

RECEIVED

JUL 22 2020

PERMIT NUMBER: B 20002470

DATE ACCEPTED:



RESIDENTIAL BUILDING PERMIT APPLICATION

LICENSES & PERMITS DIVISION

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: 5403 James way Ct. Unit: City: clarksville State: MD Zip Code: 21029

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: Estimated Cost: \$ Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): Andy Moghadam Primary Residence: Yes No City: Clarksville State: md Zip Code: 21029

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Same as above Contact Name: Street Address: City: State: Zip Code: Phone: Email:

CONTRACTOR INFORMATION REQUIRED

Business Name: N.B. Construction Group Licensee's Name: Nestor Bernado License #: D13962139

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 SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF\*) Condo: Yes No Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: # of Bedrooms (SF): 4 # of efficiency units (MF\*): # of 1 BR (MF\*): # of 2 BR (MF\*): # of 3 BR (MF\*):

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: [Signature] DATE SIGNED: 7/17/2020

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health SHA CID

SUBMITTAL FEES: \$55.00 PAYMENT: CK# 3250 ACCEPTED BY: DROPBOX

