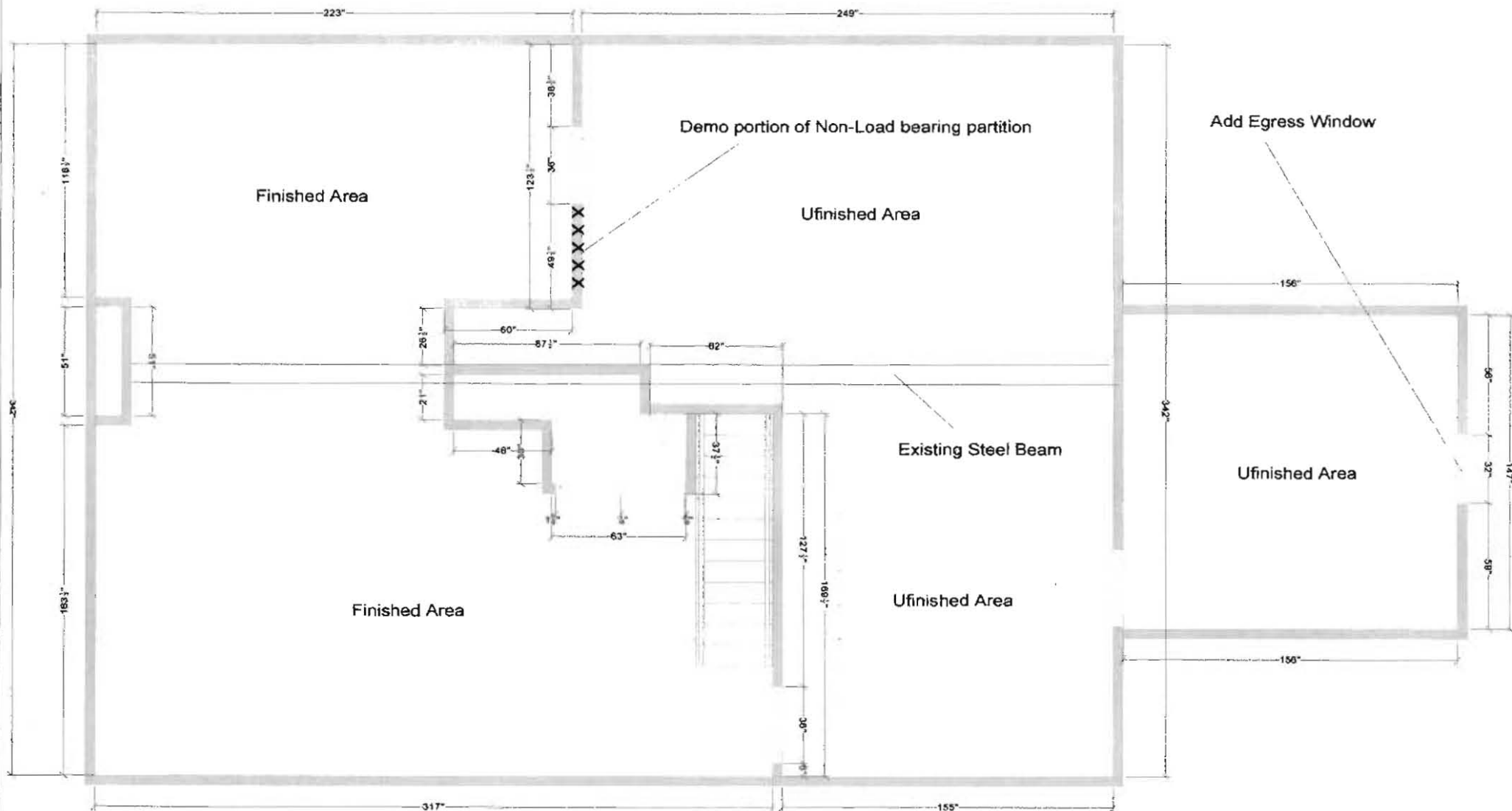
Distribution of Copies: White: Building Officials Green: PSZA_Zoning Yellow: PSZA_Engineering Pink: Health Gold: SHA

BP# _____ A# _____
APP. SAN H. Oswald DATE: 10/2/18
DESC. OF WORK: Finish basement
W/ FB & BR.



Designed: 2018-09-02
Printed: 2018-09-19

Existing Plan



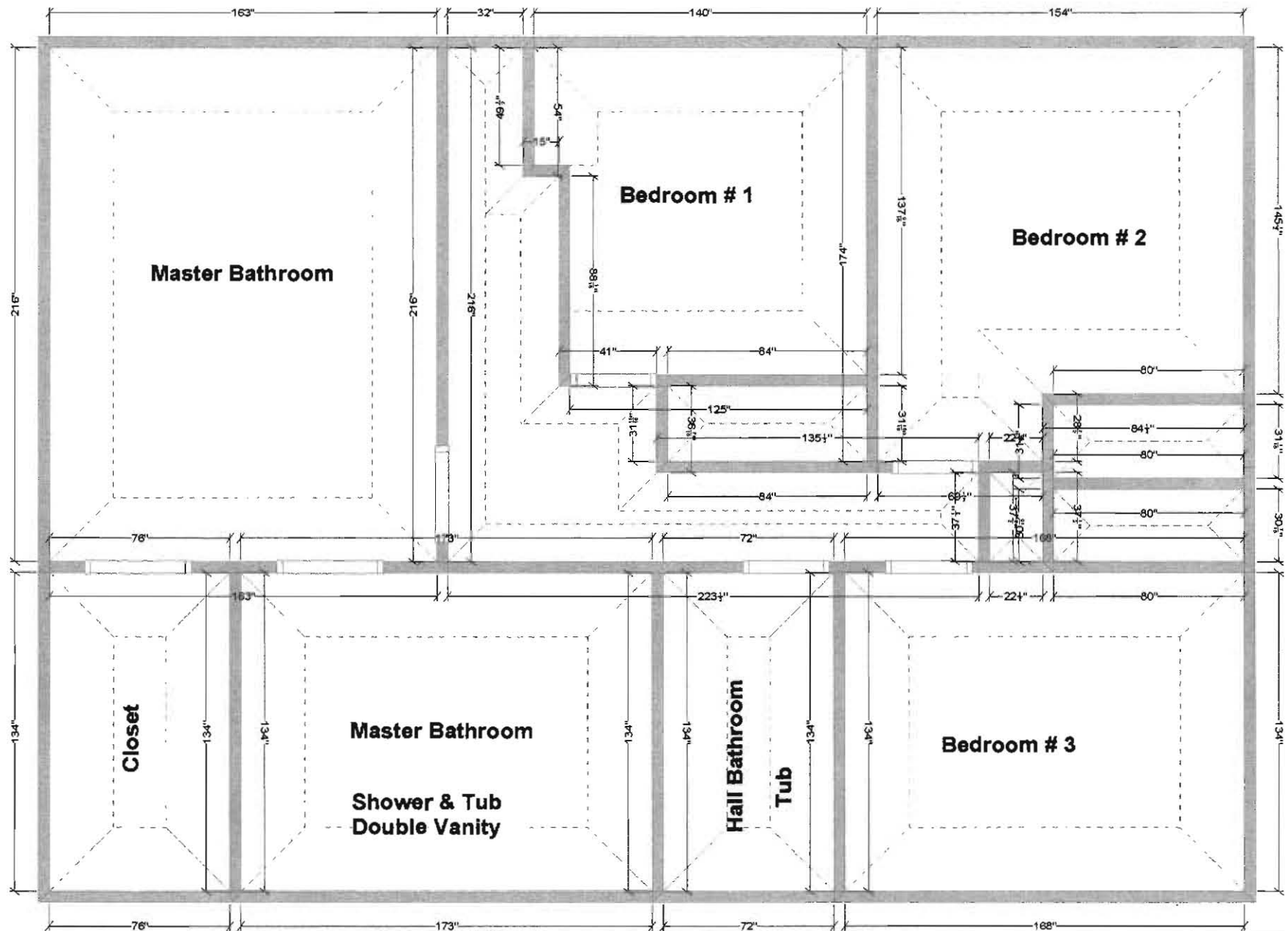
All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 2018-09-19
Printed: 2018-09-19

2nd Floor Plan



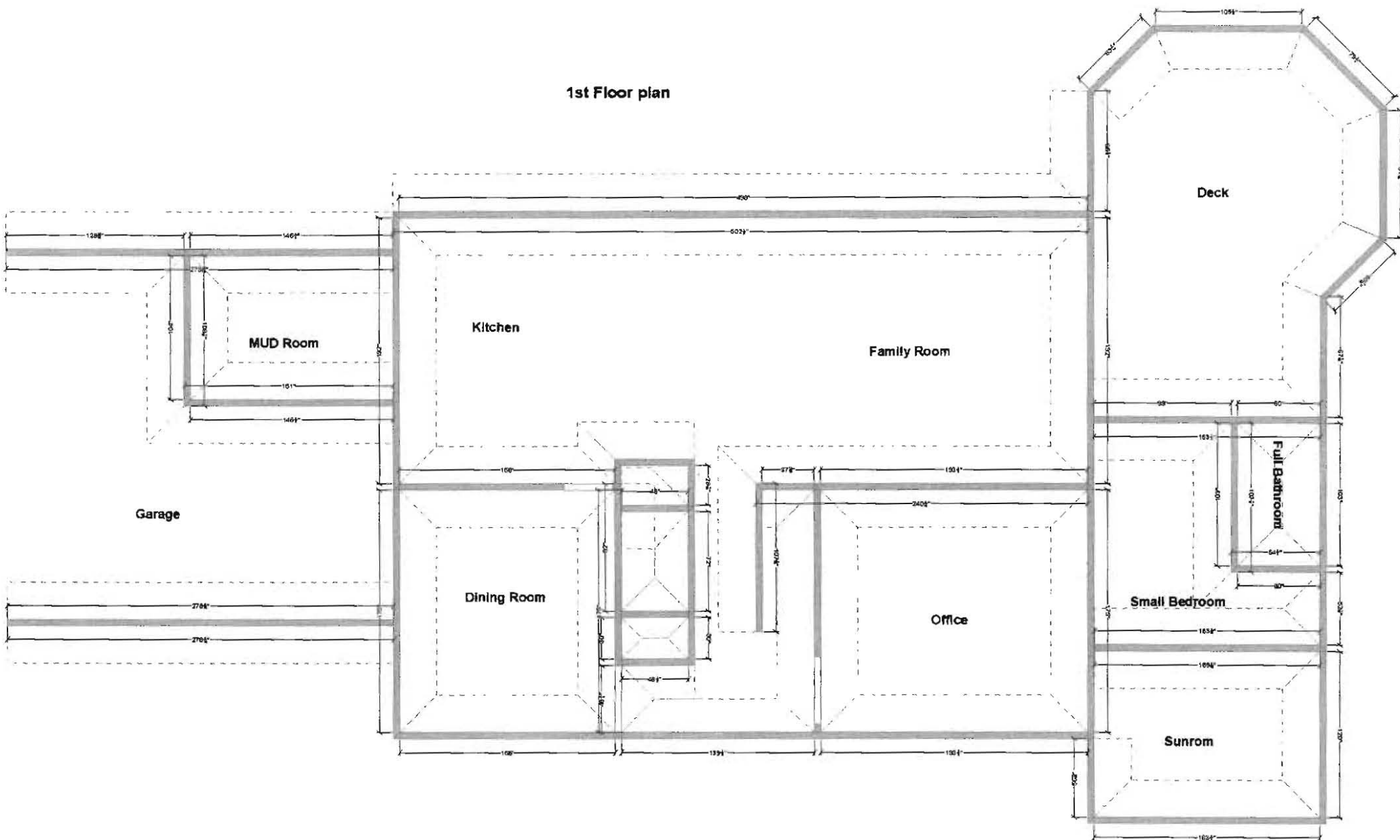
All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

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Designed: 2018-10-01
Printed: 2018-10-02

1st Floor plan



All dimensions size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

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Designed: 2018-10-01
Printed: 2018-10-02