



**City of Annapolis**  
 Department of Planning and Zoning  
 145 Gorman Street, 3<sup>rd</sup> Fl  
 Annapolis, MD 21401-2529



|                   |           |
|-------------------|-----------|
| FOR CITY USE ONLY |           |
| PERMIT #          | 3019-0346 |
| ISSUED            | 7-18-19   |
| BY                | WW        |
| EXPIRES           | 7/17/21   |

Permitting@annapolis.gov • 410-260-2200 • Fax 410-263-9158 • TDD use MD Relay or 711 • www.annapolis.gov

### Building Permit Application

Per City Code Section 17.12.056, fees are not refundable.

#### Fee Schedule

Please note that, per City Code Section 17.28.090, any expansion or change in use may be subject to capital facility assessment charges.

Building site address 44 Southgate ave Suite/Unit # \_\_\_\_\_

Property Tax ID # 06-000-00110600 Lot # \_\_\_\_\_ Zone \_\_\_\_\_

Is above address within the Historic District area? \_\_\_ Yes  No Waterfront? \_\_\_ Yes  No

Within the floodplain? \_\_\_ Yes  No Sprinkler system in building? \_\_\_ Yes \_\_\_ No

#### Property Owner Information

Name Beverly & Joe Hospital  
 Address 44 Southgate ave  
 City Annapolis State MD Zip 21401  
 Day phone 707-360-5299 Cell \_\_\_\_\_  
 E-mail joe.hospital@gmail.com

#### Contractor's Information

Name Mark Marek  
 Address 21-B Randall St.  
 City Annapolis State MD Zip 21401  
 Day phone 410-757-0971 Cell \_\_\_\_\_  
 E-mail mmarek@bobancontracting.com

#### Applicant Information

Name Jennifer Madrid  
 Address 21-B Randall St.  
 City Annapolis State MD Zip 21401  
 Day phone 410-757-0971 Cell \_\_\_\_\_  
 E-mail jmadrid@bobancontracting.com

#### Architect/Engineer Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_

#### Occupant Information

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day phone \_\_\_\_\_ Cell \_\_\_\_\_  
 E-mail \_\_\_\_\_

#### Permit Information

Please check if any of the following work to be done is:  
 Plumbing  Electrical  HVAC \_\_\_ Gas  
 Residential \_\_\_ Commercial  
 Value of work \$ 3,500 35,000.00

Please provide 24-hour emergency contact information:

Name Rich Nelson Phone 290-375-3000

Describe proposed work:

modify 2 existing upstairs bedrooms to create master suite w/ walk in closet & master bathroom. Opening up a demising wall, between 2 bedrooms for access.

Permit # \_\_\_\_\_

Building site address 14 Southgate ave Date 6/24/19

| Contractor License  | License # | Expiration Date |
|---|-----------|-----------------|
| MHIC  | 128-200   | 4/2020          |
| State of MD Construction  |           |                 |
| MD Homebuilder Registration<br>(New residential dwellings only) |           |                 |

**Dimensions**

Lot size \_\_\_\_\_ Building size (sq. ft.) \_\_\_\_\_ Building height \_\_\_\_\_ # of stories \_\_\_\_\_

Proposed work area (sq. ft.) 290 Basement area only (sq. ft.) \_\_\_\_\_

Total floor area (sq. ft. including basement) \_\_\_\_\_ Is it a corner lot?  Yes  No

Proposed setbacks from property line (ft) Front \_\_\_\_\_ Left \_\_\_\_\_ Rear \_\_\_\_\_ Right \_\_\_\_\_

If a water or sewer connection is required, I prefer:

City installation  To seek approval of the Public Works Department to have it installed by a licensed contractor (which may require a Street/Sidewalk Opening Permit and/or a bond)

Are trees being removed?  Yes  No If yes, complete a Tree Permit application.

Are there trees within 15' of the limit of disturbance?  Yes  No If yes, complete a Trees in Construction Areas form.

*A use permit is required for new tenants, change of occupancy or owner, or expansion of a commercial use. (A Use Permit Application must accompany the Building Permit Application.)*

Existing use 2nd floor living space

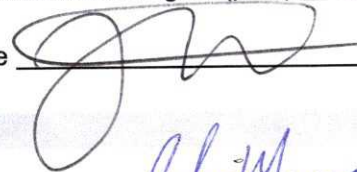
Proposed use 2nd floor living space

*A certificate of occupancy may be required as determined by the Code Official.*


**Signature of owner or authorized agent**

The applicant certifies and agrees as follows: (1) that they are authorized to make this application; (2) that the information is correct; (3) that they will comply with all regulations of the City of Annapolis which are applicable hereto; (4) that they will only perform work on the above property specifically described in this application; (5) that they grant City officials the right to enter onto the property for the purpose of inspecting the work permitted and posting notices; (6) if you choose to appeal the issuance, decision, determination or order of this permit, the petition for appeal shall be in writing stating the grounds for appeal and shall be filed with the Building Board of Appeals within 15 calendar days of issuance, decision, determination or order. Any right to appeal shall be waived if not timely filed.

Owner or Authorized Agent (print) Jennifer Madrid

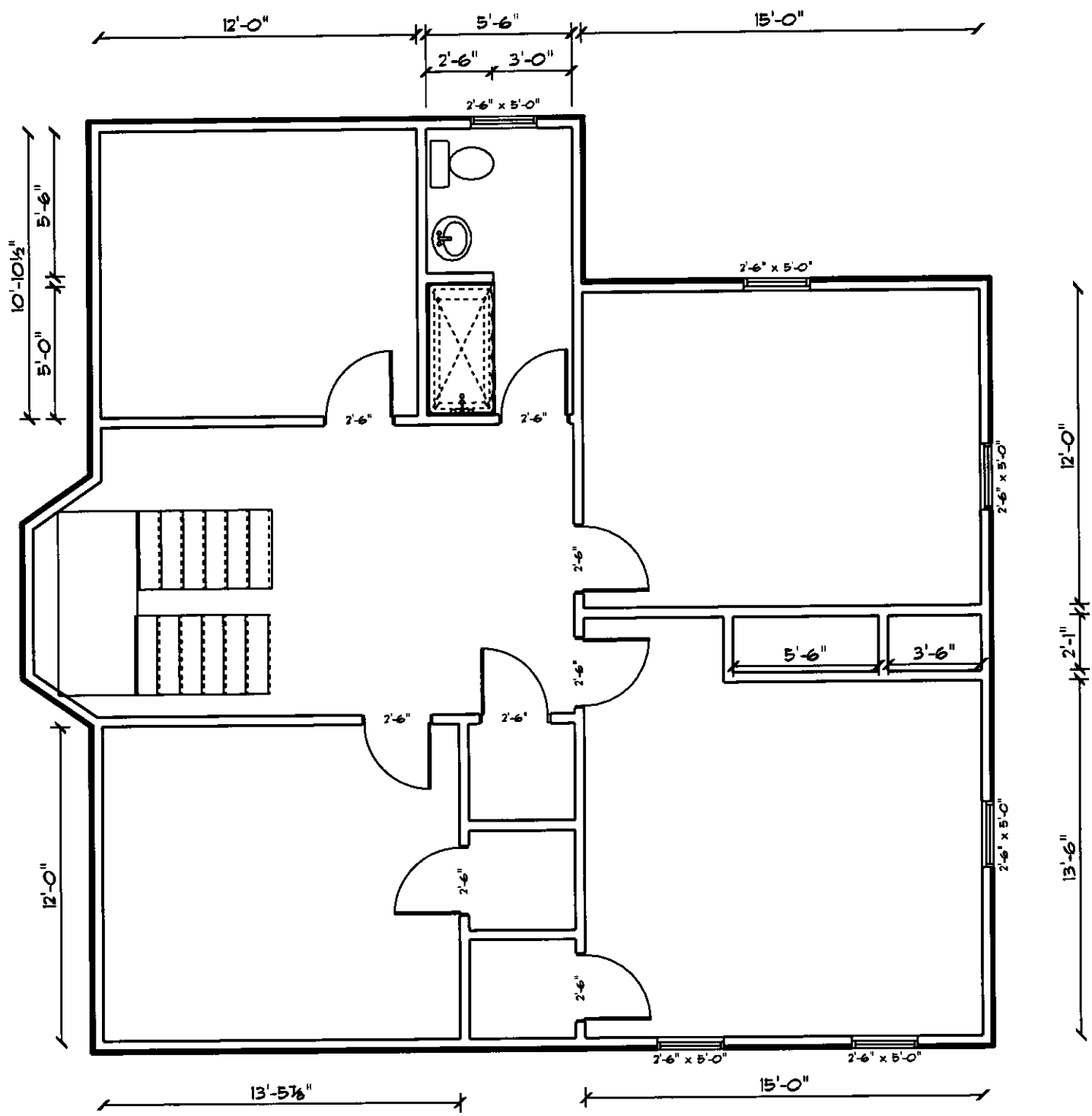
Signature  Date 6/24/19

**FOR CITY USE ONLY**

PZ final approval  Date 7-18-19

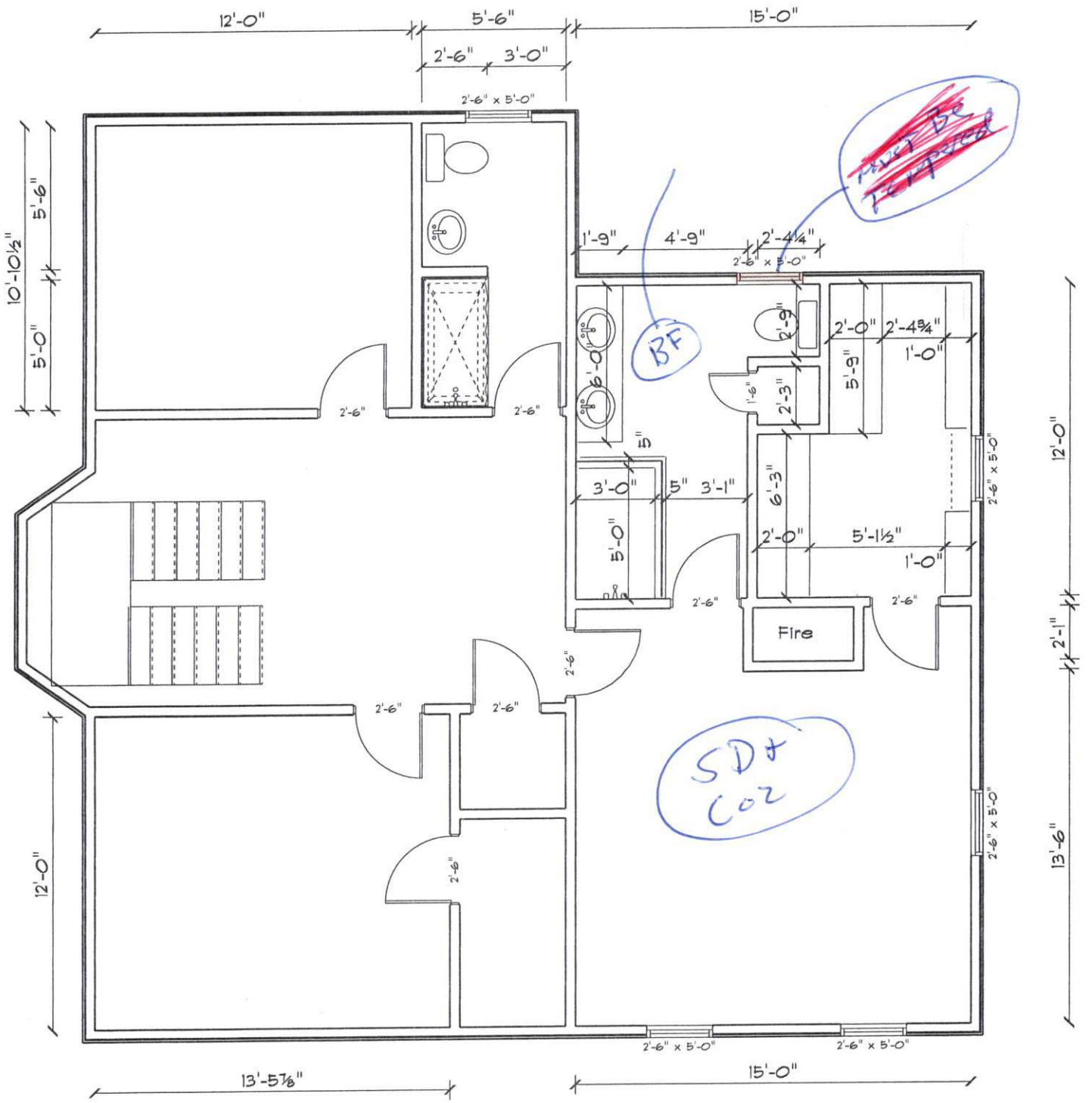
App fee paid \$100.00 Permit fee \$400.00 Fee due \$300.00

Existing floor plan





Proposed floor plan



12'-0"  
2'-1"  
13'-6"





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**Revision/Supplemental Information Form**

This form must accompany all submittals of revised plans, revised applications and/or additional information.

You are required to submit:

- Five copies (six if commercial) of the revised plans.
- Ten copies of the revised plans in conjunction with a Site Design Plan Review, including when it is submitted with a Special Exception, Subdivision, Planned Development Application, or HPC Application

Job location address 44 Southgate Ave

Submitted by Jennifer Madnd

Phone 410-757-0971 E-mail address jmadnd@bonancontracting.com Date 7/2/19

Project number B1019-0346

Attached Submittal: (please check one) Permit # \_\_\_\_\_

- Revisions to a permit/project currently being processed
- Revisions to a permit already issued
- Additional plans or information for application currently being processed
- Modified Application (any changes from original application)

Describe changes from original submission. Unless all pages have been revised, include page numbers containing revisions. Drawing changes should be "bubbled," highlighted or indicated in some way.

total value of work \$35,000  
 existing fireplace is not to be altered, homeowner wanted to look behind drywall for exposed brick

If there are no exterior changes on plans previously approved by HPC, please check.

Total cost of changes submitted under this revision \_\_\_\_\_


- Revisions requested by applicant \_\_\_\_\_
- Revisions requested by City/Department/Employee (Name) Steve Andrews

**Fees**  
 Submittal of revised plans will incur a fee per City Code Section 17.12.052 and current FY Fee Schedule linked below.

**Permitting Fee Schedule** - At option of Director, fee to submit revised construction drawings and submittals for outside review is \$100 plus an hourly fee. (Amounts are chargeable in quarter hour increments.)

Submittal of revised project plans will incur a fee per City Code Section 21.22 or 21.24 and current FY Fee Schedule linked below.

**Project Fee Schedule**

Signature  Date 7/2/19

|                                       |                  |                    |                |                       |
|---------------------------------------|------------------|--------------------|----------------|-----------------------|
| CONTRACTOR<br>BOHAN CONTRACTING, INC. | 21-B RANDALL ST  | ANNAPOLIS MD 21401 | (410) 757-0971 | RGILLIAM@BOHANCONTRA  |
| OCCUPANT<br>HOSPITAL, JOE & BEVERLY   | 44 SOUTHGATE AVE | ANNAPOLIS MD 21401 | (202) 360-5299 | JOEHOSPITAL@GMAIL.COM |
| OWNER<br>HOSPITAL, JOE & BEVERLY      | 44 SOUTHGATE AVE | ANNAPOLIS MD 21401 | (202) 360-5299 | JOEHOSPITAL@GMAIL.COM |

**Fees**

| Description of Fee | Quantity | Date Paid | Amount | Paid By           | Pay Method | Account      |
|--------------------|----------|-----------|--------|-------------------|------------|--------------|
| APPLICATION FEE    | 1        | 6/24/2019 | \$100  | BOHAN CONTRACTING | CHECK      | 01023-443000 |

**Parent Project**

| Parent Project No. | Date Applied | Date Approved | Date Closed |
|--------------------|--------------|---------------|-------------|
| Type               | Subtype      | Status        | Planner     |

**Reviews**

| Type of Review                       | Date Sent | Date Due | Date Received |
|--------------------------------------|-----------|----------|---------------|
| Building<br>Steven Andrews           | 6/26/2019 | 7/2/2019 |               |
| Planning & Zoning<br>Jacquelyn Rouse | 6/26/2019 | 7/2/2019 |               |
| Building<br>Lekita Nicole Windley    | 6/26/2019 | 7/2/2019 |               |