PERMIT NUMBER: B 2302218 **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: 5521 Jacks Landing Way		Unit:
City: Clarksville	State: **MD**	Zip Code: 21029
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:	Grading Permit #:

DESCRIPTION OF WORK *REQUIRED*

Existing Use:	Proposed Use:	Estimated Cost: $ 60,000

Trade Work to Be Completed *(Separate Permits Required)*: ☐ Mechanical (HVACR) ☐ Electrical ☐ Plumbing ☐ None

Finish basement with one room, home theater, full bath, cant back

PROPERTY OWNER INFORMATION *REQUIRED*

Owner(s) Name(s) *(As it appears on tax records)*: Chapel Buddy Thati Buddy		Primary Residence: ☑ Yes ☐ No
Owner's Street Address: 5521 Jacks Landing Way		
City: Clarksville	State: MD	Zip Code: 21029
Phone: 410-309-4697	Email: Prambabu1@gmail.com	

APPLICANT NAME *REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION*

Business Name: Owner	Contact Name:	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

CONTRACTOR INFORMATION *REQUIRED*

Business Name: owner acting as contractor		
Licensee's Name:	**License #:**	
Street Address:		
City:	State:	Zip Code:
Phone:	Email:	

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)

Heating System: ☐ Electric ☐ Natural Gas ☑ Propane ☐ Other: | Roadside Tree Project: ☑ No ☐ Yes: #

Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R ☑ NFPA 13D ☐ None | Fire Alarm System: ☑ Yes ☐ No ☐ 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*):
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:	

Garage/Carport Info: ☐ Attached Garage ☐ Detached Garage ☐ Integral Garage ☐ Carport ☐ None

Basement/Foundation Info: ☐ Slab on Grade ☐ Post & Pier ☐ Unfinished Basement ☐ Finished Basement: ☐ Full or ☐ Partial

1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:	Bsmt Depth:

Energy Method: ☐ Prescriptive ☑ Performance ☐ UA Alternative ☐ 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.

Bdad — 08/01/2023

APPLICANT'S ORIGINAL SIGNATURE — DATE SIGNED

FOR OFFICE USE ONLY

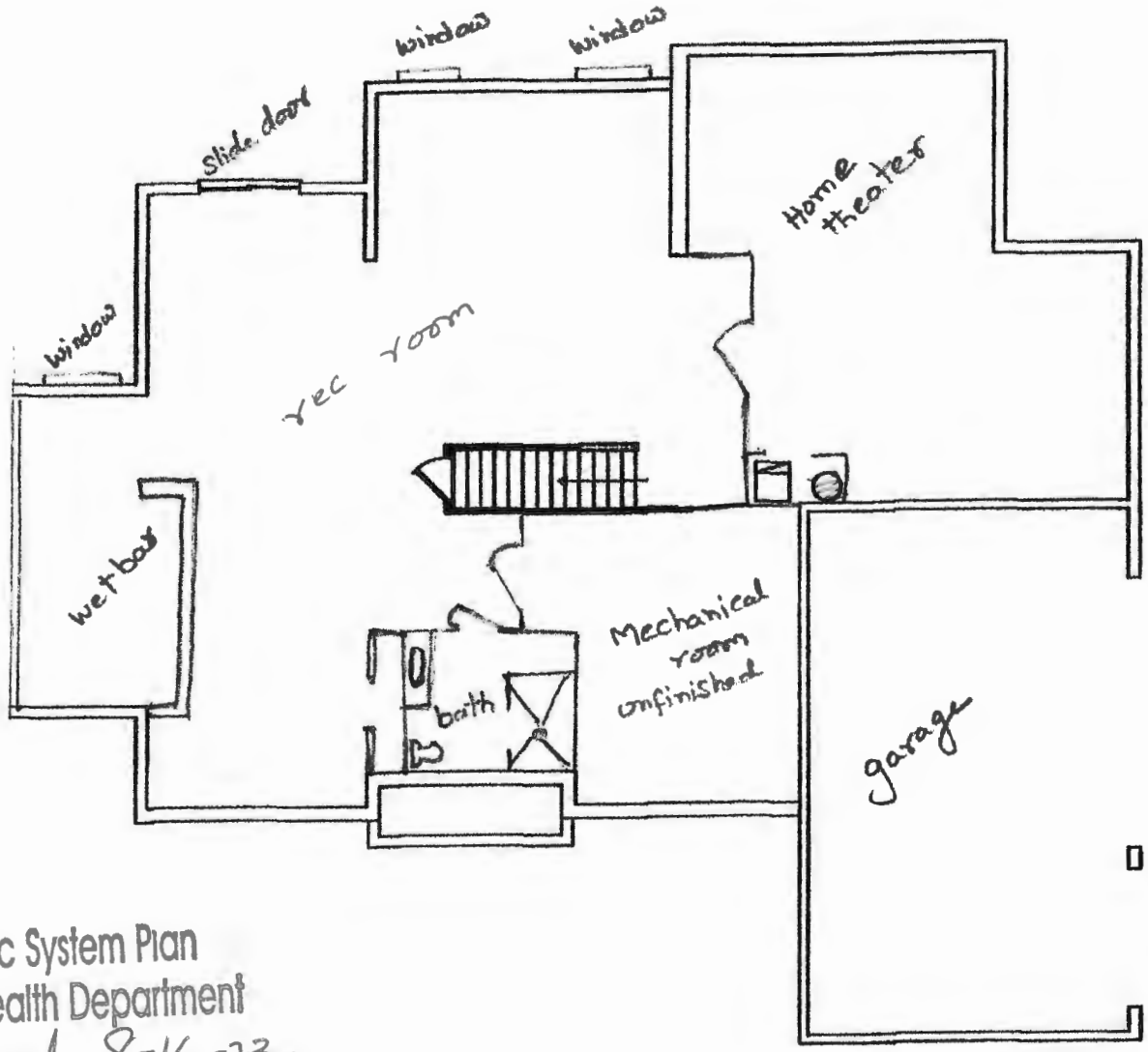
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

☐ PR _____	☐ DPZ _____	☐ DED _____	☑ Health 8-16-23 D Durand	☐ SHA	☐ CID

SUBMITTAL FEES:	PAYMENT:	ACCEPTED BY:

Basement



Approved Septic System Plan
Howard County Health Department
Dana Benard 8-16-23
Signature Date