

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

Date Received:

Permit No.: 816001637

Sulte/Apt. SDP/NOY/BA H: Subdivision: Consust Tract: Subdivision: Color Formal Fo	Building Address: 1553	20.	Callact Oat	22	Property Owner's Name: _	In Hony	The San	lyn
Solite/April in SDP/WO/FAA #: Specific Census Tract: Subdivision: Lot: I Proceed Use: Section: Area: Lot Size: \$9.99	City: Illen word State: Md. Zip Code: 21738				Address: 15520 Cathill Oaks			
Census Tract: Supolivision: List Only	Suite/Ant # SDP/WP/RA #							
Section:	Census Tract		Subdivision: Catto	il Och			ux,	
Tax Map: Parcel: Grid: Grid: Applicant's Name: Parcel: Grid: Address: Lot Size: \$1.298 Existing Use: D					Annicont Along C Mailin		Al Al A - A	
Address: Add					Applicant's Name & Mailir	ig Address, (if o	tner than stat	a nerein)
Estimated Construction Cost \$	The state of the s				Address: 4632 Blothand Rd.			
Existing Use: S D Contractor Company Contract	Zoning: Map	Coordi	nates: Lot Size	2018°	City: 10 num 20 nu Phone: 116 - 596-	State: 1/2 466 Fax:	Zip C	ode: <u>2/79/</u>
Contact Name: Contact Project Permit Contact Project Permit Public Construction (vgc. Construction (vg					Email: 15519576	Varizo	h. net	•
Contact Name: Contact Project Permit Contact Project Permit Public Construction (vgc. Construction (vg	Proposed Use: SFA	71	Con samond	*	Contractor Company:	rmocella	t War	e chroch
Description of Work: ### Address Capture C	Estimated Construction Cost: \$ 55,000,00				Contact Person: Levery & Centry			
Uicense No. :				000-000				
Phone: Phone:	Description of Work.	Tony T	A STATE OF THE STA	entrance yes	1		Zip Code:	21791
Occupant or Tenant: Was tenant space previously occupied? Contact Name: Address: City: State: Zip Code: Phone: Fax: Email: Commercial Building Characteristics Residential Bu					Phone: 9/6-596-9	TOGGE Fax:		
Was tenant space previously occupied? Tyes	Occupant or Tenant:	-		·	Email: 155 1957	@ Veriz	on incl	
Contact Name: Address: City: State: Zip Code: Phone: Fax: Email: Commercial Building Characteristics Height: Depth Width Holling Characteristics Post Depth Width Height: Depth Width Holling Characteristics Area of stories: Samenet: Samenet: Use group: Unfinished Basement Use group: Difficult Space Construction type: Slab on Grade 2 2 4 7 7 2 State Certified Modular No. of 2 BR units: Uson of 1 BR units: State Certified Modular No. of 2 BR units: Other Structure: Dimensions: Roadside Tree Project Permit: Hootings: Roadside Tree Project Permit: State Certified Modular The UNDERSIGNED HEBESY CERTIFIES AND AGRESS AS SOLIOMS; (1) THAT HE/SHE MULLIPRISON NO WORK ON THE ABOVE RESERVICED PROPERTY NOT SEPCEMBLAND POSITING PINIT Name STILL UNDERSIGNED HEBESY CERTIFIES AND AGRESS AS SOLIOMS; (1) THAT HE/SHE MULLIPRISON NO WORK ON THE ABOVE RESERVICED PROPERTY NOT SEPCEMBLAND POSITING PINIT Name Fille Company AGENCY Date State Carl No Date Signature Finity Finity Finity Finity Finity Print Name Filing Fee S 7 CARCES FOR OPERIONAL PROPRIOVAL Finity Fini	50 C 00000000 10000 NT / 2007 / 2000000 NT / 2007 / 20000000 NT / 2007 / 200000000 NT / 2007 NT			□No	Engineer/Architect Compa	nv:		
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City: State: Zip Code:								ž (22
Phone:				w."				
Email:					h			
Commercial Building Characteristics Residential Building Characteristics Height: 25 F Dwelling 5 F Townhouse Depth Width Public Public								
Height:	Email:				Email:	-		
Height:	Commercial Building Charac	teristic	s Residential Building Ch	aracteristics	Utilities		SAME OF SAME	STATE OF STREET
Gross area, sq. ft./filoor: 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		222000			Water Supp	ly		
Area of construction (sq. ft.): Basement	<u> </u>		<u>Depth</u>	Width	□ Public		viii qui	
Area of construction (sq. ft.): Basement					Private	5	Ser elling	Yeurs - Dealer
Public Prinshed Basement Public Prinshed Basement Public Public	. */					osal	enson in th	SE SESSE
Use group: Unfinished Basement Crawl Space Construction type: Slab on Grade 22 / 12 / 2 Gas: Yes No	Area of construction (sq. ft.):						7 2 24	70100 20 2060
Construction type:	Use group:				The state of the s	-	27 - 17 - 17 - 17	A STATE OF STATE
Construction type: Slab on Grade 2	8,000					ПМо	E 1930 1 105 0	Production of the
Structural Steel Multi-family Dwelling Heating System □ Island Heating System □ Island Heating System □ Island Heating System □ Island □ Islan	Construction type:		Slab on Grade 28	V 72		See Section 1997	7 2 37 X 13 - H	ARISE BULL
Masonry	☐ Reinforced Concrete							media Land
Wood Frame								
State Certified Modular No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: No. of 3 BR units: Other Structure: Dimensions: No. of 3 BR units: Other Structure: Dimensions: No. of 3 BR units: Sprinkler System: Spri							10 0.123	. Maj Breves
No. of 3 BR units: Other Structure: Dimensions: No. of 3 BR units: Other Structure: Dimensions: No. of 3 BR units: Other Structure: Dimensions: No. of 3 BR units: Other Structure: Dimensions: No. of 3 BR units: Other Structure: Dimensions: No. of 3 BR units: Other Structure: Dimensions: Grading Permit Number: Building Shell Permit Number: Building Shell Permit Number: That the information is correct; (3) That He/she will perform no work on the above referenced property not specifically of this application; (5) That He/she grants county officials the right to enter onto this property son the purpose of inspecting the work permitted and posting notices. Applicant's Signature Print Name Final Address Date Checks Payable to: Director of Finance of Howard County Filing Fee \$ 7. O. AGENCY DATE SIGNATURE OF APPROVAL DPZ SETBACK INFORMATION Filing Fee \$ 7. O. Permit Fee \$					□ Natural Gas □ Propa	ane Gas		"是我们的"。
Other Structure: Dimensions: Yes	☐ State Certified Modular						A LEW E	1500年第二章
Dimensions: Yes								
Roadside Tree Project Permit Footings: Grading Permit Number:	· · · · · · · · · · · · · · · · · · ·				☐ Yes ☐ No	NA	0.9	46 E. W.
State Certified Modular	> Roadside Tree Project P	ermit			,			
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 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 DE 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 Title/Company Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY & LEGIBLY** -FOR OFFICE USE ONLY- AGENCY DATE SIGNATURE OF APPROVAL DPZ SETBACK INFORMATION Filing Fee \$ 7. > C. Permit Fee \$					Grading P	ermit Number:		
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Puilding Officials Side:	. /	Rear.				Tech Fee \$		

Health

PSZA (Zoning)

PSZA (Engineering)

White: Building Officials

3-10-11 Deward

Green: PSZA,Zoning

Yellow: PSZA, Engineering

Lot Coverage for New Town Zone:

SDP/Red-line approval date:

Historic District?

All minimum setbacks met? ☐ Yes ☐ No

Is Entrance Permit Required? ☐ Yes ☐ No

☐ Yes ☐ No

Check Pink: Health

PSFS

Guaranty Fund

Add'I per Fee

Sub-Total Paid

Balance Due

\$

OF LATER AND TO AND THE

Total Fees

Gold: SHA

Is Sediment Control approval required for CONTINGENCY CONSTRUCTION START

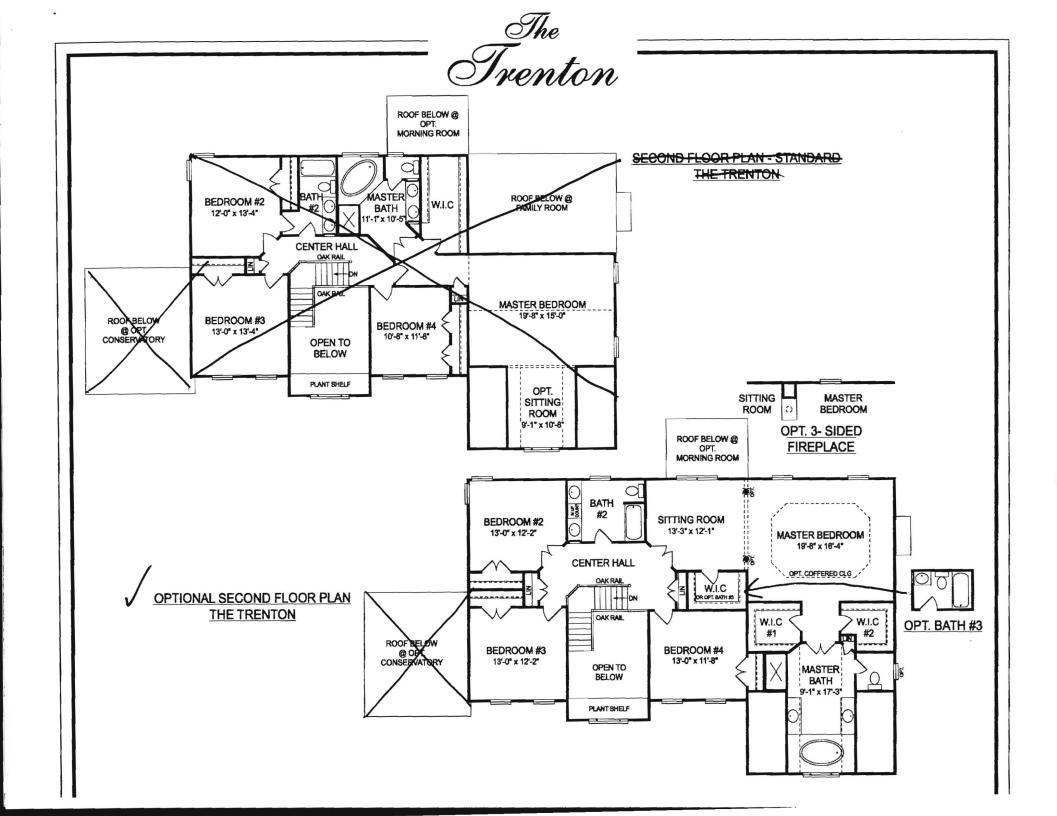
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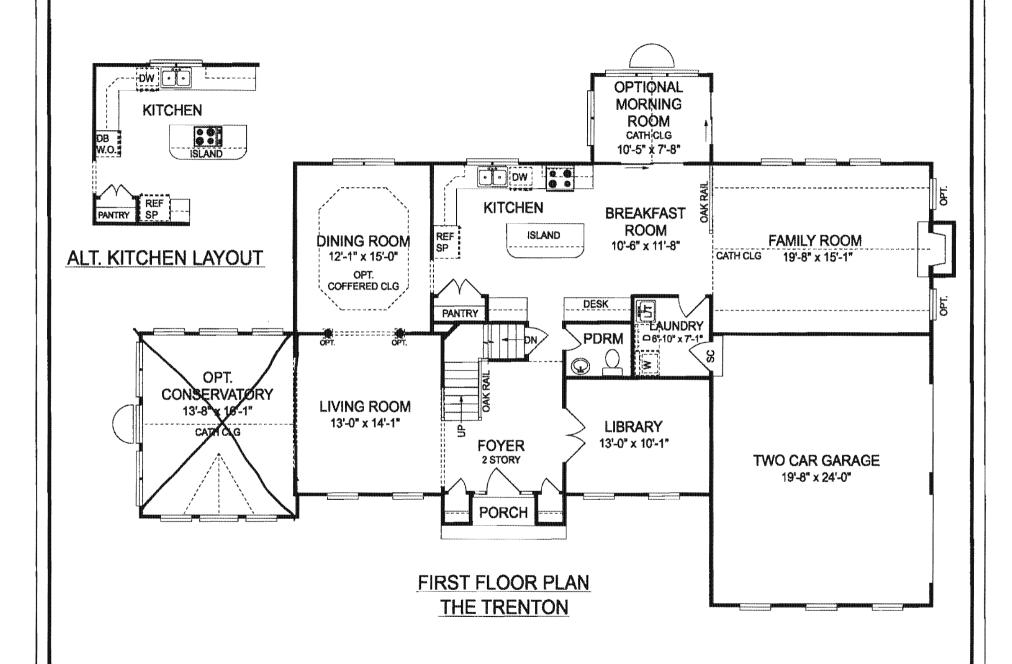
8p# 1600/637 15520 Cetteril Oaks Denwood, Md. 21738

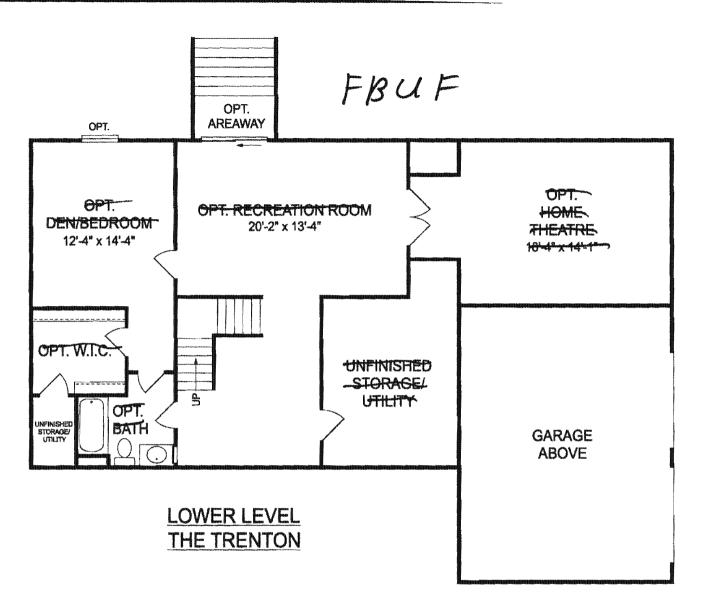


ELEVATION #308











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Office of the Health Officer

8390 Stanford Blvd., Columbia, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

Maura J. Rossman, M.D., Acting Health Officer

DATE: May 2, 2016

TO: Mr. Stirn

Via E-mail: LSS1957@VERIZON.NET

RE: Building Permit # B16001637

15520 Cattail Oaks

Glenwood, Maryland 21738

Mr. Stirn,

Our requirements for building permits are a complete file for application approval. This plan along with the following requirements will complete your file and allow us to review your building application.

Further review is also contingent upon submission of a revised building plan showing the following:

- Floor plans for the existing house and proposed addition are needed for review to determine the number of bedrooms.
- After review if the well needs to be brought above grade or replaced, a percolation certification will be required for the new well location and the well will need to be completed prior to building permit issuance.
- If your system is inadequate, your system may have to be upgraded to accommodate the new addition and the decision will be based on the final review of the floor plans and current septic system conditions.
- If your septic system has to be upgraded, we have new requirements as of January 1, 2013. All new construction is required to use the "Best Available Technology" (BAT) for septic installation. Before building permit approval, a BAT site plan must be submitted along with your building application and building plan. (BAT plan checklist attached)

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Thank you & Have a*'")

,·',·*'") ,·*")

(. ' (. ' * Wonderful Day ! Dana Bernard, R.E.H.S/L.E.H.S.

Environmental Specialist II

Bureau of Environmental Health

Well and Septic Program Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

