



# 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: 06/02/14

Permit No.: 314001829

Building Address: 3309 STAPLETON DRIVE  
City: GLENWOOD State: MD Zip Code: 21738  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 25  
Tax Map: 021 Parcel: 0134 Grid: 0014  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 40.728

Existing Use: SFD  
Proposed Use: ADDITION TO SFD  
Estimated Construction Cost: \$ 100,000  
Description of Work: 18x24' ADDITION WITH FINISHED BSMT BELOW  
REMODEL KITCHEN, 3 BATHS AND INTERIOR RENOVATIONS  
AS SHOWN ON DWG. REPLACEMENT WINDOWS, SID'G, ROOF  
Occupant or Tenant: PHIL & ERIKA KEY  
Was tenant space previously occupied? ☒ Yes ☐ No  
Contact Name: MICHAEL BIRNER  
Address: 2600 LONGSTONE LANE, #204  
City: MARIOTTSVILLE State: MD Zip Code: 21104  
Phone: 410 970 0084 Fax: \_\_\_\_\_  
Email: mike\_birner@huntsendremodeling.com

| 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 <sup>st</sup> floor: _____  |
| Area of construction (sq. ft.): _____            | 2 <sup>nd</sup> floor: _____  |
| Use group: _____                                 | Basement: _____   |
| Construction type: _____                         | <input checked="" type="checkbox"/> Finished Basement                                 |
| <input type="checkbox"/> Reinforced Concrete     | <input 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: PHIL & ERIKA KEY  
Address: 3309 STAPLETON DRIVE  
City: GLENWOOD State: MD Zip Code: 21738  
Phone: 240.997.4397 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: HUNTS END REMODELING, LLC  
Contact Person: MICHAEL BIRNER  
Address: 2600 LONGSTONE LANE, #204  
City: MARIOTTSVILLE State: MD Zip Code: 21104  
License No.: 129832  
Phone: 410.970.0084 Fax: \_\_\_\_\_  
Email: mike\_birner@huntsendremodeling.com

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No                 |
| Heating System  |
| <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil     |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas     |
| 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: [Signature]  
Print Name: MICHAEL BIRNER  
Email Address: mike\_birner@huntsendremodeling.com  
Title/Company: OWNER, HUNTS END REMODELING, LLC

Print Name: MICHAEL BIRNER  
Date: 6/2/14  
RECEIVED  
JUN 02 2014

LICENSES & PERMITS  
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

| 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: _____  |
| 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     | \$ 25.00 |
| Permit Fee     | \$       |
| Tech Fee       | \$       |
| Excise Tax     | \$       |
| PSFS           | \$       |
| Guaranty Fund  | \$       |
| Add'l per Fee  | \$       |
| Total Fees     | \$       |
| Sub-Total Paid | \$       |
| Balance Due    | \$       |
| Check #        | 1065     |

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

T:\Operations\Updated Forms\Building applmp 8.2012.docx



# Health

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Department of Inspections, Licenses and Permits  
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Occupant or Tenant: PHIL & ERIKA KEY

Was tenant space previously occupied? ☒ Yes ☐ No  
Contact Name: MICHAEL BIRNER  
Address: 2600 LONGSTONE LANE, #204  
City: MARRIOTTSVILLE State: MD Zip Code: 21104  
Phone: 410 970 0084 Fax: \_\_\_\_\_  
Email: mike\_birner@huntsendremodeling.com

| Commercial Building Characteristics                                 | Residential Building Characteristics  |
|---|---|
| Height:   | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories:   | <b>Depth</b> <b>Width</b>   |
| Gross area, sq. ft./floor:  | 1 <sup>st</sup> floor:  |
|   | 2 <sup>nd</sup> floor:  |
| Area of construction (sq. ft.):                                     | Basement:   |
|   | <input checked="" type="checkbox"/> Finished Basement                                 |
| Use group:  | <input type="checkbox"/> Unfinished Basement  |
|   | <input type="checkbox"/> Crawl Space  |
| <b>Construction type:</b>   | <input type="checkbox"/> Slab on Grade  |
| <input type="checkbox"/> Reinforced Concrete                        | No. of Bedrooms:  |
| <input type="checkbox"/> Structural Steel                           | <b>Multi-family Dwelling</b>  |
| <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  |

Property Owner's Name: PHIL & ERIKA KEY  
Address: 3309 STAPLETON DRIVE  
City: GLENWOOD State: MD Zip Code: 21738  
Phone: 240.997.4397 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

### Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
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Contractor Company: HUNTS END REMODELING, LLC  
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Address: 2600 LONGSTONE LANE, #204  
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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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Applicant's Signature: [Signature]  
Email Address: MIKE\_BIRNER@HUNTSENDREMODELING.COM  
Title/Company: OWNER, HUNTS END REMODELING, LLC

Print Name: MICHAEL BIRNER  
Date: 4/2/14

RECEIVED

JUN 02 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               |      |                       |

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           |
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| SDP/Red-line approval date:   |

|                 |          |
|-----------------|----------|
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Distribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

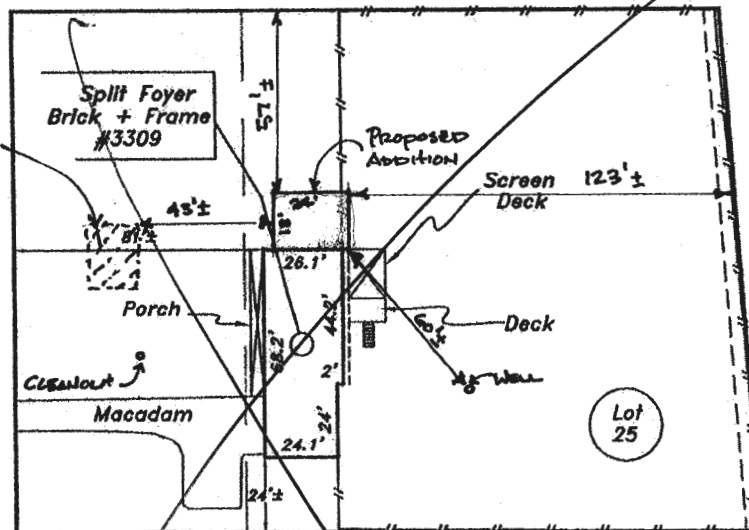
Pink: Health

Gold: SHA

Stapleton Drive

Approximate  
Location of Septic

S 06°23'03" W  
171.00'



N 02°13'01" E  
171.45'

5' Utility Easement

S 83°36'57" E  
244.66'

Lot 26

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:

Lot 25, Section 5,  
WARFIELD ESTATES

recorded among the land records of Howard County, Maryland in  
Plat Book 24 Plat 26

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.



James Carl Hudgins  
Property Line Surveyor #96  
Expiration Date: 3/11/16

### LOCATION DRAWING

3309 Stapleton Drive  
4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND

### NTT Associates, Inc.

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

Scale: 1"= 60'

Date: 4-1-14

Field By: DR

Drawn By: DR

File No.: MD140204

Page No.: 1 of 2



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Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 25  
Tax Map: 0021 Parcel: 0134 Grid: 0014  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 40,728

Existing Use: SFD  
Proposed Use: Modification to SFD  
Estimated Construction Cost: \$ 25000  
Description of Work: Enclosed recreational area and deck to be constructed within the footprint of the existing screen porch and deck  
Occupant or Tenant: Philip and Erika Key  
Was tenant space previously occupied? ☒ Yes ☐ No  
Contact Name: Mike Birner  
Address: 2600 Longstone Lane, Suite 204  
City: Marriottsville State: MD Zip Code: 21104  
Phone: 410.970.0084 Fax: \_\_\_\_\_  
Email: mike\_birner@huntsendremodeling.com

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Contact Person: Mike Birner  
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License No.: 128932  
Phone: 410.970.0084 Fax: \_\_\_\_\_  
Email: mike\_birner@huntsendremodeling.com

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
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|   | <input type="checkbox"/> Finished Basement  |
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| <b>Construction type:</b>   | <input type="checkbox"/> Slab on Grade  |
| <input type="checkbox"/> Reinforced Concrete                            | No. of Bedrooms: 3  |
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|   | No. of 3 BR units:  |
|   | Other Structure:  |
|   | Dimensions:   |
| <input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b> | Footings:   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No                | Roof:   |
| <b>Roadside Tree Project Permit #</b>                                   | <input type="checkbox"/> State Certified Modular                                      |
|   | <input type="checkbox"/> Manufactured Home  |

| Utilities   |
|---|
| <b>Water Supply</b>   |
| <input type="checkbox"/> Public   |
| <input checked="" type="checkbox"/> Private                                   |
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| <input checked="" type="checkbox"/> Private                                   |
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
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Michael Birner  
Applicant's Signature  
mike\_birner@huntsendremodeling.com  
Email Address  
President/Hunt's End Remodeling, LLC  
Title/Company

Michael Birner  
Print Name  
8/5/14  
Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

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| Building Officials   |         |                       |
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| PSZA ( Engineering ) |         |                       |
| Health               | 8/25/14 | H. Down               |

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☐ CONTINGENCY CONSTRUCTION START

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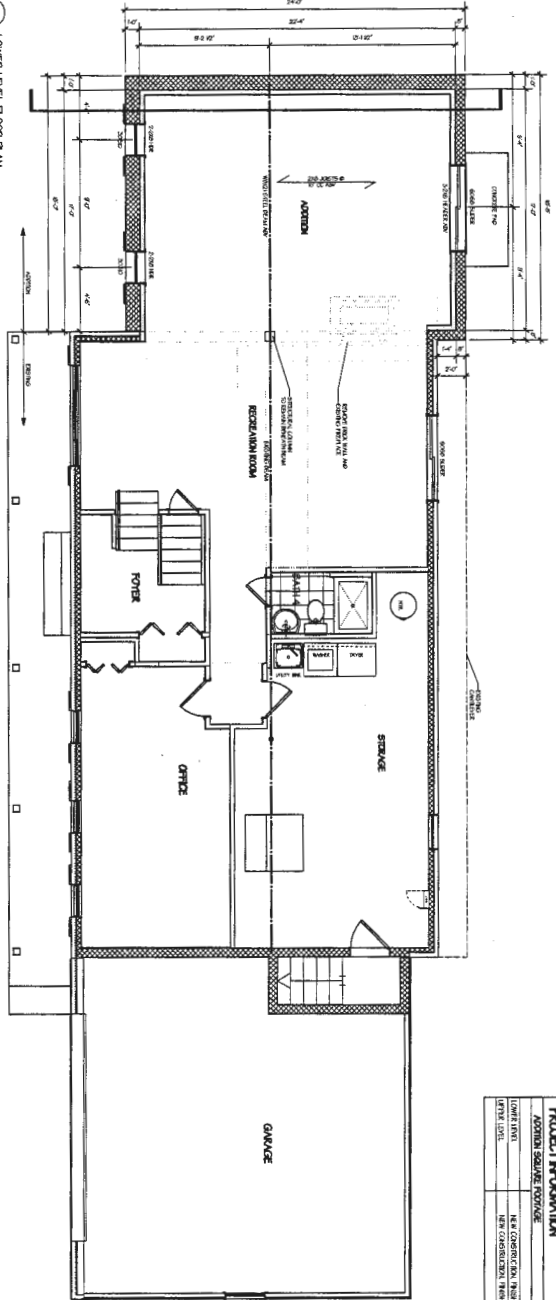
|                 |    |
|-----------------|----|
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| Permit Fee      | \$ |
| Tech Fee        | \$ |
| Excise Tax      | \$ |
| PSFS            | \$ |
| Guaranty Fund   | \$ |
| Add'l per Fee   | \$ |
| Total Fees      | \$ |
| Sub- Total Paid | \$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

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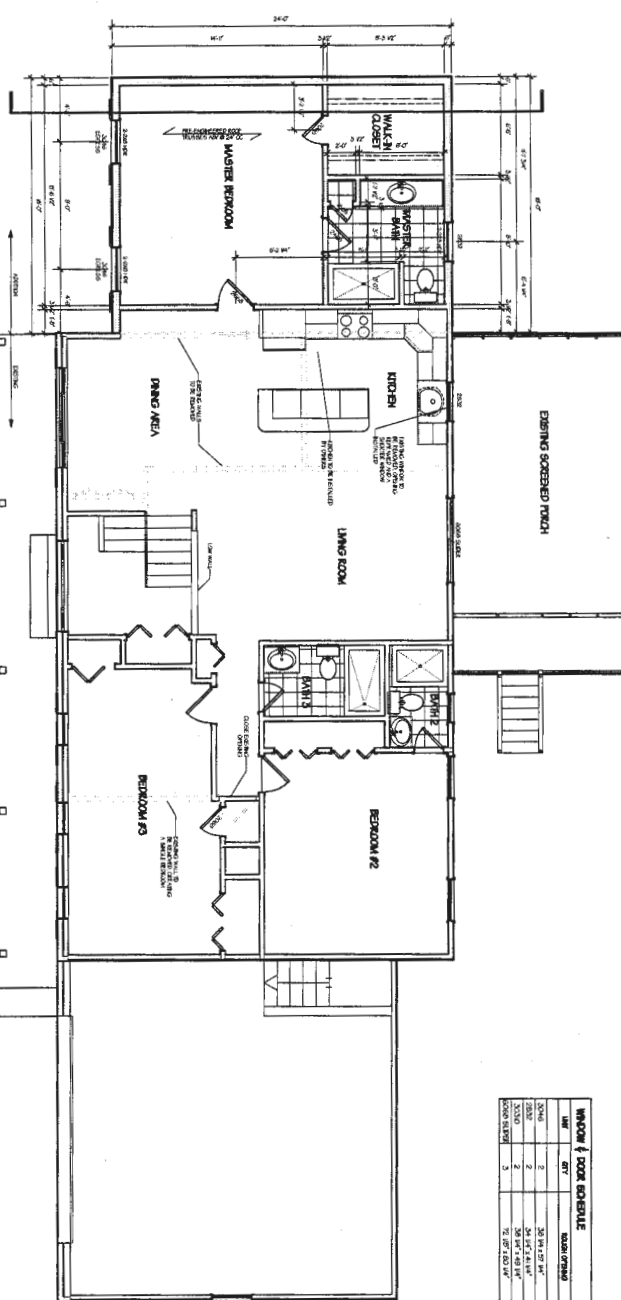


| PROJECT INFORMATION |                      |           |                            |
|---------------------|----------------------|-----------|----------------------------|
| PROJECT NAME        | KEY RESIDENCE        | DATE      | 05/28/14                   |
| OWNER               | MR. & MRS. J. M. KEY | ARCHITECT | HART'S END REMODELING, LLC |
| DESIGNER            | MR. J. M. KEY        | DATE      | 05/28/14                   |

**H.E.**  
HART'S END REMODELING, LLC  
410 370 0004  
www.hartsendremodeling.com



1 LOWER LEVEL FLOOR PLAN  
SCALE 1/8" = 1'-0"



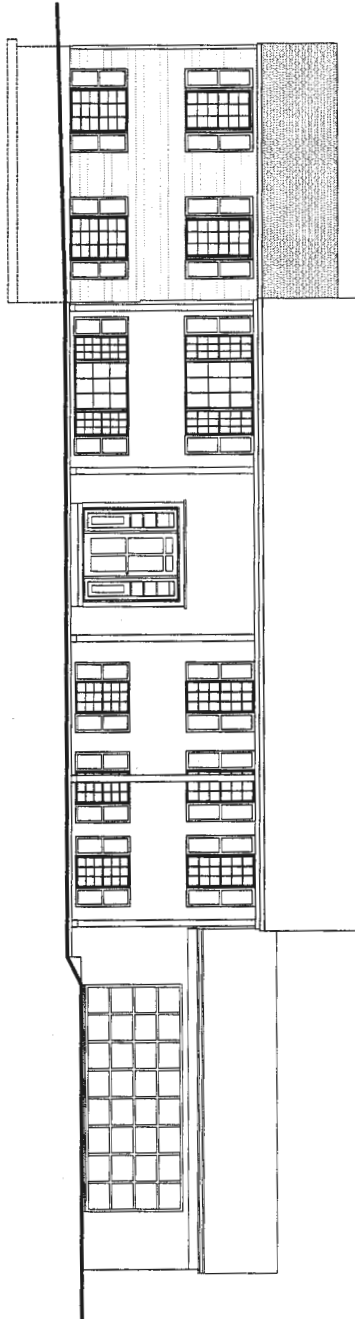
2 UPPER LEVEL FLOOR PLAN  
SCALE 1/8" = 1'-0"

| ROOM & ROOM SCHEDULE |     |              |     |
|----------------------|-----|--------------|-----|
| NO.                  | RT. | ROOM NAME    | NO. |
| 1                    | 1   | Garage       | 1   |
| 2                    | 2   | Office       | 2   |
| 3                    | 3   | Storage      | 3   |
| 4                    | 4   | Kitchen      | 4   |
| 5                    | 5   | Living Room  | 5   |
| 6                    | 6   | Bedroom #1   | 6   |
| 7                    | 7   | Bedroom #2   | 7   |
| 8                    | 8   | Bedroom #3   | 8   |
| 9                    | 9   | Bathroom     | 9   |
| 10                   | 10  | Laundry Room | 10  |

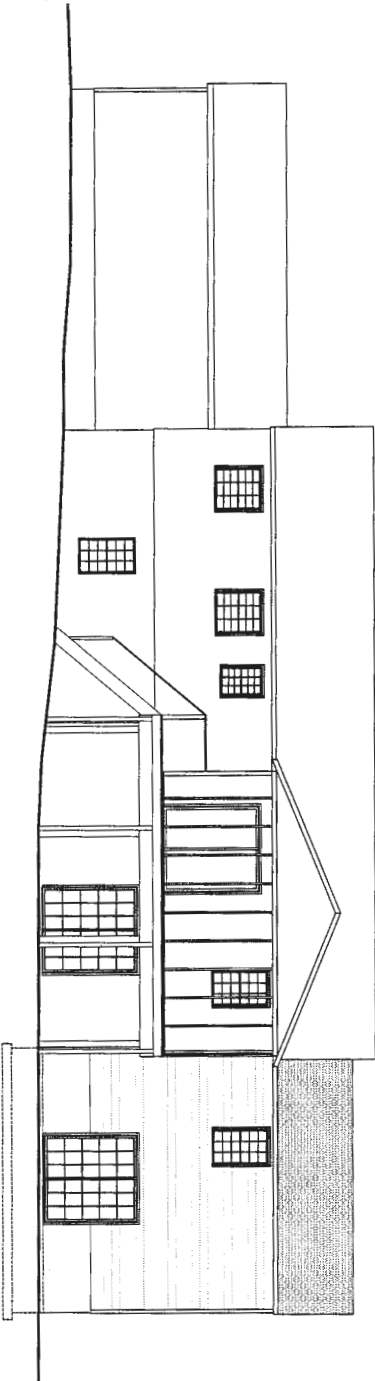
ADDITION AND ALTERATIONS TO THE:  
**KEY RESIDENCE**  
3309 STAPLETON DRIVE  
GLENWOOD, MD 21738

DATE  
05/28/14

PAGE  
A-1



3 FRONT ELEVATION  
SCALE 1/8" = 1'-0"



4 REAR ELEVATION  
SCALE 1/8" = 1'-0"

**H.E.**

HANDS EDD REMODELING, LLC  
15000 LAMAR BLVD.  
BETHESDA, MD 20814  
410.970.0004  
WWW.HANDSEDDREMODELING.COM

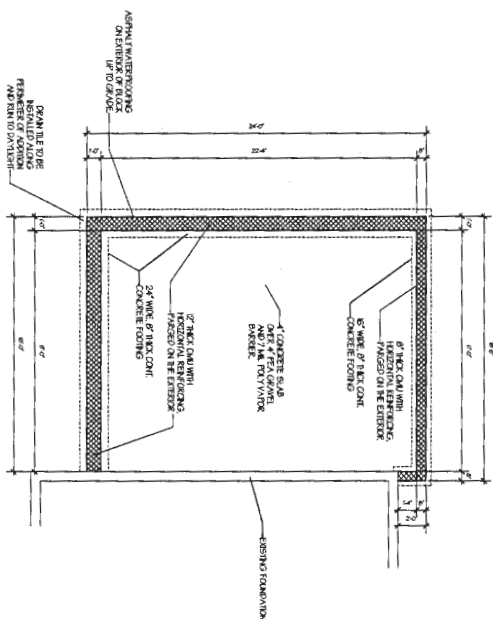
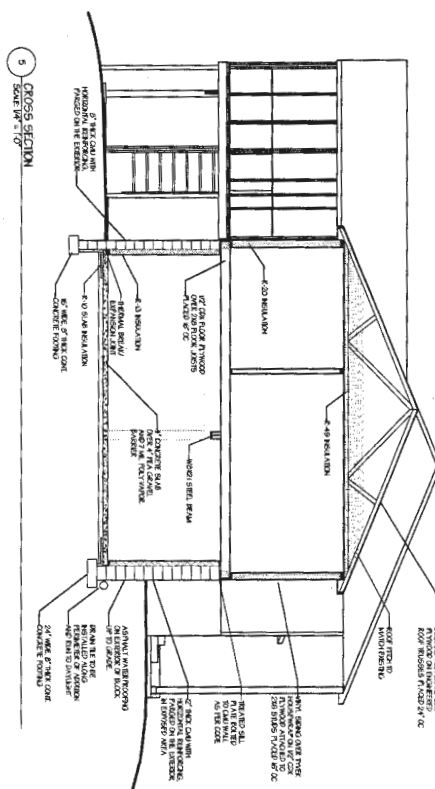
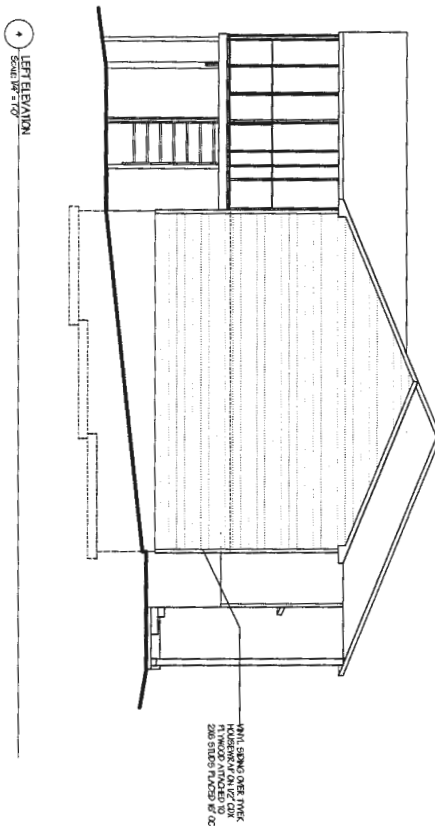
ADDITION AND ALTERATIONS TO THE:  
**KEY RESIDENCE**  
3309 STAPLETON DRIVE  
GLENWOOD, MD 21738

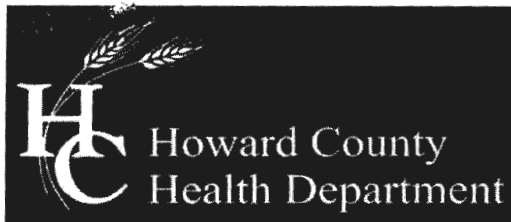
DATE  
05/28/14

REVISION

PAGE

A-2

[illegible]



**Bureau of Environmental Health**  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
Main: 410-313-2640 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

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

June 23, 2014

Hunts End Remodeling, LLC  
2600 Longstone Lane, #204  
Marriottsville, MD 21104  
Michael Birner

*Sent via email to: **MIKE.BIRNER@HUNTSENDREMODELING.COM***

**RE: B14001829**  
**3309 Stapleton Drive**  
**Glenwood, MD 21738**

Mr. Birner:

This letter is in response to building permit B14001829. The application describes the construction of an 18' by 24' addition with finished basement below remodeled kitchen. Upon review of the submittal, it appears that the proposed addition does not meet the required setback (see attached form for required setback distances) to the septic repair trench constructed in 1991 (see attached drawing for details). In addition, the site plan does not show an established septic reserve area and this office does not have record of one having ever been established on a perc certification plan.

According to Howard County Code Sec 3.805, there must be an approved perc certification plan establishing a septic disposal area for the property prior to Health approval of a building permit. If one doesn't exist, then it must be established prior to approval. See the attached perc cert process fact sheet. An application for percolation testing must be made with a test plan showing the proposed septic disposal area and test holes.

In addition, please submit floor plans for the existing house and the proposed addition. The Health Department must establish whether the existing septic system is adequately sized for the total number of bedrooms in the proposed dwelling. If it is not, the system must be upgraded, which would necessitate the installation of a pre-treatment tank using Best Available Technology for nitrogen removal.

Please revise your plan to show all septic components meeting required setbacks to the proposed addition and include a copy of the floor plans for this project with the submittal.

Building permit approval is being withheld until a revised site plan, floor plan and perc cert plan has been forwarded to the Health Department and approved. I may be reached at (410) 313-1786 if you would like to discuss the project.

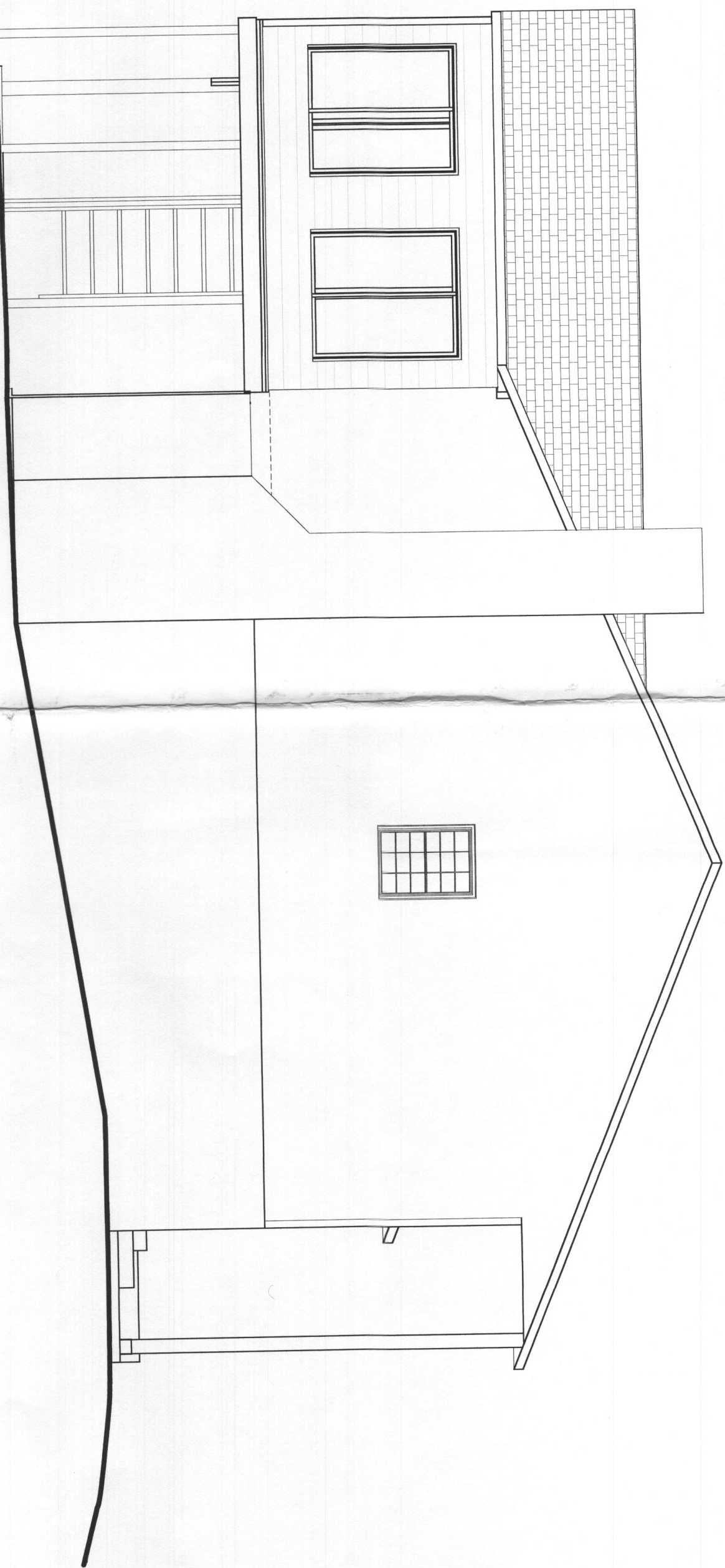
Respectfully,

*Hank Oswald*

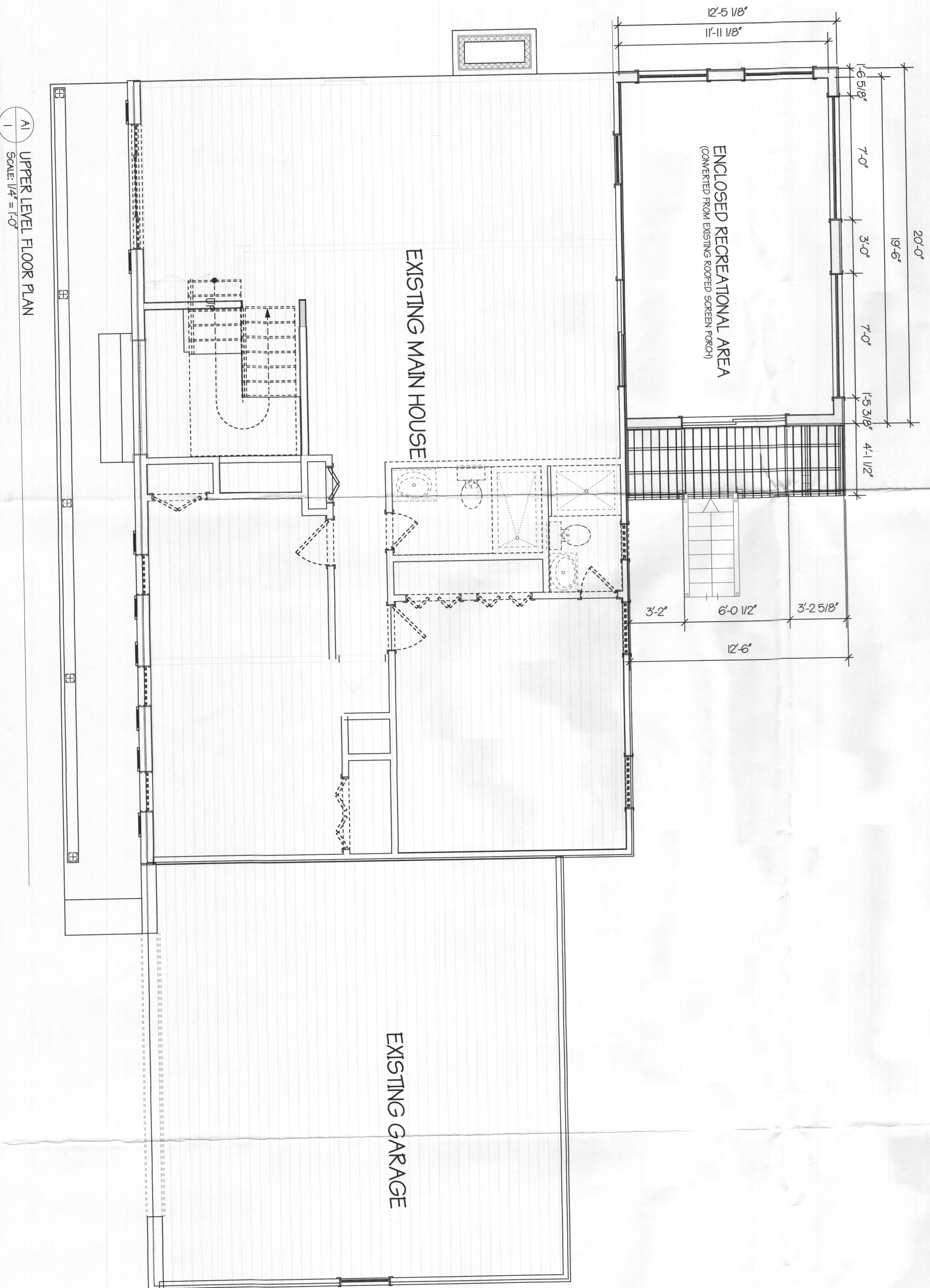
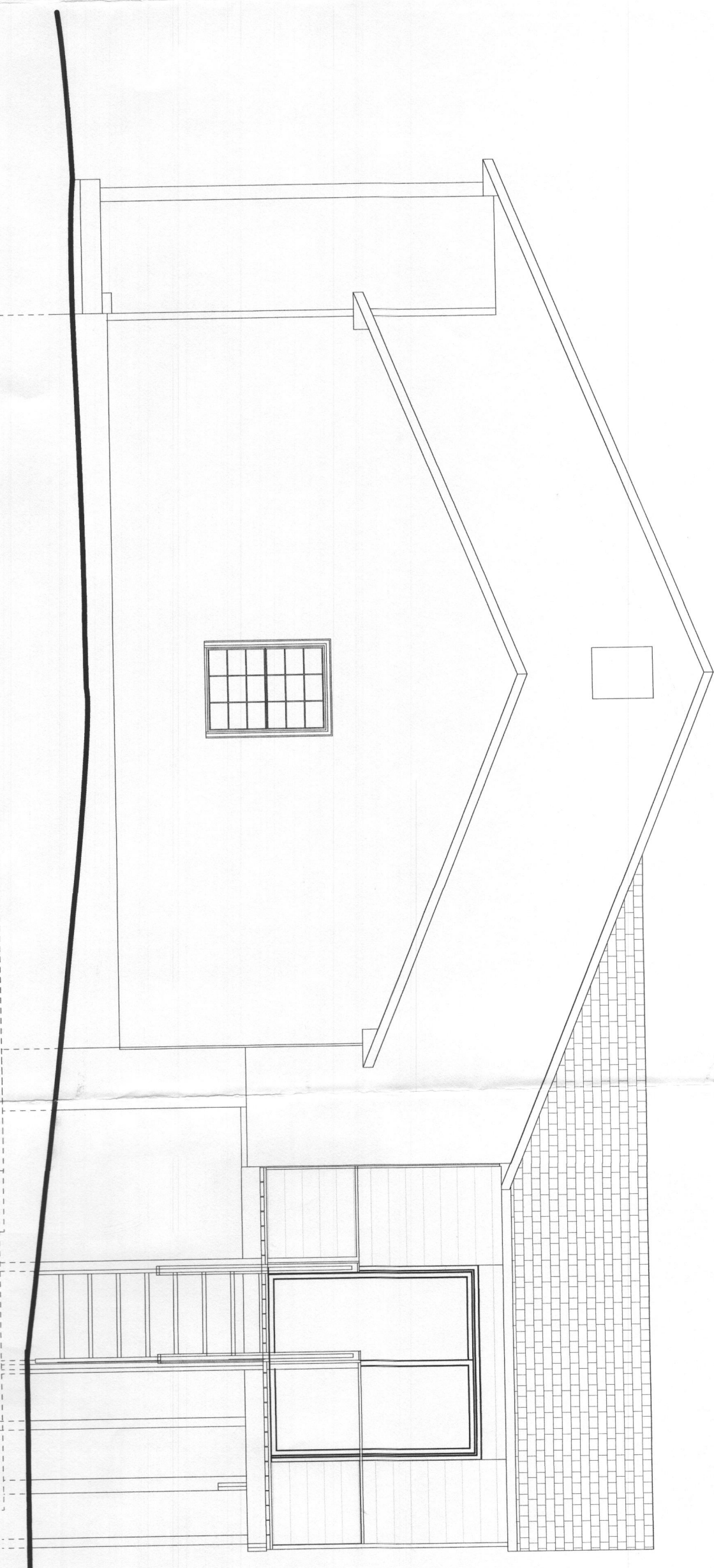
Hank Oswald, L.E.H.S  
Bureau of Environmental Health  
Well & Septic Program



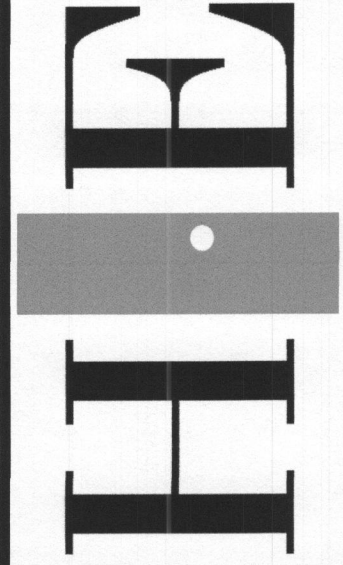
A2  
1 LEFT ELEVATION  
SCALE: 1/4" = 1'-0"



A3  
1 RIGHT ELEVATION  
SCALE: 1/4" = 1'-0"







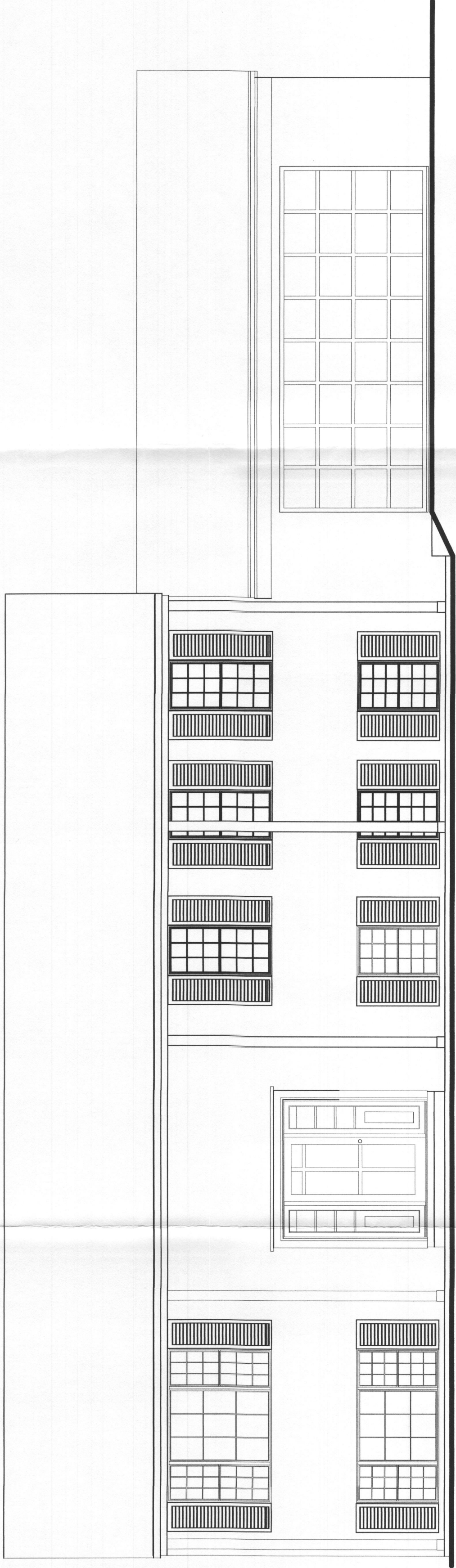
HUNT'S END REMODELING, LLC  
2600 LONGSTONE LANE  
MARTINSVILLE, MD 21104  
410 970 0084  
INFO@HUNTSENDREMODELING.COM  
WWW.HUNTSENDREMODELING.COM

ENCLOSED RECREATIONAL AREA  
(CONVERTED FROM EXISTING ROOFED SCREEN PORCH)  
**KEY RESIDENCE**  
3309 STARLETON DRIVE  
GLENWOOD, MD 21738

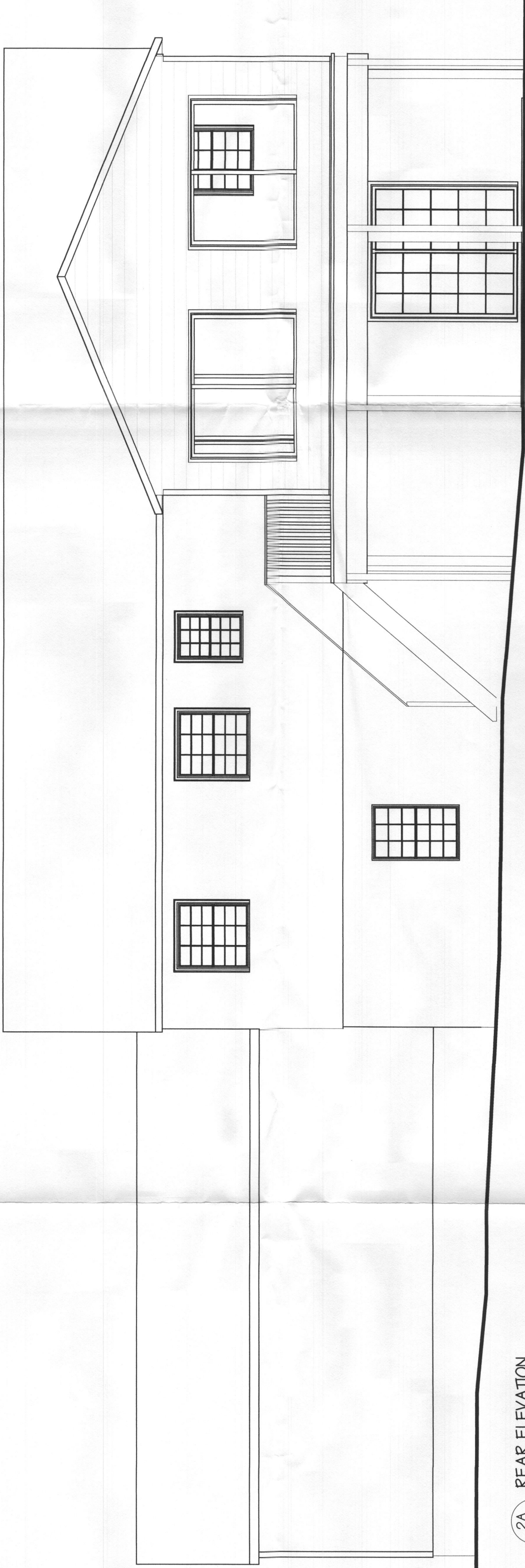
DATE  
08/06/14

REVISIONS

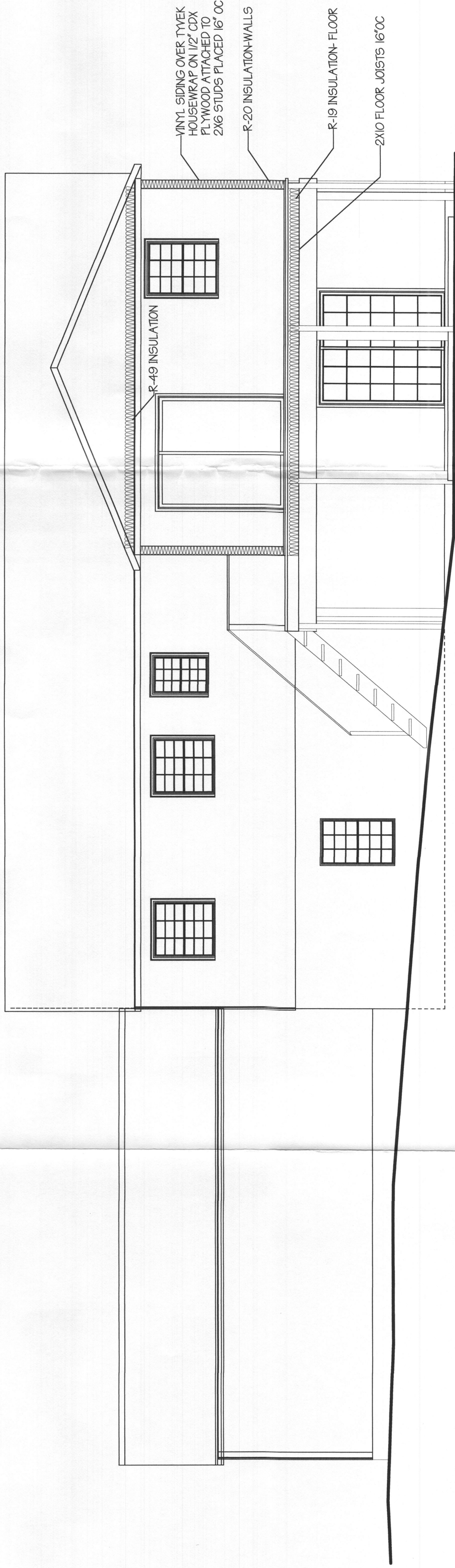
PAGE  
A-2



1A FRONT ELEVATION  
2 SCALE: 1/4" = 1'-0"



2A REAR ELEVATION  
2 SCALE: 1/4" = 1'-0"



3A CROSS SECTION  
2 SCALE: 1/4" = 1'-0"