

PERMIT NUMBER: B 20001476

DATE ACCEPTED:

MAILED
IN
RECEIVED
MAY 08 2020

LICENSES & PERMITS
DIVISION

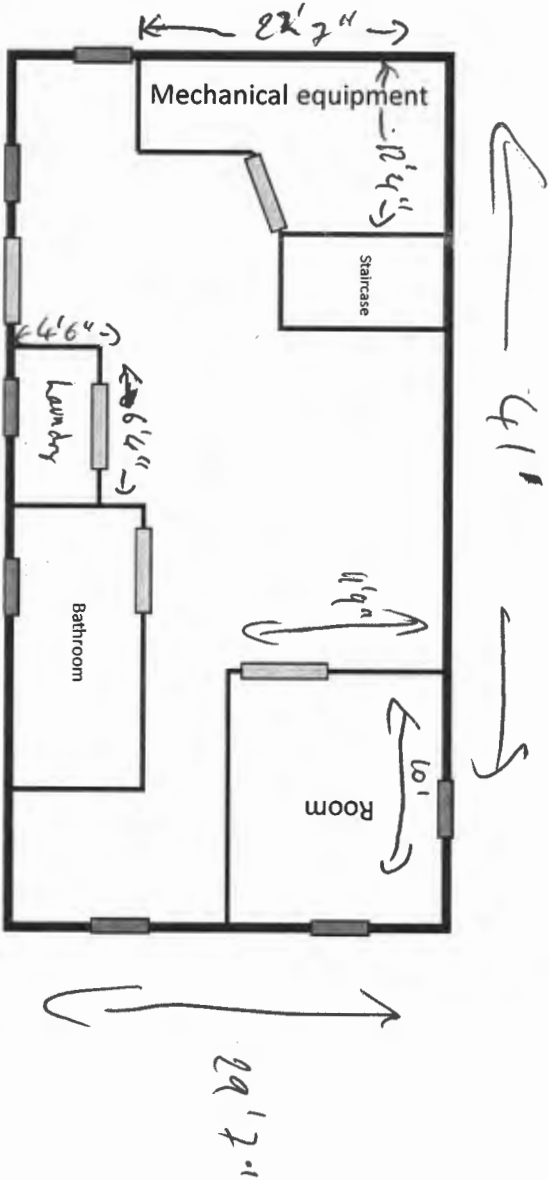
RESIDENTIAL BUILDING PERMIT APPLICATION					
HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov					
BUILDING SITE ADDRESS REQUIRED					
Street Address: 12325 Scaggsville Road					Unit:
City: Fulton			State: MD		Zip Code: 20759
Subdivision/Village/Complex Name:			SDP/WP/BA #:		
Lot:	Tax Map:	Parcel:	Grading Permit #:		
DESCRIPTION OF WORK REQUIRED					
Existing Use: Partially finished basement		Proposed Use: Finish basement		Estimated Cost: \$7,500.00	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None					
Finished basement to include resizing existing finished room (knocking down 2 existing walls for this existing room to make room smaller), living space/recreation room, mechanical room, and unfinished storage (~700 sq ft).					
PROPERTY OWNER INFORMATION REQUIRED					
Owner(s) Name(s) (As it appears on tax records): Michelle and Dien Nguyen					Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 12325 Scaggsville Road					
City: Fulton			State: MD		Zip Code: 20759
Phone: (646) 457-6940			Email: michelle.c.nadeau@gmail.com		
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION					
Business Name: N/A			Contact Name: Michelle Nadeau Nguyen		
Street Address: 12325 Scaggsville Road					
City: Fulton			State: MD		Zip Code: 20759
Phone: (646) 457-6940			Email: michelle.c.nadeau@gmail.com		
CONTRACTOR INFORMATION REQUIRED					
Business Name: N/A (acting as our own contractor)					
Licensee's Name:			License #:		
Street Address:					
City:			State:		Zip Code:
Phone:			Email:		
ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE					
Business Name: N/A			Name:		
Street Address:					
City:			State:		Zip Code:
Phone:			Email:		
BUILDING CHARACTERISTICS REQUIRED					
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)					Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas		Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)		Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input checked="" type="checkbox"/> Other: oil				Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None			Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac		
ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)					
Model Name & Options:					
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:		
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input checked="" type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial					
1 st Fl Width:	1 st Fl Depth:	2 nd Fl Width:	2 nd Fl Depth:	Bsmt Width:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI			Gross Area: sq ft Occupiable Area: sq ft		
AGREEMENT/ DISCALIMER REQUIRED					
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.					
Michelle Nadeau Nguyen			5/4/20		
APPLICANT'S ORIGINAL SIGNATURE			DATE SIGNED		
FOR OFFICE USE ONLY					
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY					
AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: \$135.00		PAYMENT: CK# 189		ACCEPTED BY: MAIL	

New FP

Brooklyn

Copy 1 of 3
PROPOSED

■ window
■ door

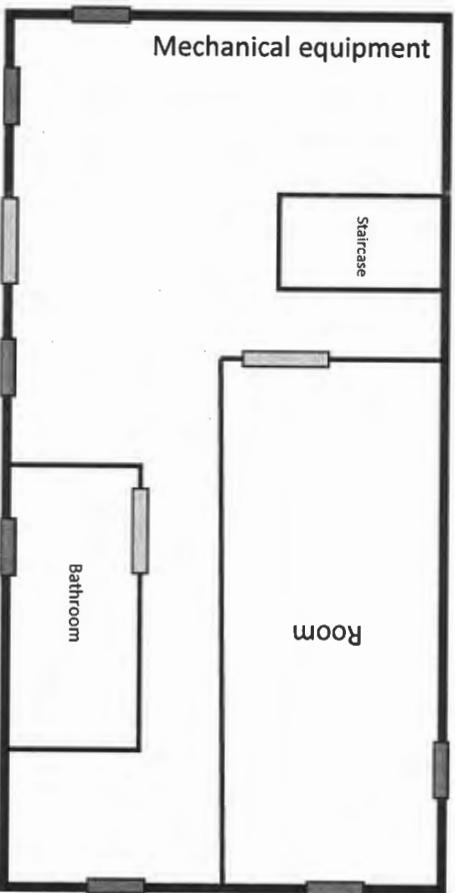


* All measurements are approximate *

Current FP

Copy 3 of 3
EXISTING

■ window
■ door



Same measurement as copy 2