

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
1307000563

Building Address 9440 LOVAT ROAD
FULTON, MD 20759
 Suite/Apt. #: _____ SDP/W/P/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MARIE DESJARDINS & JOHN PARK
 Address 9440 LOVAT Rd.
 City FULTON State MD Zip Code 20759
 Home Phone 301-417-2553 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
BRETT SCHOOLMICK
THE BAYWOOD DESIGN BUILD GROUP INC.
 Phone 410-995-1363 Fax 410-992-3211

Existing Use SF DWELLING
 Proposed Use SFD WITH KITCHEN REMODEL
 Estimated Construction Cost \$ 60,000
 Description of Work REMODEL KITCHEN AND LAUNDRY/MUDROOM AREA AND RELOCATE POWDER ROOM

Contractor Company BAYWOOD DESIGN BUILD GROUP
 Contact Person BRETT SCHOOLMICK
 Address 5530 STERRETT PL., STE. #100
 City COLUMBIA State MD Zip Code 21044
 License No. _____
 Phone 410-995-1363 Fax 410-992-3211

Occupant or Tenant OWNER
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms: _____	
Height: _____	
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
_____ State Certified Modular	
_____ Manufactured Home	

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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company THE BAYWOOD DESIGN BUILD GROUP, INC. PRESIDENT

Print Name BRETT SCHOOLMICK
 Date 2/22/07

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>2/22/07</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	Accepted by _____
Green: LDD, DPZ			SDP/Red-line approval date _____	
Yellow: DED, DPZ			_____	
Pink: Health				
Gold: SHA				

APPROVED

WALK-THRU BUILDING PERMIT

BP# 07000563 A# 24467

APP. SAN SP DATE: 2/22/07

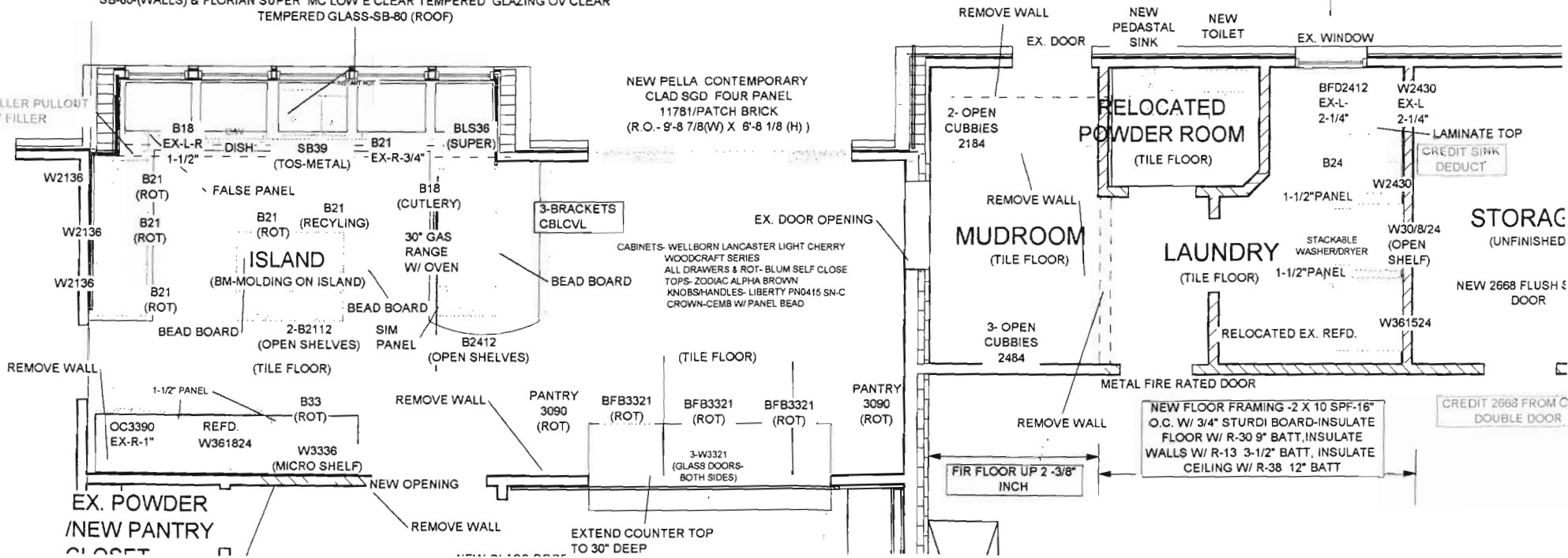
DESC. OF WORK: *remodel kitchen
mudroom/laundry area and relocate
powder room and connect it to pantry.*

NEW FLORIAN SIERRA ROOM CONSERVATORY POPOUT
W/ FLORIAN MC LOW E CLEAR TEMPERED GLAZING OV CLEAR TEMPERED GLASS
SB-60-(WALLS) & FLORIAN SUPER MC LOW E CLEAR TEMPERED GLAZING OV CLEAR
TEMPERED GLASS-SB-80 (ROOF)

WALL FILLER PULLOUT
W-2 3/8" FILLER

NEW PELLA CONTEMPORARY
CLAD SGD FOUR PANEL
11781/PATCH BRICK
(R.O.-9'-8 7/8(W) X 6'-8 1/8 (H))

CABINETS: WELLBORN LANCASTER LIGHT CHERRY
WOODCRAFT SERIES
ALL DRAWERS & ROT-BLUM SELF CLOSE
TOPS- ZODIAC ALPHA BROWN
KNOB-SHANDLES- LIBERTY PN0415 SN-C
CROWN-CEMB W/ PANEL BEAD



CREDIT 2668 FROM C
DOUBLE DOOR