

Walk Thru

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER
Building Address <u>12566 CLOVER HILL DRIVE, WEST FRIENDSHIP, 21794</u>		Property Owner's Name <u>CHRIS SWIDERSKY</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>1234 HARBOR ISLAND WALK</u>	
Census Tract _____ Subdivision _____		City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21230</u>	
Section _____ Area _____ Lot <u>8</u>		Phone <u>443-745-1202</u> Phone _____	
Tax Map <u>15</u> Parcel <u>14</u> Grid _____		Applicant's Name & Mailing Address, (if other than stated hereon): <u>CHRIS PFUND</u>	
Zoning <u>R</u> Map Coordinates _____ Lot size <u>5.661 AC.</u>		Phone <u>410-321-1956</u> Fax <u>410-321-5967</u>	
Existing Use <u>RESIDENTIAL</u>		Contractor Company <u>MASTERPLAN DESIGN BUILD</u>	
Proposed Use <u>RESIDENTIAL</u>		Contact Person <u>JEFFREY MON</u>	
Estimated Construction Cost \$ <u>130,000</u>		Address <u>113 WEST RD. SUITE 101</u>	
Description of Work <u>1. STUDDT TRIM RAISELIFT, 2. INTERIOR RENOVATIONS; M. BED, LOY + LIVING RM. 3. REBUILD ONE CHIMNEY, 4. EXPAND SECOND FL BEDRM 25 S.F.</u>		City <u>TOWSON</u> State <u>MD</u> Zip Code <u>21204</u>	
Occupant or Tenant <u>OCCUPANT</u>		License No. <u>89297</u> Phone <u>410-321-1956</u> Fax _____	
Contact Name <u>CHRIS PFUND</u>		Engineer or Architect Company <u>BURTON PFUND ARCH.</u>	
Address <u>1234 HARBOR ISLAND WALK</u>		Contact Person <u>CHRIS PFUND</u>	
City <u>BALTIMORE</u> State <u>MD.</u> Zip Code <u>21230</u>		Address <u>113 WEST RD. SUITE 101</u>	
Phone <u>443-745-1202</u> Fax _____		City <u>TOWSON</u> State <u>MD.</u> Zip Code <u>21204</u>	
		Phone <u>410-321-5957</u> Fax <u>410-321-5967</u>	

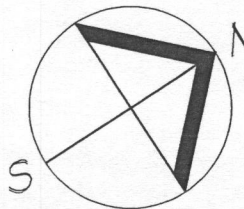
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u>	<u>Utilities</u>	<u>Building Characteristics</u>	<u>Utilities</u>
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: <u>27 x 76</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>27 x 56</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: <u>27 x 56</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms _____ Height: <u>32'-0" 5</u> Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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.

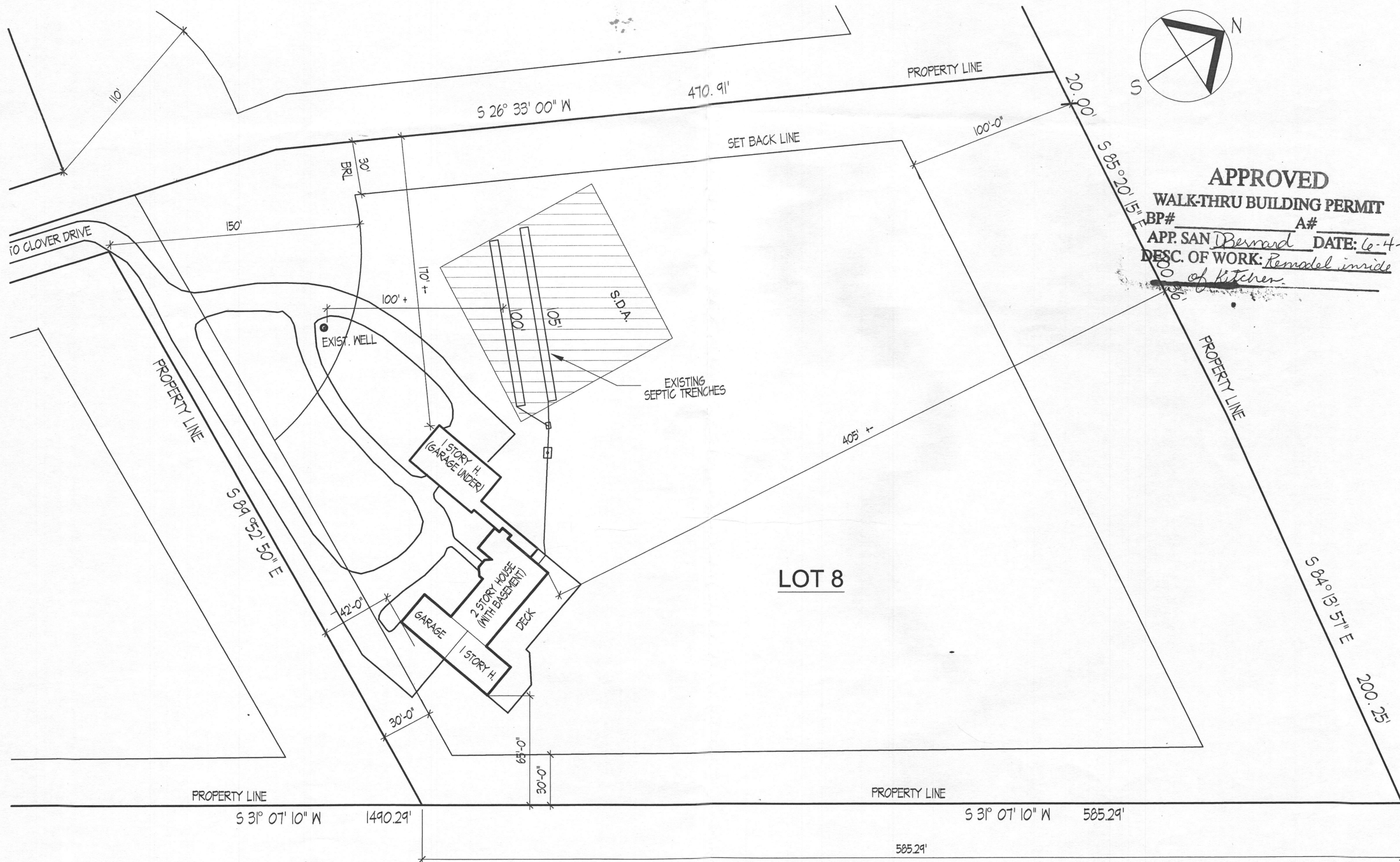
Applicant's Signature _____ Print Name CHRIS PFUND
Title/Company _____ Date 6-4-2009

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>6-4-09</u>	<u>Dana Bernard</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	
T:\forms\PERMIT.FRM				Rev. 11/4/04

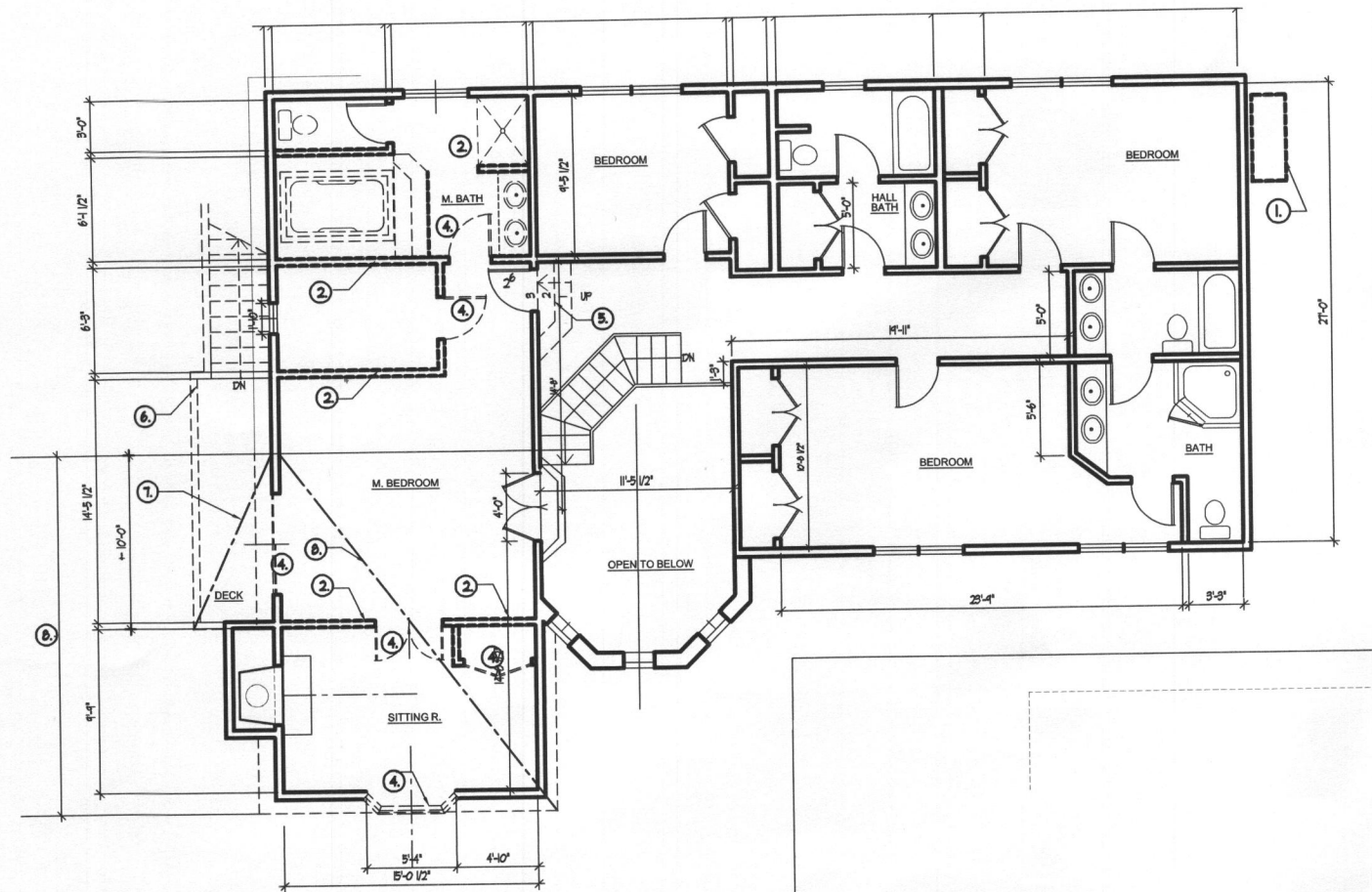


APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN Bernard DATE: 6-4-09
DESC. OF WORK: Remodel inside
of kitchen.



SCALE 1" = 50'-0"

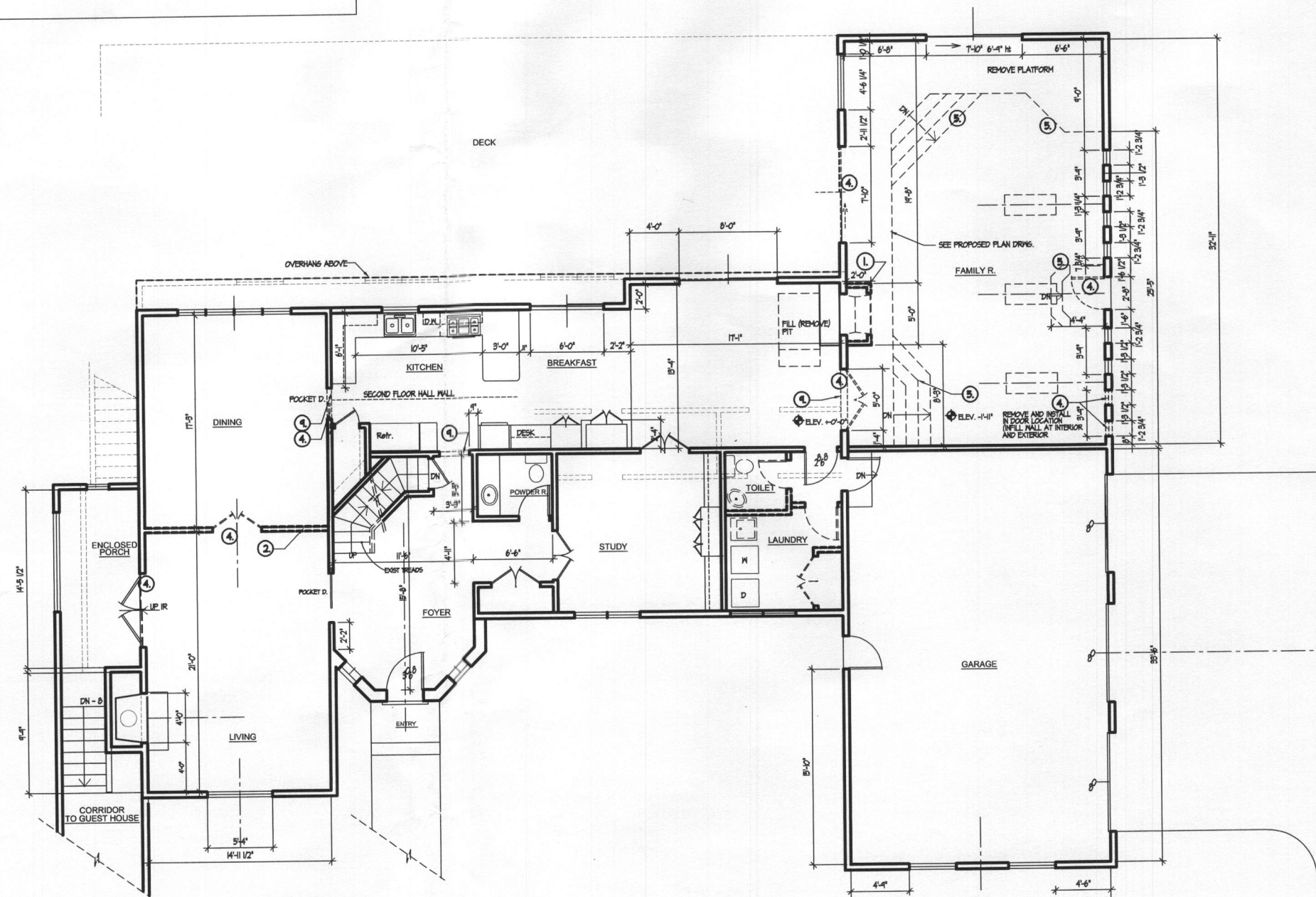
12508 CLOVER HILL DRIVE, W. FRIENDSHIP



2 EXISTING SECOND FLOOR PLAN, DEMOLITION PLAN
SCALE: 3/16"=1'-0"

DEMOLITION NOTES

- ① REMOVE MASONRY CHIMNEY SHOWN DASHED
- ② REMOVE NONSTRUCTURAL PARTITION SHOWN DASHED
- ③ REMOVE PLUMBING FIXTURES SHOWN DASHED
- ④ REMOVE DOOR AND WINDOWS SHOWN DASHED
- ⑤ REMOVE STEPS SHOWN DASHED
- ⑥ REMOVE STEPS AND DECK
- ⑦ REMOVE DECK BOARDS AND RAILING. KEEP CANTILEVERED DECK JOISTS FOR BEDROOM EXTENSION.
- ⑧ REMOVE TRUSS ROOF ABOVE
- ⑨ REMOVE BULKHEAD TO DOOR OPENING.
- ⑩ REMOVE FRAMED WALL AND BRICK VENEER



EXISTING FL. PLAN

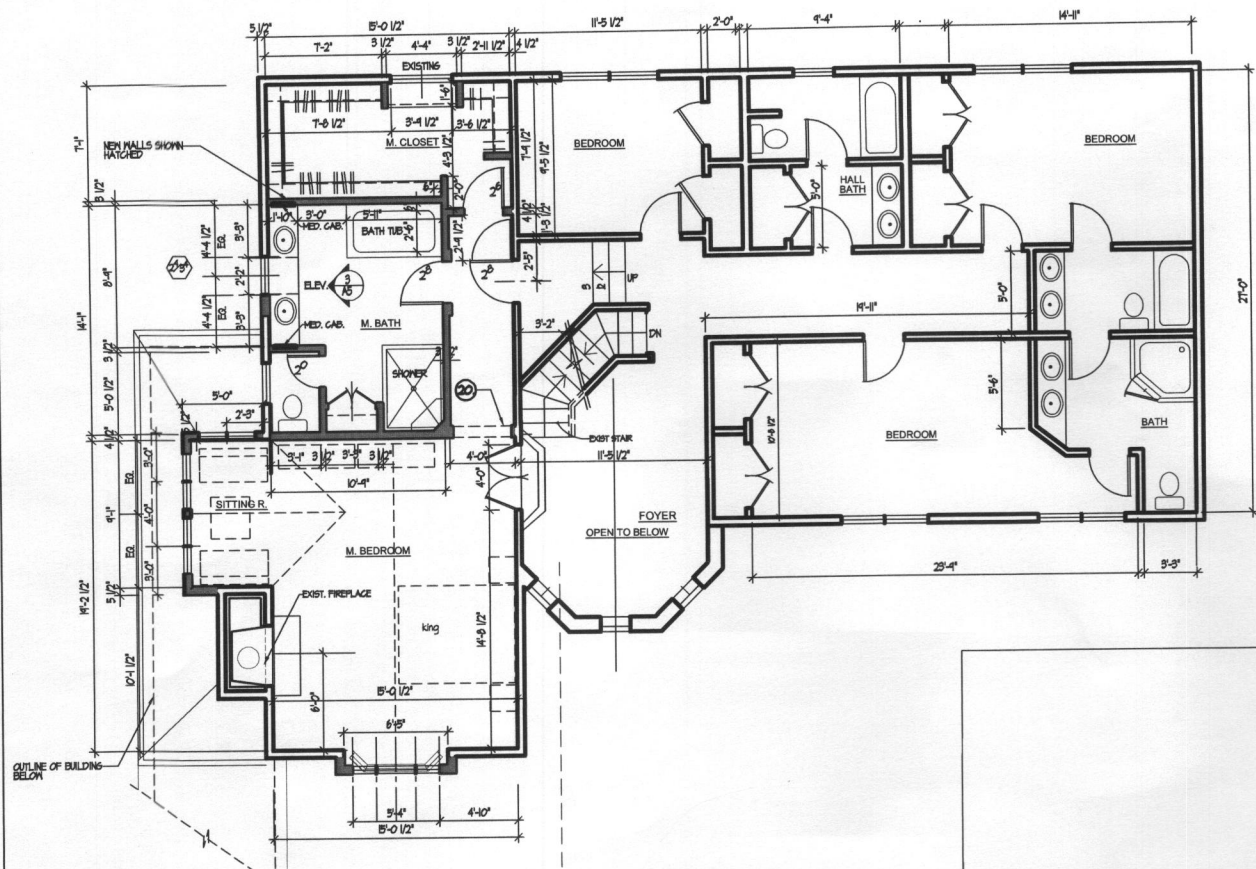
SEAL	
RELEASED FOR:	
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BIDDING	
PERMIT	
CONSTRUCT.	
SEAL	

PROFESSIONAL CERTIFICATE
STATE OF MARYLAND
I CERTIFY THAT THESE DOCUMENTS
WERE PREPARED OR APPROVED BY ME, AN
AIA A DULY LICENSED ARCHITECT IN
THE STATE OF MARYLAND.
LICENSE NUMBER: 10607
EXPIRATION DATE: 02-20-2010

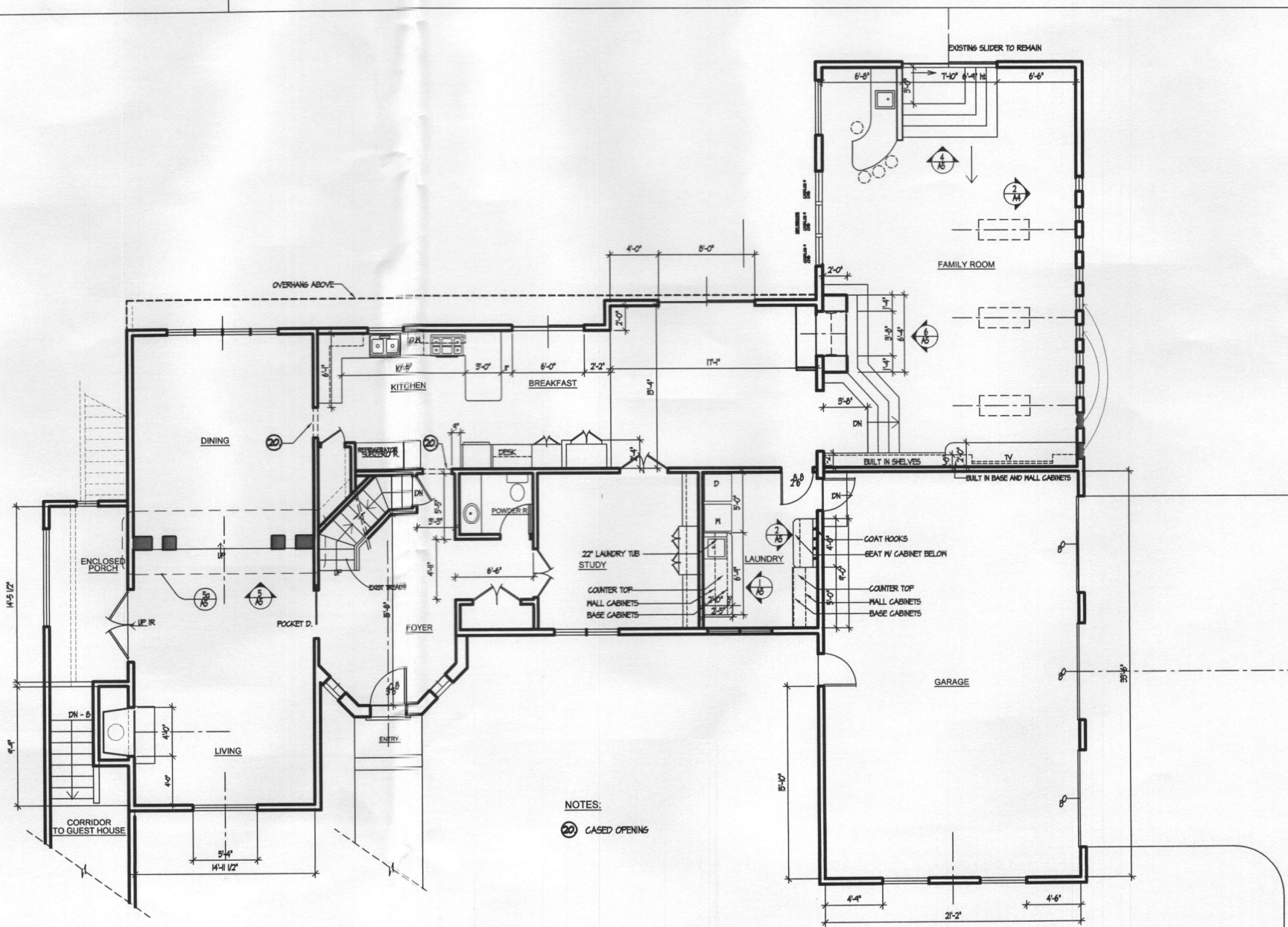
PROPOSED RENOVATIONS TO RESIDENCE
AT 12588 CLOVER HILL DRIVE
WEST FRIENDSHIP, MARYLAND 21794

**Burton Pfund
Architecture**
113 West Road
Suite 101

DATE	6-1-2009
SCALE	AS SHOWN
DRAWN	E. G.
JOB	907
SHEET	



2 SECOND FLOOR PLAN
SCALE: 3/16"=1'-0"



1 FIRST FLOOR PLAN
SCALE: 3/16"=1'-0"

NOTES:
20 CASED OPENING

SEAL	
RELEASED FOR:	
PRELIMIN.	
BIDDING	
PERMIT	6-1-2009
CONSTRUCT.	
SEAL	

PROFESSIONAL CERTIFICATION
STATE OF MARYLAND
I CERTIFY THAT THESE DOCUMENTS WERE
PREPARED OR APPROVED BY ME, AND THAT I
AM A DULY LICENSED ARCHITECT UNDER THE
LAWS OF THE STATE OF MARYLAND.
LICENSE NUMBER: 10047
EXPIRATION DATE: 05-30-2010

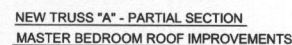
PROPOSED RENOVATIONS TO RESIDENCE
AT 12568 CLOVER HILL DRIVE
WEST FRIENDSHIP, MARYLAND 21794

**Burton Pfund
Architecture**

113 West Road
Towson, Maryland 21204
Telephone: 410.321.5957 Fax: 410.321.5967

Suite 101

DATE: 6-1-2009
SCALE: AS SHOWN
DRAWN: E. G.
JOB: 907
SHEET: A2



3

EXISTING AND PROPOSED TRUSSES - MASTER BEDROOM ROOF IMPROVEMENTS



2

PROPOSED FRONT ELEVATION

ELEVATION NOTES:

- A EXISTING BAY WINDOW TO BE REPLACED
- B EXISTING OCTAGON ENTRY ROOF TO BE RAISED 2'-0" AND REPLACED
- C EXISTING CHIMNEY TO BE REPLACED
- D EXISTING TRIM TO BE REPLACED
- E EXISTING STUCCO BOARDS TO BE REPLACED WITH NEW STUCCO 'HARDIES' PANELS.



1

EXISTING FRONT ELEVATION
SCALE: 3/16"=1'-0"

REVISIONS		B
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	BIDDING	
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	CONSTRUCT.	

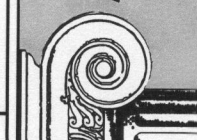
PROFESSIONAL CERTIFICATION
STATE OF MARYLAND

I CERTIFY THAT THESE DOCUMENTS WERE
PREPARED OR APPROVED BY ME, AND THAT
AM A DULY LICENSED ARCHITECT UNDER THE
LAWS OF THE STATE OF MARYLAND,
LICENSE NUMBER: 10647
EXPIRATION DATE: 02-20-2010

PROPOSED RENOVATIONS TO RESIDENCE
AT 12568 CLOVER HILL DRIVE
WEST FRIENDSHIP, MARYLAND 21794

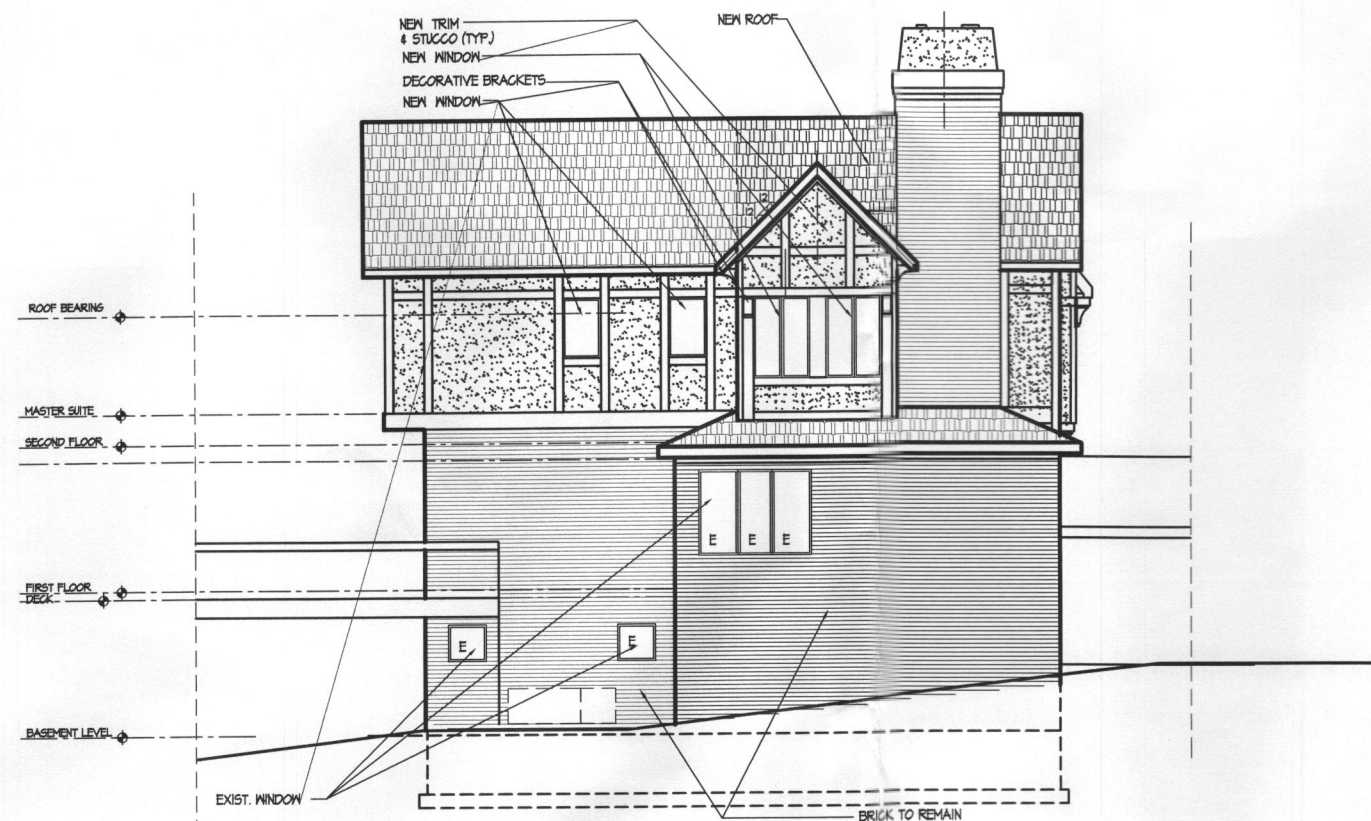
**Burton Pfund
Architecture**

113 West Road
Towson, Maryland 21204
Telephone: 410.321.5957 Fax: 410.321.5967
Suite 101

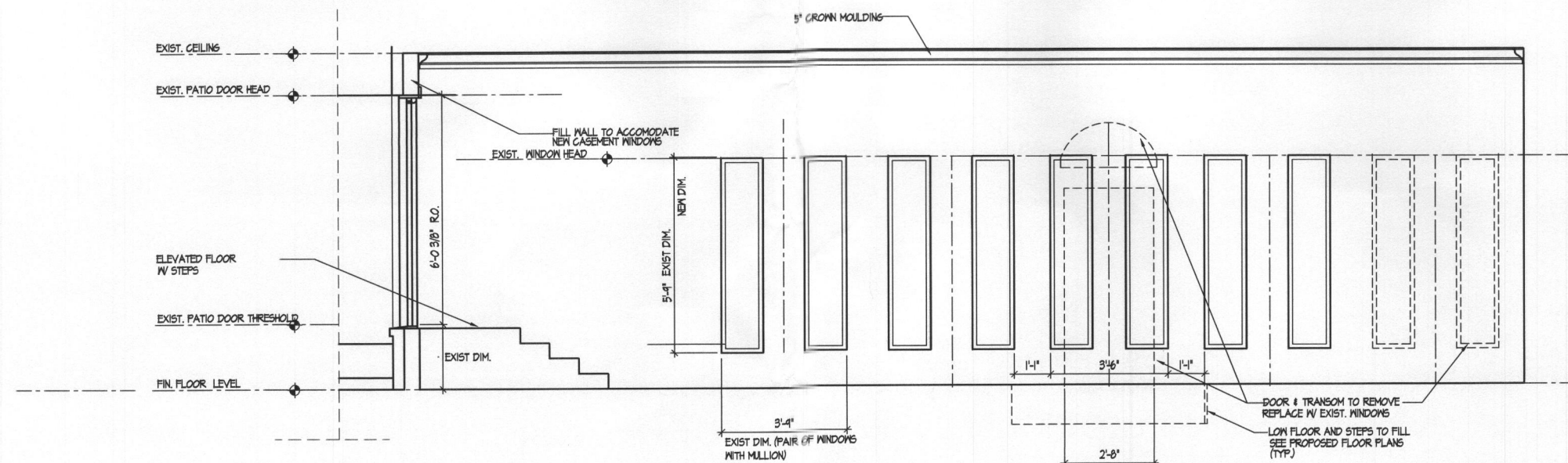


DATE	6-1-2009
SCALE	AS SHOWN
DRAWN	E. G.
JOB	907
SHEET	

A3



1	PROPOSED LEFT SIDE ELEVATION
	SCALE: 3/16"=1'-0"



2	INTERIOR ELEVATION SCA;LE: 1/2"=1'-0"
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SEAL		
RELEASED FOR:		
	PRELIMIN.	X
	BIDDING	
●	PERMIT	6-1-2
	CONSTRUCT.	

PROFESSIONAL CERTIFICATION
STATE OF MARYLAND

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AM A DULY LICENSED ARCHITECT UNDER THE
LAWS OF THE STATE OF MARYLAND.
LICENSE NUMBER: 10647
EXPIRATION DATE: 02-28-2010

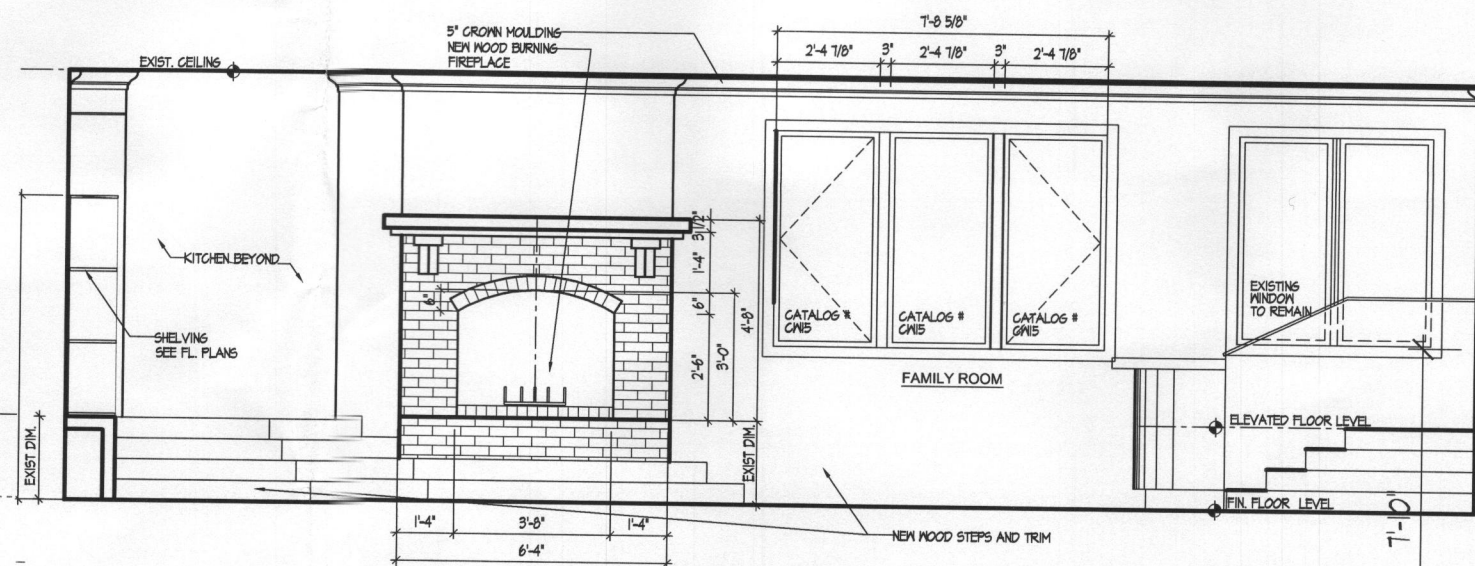
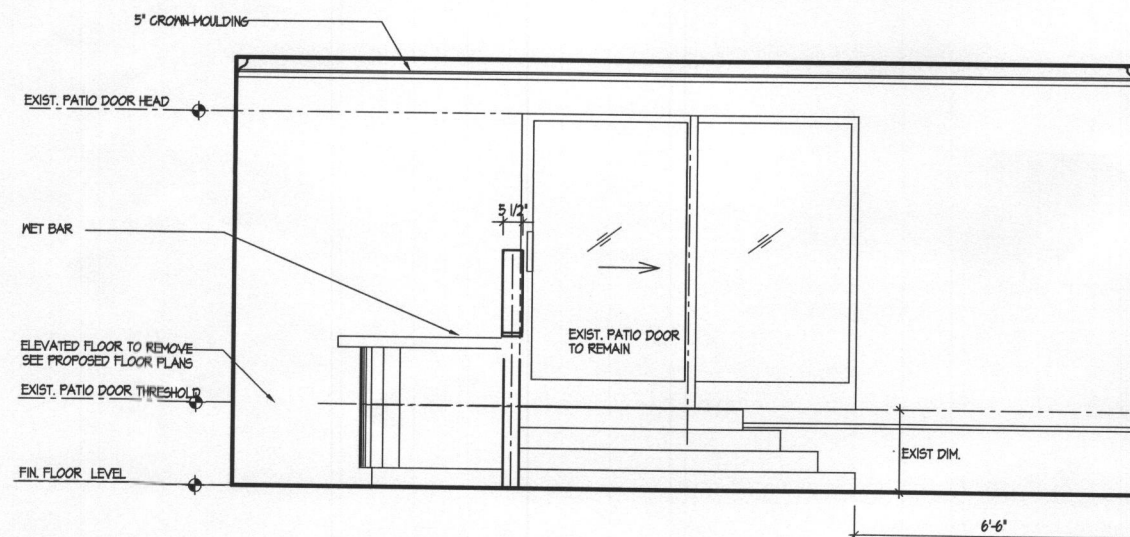
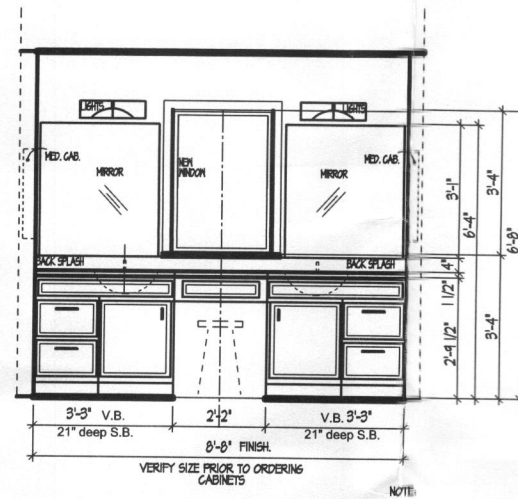
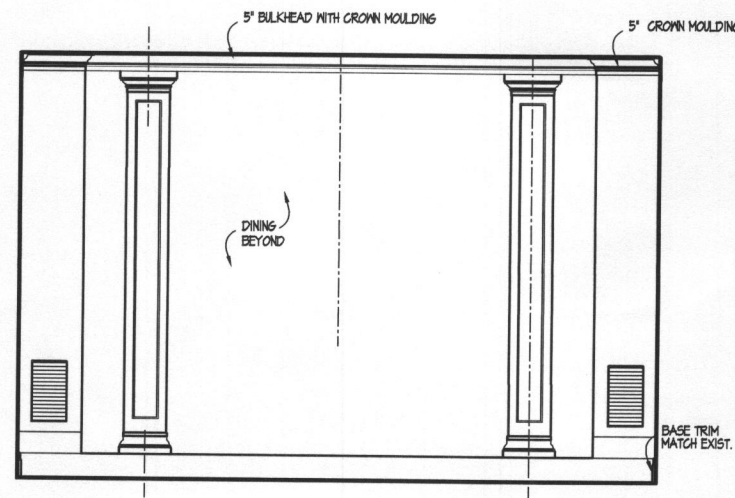
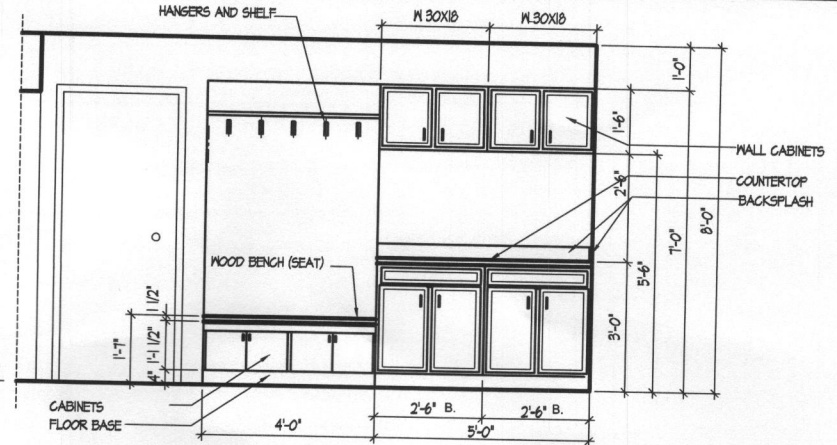
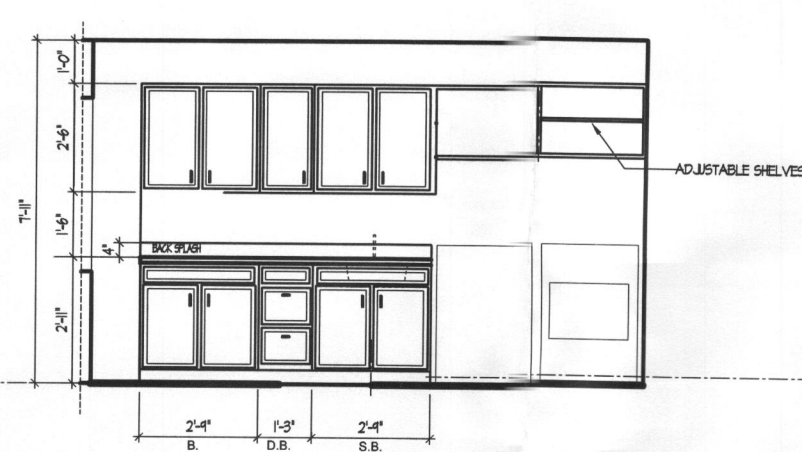
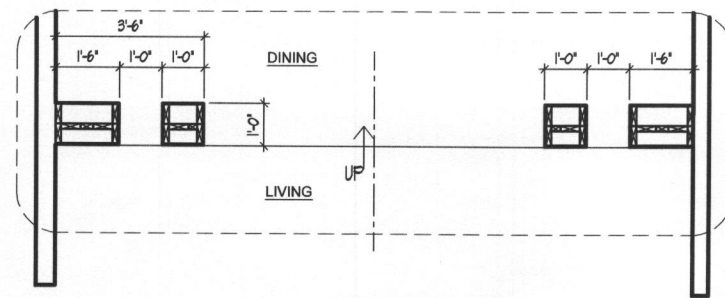
PROPOSED RENOVATIONS TO RESIDENCE
AT 12568 CLOVER HILL DRIVE
WEST FRIENDSHIP, MARYLAND 21794

**Burton Pfund
Architecture**

113 West Road
Towson, Maryland 21204
Suite 101
Tel: 410 294 5067 Fax: 410 294 5067

DATE	6-1-2005
SCALE	AS SHOWN
DRAWN	E. G.
JOB	907
SHEET	

A4



REVISIONS		BY
SEAL		
RELEASED FOR:		
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	BIDDING	
●	PERMIT	6-1-2009
	CONSTRUCT.	
SEAL		

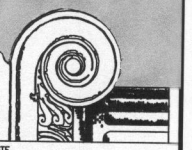
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STATE OF MARYLAND**

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LAWS OF THE STATE OF MARYLAND,
LICENSE NUMBER: 10647
EXPIRATION DATE: 02-20-2010

PROPOSED RENOVATIONS TO RESIDENCE
AT 12568 CLOVER HILL DRIVE
WEST FRIENDSHIP, MARYLAND 21794

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A5