



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 12749 Maryvale Ct.
 City: Ellicott City State: MD Zip Code: 21043
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 9
 Tax Map: 032 Parcel: 0045 Grid: 0017
 Zoning: _____ Map Coordinates: _____ Lot Size: 413ac

Existing Use: Residential
 Proposed Use: Residential
 Estimated Construction Cost: \$ 135,000.
 Description of Work: Remodel existing basement.

Occupant or Tenant: OWNER.
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: KURT R + Miriam Kendall
 Address: 12749 Maryvale Ct.
 City: Ellicott City State: MD Zip Code: 21043
 Phone: 301-984-5030 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Beverly True
 Address: 3920 London Bridge Rd.
 City: Silver Spring State: MD Zip Code: 21154
 Phone: 410-330-0418 Fax: 410-295-4345
 Email: Btrue213@gmail.com

Contractor Company: ACC Contractors, LLC
 Contact Person: Andrew Lehman
 Address: 19632 Gunpowder Rd.
 City: Millersville State: MD Zip Code: 21102
 License No.: MPEC# 45319 MIBR 4753
 Phone: 410-350-7300 Fax: _____
 Email: _____

Engineer/Architect Company: Lehman Associates, PC
 Responsible Design Prof.: John Lehman
 Address: 6338 Mink Howard Rd.
 City: Highland State: MD Zip Code: 20777
 Phone: 301-288-5300 Fax: _____
 Email: jlehman@lapc.us

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth Width	
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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.

Beverly True
 Applicant's Signature
btrue213@gmail.com
 Email Address
Agent House Brokering
 Title/Company

Beverly True
 Print Name
11/30/10
 Date

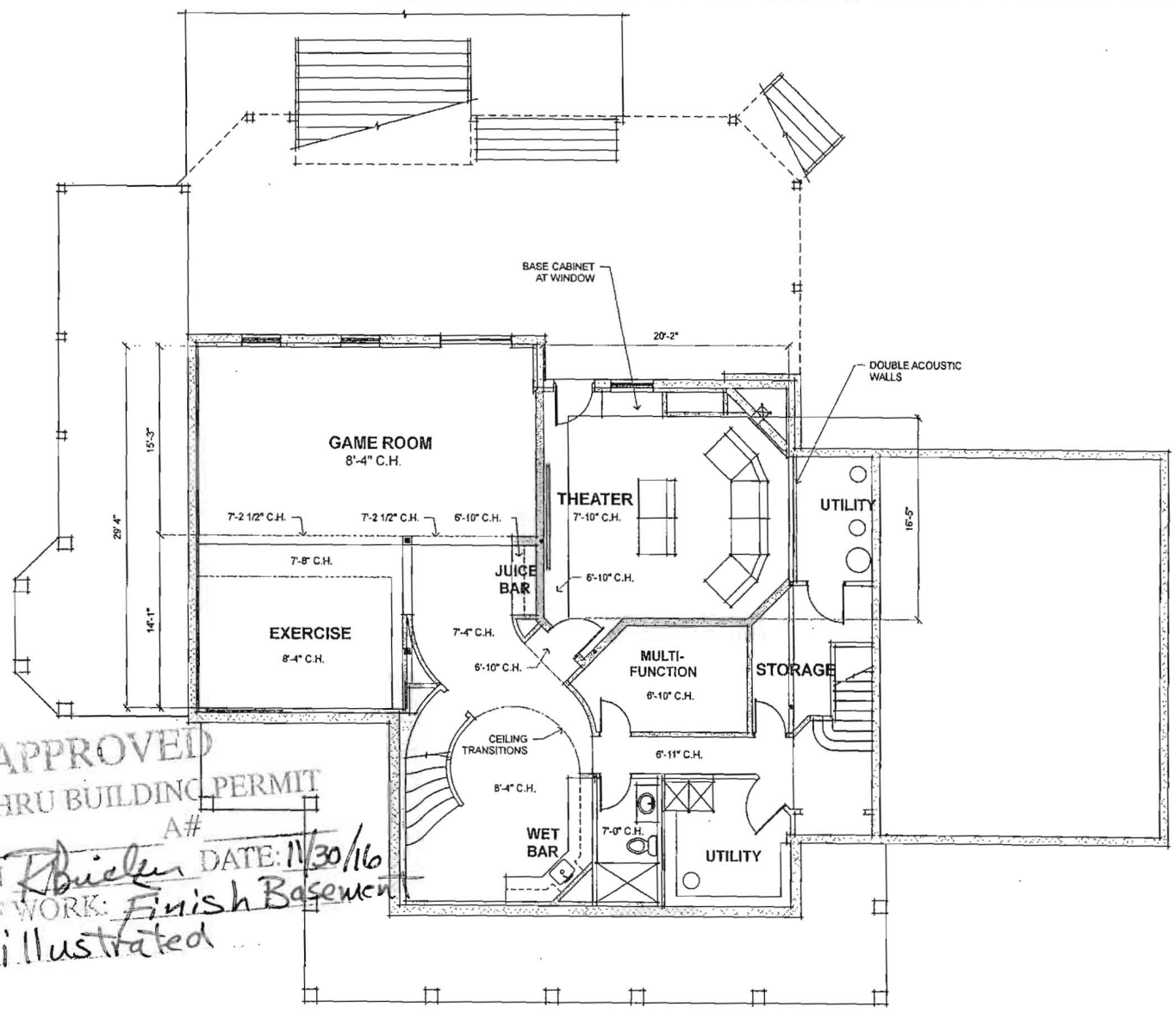
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>Robert R. Buckley</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



PROPOSED INTERIOR RENOVATIONS TO THE RESIDENCE OF
KURT & MIRIAM KENDALL
12749 MARYVALE COURT, ELICOTT CITY, MARYLAND 21042

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN *R. Buckler* DATE: 11/30/16
DESC. OF WORK: *Finish Basement*
as illustrated

PROPOSED BASEMENT LEVEL PLAN - 01.19.16
SCALE 1/4" = 1'-0"