



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.: _____

Building Address: 3625 Sycamore Valley Run
City: Glenwood State: MD Zip Code: 21738
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single Family
Proposed Use: Single Family
Estimated Construction Cost: \$ 150,000
Description of Work: Finish Basement To include
Bar, Bath, 1 Bedroom, Family Rm.

Occupant/Tenant Name: _____
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 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 type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Pete/Laura Laport
Address: 3625 Sycamore Valley Run
City: Glenwood State: MD Zip Code: 21738
Phone: 410-241-0705 Fax: NA
Email: Peter.Laport@BFA-Boudville.com

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

Contractor Company: Mayer Bldgs Inc
Contact Person: KEVIN OLIVER
Address: 635 Lynita Cir
City: Richterstown State: MD Zip Code: 21136
License No.: 127621
Phone: 443-834-4574 Fax: 410-833-2399
Email: mayerbldgs@yahoo.com

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

Utilities
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" 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 _____

Print Name _____

Email Address _____

Date _____

Title/Company _____

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	5/30/18	H. G. G. G.

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

Distribution of Copies: White: Building Officials

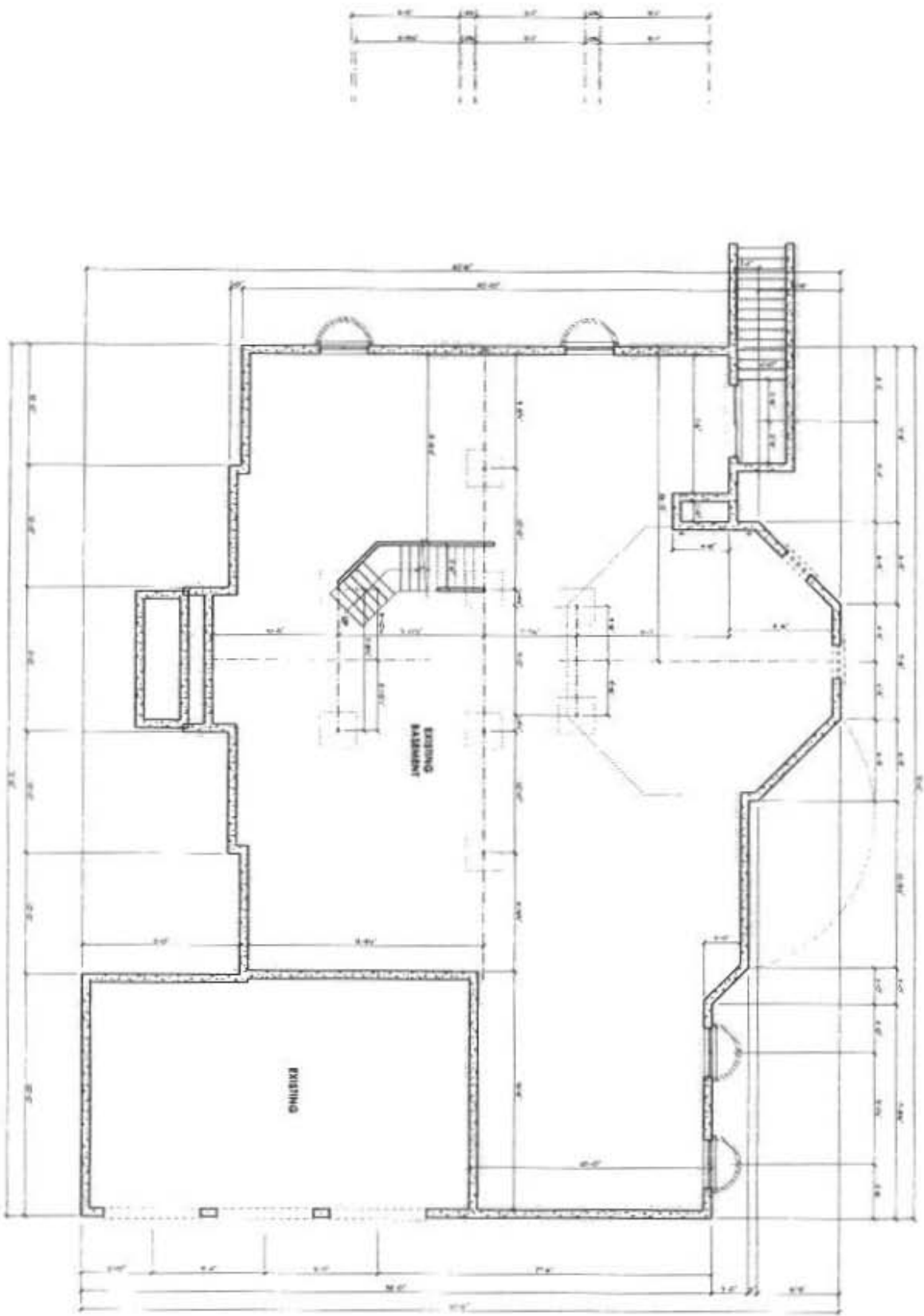
Green: PSZA,Zoning

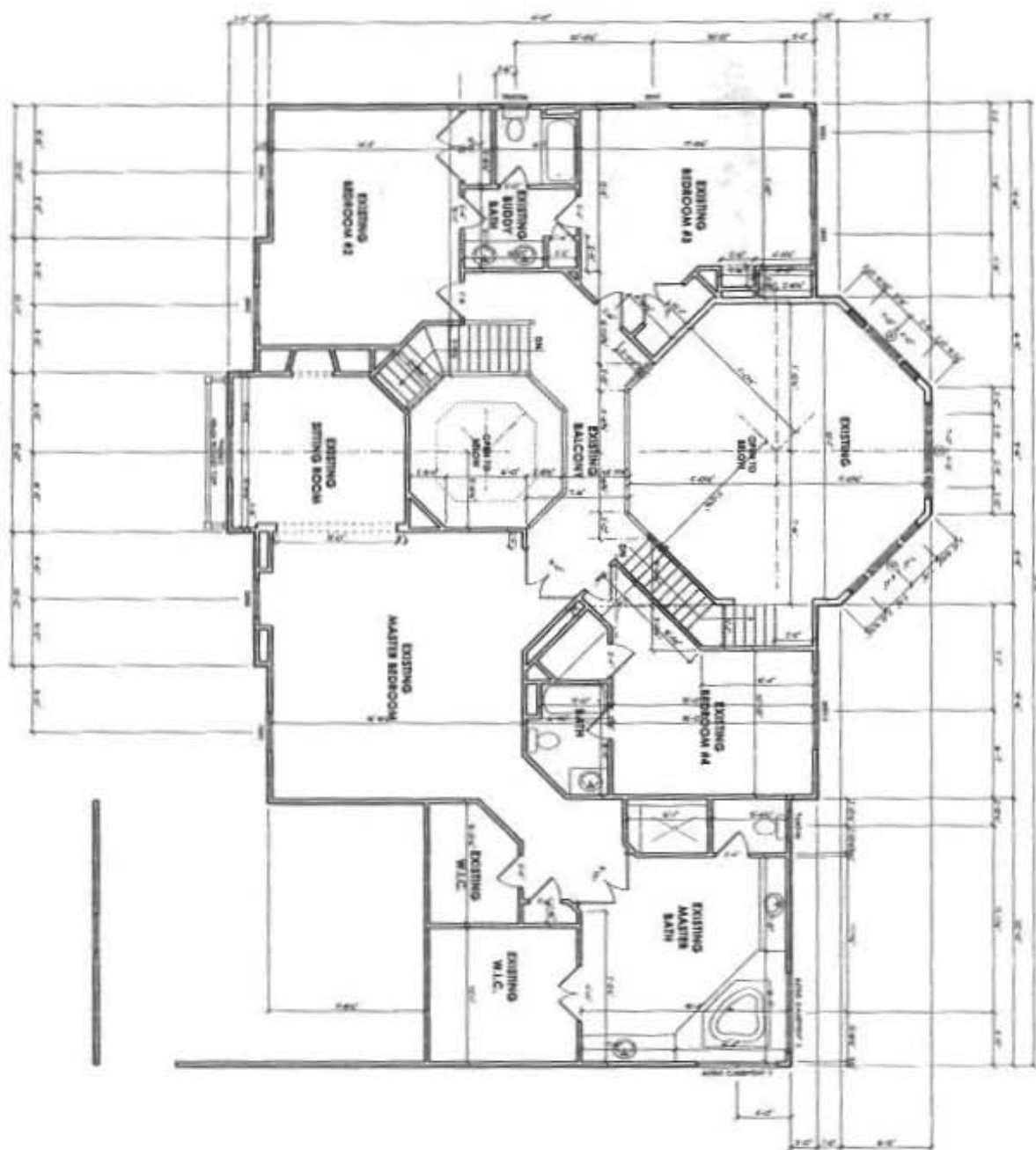
Yellow: PSZA,Engineering

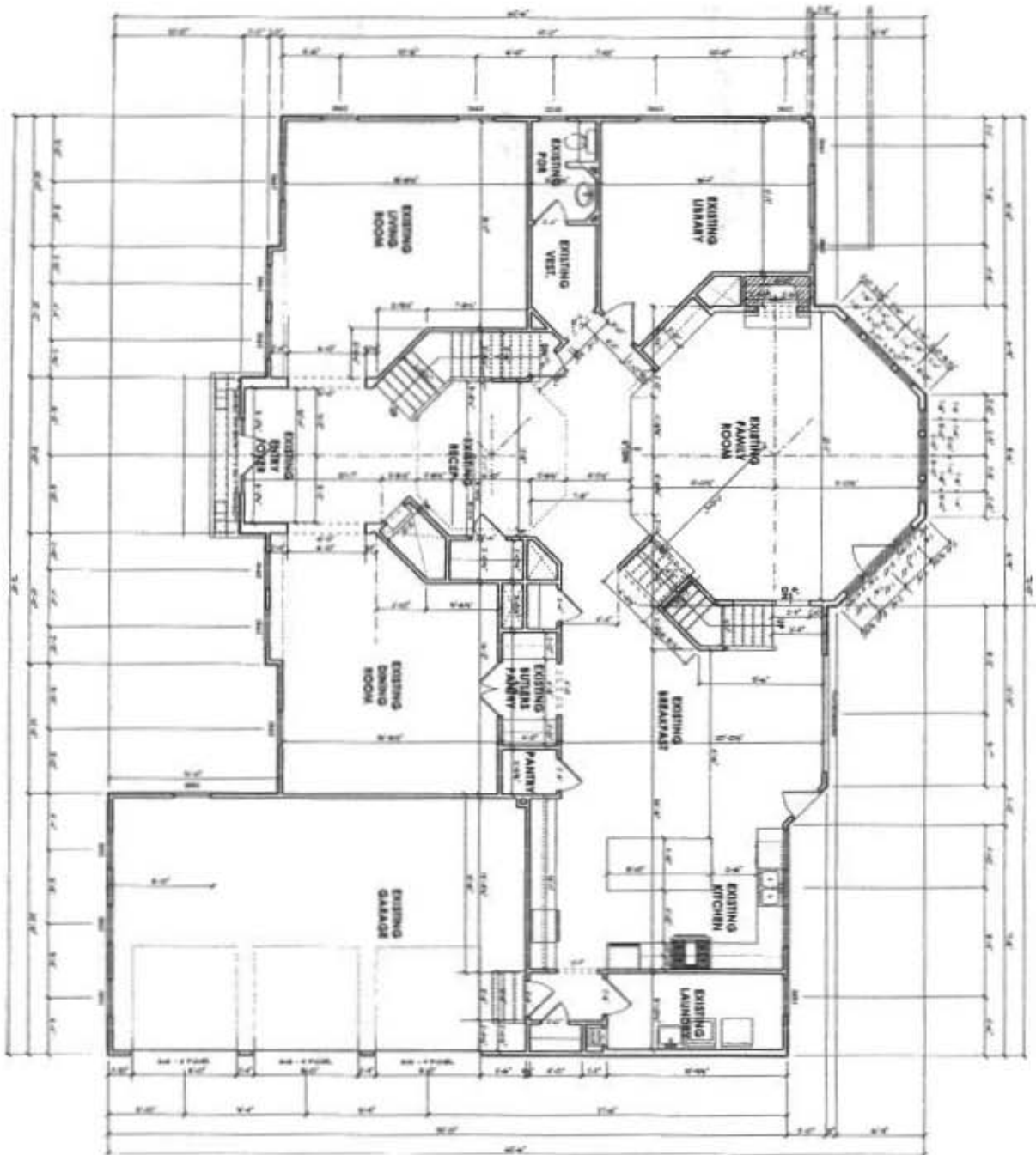
Pink: Health

Gold: SHA

3625 Sycamore Valley Run



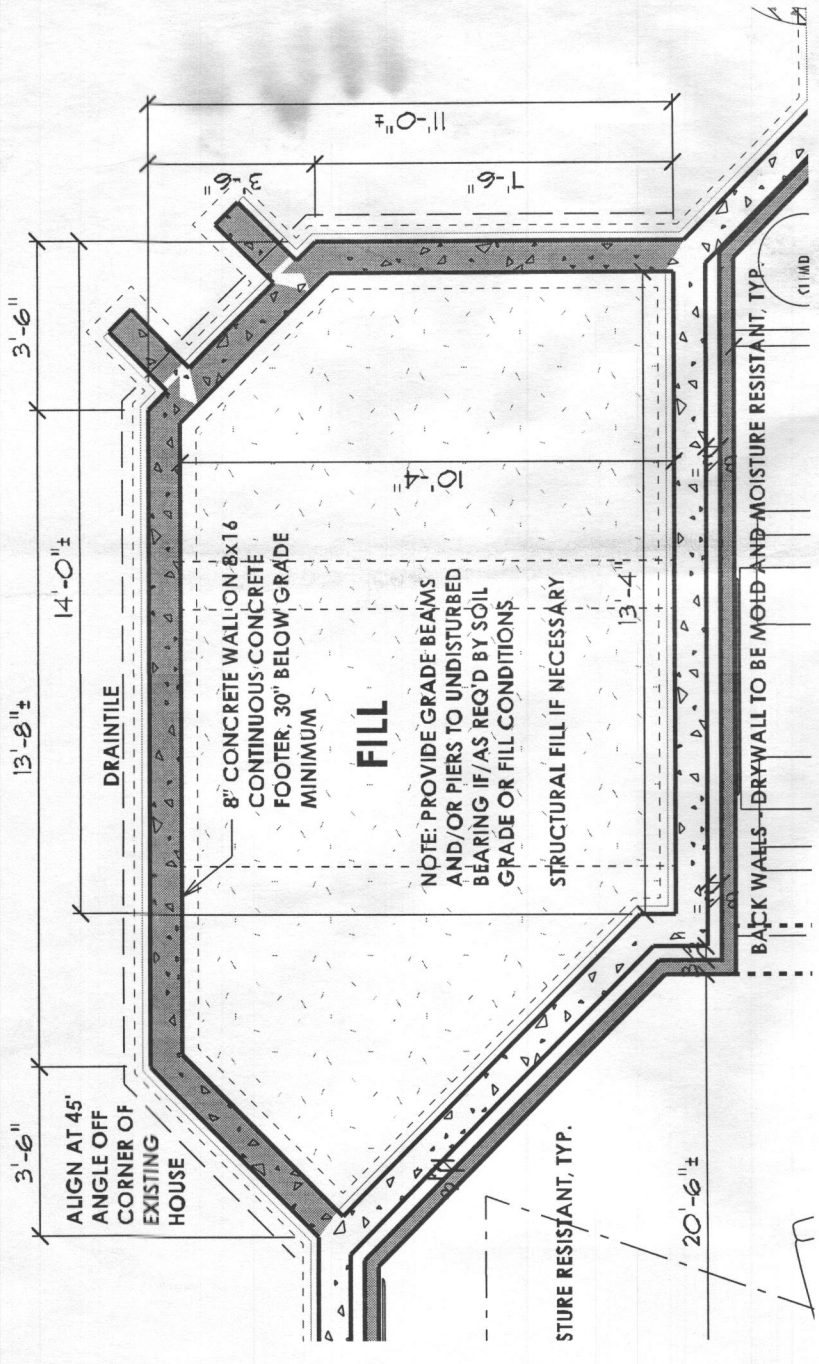




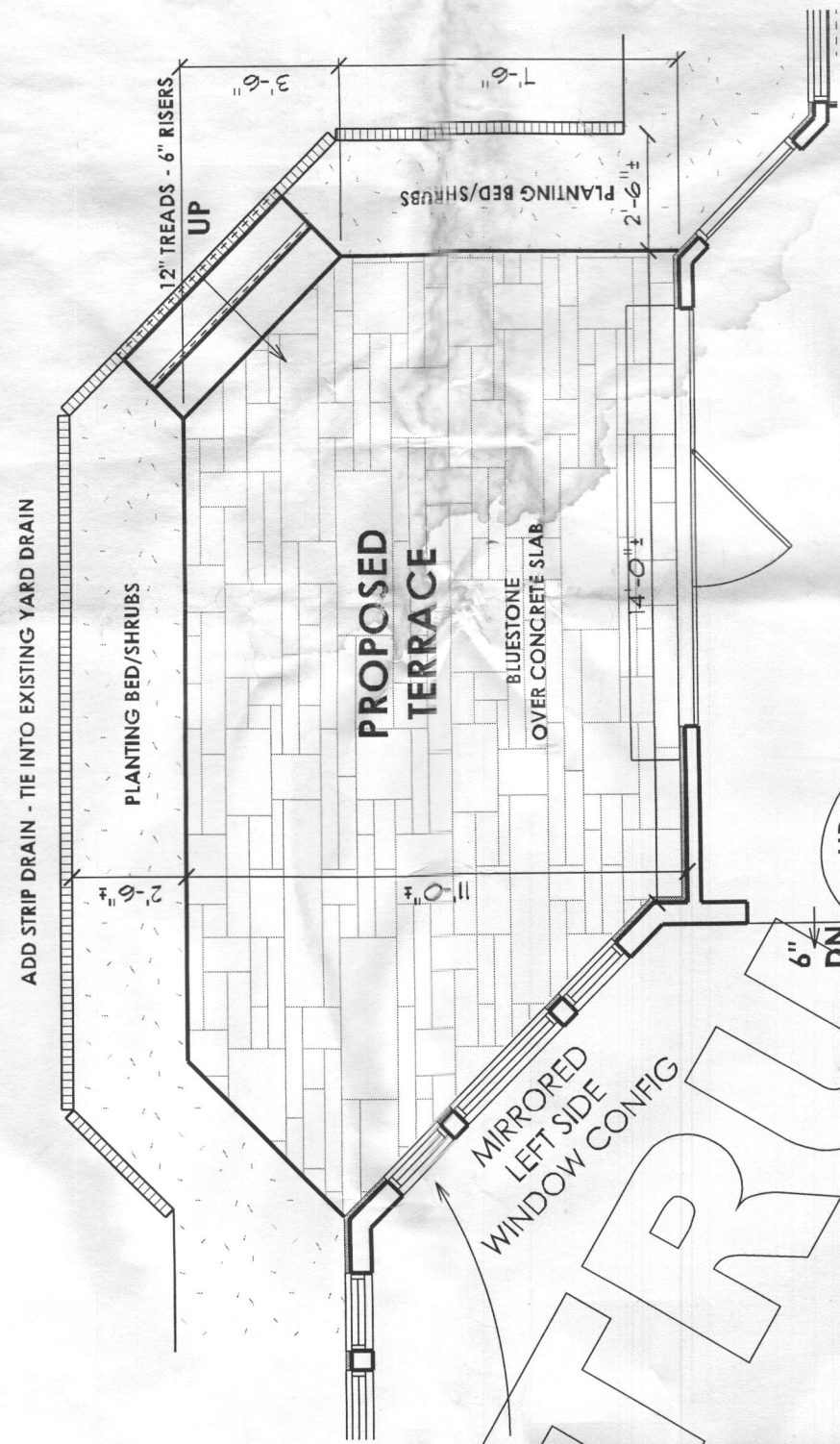
ISSUE DATES:

08-18-17	REVIEW

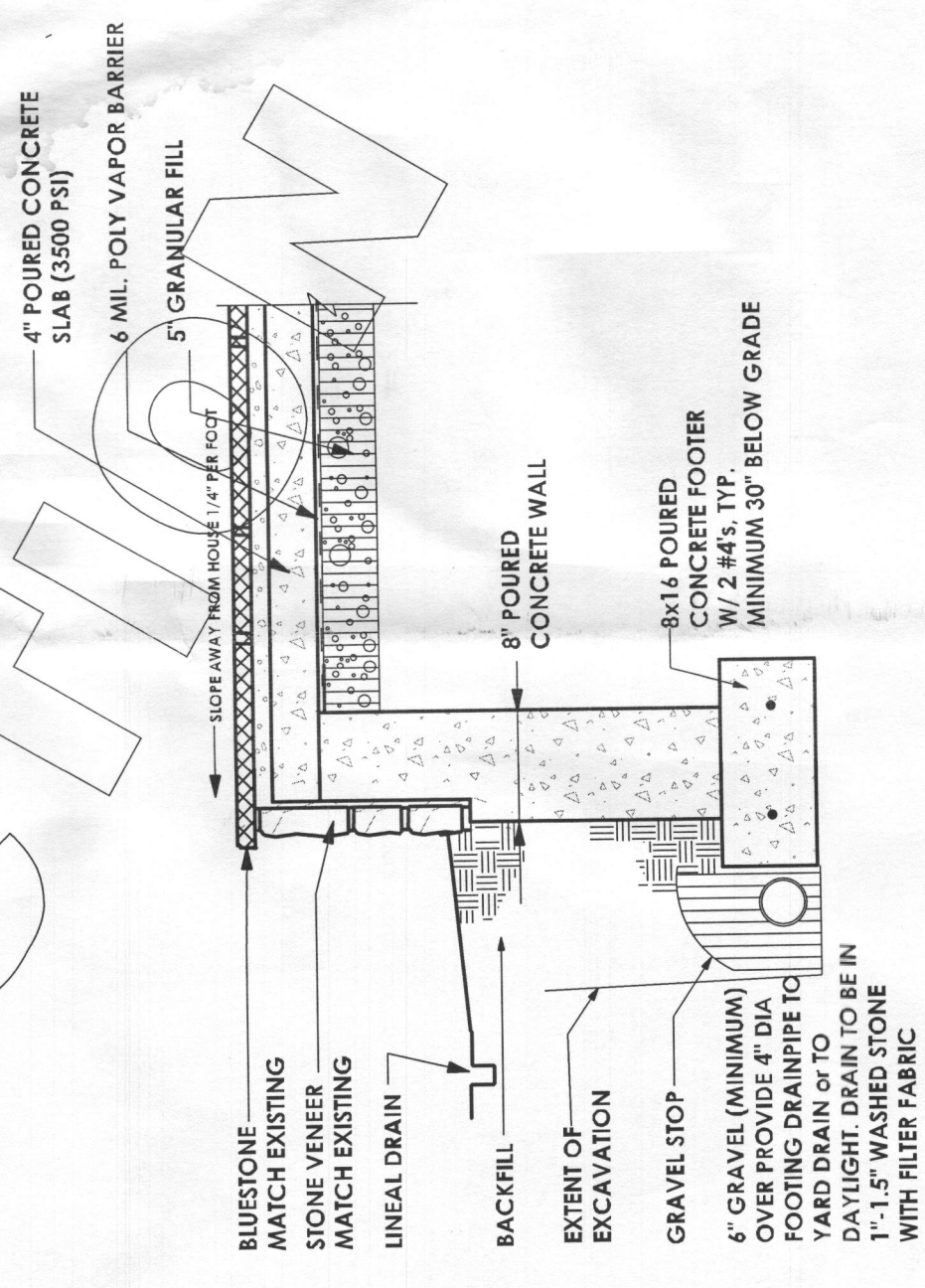
SCALE: 1/4" = 1'-0"
TERRACE



PARTIAL FOUNDATION PLAN



PARTIAL FLOOR PLAN



PARTIAL PORCH SECTION

NOT FOR CONSTRUCTION

REPLACE EXISTING DOOR
WITH MATCHING WINDOW
SET OF OPPOSITE SIDE




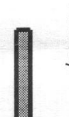
TERRACE DIAGRAM

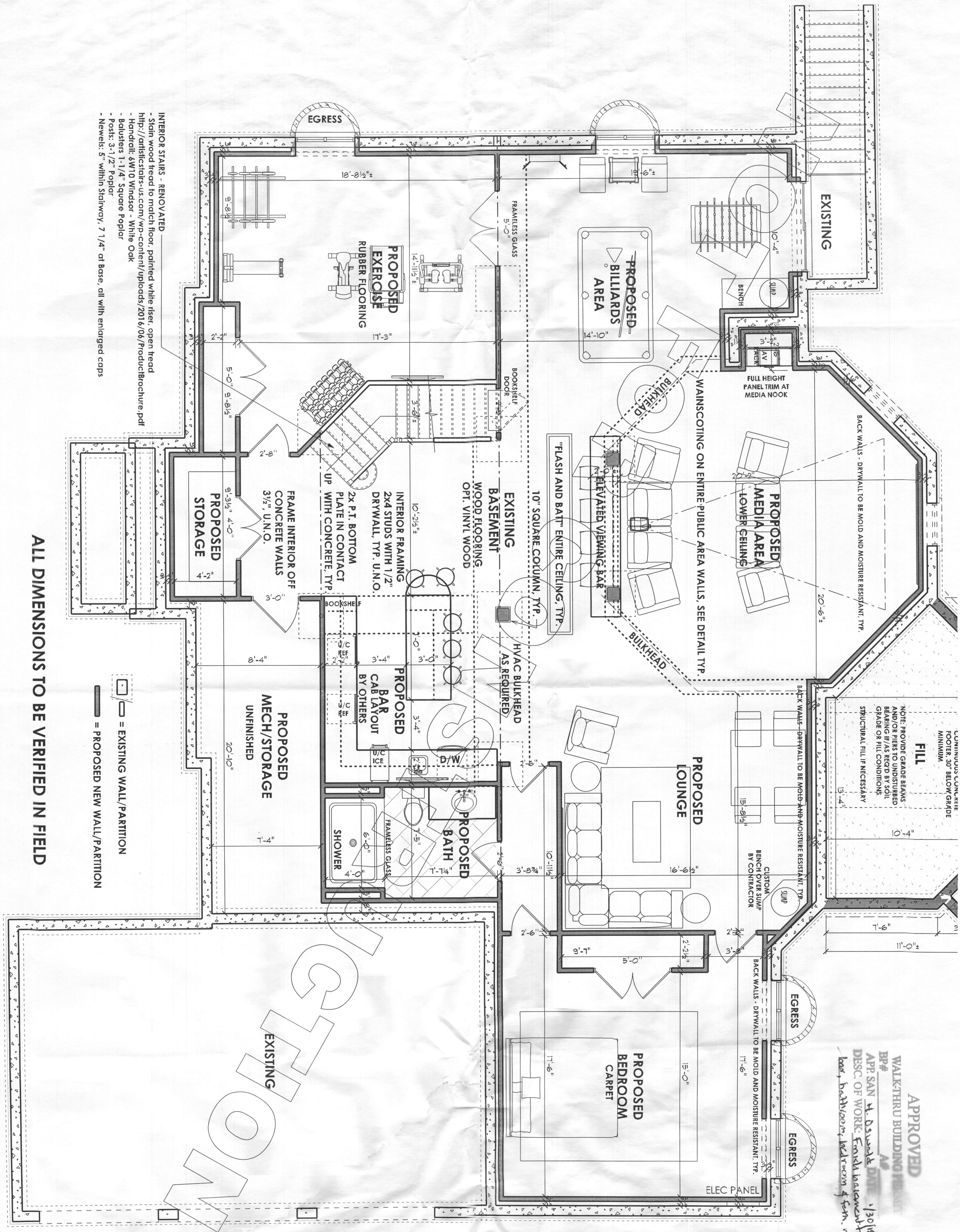
INTERIOR STAIRS - RENOVATED

- Stain wood tread to match floor, painted white riser, open tread
- Handrail: 6W10 Windsor - White Oak
- Balusters 1-1/4" Square Poplar
- Posts: 3-1/2" Poplar
- Newels: 5" within Stairway, 7 1/4" at Base, all with enlarged caps

<http://artisticstairs-us.com/wp-content/uploads/2016/06/ProductBrochure.pdf>

ALL DIMENSIONS TO BE VERIFIED IN FIELD

 = EXISTING WALL/PARTITION
 = PROPOSED NEW WALL/PARTITION



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____
 APP. SAN. 4. D. 13018
 DESC. OF WORK: Finish basement to include
 bath, bathroom, bedroom & fam. rm.

JONATHAN RIVERA
 ARCHITECTURE
 Every detail matters
 (443) 226-5745
 JONATHANRIVERA.COM

PROFESSIONAL CERTIFICATION
 I certify that these documents
 were prepared or approved
 by me, and that I am a duly
 licensed professional
 architect under the laws of the
 State of Maryland.
 License Number #14678
 Expiration Date: 6/30/2018

Jonathan Rivera
 License Number #14678

Laport Residence
 PROPOSED ADDITION
 3625 Sycamore Valley Run, Glenwood, Maryland 21738

ISSUE DATES:
 08-18-17 REVIEW

SCALE: 1/4" = 1'-0"
 BASEMENT

2.01
 PRINT DATE:
 Tuesday, November 07, 2017

Laport Residence

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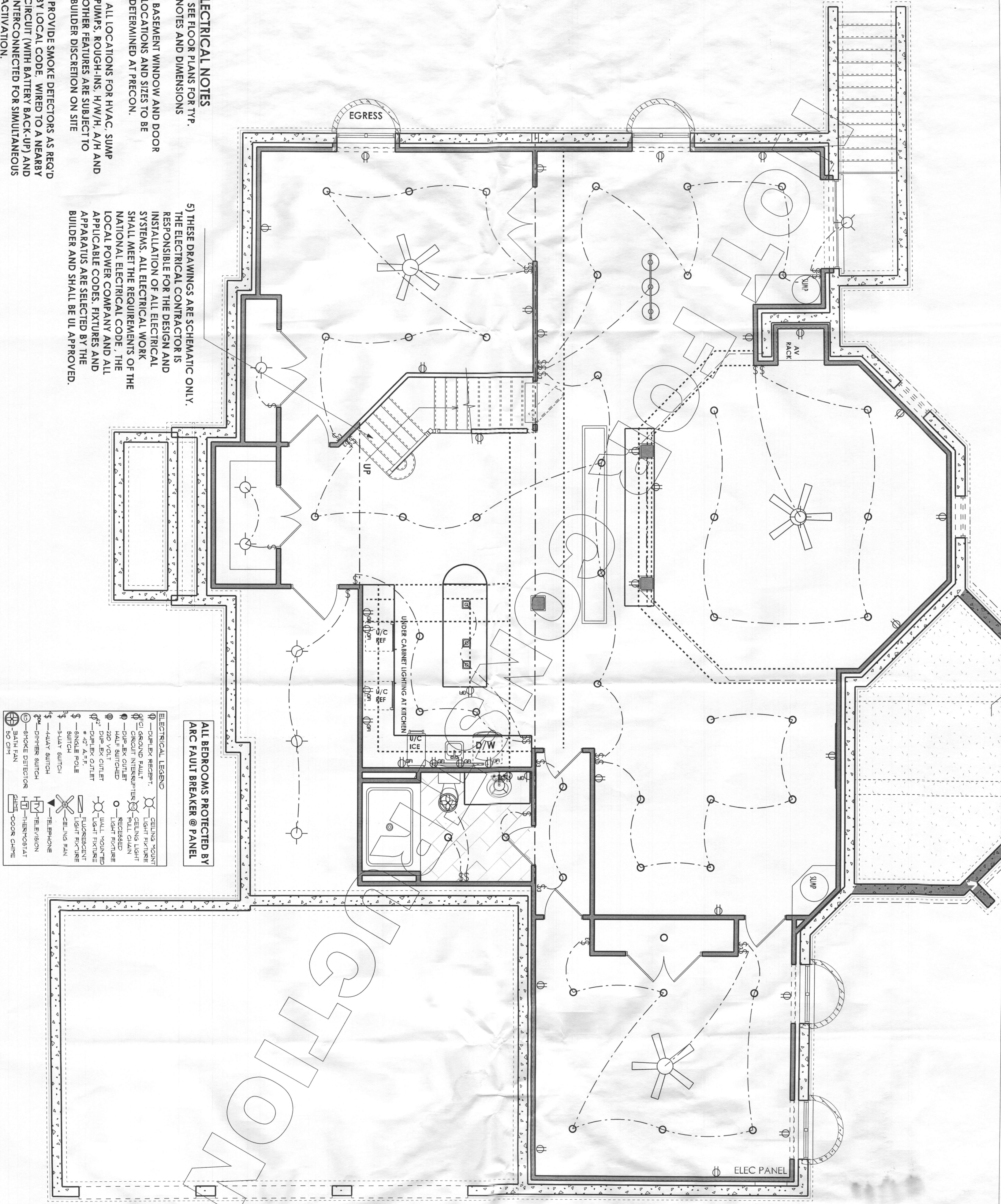
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BASEMENT

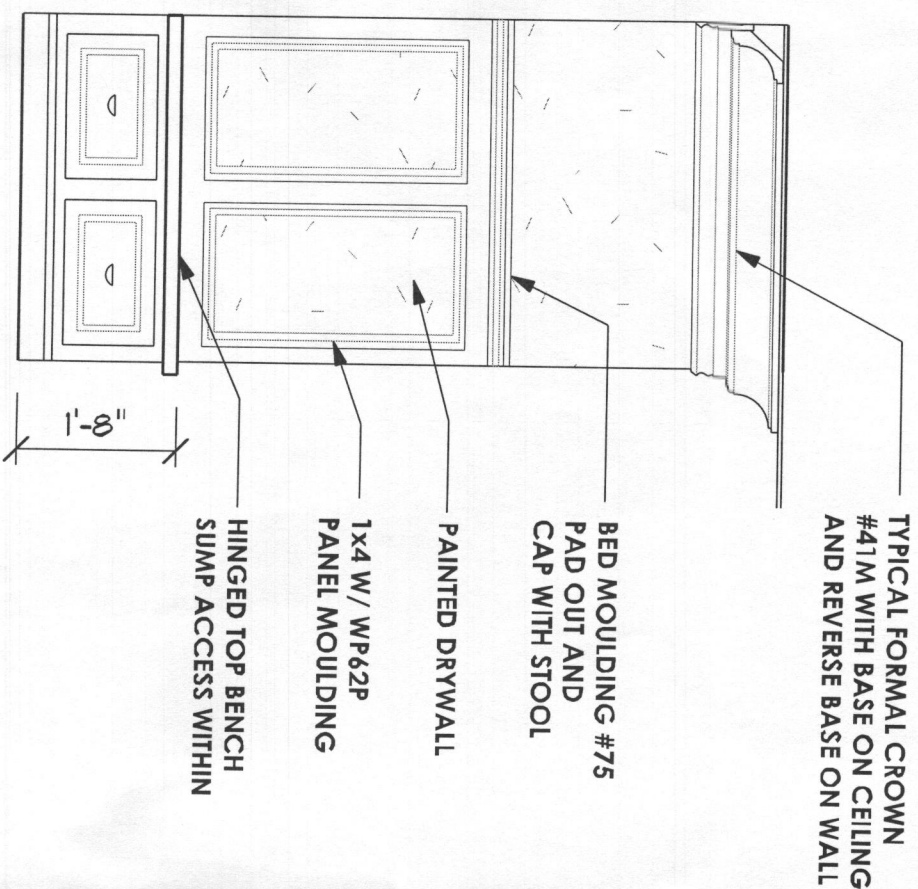
E2.01
PRINT DATE:
Tuesday, November 07, 2017

ELECTRICAL LEGEND	
⊕	DUPLEX RECEPT.
⊕	GROUND FAULT
⊕	CIRCUIT INTERRUPTER
⊕	DUPLEX OUTLET
⊕	HALF SWITCHED
⊕	RECESSED
⊕	220 VOLT
⊕	DUPLEX OUTLET
⊕	42" A.F.F.
⊕	SINGLE POLE
⊕	3-WAY SWITCH
⊕	4-WAY SWITCH
⊕	DIMMER SWITCH
⊕	SMOKE DETECTOR
⊕	BATH FAN
⊕	50 CFM
⊕	CEILING MOUNT
⊕	CEILING LIGHT
⊕	FULL CHAIN
⊕	WALL MOUNTED
⊕	FLUORESCENT
⊕	WALL MOUNTED
⊕	FLUORESCENT
⊕	CEILING FAN
⊕	TELEPHONE
⊕	TELEVISION
⊕	THERMOSTAT
⊕	DOOR CHIME

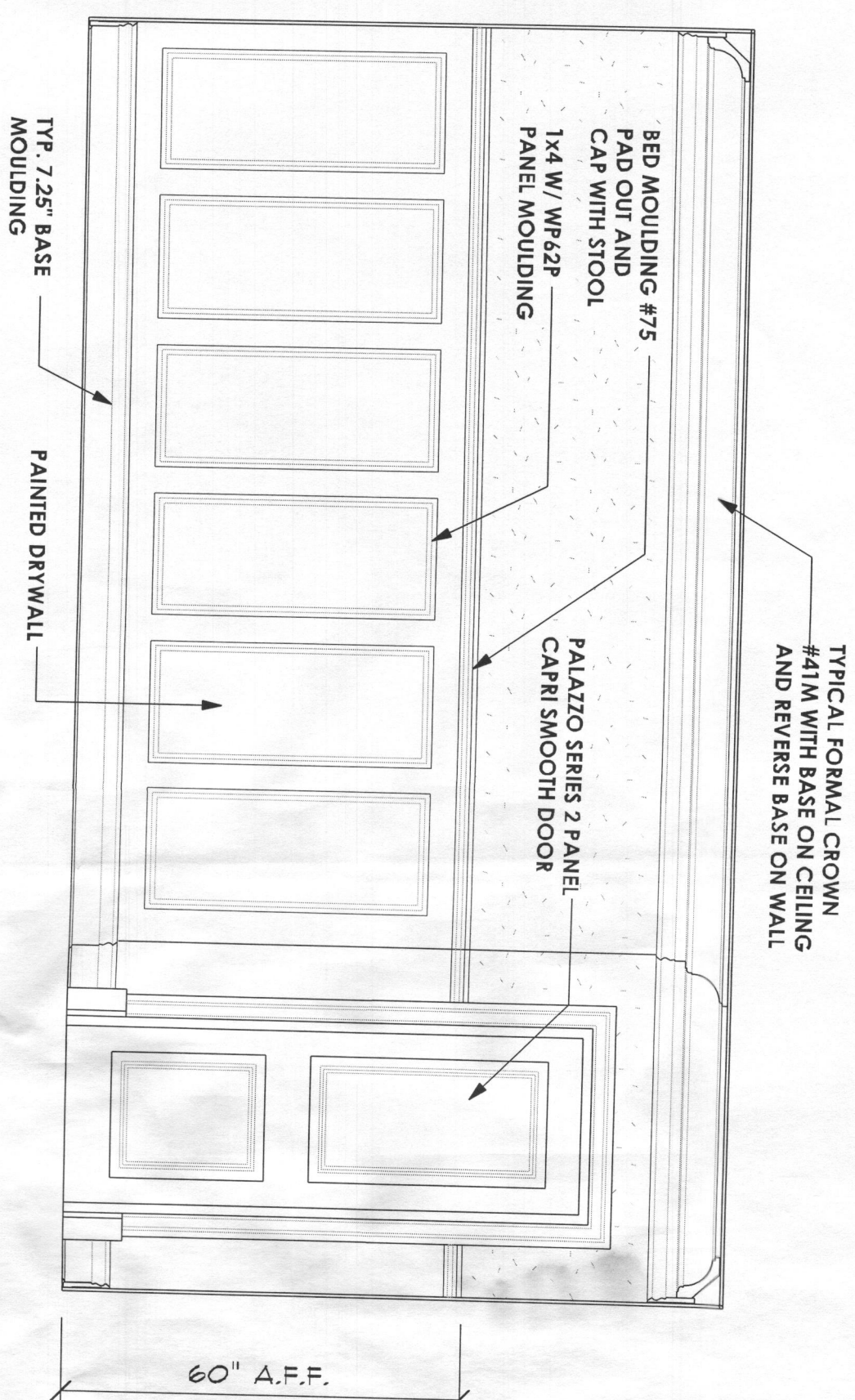
ALL BEDROOMS PROTECTED BY
ARC FAULT BREAKER @ PANEL

- ELECTRICAL NOTES**
- 1) SEE FLOOR PLANS FOR TYP. NOTES AND DIMENSIONS
 - 2) BASEMENT WINDOW AND DOOR LOCATIONS AND SIZES TO BE DETERMINED AT PRECON.
 - 3) ALL LOCATIONS FOR HVAC, SUMP PUMPS, ROUGH-INS, H/W/H, A/H AND OTHER FEATURES ARE SUBJECT TO BUILDER DISCRETION ON SITE
 - 4) PROVIDE SMOKE DETECTORS AS REQ'D BY LOCAL CODE, WIRED TO A NEARBY CIRCUIT (WITH BATTERY BACK-UP) AND INTERCONNECTED FOR SIMULTANEOUS ACTIVATION.
 - 5) THESE DRAWINGS ARE SCHEMATIC ONLY. THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR THE DESIGN AND INSTALLATION OF ALL ELECTRICAL SYSTEMS. ALL ELECTRICAL WORK SHALL MEET THE REQUIREMENTS OF THE NATIONAL ELECTRICAL CODE, THE LOCAL POWER COMPANY AND ALL APPLICABLE CODES. FIXTURES AND APPARATUS ARE SELECTED BY THE BUILDER AND SHALL BE UL APPROVED.

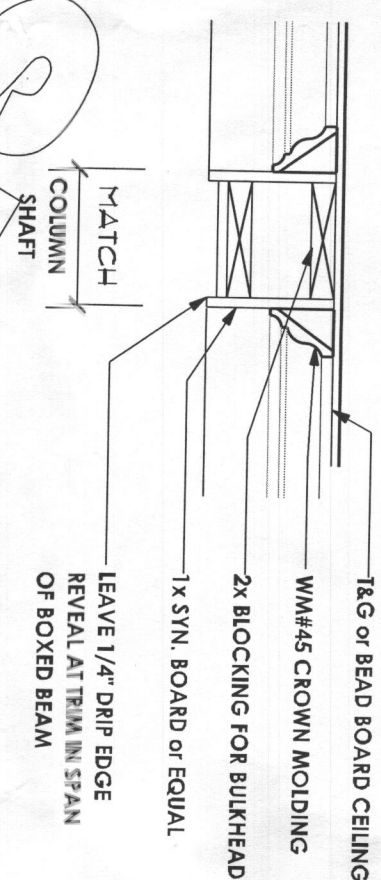




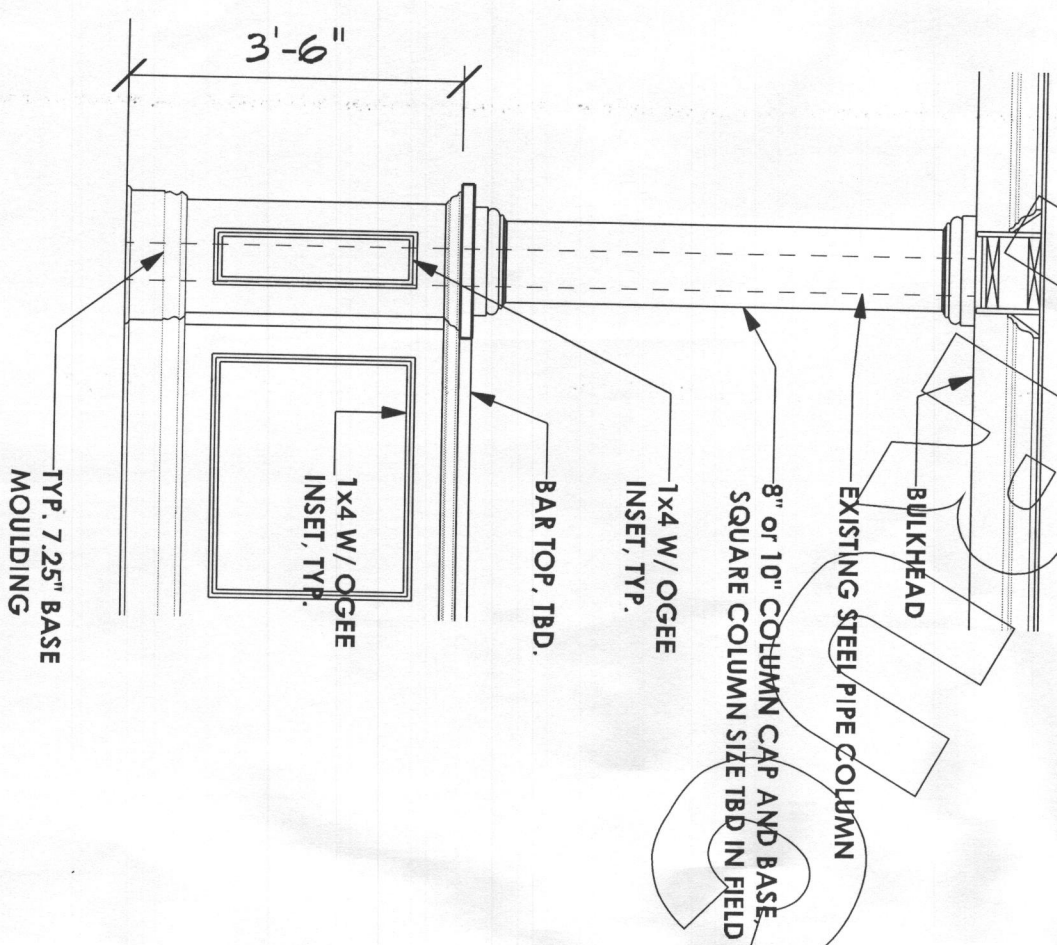
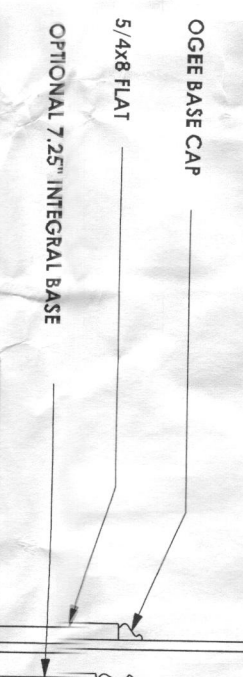
BUILT-IN BENCH SEATS



BOX BEAM DETAIL

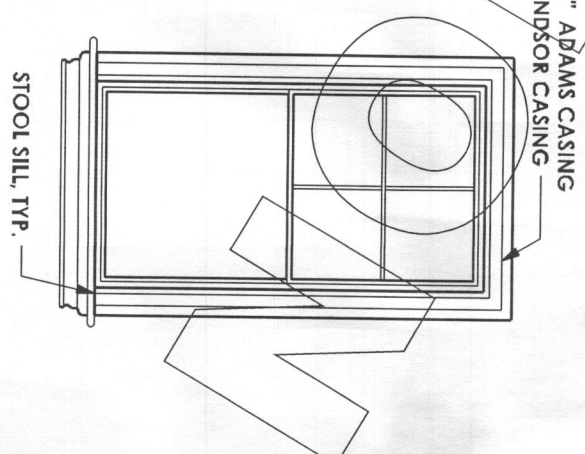


BASE DETAIL



COLUMN/PIER DETAIL

WINDOW DETAIL



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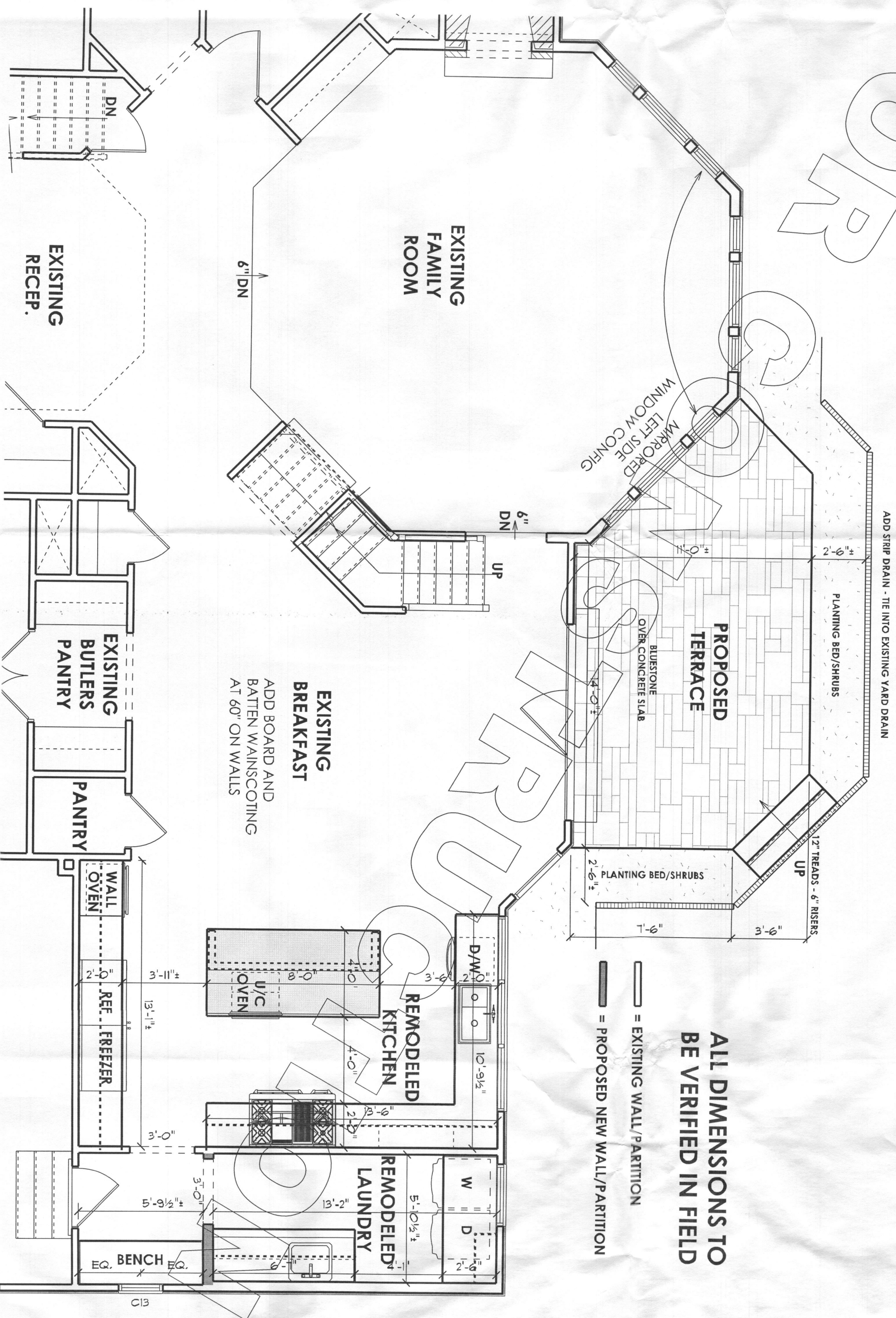
Laport Residence
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SCALE: 1/4" = 1'-0"
DETAILS

2.02

PRINT DATE:
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Laport Residence

PROPOSED ADDITION

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ISSUE DATES:
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SCALE: 1/4" = 1'-0"

FIRST FLOOR

3.01

PRINT DATE: Tuesday, November 07, 2017

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