

RECEIVED

MAY 12 2023

PERMIT NUMBER: B23001661

DATE ACCEPTED:

LICENSES & PERMITS

## 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](http://www.howardcountymd.gov)

**BUILDING SITE ADDRESS** REQUIRED

Street Address: 2560 Jennings Chapel Road Unit: \_\_\_\_\_  
 City: Woodbine State: MD md Zip Code: 21797  
 Subdivision/Village/Complex Name: Chapel View Farm SDP/WP/BA #: \_\_\_\_\_  
 Lot: 5 Tax Map: 136414 Parcel: 339 Grading Permit #: \_\_\_\_\_

**DESCRIPTION OF WORK** REQUIRED

Existing Use: Kitchen & Bathroom Proposed Use: Kitchen & Bathroom Estimated Cost: \$45,000  
 Trade Work to Be Completed (Separate Permits Required):  Mechanical (HVAC)  Electrical  Plumbing  None  
Electrician Fremont interior remodeling to expand kitchen & move a bathroom  
Plumber T.C. Plumbing sq footage involved totals 308 sq ft.

**PROPERTY OWNER INFORMATION** REQUIRED

Owner(s) Name(s) (As it appears on tax records): Paul G Shoffert Primary Residence:  Yes  No  
 Owner's Street Address: 2560 Jennings Chapel Rd  
 City: Woodbine State: md Zip Code: 21797  
 Phone: 443-546-7792 Email: drivinghorses@9mail.com

**APPLICANT NAME** REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: ABOVE OWNER Contact Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**CONTRACTOR INFORMATION** REQUIRED

Business Name: ABOVE OWNER  
 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: 2 1/2 # 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  
 1<sup>st</sup> Fl Width: \_\_\_\_\_ 1<sup>st</sup> Fl Depth: \_\_\_\_\_ 2<sup>nd</sup> Fl Width: \_\_\_\_\_ 2<sup>nd</sup> Fl Depth: \_\_\_\_\_ Bsmt Width: \_\_\_\_\_ Bsmt Depth: \_\_\_\_\_  
 Energy Method:  Prescriptive  Performance  UA Alternative  ERI Gross Area: 70 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.

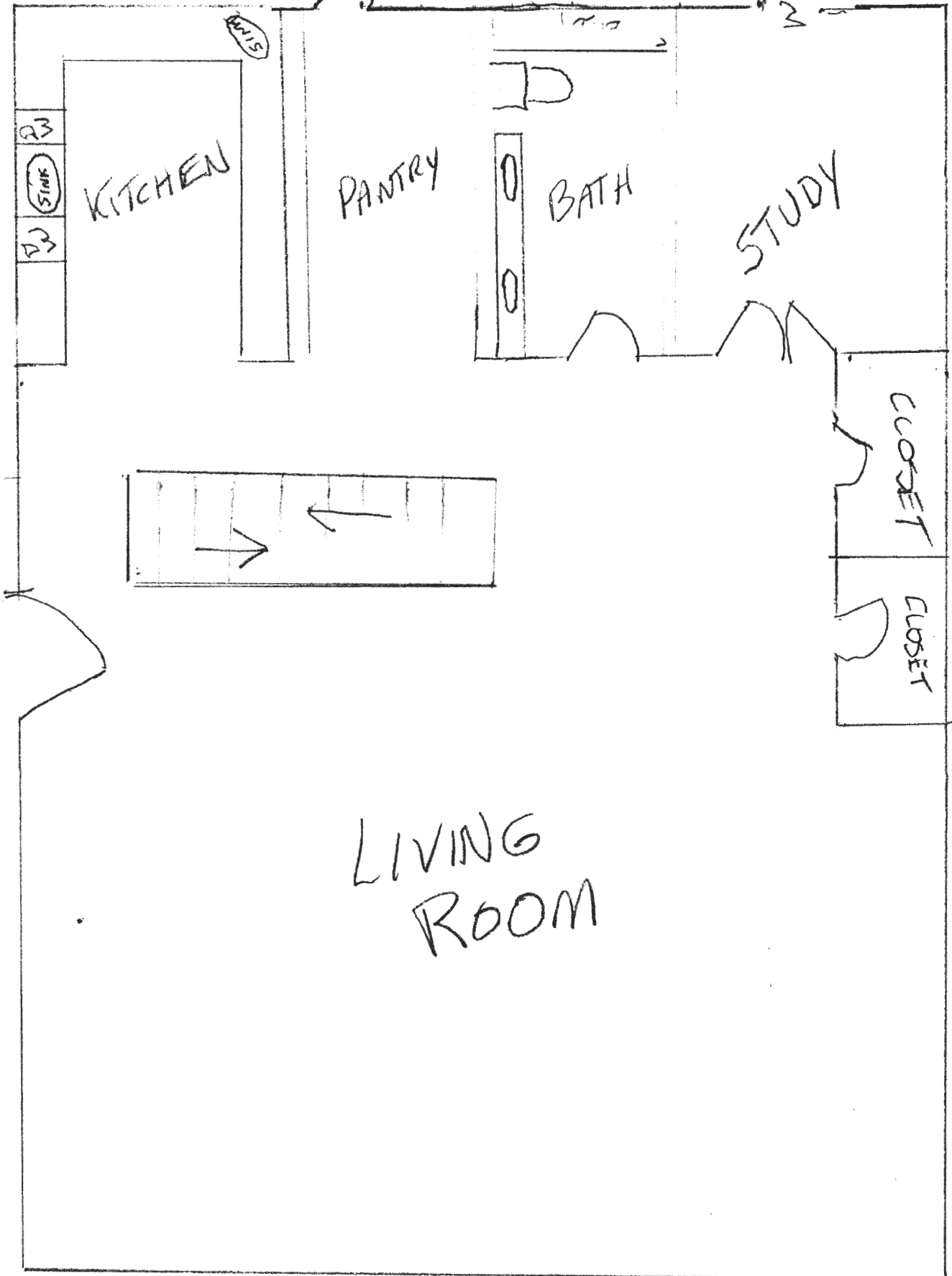
Paul G. Shoffert 5/12/2023  
 APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED

**FOR OFFICE USE ONLY** DO NOT WRITE IN THESE SPACES UNLESS SPECIFICALLY REQUESTED

AGENCIES REQUIRED/APPROVALS:  
 PR \_\_\_\_\_  DPZ \_\_\_\_\_  EDD \_\_\_\_\_  Health 30 5/22/23  SHA  CID  
 SUBMITTAL FEES: \$ 135 PAYMENT: Check # 4664 ACCEPTED BY: PR

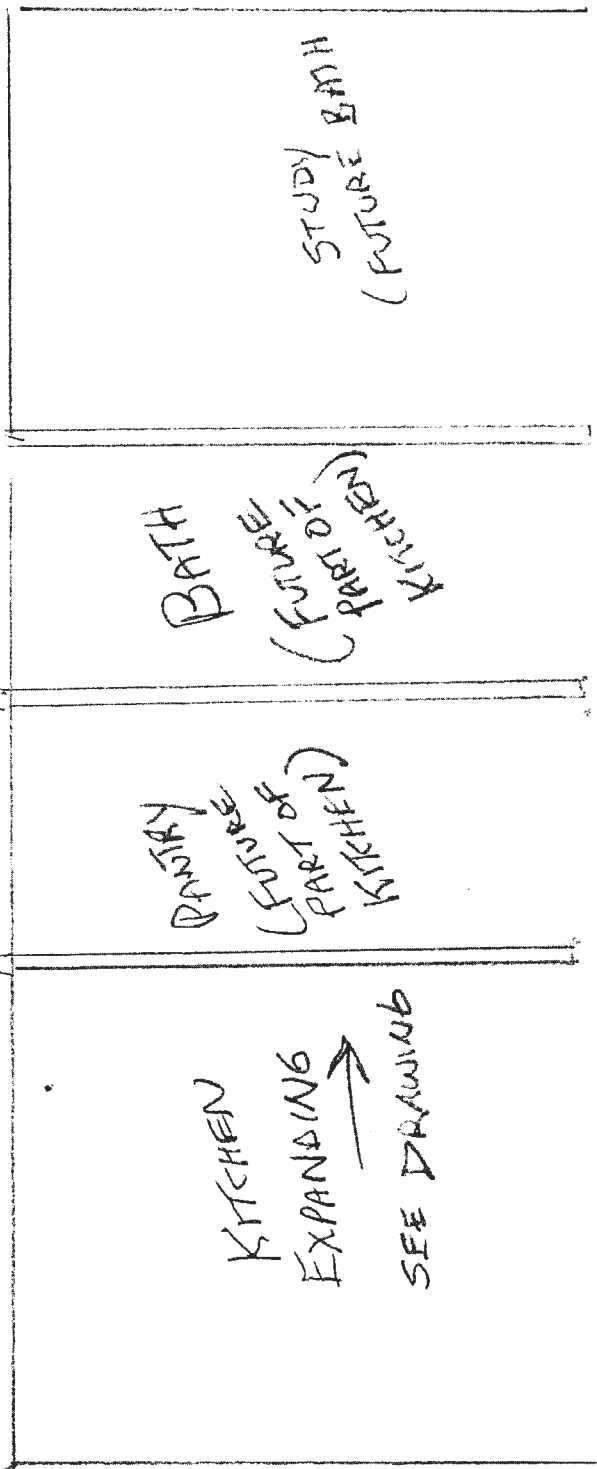
EXISTING

WINDOW  
4ft wide  
60" FALL



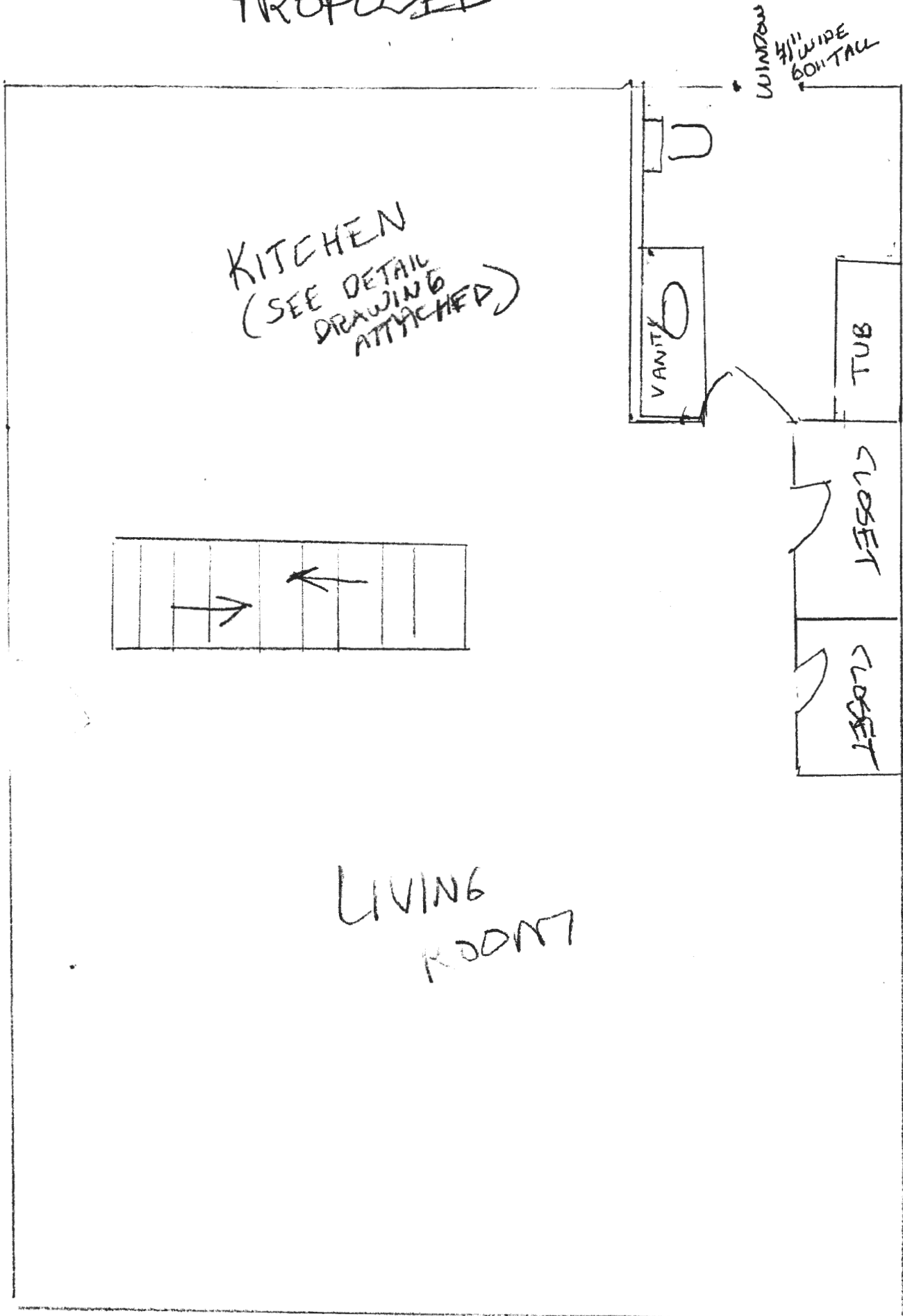
THIS WALL TO BE REMOVED  
THIS NON-WEIGHT BEARING WALL TO BE REMOVED

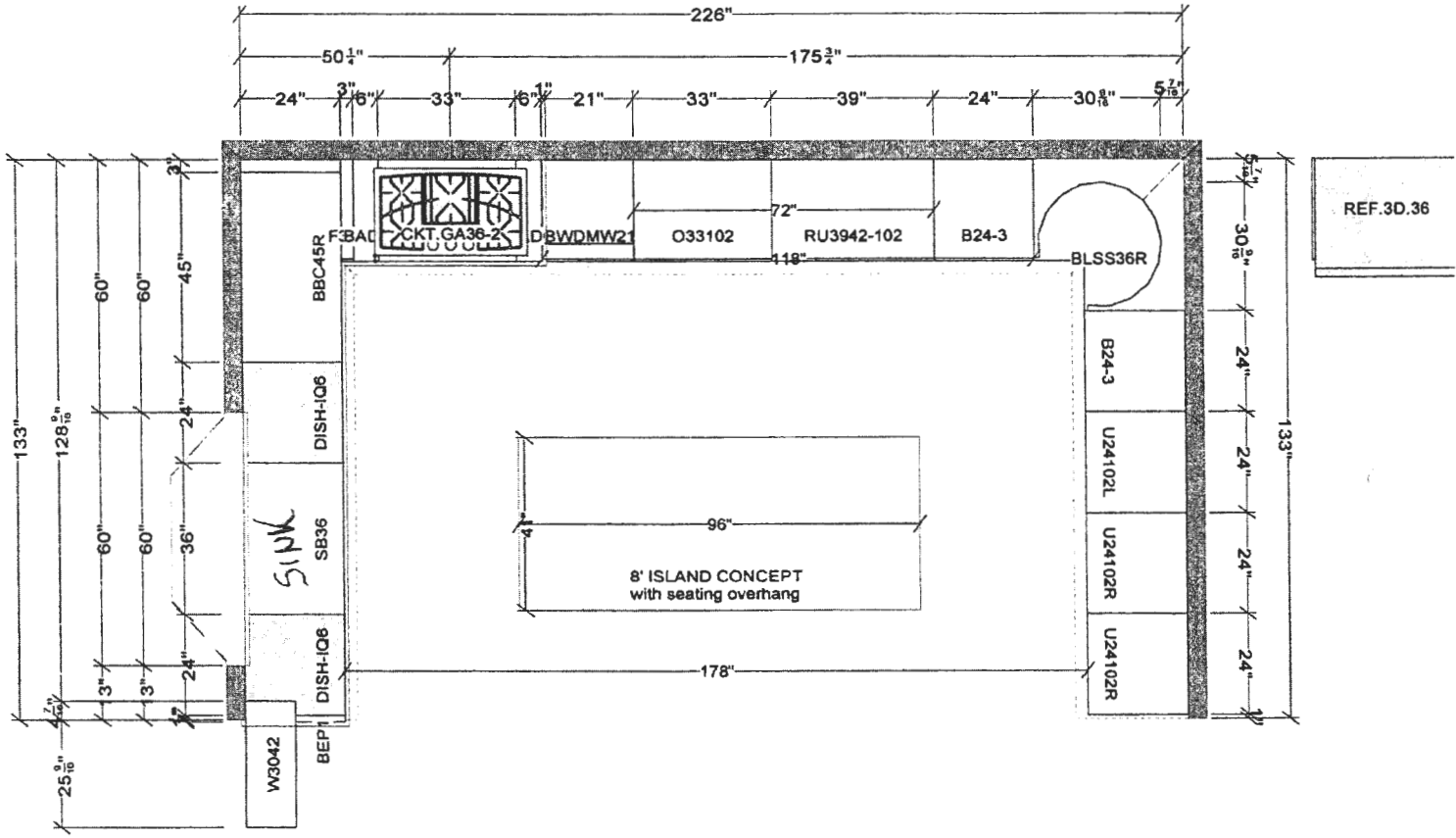
EXISTING



SCALE 3/4" = 32"

# PROPOSED





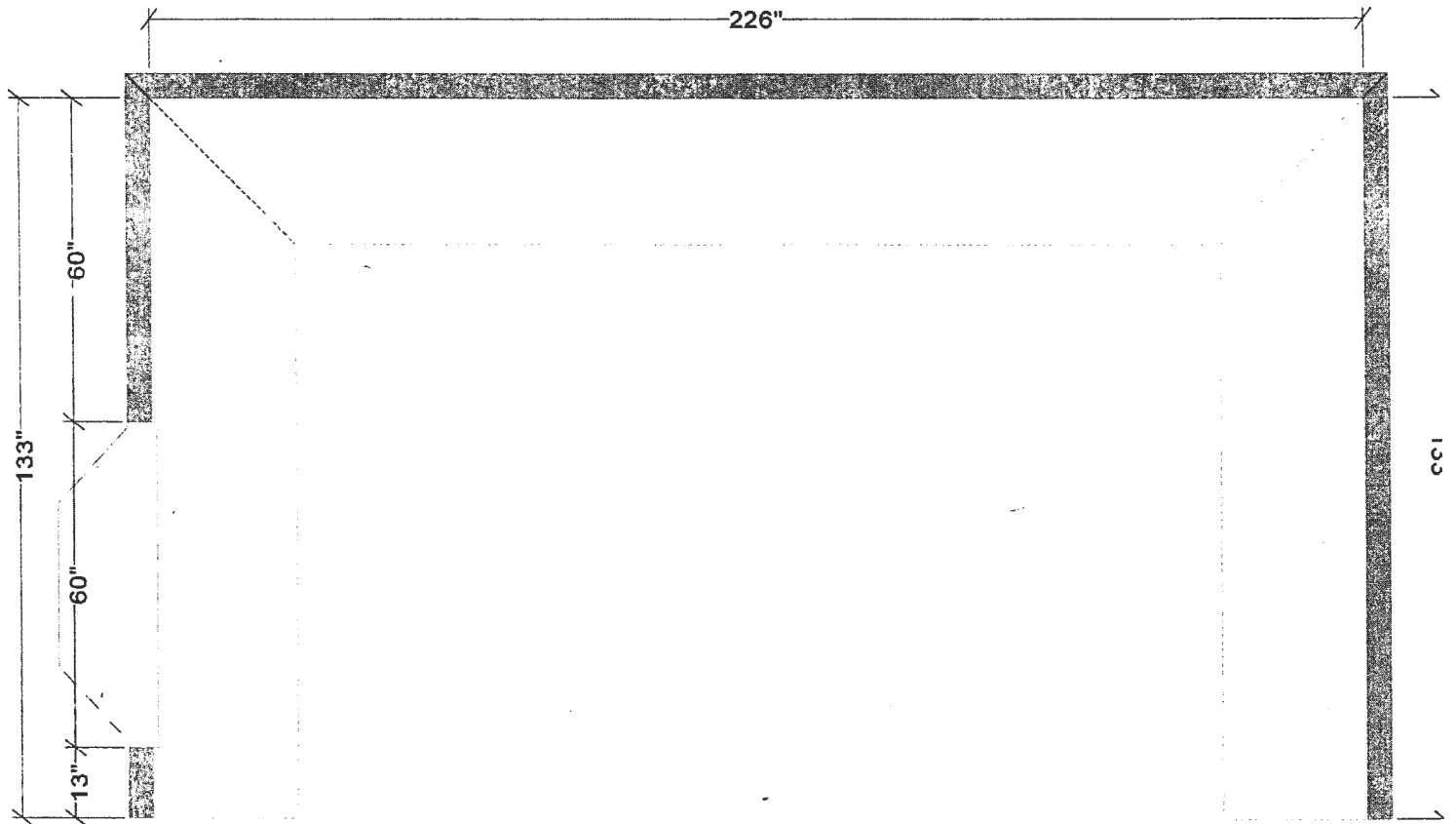
All dimensions & size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 5/10/202  
Printed: 5/10/2023

SCALE  
3/4" = 32



<p>All dimensions, size designations given are subject to verification on job site and adjustment to fit job conditions.</p>	<p>2020</p>	<p>This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.</p>	<p>Designed: 5/10/2022 Printed: 5/10/2023</p>
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PERMIT NUMBER:	B23001661						
PROJECT NAME:	Shoffritt Residence						
ADDRESS:	2560 Jennings Chapel Rd						
COMMERCIAL	<input type="checkbox"/>	RESIDENTIAL	<input checked="" type="checkbox"/>	LOT #	<input type="checkbox"/>	NEW	<input type="checkbox"/>
ALTERATION	<input checked="" type="checkbox"/>	ADDITION	<input type="checkbox"/>	MISC	<input type="checkbox"/>	OTHER	<input type="checkbox"/>