



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: 07/08/14
Permit No.: B14002403

Building Address: 15293 Sweetbay Street
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Bell Haven Estates
Section: _____ Area: 24 Lot: 00806
Tax Map: 14 Parcel: 66 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: 1.08AC

Existing Use: SFD
Proposed Use: SFD w/ TANK
Estimated Construction Cost: \$ 8,000
Description of Work: Install 1000 gal
Propane tank UNDERGROUND

Occupant or Tenant: Owner
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: _____
	2 nd floor: _____
Area of construction (sq. ft.): _____	Basement: _____
	<input type="checkbox"/> Finished Basement
Use group: _____	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units: _____
<input type="checkbox"/> Wood Frame	No. of 1 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: K. Horvath Homes
Address: 1802 Brightseat Rd
City: Landover State: MD Zip Code: 20785
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jeremy Clancy
Address: PO Box 1253
City: Sikesville State: MD Zip Code: 21784
Phone: 4433401229 Fax: _____
Email: Jeremy@appliedandapproved.com

Contractor Company: Valley National Gas
Contact Person: William Gerung
Address: 7201 Montebedo Rd
City: Bethesda State: MD Zip Code: 20794
License No.: 67793
Phone: 4107991114 Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number:
Building Shell 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: Jeremy Clancy
Email Address: Jeremy@appliedandapproved.com
Permit to: _____
Title/Company: _____

Print Name: Jeremy Clancy
Date: 7/7/14

JUL 08 2014
LICENSES & PERMITS
DIVISION

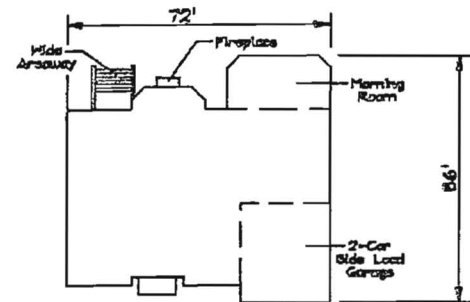
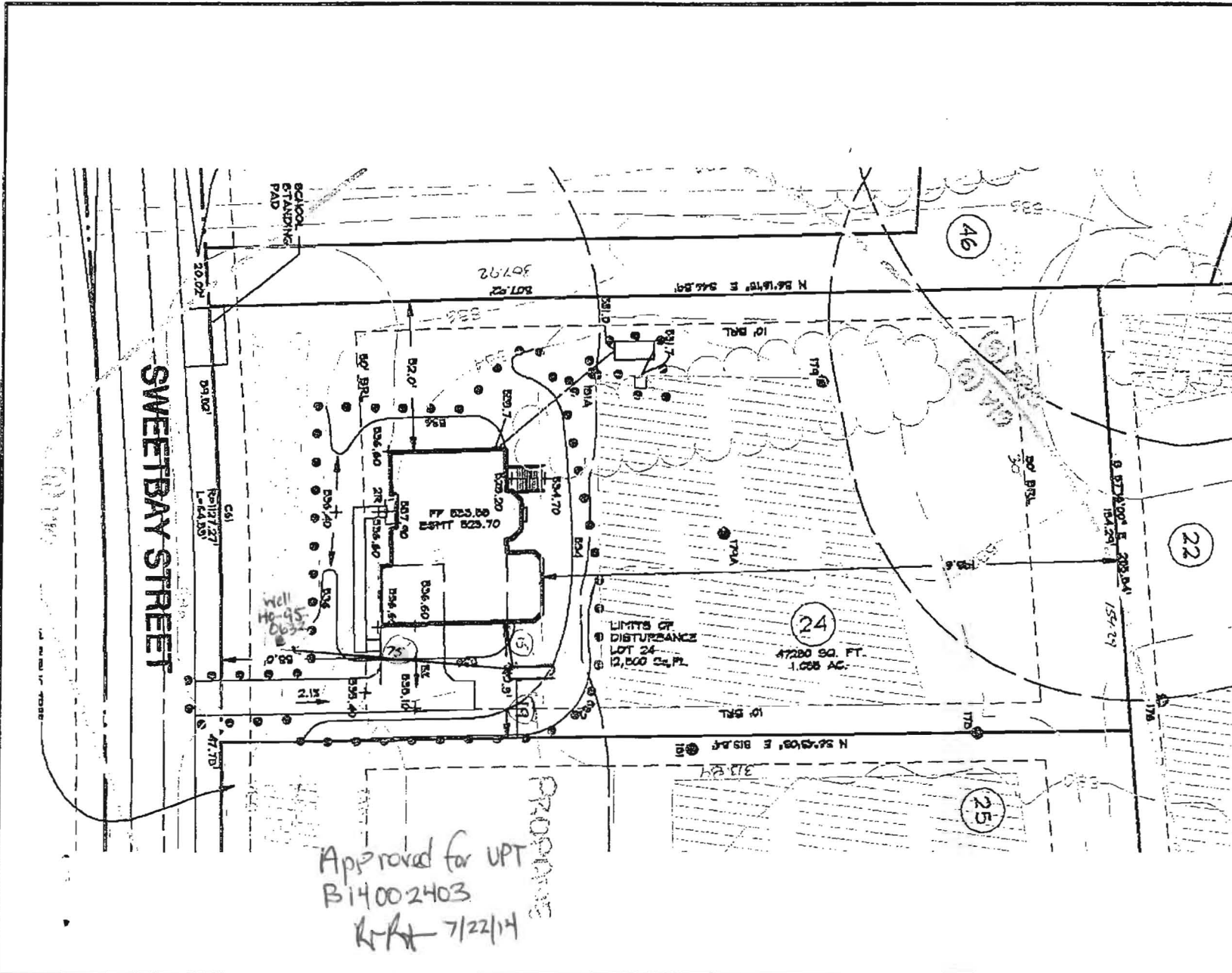
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/24/14</u>	<u>[Signature]</u>

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: _____

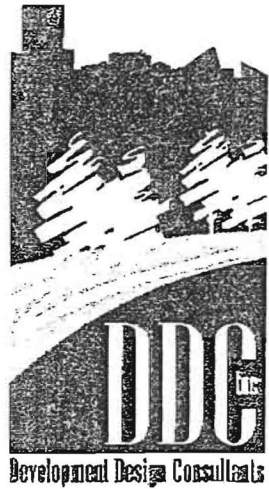
Filing Fee	\$
Permit Fee	\$ <u>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3783</u>



MANHATTAN
ELEVATION 'C'
BRICK & STONE FRONT

GENERAL NOTES

1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0634) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
2. BASE SQUARE FOOTAGE OF HOUSE: 4,144 sq.ft.
NUMBER OF BEDROOMS: 4
3. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW DATED 6/25/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN. 2012.
4. EJECTOR PUMP REQUIRED TO SEWER BASEMENT



Planners
Surveyors
Engineers
Landscape Architects

192 East Main Street
Westminster, MD 21157
410.384.6560
410.384.3544 (Fax)
DDC@DDCinc.com
www.DDCinc.com

DDC JOB#	06116.5
DATE:	03/07/2014
SCALE:	1" = 50'
DES. BY:	JHK
DRN. BY:	JHK
CHK. BY:	BKC

BELLE HAVEN ESTATES
3rd ELECTION DISTRICT HOWARD COUNTY, MD
TAX MAP 14, PARCEL 66

LOT 24
15293 SWEATBAY STREET
WOODBINE, MD 21797
PLOT PLAN
KHOV ELEVATION

K.HOVNANIAN HOMES
1802 Brightseat Road
Landover, Maryland 20785
(301)683-6268



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: _____

Permit No.: B1400295

Building Address: 15293 Sweetbay Street
City: WOODBINE State: MD Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: F-07-38
Census Tract: _____ Subdivision: BELLE HAVEN
Section: _____ Area: _____ Lot: 2
Tax Map: 0014 Parcel: 0066 Grid: 0020
Zoning: _____ Map Coordinates: _____ Lot Size: 1.085 Ac.

Existing Use: vacant lot
Proposed Use: new S. F. D.
Estimated Construction Cost: \$250,000
Description of Work: 2 story, full Bsmt. 9 RTR FB, 2 car side entry garage, (5) BDRMS, opt. FP.
Occupant or Tenant: (S) BDRMS, opt. FP.
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: (Note) sin Bedroom on 1st floor instead
Address: off of 4A with full BATHRM
City: _____ State: _____ Zip Code: _____
Phone: _____
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: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: BELLE HAVEN BAKER LLC
Address: 10751 Falls Rd. Ste. 405
City: LUTHERVILLE State: MD Zip Code: 21093
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Vicky Meyer
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: 410-296-6900 Fax: _____
Email: MDBLDGPERMITS@COMCAST.NET

Contractor Company: K. HOVNANI HOMES
Contact Person: Chester Willett
Address: 1802 Brightseat Rd.
City: Landover State: MD Zip Code: 20785
License No.: 3149
Phone: 301-772-8900 Fax: _____
Email: CWillett@KHVN.COM

Engineer/Architect Company: D. D. C.
Responsible Design Prof.: Brian
Address: 192 E. Main St.
City: Westminster State: MD Zip Code: 21157
Phone: 410-386-0560 Fax: _____
Email: _____

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: <u>G13000401</u>
Building Shell Permit Number: _____

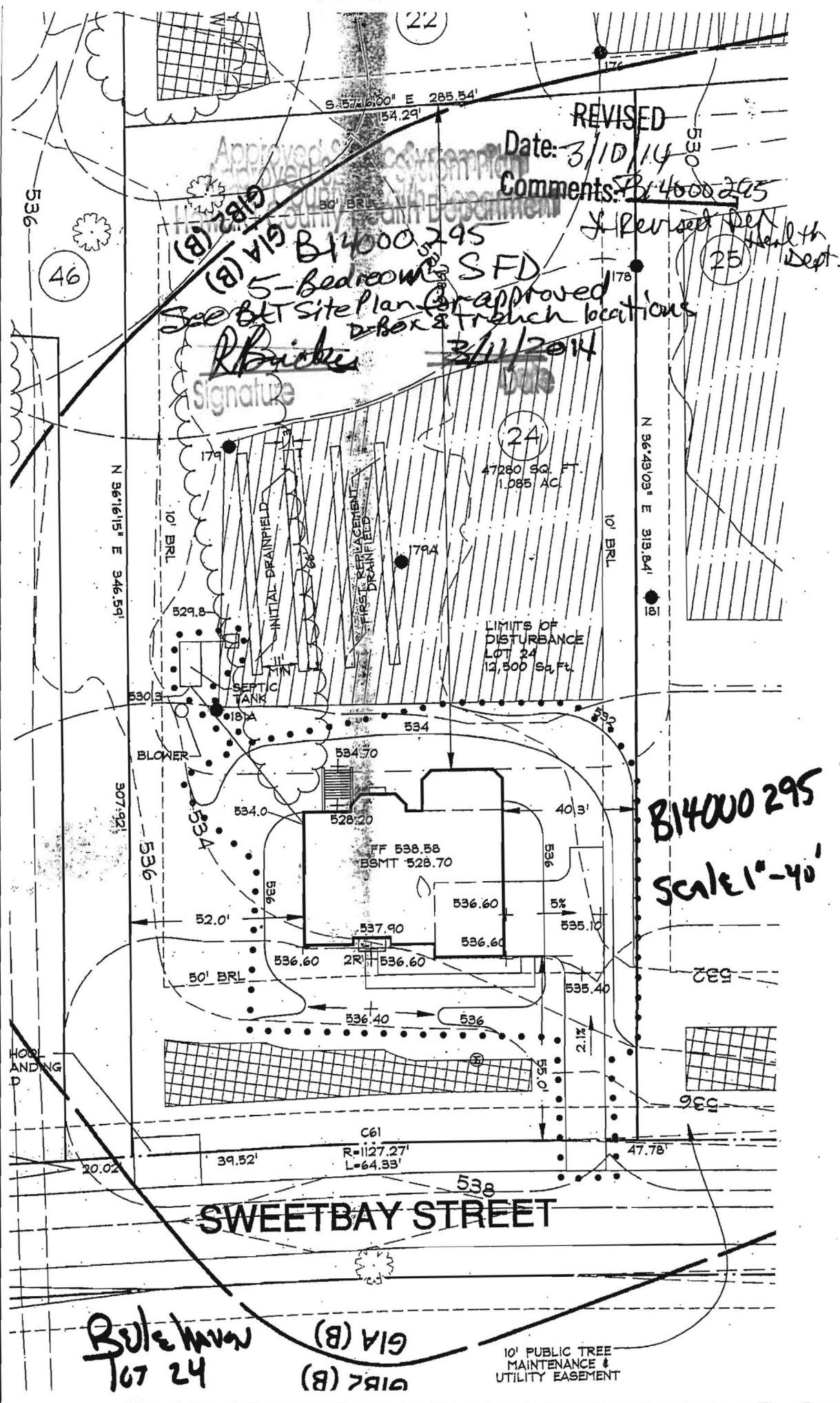
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Applicant's Signature: V. Meyer Print Name: Vicky Meyer
Email Address: MDBLDGPERMITS@COMCAST.NET Date: 1/29/2014
AGENT: _____
Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee
State Highways			Front: _____	\$ <u>150</u>
Building Officials			Rear: _____	Permit Fee \$
PSZA (Zoning)			Side: _____	Tech Fee \$
PSZA (Engineering)			Side St.: _____	Excise Tax \$
Health			All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	PSFS \$
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund \$
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee \$
			Lot Coverage for New Town Zone: _____	Total Fees \$
			SDP/Red-line approval date: _____	Sub-Total Paid \$
				Balance Due \$
				Check #

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA



RESIDENTIAL BUILDING PERMIT PERMIT FEE AND EXCISE TAX WORKSHEET

PERMIT NUMBER B14000295

OWNER K. HOVHANIAN ADDRESS Model: MANHATTAN W/ MORRIS
 CONSTRUCTION PHASE: New ☒ Addition ☐ Alteration ☐ Temporary ☐ 1st FL SUITE
 IRC USE GROUP: R-3 DESCRIPTION OF WORK: 2 story full bed, 10R, 4FB, 11+3, FRAMBLE (5-32) 6PT-6P
 PRESCRIPTIVE METHOD ☐ UA ALTERNATIVE ☐ PERFORMANCE METHOD ☒

BUILDING	FRONT	DEPTH	HEIGHT	AREA	AREA
1	60	54	10	2946	
2	60	44	10	1778	
3	60	54	10	2142	
				GSF = <u>6866</u>	OGSF =

Footings <u>20" x 10"</u>	Foundation <u>10" concrete</u>	Walls <u>W/ 10R 11+3</u>	Roof <u>FRAMBLE</u>	Other
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Residential Fee Calculations:

Residential - A building which contains one or more dwelling unit, including boarding houses but not including transient accommodations such as hotels, country inns or bed and breakfast inns. Residential includes uses accessory to building units such as attached garages or home occupations, but does not include non-residential uses in mixed use structures.

BPF = 6866 x \$1.18 = \$ 1235⁸⁸ x 10% (Tech Fee) = 123⁵⁹
GSF Permit Fee
 ET = 6866 x \$1.13 = \$ 7758⁵⁸ PSFS = 6866 x \$1.24 = \$ 8513⁸⁴
OGSF Excise Tax OGSF

BPF = Building Permit Fee OGSF = Occupiable Gross Square Feet GSF = Gross Square Feet ET = Excise Tax PSFS = Public School Facilities Surcharge
 Note: OGSF calculations may differ from GSF calculations when computing excise tax.

PERMIT FEE, TECHNOLOGY FEE, SCHOOL SURCHARGE AND EXCISE TAX TOTAL: \$ _____

References: Chapter 285, Acts of the Maryland General Assembly of 1992; Howard County Code Sections 20.503; County Council Resolution 58-2008; 2004 Legislation House Bill 1445; 2006 International Residential Code for One and Two Family Dwellings

BY: [Signature] DATE: 2/11/2014 CHECKED BY: _____ DATE: _____

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

Date: 3/4/14 310114
To: Robert Brücken / Health Department
(Person's Name and Division)
From: CHESTER WILLET / KENNAMIN HOME (240) 325-4515
(Your Name, Company Name and Telephone Number)
Subject: Project name BULE HAVEN 107 24
Project site address 15293 SWEETBAY JR.
Permit Number B14000295 SDP # N/A
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 file: Model name and/or # _____

☐ Other _____

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

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

(Person's name)

(Telephone number)

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 A. Thurman

RECEIVED

White: Plan Review Division

Yellow: Applicant

Pink: Permit Division

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

MAR 10 2014

**LICENSES & PERMITS
DIVISION**