



# 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: 13302 Springwood Ct.  
 City: Ellicott City State: MD Zip Code: 21042  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: Ridgewood  
 Lot: 13 Tax Map: 0072 Parcel: 0160

Existing Use: sfh  
 Proposed Use: sfh  
 Estimated Construction Cost: \$ 80,000  
 Description of Work: 2 bathroom remodels, 1 hall bath is being divided into 2 separate bathrooms & MASTER BATHROOM is being renovated. JB  
 Occupant/Tenant Name: NAPOLÉON MARCELO  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: SAM E  
 Address: 13302 Springwood Ct.  
 City: Ellicott City State: MD Zip Code: 21042  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: pupu doc @ gmail . com

Property Owner's Name: Napoleon Marcelo  
 Address: 13302 Springwood Ct  
 City: Ellicott City State: MD Zip Code: 21042  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: pupu doc @ gmail . com

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: SAM E  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Pequette Construction Maryland  
 Contact Person: TREVOR PEQUETTE  
 Address: 1300 St. Michaels Rd  
 City: Mt. Airy State: MD Zip Code: 21771  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: trepoquette @ Hotmail . com

Engineer/Architect Company: Charles C. Almonte  
 Responsible Design Prof.: SAM E  
 Address: 9913 Grayson Ave  
 City: Silver Spring State: MD Zip Code: 20901  
 Phone: 202 492 8494 Fax: \_\_\_\_\_  
 Email: charles @ charles almonte . 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 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<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"/> <b>Roadside Tree Project Permit</b>	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" 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: trepoquette @ hotmail . com  
 Title/Company: owner

Print Name: Trevor Pequette  
 Date: 9/18/19

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

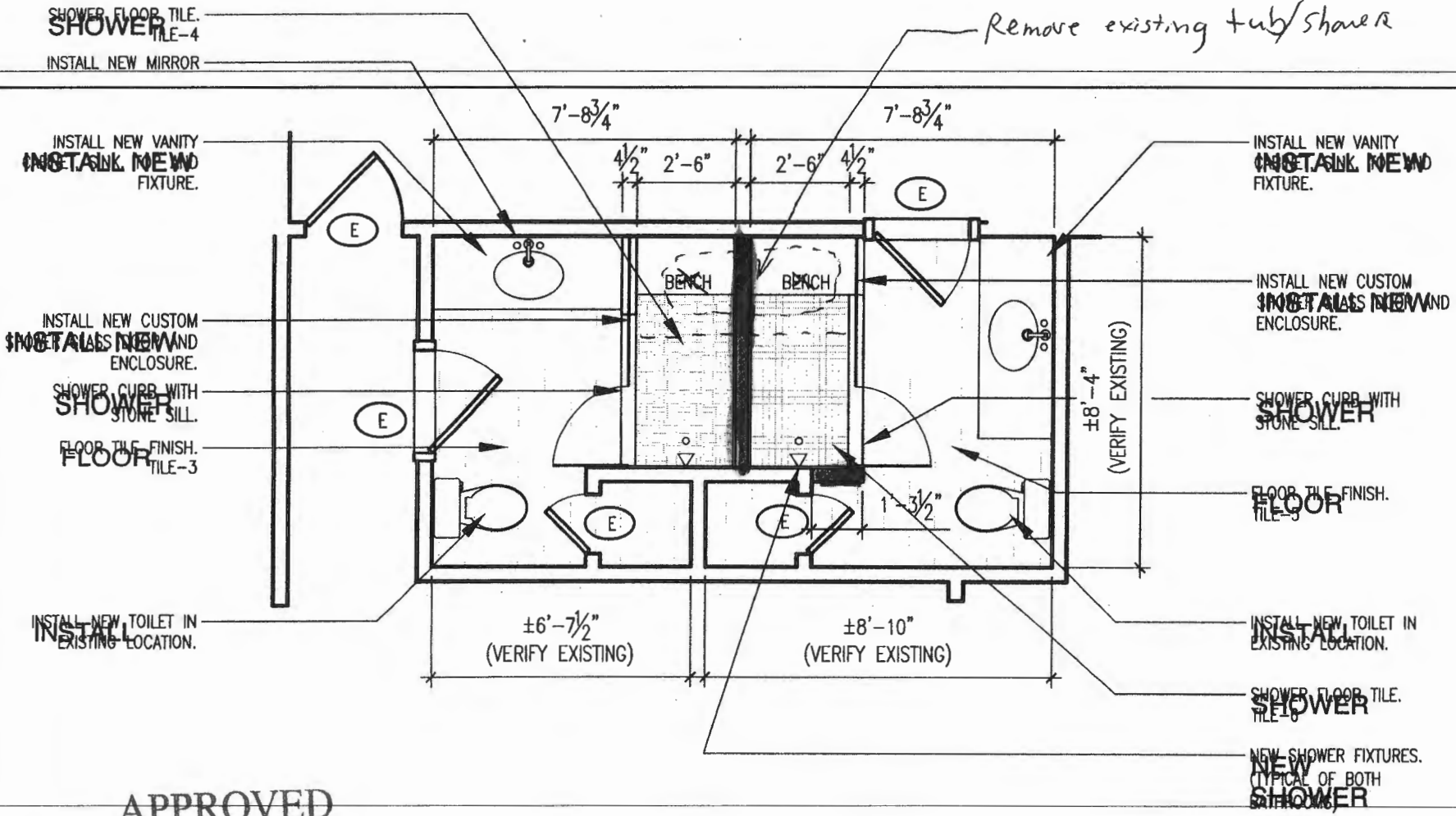
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>9/18/19</u>	<u>H. Oswald</u>

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



APPROVED

WALK-THRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN H. OSWALD DATE: 9/18/19  
 DESC. OF WORK: Bathroom  
remodel.

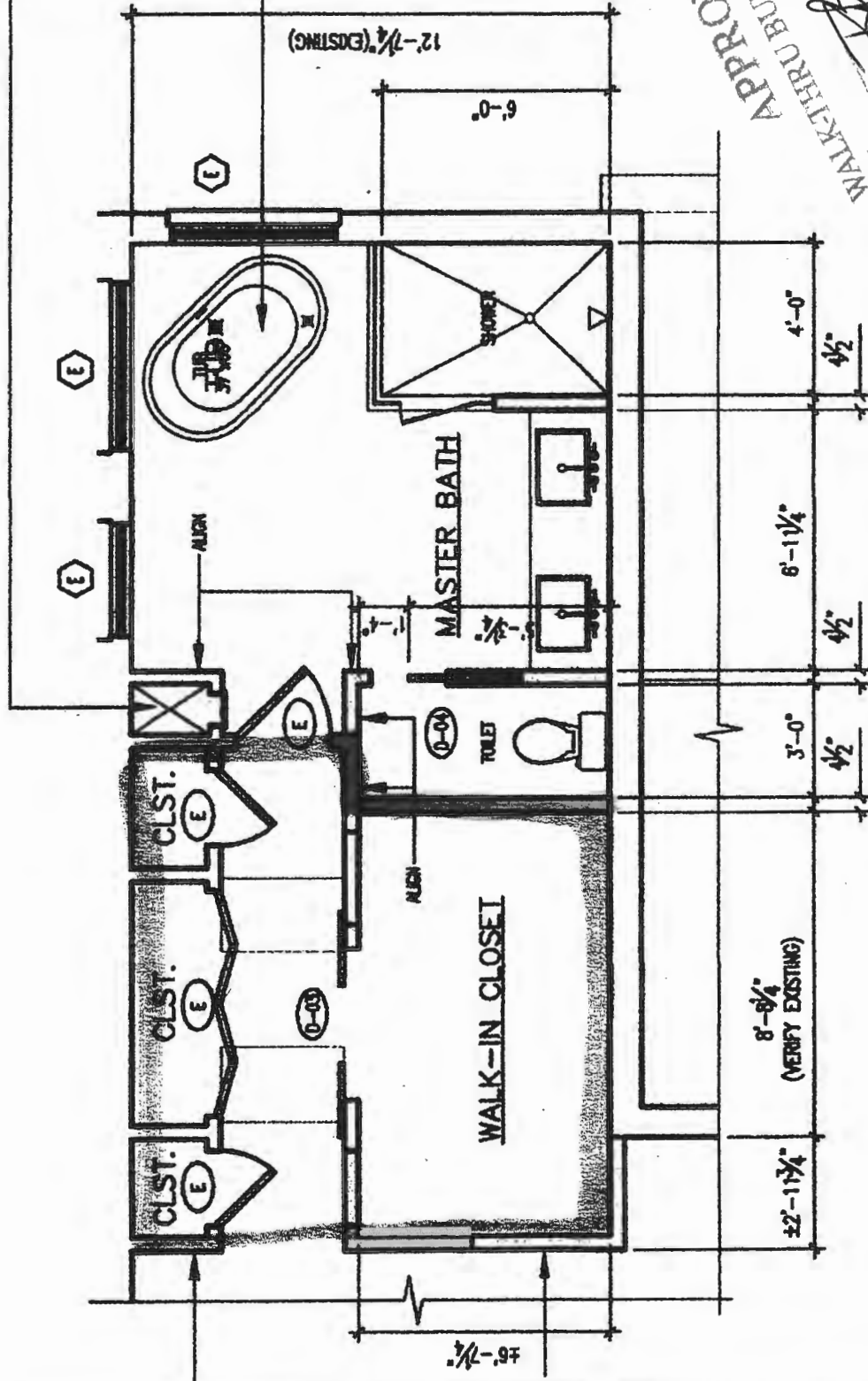
3  
 A-1.00

Jack and Jill Bath Floor Plan

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

NEW SHOWER DOOR AND GLASS PART

NEW FREE STANDING TUB



APPROVED  
 WALKTHRU BUILDING PERMIT  
 A# 98012018  
 DATE: 9/20/2018  
 BR# 1011111111  
 Desc: 0811111111  
 APP: SAN  
 K. J. ...  
 Walker Bath, as illustrated

3 Master Bath & Closet Plan

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

3  
 A-1.00