

PERMIT NUMBER: B 22001967

DATE ACCEPTED:

RECEIVED

MAY 18 2022

RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

LICENSES & 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: 3495 Woodbine Rd
City: Woodbine
State: MD
Subdivision/Village/Complex Name: Carter Property Plat 10607
Lot: 2 Tax Map: 13 Parcel: 155

DESCRIPTION OF WORK REQUIRED

Existing Use: bedroom Proposed Use: Bedroom and Master Bath Estimated Cost: \$50.00
Trade Work to Be Completed: Mechanical (HVACR) Electrical Plumbing
Converting two rooms below grade (1 bedroom-1 other) into a master bedroom with bath.

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Peter and Linda Spitale Primary Residence: Yes
Owner's Street Address: 3495 Woodbine Rd
City: Woodbine State: MD Zip Code: 21797
Phone: (732) 991-6245 Email: linda.a.spitale@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Contact Name: Linda Spitale
Street Address: 3495 Woodbine Rd
City: Woodbine State: MD Zip Code: 21797
Phone: (732) 991-6245 Email: linda.a.spitale@gmail.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Ensor Plumbing License #: 00001475-P
Licensee's Name: License #: 00001475-P
Street Address: 11403 Cronhill Drive, Suite C
City: Owings Mills State: MD Zip Code: 21117
Phone: (410) 429-4959

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
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): # 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: 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: 57 1st Fl Depth: 35 2nd Fl Width: 2nd Fl Depth: Bsmt Width: 57 Bsmt Depth: 35
Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: 3,990 sq ft Occupiable Area: 1,046 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.

Signature: Linda Spitale Date Signed: 5/18/22

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health SHA CID
SUBMITTAL FEES: 80- PAYMENT: pay online ACCEPTED BY: [Signature]