



# 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: 6803 Winding Stream LN  
City: Highland State: MD Zip Code: 20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Existing Use: Rest Area, Unfinish SPACE  
Proposed Use: GYM, Theater room,  
Estimated Construction Cost: \$ 24,000  
Description of Work: Finish Basement, finish existing unfinish part of the Basement

Occupant/Tenant Name: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
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: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: YANG SOO YOON  
Address: 6803 Winding Stream LN  
City: Highland State: MD Zip Code: 20777  
Phone: 202-352-1040 Fax: \_\_\_\_\_  
Email: YYOON1@gmail.com

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

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

Contractor Company: PREMIER CRAFTERS LLC  
Contact Person: JOHN Strajevski  
Address: 12517 WALDO LN  
City: Silver Spring State: MD Zip Code: 20904  
License No.: 135245  
Phone: 443-676-7884 Fax: \_\_\_\_\_  
Email: john@PREMIERCRAFTERS.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	<u>BGE</u>
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>GAS TANK</u>
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>WELL</u>
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>SEPTIC</u>
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" 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: JOHN STRAJEVSKI  
Email Address: JOHN@PremierCrafters.com  
Owner: OWNER  
Title/Company: \_\_\_\_\_

Print Name: JOHN STRAJEVSKI  
Date: 12/13/18

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>12/13/18</u>	<u>H. OSWALD</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	#

Distribution of Copies: White: Building Officials

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA



- HOUSE WAS BUILT 14; -EXISTING WALK OUT WITH ENTRY DOOR;
- EXISTING ALL EX WINDOWS; -SPRINKLERS - YES;
- INSULATION - YES FIBERGLASS ON FRAMED EXTERIOR WALLS;
- WALLS CONSTRUCTED 2X4 16" O.C., TREATED SILL PLATE;
- 1/2 DRYWALL ALLS AND CEILING;
- CEILING HEIGHT: 8'-5" CEILING HEIGHT UNDER BULKHEADS - 7'-4";
- BASEMENT SQ FL: 1400 SQ.FT.

APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_

APP. SAN H. Oswald DATE: 12/18/8

DESC. OF WORK: Finish portions  
of unfinished basement.

