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<input type="checkbox"/> <u>Permit #</u>	<u>Status</u>	<u>Record Type Alias</u>	<u>Street #</u>	<u>Street Name</u>	<u>Type</u>	<u>Unit Type</u>	<u>Unit #</u>	<u>City</u>
<input type="checkbox"/> <u>B22000222</u>	Review In Process	Residential Interior Alteration Single Family Dwelling Permit	10110	WESLEIGH	DR			COLUMI

Page 1 of 1



Online permit

B22000222

T00005173

PERMIT NUMBER: B

DATE ACCEPTED:

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: 10110 Wesleigh Drive	Unit:
City: Columbia	State: MD
Subdivision/Village/Complex Name:	SDP/WP/BA #:
Lot:	Tax Map:
Parcel:	Grading Permit #:
DESCRIPTION OF WORK REQUIRED	
Existing Use: Multi Family Residential	Proposed Use: SFD
Estimated Cost: \$25000	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None	
convert multi family dwelling into SFD. Proposed three story dwelling will be 7 bedroom, 5 bath Total area of work = 1166 SF - New conc. porch/roof at front = 7x8 = 56 SF - New 4 window wells at rear of house	
PROPERTY OWNER INFORMATION REQUIRED	
Owner(s) Name(s) (As it appears on tax records): Sequoia Realty LLC	Primary Residence: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Owner's Street Address: 6717 Pine Dr	
City: Columbia	State: MD
Phone: 301-960-3965	Email: biya2487@gmail.com
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION	
Business Name: Sequoia Realty LLC	Contact Name: Adam Ababiya
Street Address: 6717 Pine Dr	
City: Columbia	State: MD
Phone: 301-960-3965	Email: biya2487@gmail.com
CONTRACTOR INFORMATION REQUIRED	
Business Name: ACC Contracting LLC	
Licensee's Name: Alex Coleman	License #: 131458
Street Address: 2630 North Charles St	
City: Baltimore	State: MD
Phone: 443-392-0103	Email: alex@acchomes.com
ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE	
Business Name: Arenco	Name: Pratul Patel
Street Address: 12430 Hill Crest	
City: Fulton	State: MD
Phone: 240-418-1389	Email: prafulp@arenco-llc.com
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 type="checkbox"/> Private (Well)
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private (Septic)
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 type="checkbox"/> Yes <input checked="" 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*):	# of Fireplaces:
# 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 type="checkbox"/> None	
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input 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.	
APPLICANT'S ORIGINAL SIGNATURE	DATE SIGNED: 1/18/2022
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 checked="" type="checkbox"/> DEB	<input checked="" type="checkbox"/> Health
<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: \$135.00 ??	PAYMENT: pay online
ACCEPTED BY: mp	

RECEIVED
JAN 21 2022
LICENSES & PERMITS
DIVISION

ADDRESS: 10110 WESLEIGH DR
COLUMBIA, MD 21046

MAP: 0042
LOT AREA: 37,592 SF

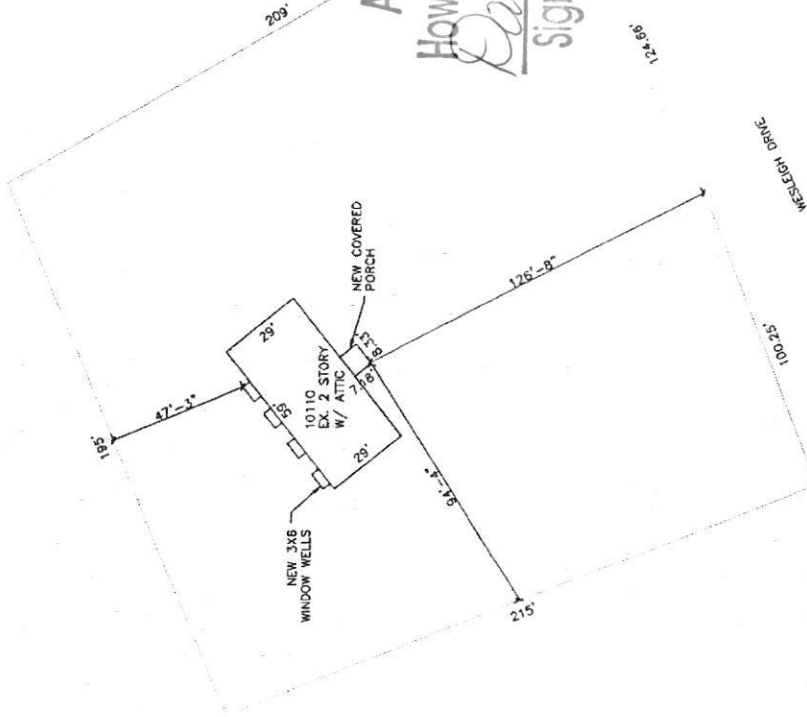
SCOPE OF WORK:
NEW CONC. PORCH AND ROOF
NEW WINDOWS WELLS AT REAR

Approved Septic System Plan

Howard County Health Department

Dana Leonard
Signature

2-14-22
Date



PROFESSIONAL CERTIFICATION

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DAILY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 23081 EXPIRATION DATE 09/24/2023

10110 WESLEIGH DR
COLUMBIA, MD 21046
ADDITION / RENOVATION

C1

SITE PLAN

ARENCO, LLC
ARCHITECTURAL ENGINEERING CONSULTANTS
12450 HILL CREST
FULTON, MD 20759

SCALE: 1" = 40'
WORK SHEET # R22-008
SHEET 1 OF 1
DRAWING NO. 21-08-01

FILE NAME:

FILE DATE:

FORM 06-23-17