

PERMIT NUMBER: B 21001556

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: 1999 Long Corner Road		Unit:
City: Mount Airy	State: MD	Zip Code: 21771
Subdivision/Village/Complex Name: Pleasant Hills		SDP/WP/BA #:
Lot: 3	Tax Map: 0012	Parcel: 0005
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Unfinished Basement	Proposed Use: Finish Basement-Living Space	Estimated Cost: \$15.00
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
Finish existing basement: frame walls, install bathroom (using existing rough-in), install required plumbing, install required lighting and outlets, install drywall, finish/prime/paint, install flooring		
990 \$		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Christopher West & Tia West	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 1999 Long Corner Road	
City: Mount Airy	State: MD
Phone: (301) 535-0123	Email: cwest440@gmail.com
Zip Code: 21771	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: N/A	Contact Name: Christopher West
Street Address: 1999 Long Corner Road	
City: Mount Airy	State: MD
Phone: (301) 535-0123	Email: cwest440@gmail.com
Zip Code: 21771	

CONTRACTOR INFORMATION REQUIRED

Business Name: Self- Hiring Trades (Master Plumber, Master Electrician, and others)	
Licensee's Name: Christopher West (self)	License #: N/A
Street Address: 1999 Long Corner Road	
City: Mount Airy	State: MD
Phone: (301) 535-0123	Email: cwest440@gmail.com
Zip Code: 21771	

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name:	Name: RECEIVED
Street Address:	
City:	State:
Phone:	Email:
APR 23 2021	

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*) <input type="checkbox"/> Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well) <input type="checkbox"/> Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other: <input type="checkbox"/> Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None <input type="checkbox"/> Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

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*):
# Rooms: 11	# Full Baths: 2	# Half Baths: 1	# Fireplaces: 1	
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input checked="" 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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial				
1 st Fl Width: 52	1 st Fl Depth: 33	2 nd Fl Width: 52	2 nd Fl Depth: 33	Bsmt Width: 36
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 3,184 sq ft Occupiable Area: 3,184 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.


4/23/21
 (APPLICANT'S ORIGINAL SIGNATURE)
 DATE SIGNED

FOR OFFICE USE ONLY

AGENCIES REQUIRED/APPROVALS:			
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input type="checkbox"/> DED	<input checked="" type="checkbox"/> Health DBernard
SUBMITTAL FEES: \$135.00		PAYMENT: \$424	ACCEPTED BY: Dnapbox

CHRISTOPHER WEST
 (cwest@d4d.com) 301.535.0123
 1999 LONG CORNER ROAD
 Option 6
 Version 1.1
 04.21.21



