



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: 3-27-14

Permit No.: B14000909

Building Address: 950 River Rd
City: Sikesville State: MD Zip Code: 21784
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 0009 Parcel: 0035 Grid: 0005
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
Proposed Use: New Bedroom, Bath + Home Office
Estimated Construction Cost: \$ 80,000
Description of Work: 2nd story Master Bed room suite + office over existing house 772 sq ft

Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: Brian + Deborah Bowers
Address: 950 River Rd
City: Sikesville State: MD Zip Code: 21784
Phone: 410 489 2685 Fax: _____
Email: _____

Property Owner's Name: Brian + Deborah Bowers
Address: 950 River Rd
City: Sikesville State: MD Zip Code: 21784
Phone: 410 489 2685 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Clockwork Builders Ltd
Contact Person: John Riley
Address: 1188 Day Rd
City: Sikesville State: MD Zip Code: 21784
License No.: 70347
Phone: 410 442 3678 Fax: 410 442 4088
Email: john@clockworkbuilders.com

Engineer/Architect Company: Roberts Architect
Responsible Design Prof.: _____
Address: 8630 M Guilford Rd
City: Cal State: MD Zip Code: 21056
Phone: 410 971 6800 Fax: _____
Email: BC R (at) Roberts Architects Inc

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input 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: _____	
<input checked="" type="checkbox"/> 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	

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 type="checkbox"/> No	
Heating System	
<input checked="" 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: John Riley
Signature: John Riley
Email Address: _____
Title/Company: President

Print Name: John Riley
Date: 3/26/14

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		

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

DPZ SETBACK INFORMATION	
Front	<u>10</u>
Rear	
Side	
Side St.	
All minimum setbacks met? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Lot Coverage for New Town Zone: _____	
SDP/Red-line approval date: _____	

Filing Fee	\$ <u>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$ <u>10180</u>
Check	#

Distribution of Copies: White: Building Officials Green: PSZA, Zoning

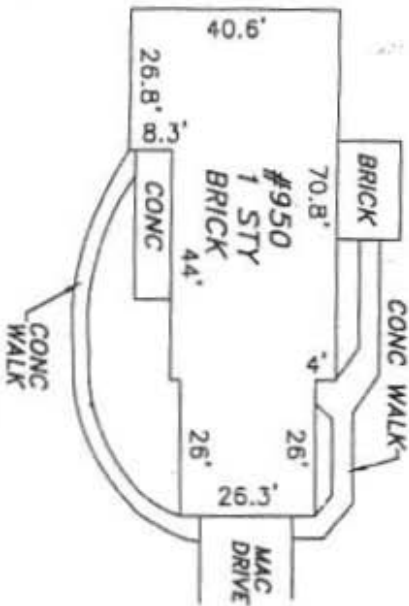
Yellow: PSZA, Engineering

Pink: Health

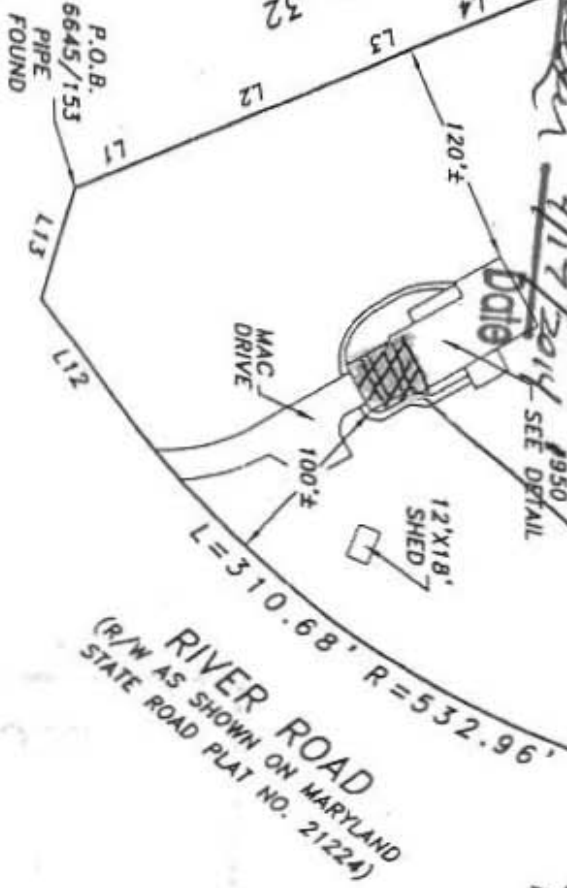
Gold: SHA

LINE	BEARING	DISTANCE
L1	N 11°27'14" W	54.14'
L2	N 11°41'02" W	100'
L3	N 12°14'12" W	47.89'
L4	N 11°07'36" W	52.54'
L5	N 10°24'04" W	50.48'
L6	N 10°48'24" W	50.52'
L7	N 14°45'48" W	50.48'
L8	N 16°17'09" W	23.30'
L9	S 30°06'18" W	106.00'
L10	N 59°38'42" W	41.2'
L11	S 30°21'18" W	38.50'
L12	S 63°45'18" W	77.50'
L13	N 62°04'33" W	59.70'

NOTE: DETAIL NOT
SHOWN TO SCALE.



Approved Septic System Plan
S 79°26' E 550.34'
Howard County Health Department
B14000909
Addition approved NO. 950 RIVER ROAD
L.6645 F.153 3.090cst
AS SHOWN ON MARYLAND STATE
ROAD PLAT NO. 21224
DATE 4/17/2014 SEE DETAIL



The purpose of this drawing is to locate, describe, and represent the positions of buildings and substantial improvements affecting the property shown hereon, being known as #950 RIVER ROAD as described in a deed recorded among the land records of Howard County, Maryland in Liber 6645, folio 153.

This is to certify that I either personally prepared or was in responsible charge over the preparation of this drawing and the surveying work reflected in it, all set forth in Regulation .12 of Chapter 09.13.06 of the Code of Maryland Annotated Regulations.

This is page one of a two page document. The advice found on the affixed page is an integral part of this drawing, and is not valid without all pages.



LOCATION DRAWING
950 RIVER ROAD
3rd ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

NTI Associates, Inc.
16205 Old Frederick Rd.
Mt. Airy, Maryland 21771
Phone: (410) 442-2031
Fax: (410) 442-1315
www.ntisurveyors.com

Scale: 1" = 100'
Date: 4/15/2013
Field By: DBM/RMS
Drawn By: DBM/SCK
Drawing # 94659FDKS
Page No.: 1 of 2

Williams, Jeffrey

From: Bricker, Robert
Sent: Tuesday, January 21, 2014 10:13 AM
To: Davis, Michael J; Williams, Jeffrey
Subject: FW: 905 River Road_floor plans-full set attached
Attachments: 905 River Road_floor plans.zip

Floor plans for Bowers Property review.

From: B D N Bowers [mailto:bowersbdn@hotmail.com]
Sent: Friday, January 17, 2014 3:31 PM
To: Bricker, Robert
Cc: Linda D. Alexander
Subject: RE: 905 River Road_floor plans-full set attached

Here are the full set. The new space is in the file labeled A2.

Can you please confirm that you recieved these and can read them? Sometime Hotmail will nto send the file properly.

From: RBricker@howardcountymd.gov
To: bowersbdn@hotmail.com
Date: Fri, 17 Jan 2014 14:12:49 -0500
Subject: 905 River Road_floor plans

Mr. Bowers,

Floor plans are being requested for your residence, as it will be after the planned addition. You may send the plans to me as a PDF so that I may include them in your property's file. As the septic system will have to be upgraded before the Health Department approves the permit for the addition, we need to know that the proposed BAT unit is appropriately sized for the resulting structure.

If you do not have floor plans at this time, please inform me.

Robert Bricker, REHS/R.S., L.E.H.S.

ROBERT BRICKER, CPSS, REHS/RS
ENVIRONMENTAL HEALTH SPECIALIST
DEVELOPMENT COORDINATION SECTION, WELL AND SEPTIC PROGRAM
HOWARD COUNTY BUREAU OF ENVIRONMENTAL HEALTH
8930 STANFORD BOULEVARD
COLUMBIA, MD 21045

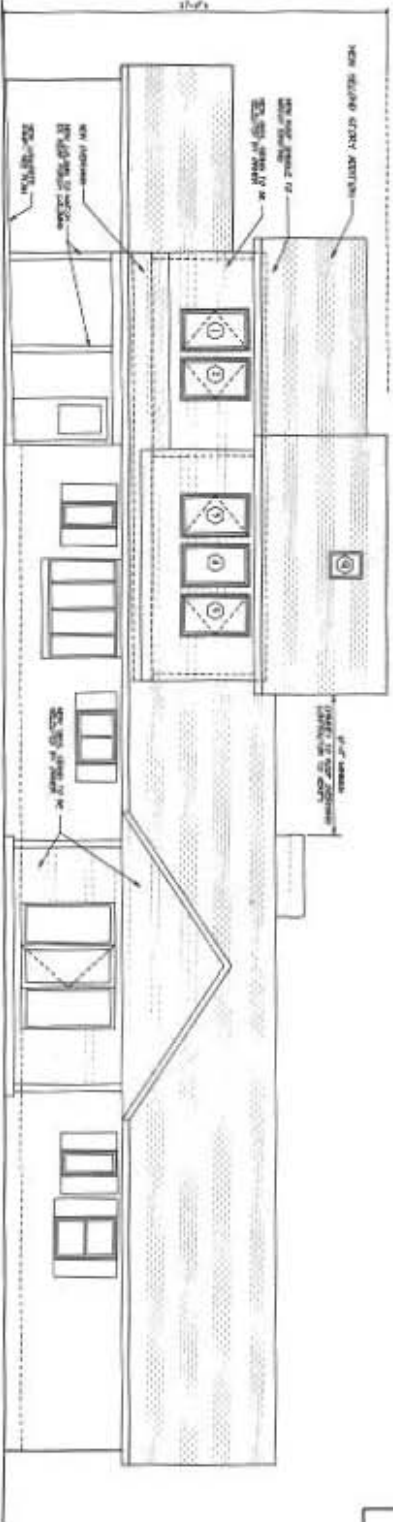
410-313-2691; fax, 410-313-2648
rbricker@howardcountymd.gov

CONFIDENTIALITY NOTICE


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$\sqrt{d^2 + 1}$ 

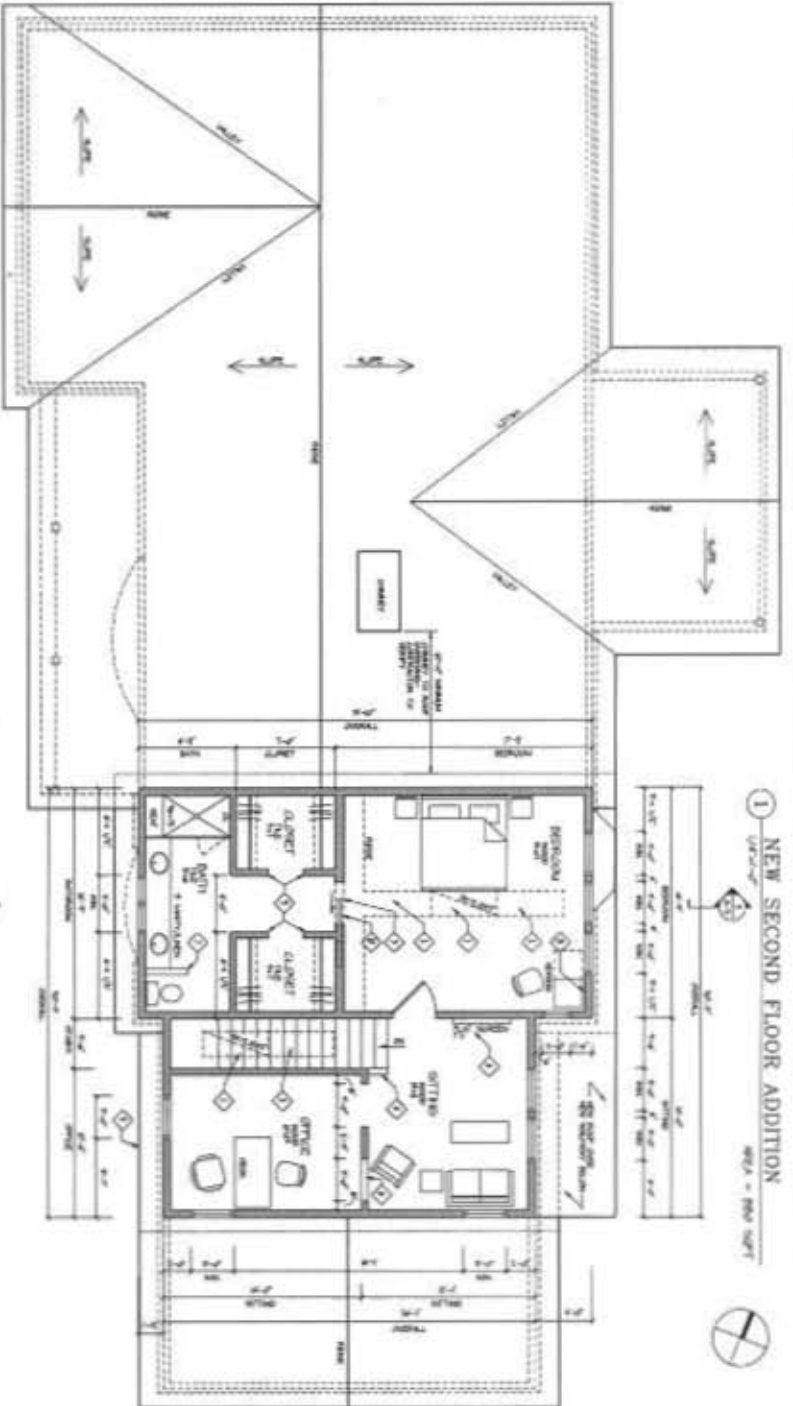
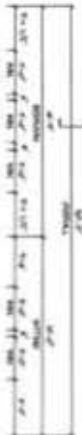
Verfahren

[illegible]

ALL PUBLISHED FEATURES SUBJECT TO
FURTHER FIELD INVESTIGATION

		855.224.2446 410.271.1400 Columbus, MI 48824 www.Roberts-Ancherts.com
ROBERTS ANCHERTS		410.271.1400 855.224.2446 www.Roberts-Ancherts.com
BONERS RESIDENCE REAR ELEVATION MAIN PLAN / REAR ELEVATION		410.271.1400 855.224.2446 www.Roberts-Ancherts.com
PROJECT SET DATE 10 DEC. 2015	1 OF 4	410.271.1400 855.224.2446 www.Roberts-Ancherts.com

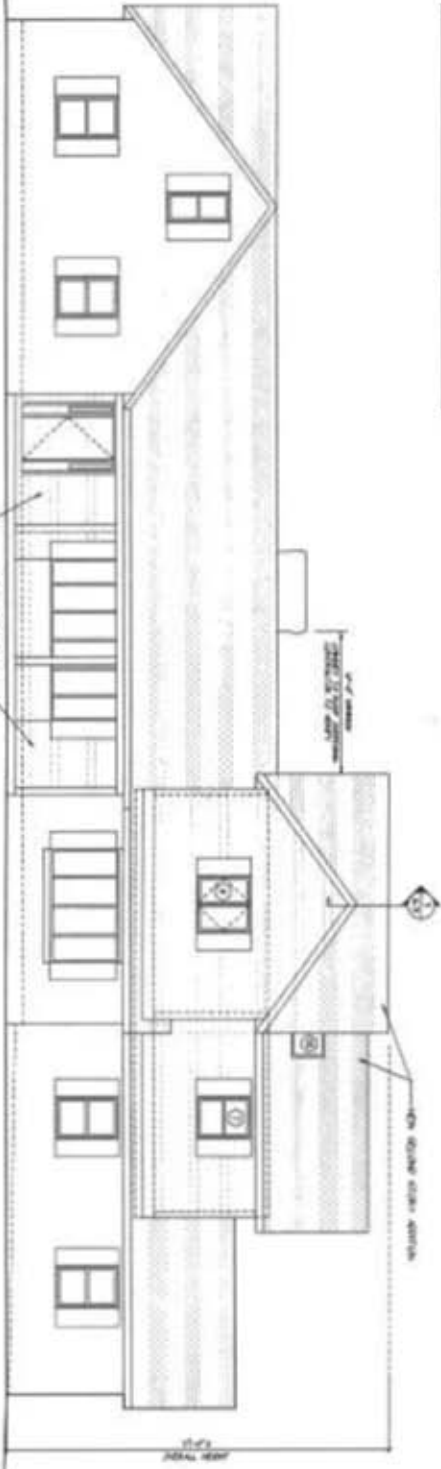
1 NEW SECOND FLOOR ADDITION



SECOND FLOOR SECTION NOTES

1. SEE FIRST FLOOR FOR EXISTING WALLS, ROOF, FLOORS, ETC.
2. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2015 IBC.
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9. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2015 IBC.
10. ALL NEW CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE 2015 IBC.

2 WEST ELEVATION (FRONT)



ROBERTS
ARCHITECTS
BOWERS RESIDENCE
2ND FLOOR PLAN
FRONT ELEVATION

PERMIT SET
30 DEC. 2019

A-2

3 OF 4