



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 9-12-13

Permit No.: B13003464

Building Address: 5218 Sweet MEADOW Lane
City: Clarksville State: MD Zip Code: 21029
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: WALNUT GROVE
Section: _____ Area: _____ Lot: 76
Tax Map: 0028 Parcel: 0074 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 1.116A

Existing Use: vacant land
Proposed Use: single family dwelling
Estimated Construction Cost: \$ 500,000
Description of Work: CONSTRUCT SFD

Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth: _____ Width: _____
Gross area, sq. ft./floor: _____	1 st floor: 48' 77'
Area of construction (sq. ft.): _____	2 nd floor: 44' 77'
Use group: _____	Basement: 48' 77'
	<input checked="" type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Construction type: _____	No. of Bedrooms: 5
<input type="checkbox"/> Reinforced Concrete	No. of efficiency units: _____
<input type="checkbox"/> Structural Steel	No. of 1 BR units: _____
<input type="checkbox"/> Masonry	No. of 2 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 3 BR units: _____
<input type="checkbox"/> State Certified Modular	Other Structure: _____
	Dimensions: _____
Roadside Tree Project Permit: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Footings: _____
	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: WALNUT GROVE HOLDING II LLC
Address: 3303 BRIDLE RIDGE Ln.
City: LUTHERVILLE State: MD Zip Code: 21093
Phone: 301-536-8400 Fax: 410-997-7524
Email: debby@goodier.com

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: GOODIER BAKER HOMES LLC
Address: 2330 W. Joppa Rd Ste 395
City: LUTHERVILLE State: MD Zip Code: 21093
Phone: 443-691-2725 Fax: _____
Email: j.ducey@goodier.com

Contractor Company: GOODIER BAKER HOMES LLC
Contact Person: Jeannine Ducey
Address: 2330 W. Joppa Rd Ste 395
City: LUTHERVILLE State: MD Zip Code: 21093
License No.: W13302799 6462
Phone: 443-691-2725 Fax: _____
Email: j.ducey@goodier.com

Engineer/Architect Company: DW TAYLOR
Responsible Design Prof.: DON TAYLOR
Address: 5024 Dorsey Hall Dr Ste 203
City: ELlicott City State: MD Zip Code: 21042
Phone: 410-964-1181 Fax: 410-997-2924
Email: info@DWTAYLOR.com

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
Other: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: G-13000309	
LICENSES & PERMITS	
Building Permit Number: _____	

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 Signature: J. Ducey
Email Address: j.ducey@goodier.com
Title/Company: Administrator/Goodier Baker

Print Name: Jeannine Ducey
Date: 9/12/13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	2/14/14	R. Binkler

Is Sediment Control approval required for issuance? ☐ Yes ☒ No
☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 10243

Distribution of Copies: White: Building Officials

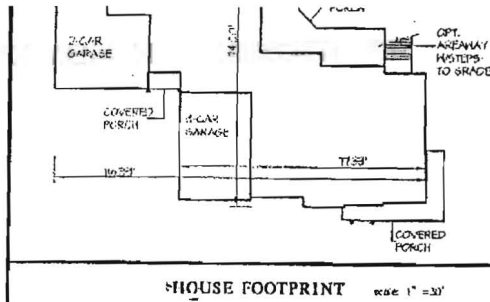
Green: PSZA, Zoning

Yellow: PSZA, Engineering

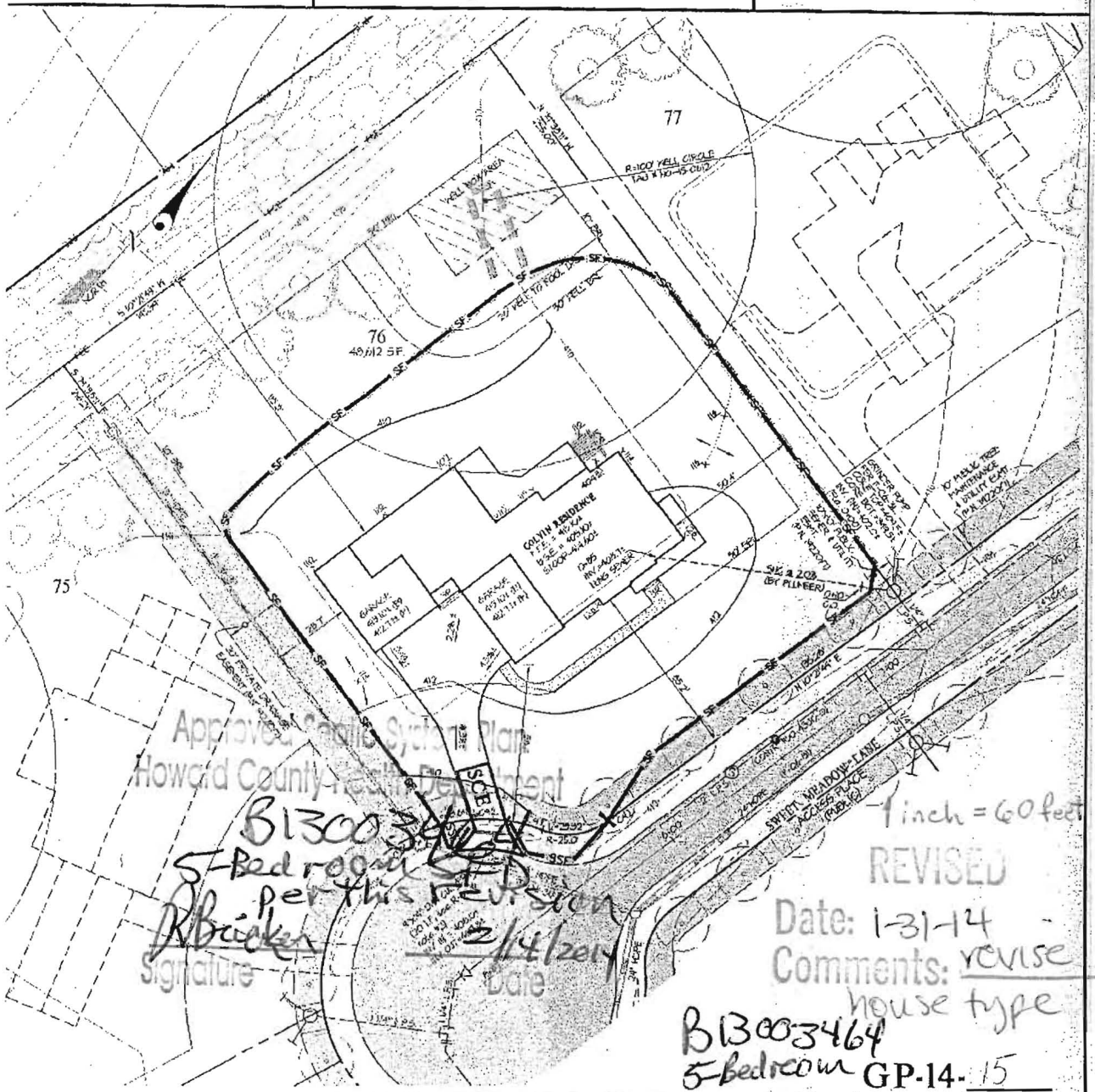
Pink: Health

Gold: SHA

THE PLUMBER SHALL START AT THE MAIN WATER PUMP AND WORK TO THE HOUSE INSTALLING THE SUC PUMP IN PROXIMITY TO THE MAIN MAN AND SHALL BE ADJUSTED AT THEIR PLACE-OUT TO VERIFY PROPER SERVICE IS TO THE MAIN UNIT LEVEL OR GALT TO THE FIRST FLOOR LEVEL.



BENCHMARKS					
35A2: NORTHING:	56154.779	IL	28FB: NORTHING:	93070195	FL
EASTING:	189201.065	IL	EASTING:	152752.440	FL
ELEVATION:	488.647	IL	ELEVATION:	308.506	FL



PLOT (house siting) PLAN / SEDIMENT CONTROL PLAN WALNUT GROVE LOT 76 (5218 SWEET MEADOW LANE) PLAT Nos. 19220-19227	SCALE $1" = 30'$ $1" = 60'$	ZONING RC-DEO	G. L. W. FILE No. 09052
	DATE JAN. 2014	TAX MAP - GRID PARCEL 74 28 - 18, 17	SHEET 1 of 1

R13003464

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 1/31/14
To: Jeannine Ducey
(Person's Name and Division)
From: GOODIER BAKER HOMES (443) 691-2725
(Your Name, Company Name and Telephone Number)
Subject: Project name COLVIN
Project site address 5218 Sweet Meadow Dr Clarksville
Permit Number B13003464 SDP# GP14-015
Other information pertinent to this project _____

✓ Please check the attachments below that you are submitting with this transmittal:

- ____ Letter of response to Howard County plan review code letter
- ✓ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- ____ Structural steel certification
- ____ Energy conservation calculations
- ____ Certification for _____ (be specific).
- ____ Copies of _____ (be specific).
- ____ Two sets of single family dwelling model plans to be placed on permanent _____
- ✓ Other REVISED GRADING PLAN

Is there anyone else that should be contacted regarding this project if there

If so, please list that person's name and telephone number below:

(Person's name)

(Teleph

RECEIVED
JAN 31 2014
LICENSES & PERMITS
DIVISION

Call Jeannine if
any questions
443-691-2725

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by CHO

t:\Updated forms\transmit.frm - Rev. 5/08

check # 10480
invoice # 349115
cc: DPZ
PED
Heath

white: Plan Review Division
yellow: Applicant
pink: Permit Division