

RECEIVED

PERMIT NUMBER: B 20001588

DATE ACCEPTED:

MAY 21 2020



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS DIVISION

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 12157 Hayland Farm Way
City: Ellicott City
State: MD
Zip Code: 21042
Subdivision/Village/Complex Name:
SDP/WP/BA #:
Lot: 52
Tax Map:
Parcel:
Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use:
Proposed Use:
Estimated Cost: \$65,000.00
Trade Work to Be Completed (Separate Permits Required):
Mechanical (HVACR)
Electrical
Plumbing
None
As-Built: Finished basement including: recreation room with web bar, full bath, bedroom, storage room, unfinished mechanical room. Approximately 1,800 sq ft.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Manyuan Jin, Cheng Zhou
Primary Residence: Yes No
Owner's Street Address: 12157 Hayland Farm Way
City: Ellicott City
State: MD
Zip Code: 21042
Phone: (443) 683-5020
Email: manyuanj@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Home Owner
Contact Name: Manyuan Jin
Street Address: 12157 Hayland Farm Way
City: Ellicott City
State: MD
Zip Code: 21042
Phone: (443) 683-5020
Email: manyuanj@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Home Owner
Licensee's Name:
License #: 0
Street Address:
City:
State:
Zip Code:
Phone:
Email:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:
Name:
Street Address:
City:
State:
Zip Code:
Phone:
Email:

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: #
Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:
of Bedrooms (SF): 5 # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
Rooms: # Full Baths: 5 # Half Baths: 1 # Fireplaces:
Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:
Energy Method: Prescriptive Performance UA Alternative 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.

Applicant's original signature

5/17/2020

DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

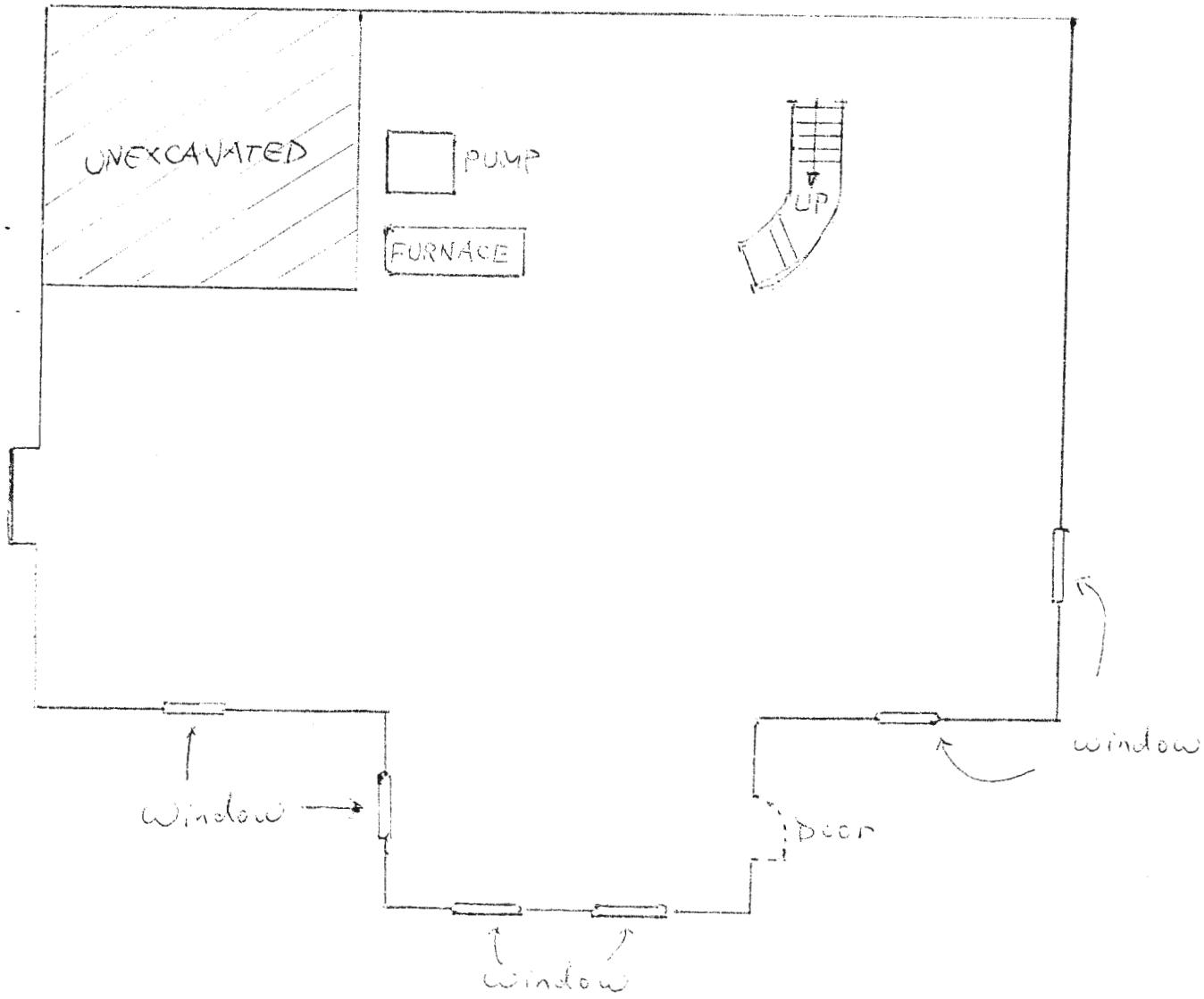
AGENCIES REQUIRED/APPROVALS:

PR DPZ DED Health H. Oswald SHA CID

SUBMITTAL FEES: PAYMENT: ACCEPTED BY:

B20001588

Basement
Existing Floor Plan



Basement Finished Floor Plan

