

Approved 11/9/22

-4.0.

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Alteration/SFD	B22004014	10/27/2022
Description of Work		
SFD/ PARTIALLY FINISH BASEMENT TO INLCUDE THEATER ROOM APX 341 SQ FT.**NOT PERMITTED FOR SLEEPING ROOMS UNLESS EGRESS IS MET, SMOKE DETECTORS REQUIRED		

[check spelling](#)

Address * (This section is required.)

Search	Reset	Clear	Get Parcel & Owner
Street #	Street Name	Street Type	
15621	LINDEN GROVE	LN	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.06492	39.32725
City	State	Zip Code	Primary
WOODBINE	MD	21797	Yes

Parcel * (This section is required.)

Search	Reset	Clear	Get Address & Owner			
GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11059838	0005	0	0	0	0	RURAL
Legal Description						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
18	5	604001	5				
Plan Area	State Tax Id	Subdivision Name					
		Linden Grove					
Section	Area	Tax Map					
		7					
Grid	Zoning District	ADC Map					
7-18	RC-DEO	4691-K8					
SDP No.	Final Plan No.	WP File No.					
	ECP-17-019						
Record Plat No.	WS Contract No.	FDP No.	Primary				
25064-2507			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-05	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search	Reset	Clear
Name *		
NELAKUDITY SIVANAGA MAHESH		
Address Line 1		
15621 LINDEN GROVE LANE		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
WOODBINE	MD	21797
Phone	Primary	
4438514376	Yes	
E-mail		
MAHESH_AIM@YAHOO.COM		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search	Reset	Clear
License # *	Business Name	
NA	HOME OWNER TO ACT AS CONTRACTOR	
License Type *	First Name	Middle Name
Home Owner	NELAKUDITY	SIVANAGA
Primary	Last Name	
Yes	MAHESH	
	Address Line 1	
	15621 LINDEN GROVE LANE	
	Address Line 2	
	City	State
	WOODBINE	MD
	Phone 1	ZIP Code
	4438514376	21797
	Phone 2	Fax
	E-mail	
	MAHESH_AIM@YAHOO.COM	

Applicant (This section is not required.)

Search	As Owner	As Lic. Prof	As Contact
Type *	First Name	MI	Last Name
Applicant	NELAKUDITY	S	MAHESH
Relationship	Full Name		
Applicant	NELAKUDITY SIVANAGA MAHESH		
Primary	Organization Name		
No			
	Street Address		
	15621 LINDEN GROVE LANE		
	Address Line 2		
	City	State	Zip Code
	WOODBINE	MD	21797
	Phone	Cell	Fax
	4438514376		
	E-mail *		
	MAHESH_AIM@YAHOO.COM		

Contact (This section is not required.)

Search	As Owner	As Lic. Prof	As Contact
Type	First Name	MI	Last Name
Contact	NELAKUDITY	SIVANAGA	MAHESH
Relationship	Full Name		
Owner	NELAKUDITY SIVANAGA MAHESH		
Primary	Organization Name		
Yes	HOME OWNER TO ACT AS CONTRACTOR		
	Street Address		
	15621 LINDEN GROVE LANE		
	Address Line 2		
	City	State	Zip Code
	WOODBINE	MD	21797
	Phone	Cell	Fax
	4438514376		
	E-mail		
	MAHESH_AIM@YAHOO.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
6500	0	0	No
Construction Type			
101 - Single Family Houses Detached			

Execute Expression "Run expression exception, please contact agency administrator." error:

RESIDENTIAL ALTERATION INFO

RESIDENTIAL ALTERATION INFORMATION

Total Square Footage *	No of Stories *	Basement	Bedrooms	Full Baths	Half Baths	Water *	Sewage *
341	SQFT 1	Partially Finished				Private	Private
Existing Utilities *	Existing Heating System *	Existing Sprinkler System *	Type of New Fireplace	Expiration Date	Fee Exempt *		

Gas & Electric



Electric & Propane Gas



NFPA #13D



--Select--



4/26/2023



☐ Yes



☒ No

PAYMENT INFORMATION

Check 1

Payee 1

Check 2

Payee 2

SAP Doc No

SAP Entered



Submit

Cancel

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 10/27/2022 ☐ ONLINE SUBMITTAL ☐ PAPER SUBMITTAL

To: Debbie Whalen Plans Review
(Reviewer/Requestor's Name) (Division)

From: Sivanaga Mahesh NelaKudity 443 851 4376
(Your Name, Company Name) (Phone Number)

Subject: Project name _____
Project site address 15621 Linden Grove Lane, Woodbine, MD 21797
Permit # B22004014 SDP # N/A
Other information pertinent to this project _____

☒ Please check the attachments below that you are submitting with this transmittal:

- ☐ Letter of response to address plan review comment letter
- ☒ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- ☐ Letter Summarizing Changes
- ☐ Energy conservation calculations
- ☐ Copies of _____ (be specific).
- ☐ _____ Health Department Request ☐ DPZ/ DED Request ☐ Applicant's Request
- ☐ Two sets of single-family model plans to be placed on permanent file: Model name and/or # _____
- ☒ Other Revised Flood Plan to Show the door from Hallway to

Contact Person Information: (Required)

Sivanaga Mahesh NelaKudity
Please Print Name

Telephone No: 443 851 4376

E-Mail Address: mahesh-aim@yahoo.com

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455 OPTION #4 OR BY VISITING MYHOWARD.INFO. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by MP
White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\HoCoTransmittalForm05.2022

Revision

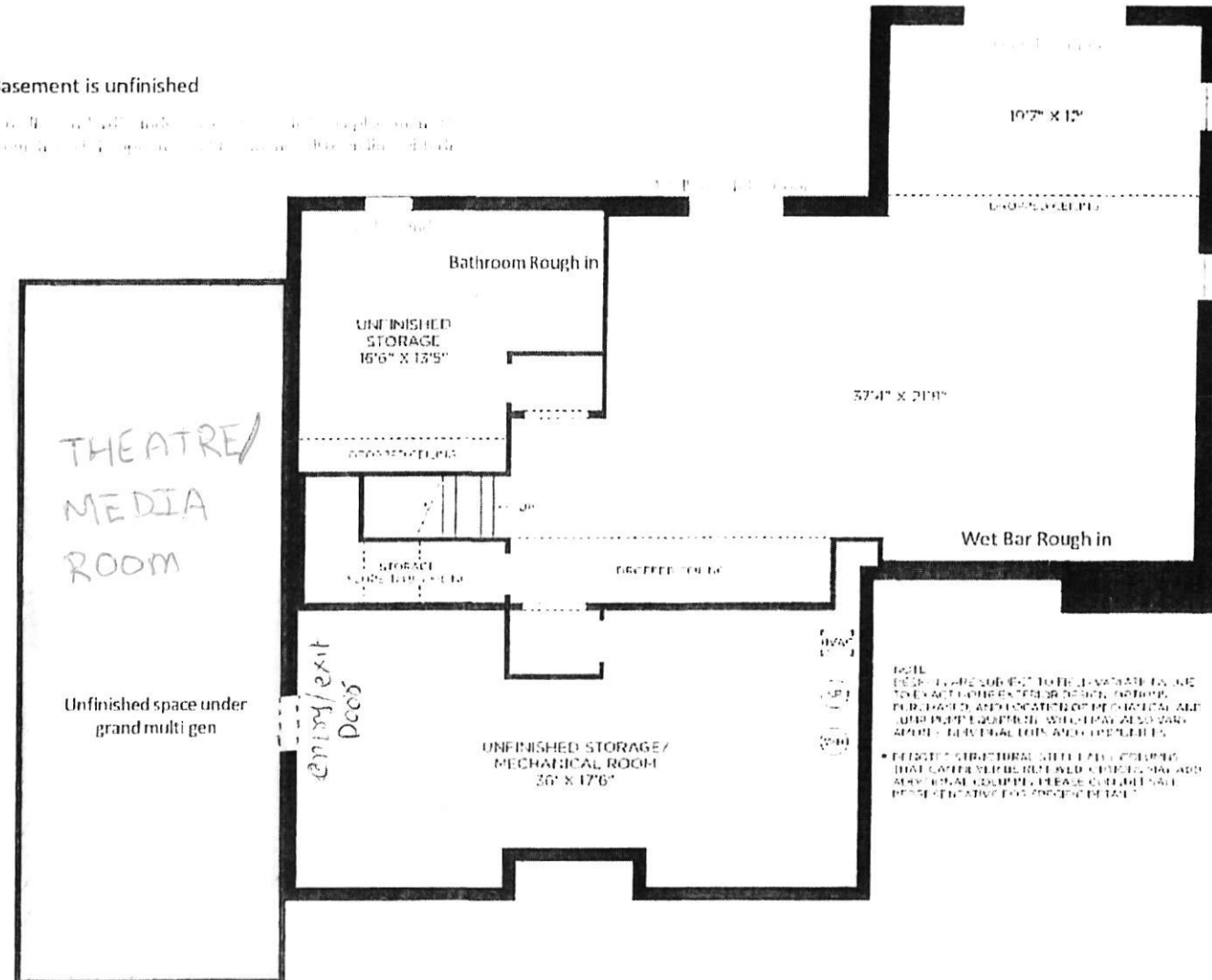
REVISED

Date: 10-27-22

Comments: Revised to show door from hallway to media room

Note: The Basement is unfinished

Basement is unfinished. All dimensions are approximate. All areas are subject to change without notice. All areas are subject to change without notice.



DocuSigned by:

Sivanagamesh M. Subudhi

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