

Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Permit Number:

B13000706

Building Address: 3323 Secretariat Way  
Glenwood, MD 21738

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: 605601 Subdivision: Maplewood Farms

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4

Tax Map: 21 Parcel: 106 Grid: 005

Zoning: RR-DEO Map Coordinates: 4812-H5 Lot Size: 33002 sq

Existing Use: Vacant Lot

Proposed Use: New SFD

Estimated Construction Cost: \$ 240,000

Description of Work: New SFD, 2 story, 2-car  
sideboard garage, elevation 1, partial brick front,  
finished basement, 4 BR's, covered front porch,  
4.5 Baths, FP

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☒ No

Contact Name: Rob Gentry

Address: 7939 Honeygo Blvd., Ste. 112

City: White Marsh State: MD Zip Code: 21236

Phone: 410-925-5992 Fax: 443-267-0079

Email: rgentry@envisionbuild.net

Property Owner's Name: ABA Properties, LLC

Address: 7221 Lee DeForest DR, Ste. 100

City: Columbia State: MD Zip Code: 21046

Home Phone: \_\_\_\_\_ Work Phone: 410-953-0505

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: Envision Builders, LLC

Contact Person: Robert Gentry

Address: 7939 Honeygo Blvd., Ste. 112

City: White Marsh State: MD Zip Code: 21236

License No.: 6356

Phone: 410-925-5992 Fax: 443-267-0079

Email: rgentry@envisionbuild.net

Engineer/Architect Company: DW Taylor & Assoc., Inc

Responsible Design Prof.: Don Taylor

Address: 5024 Dorsey Hall Drive, Ste. 203

City: Ellicott City State: MD Zip Code: 21042

Phone: 410-984-1181 Fax: \_\_\_\_\_

Email: dwtaylor@dw-taylor.com

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: <u>48'</u> Width: <u>48'</u>	<input type="checkbox"/> Public
1st floor: <u>48'</u> <u>38'</u>	<input checked="" type="checkbox"/> Private
2nd floor: <u>48'</u> <u>48'</u>	<u>Sewage Disposal</u>
Basement: <u>48'</u> <u>48'</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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: Robert Gentry

Email Address: rgentry@envisionbuild.net

Title/Company: VP Finance / Envision Builders

Print Name: Robert Gentry

Date: 2/27/13

RECEIVED

FEB 27 2013

LICENSES & PERMITS DIVISION

G13000064

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	3/21/13	Walter Scott
Fire Protection		

Is Sediment Control approval required for Issuance? ☒ Yes ☐ No

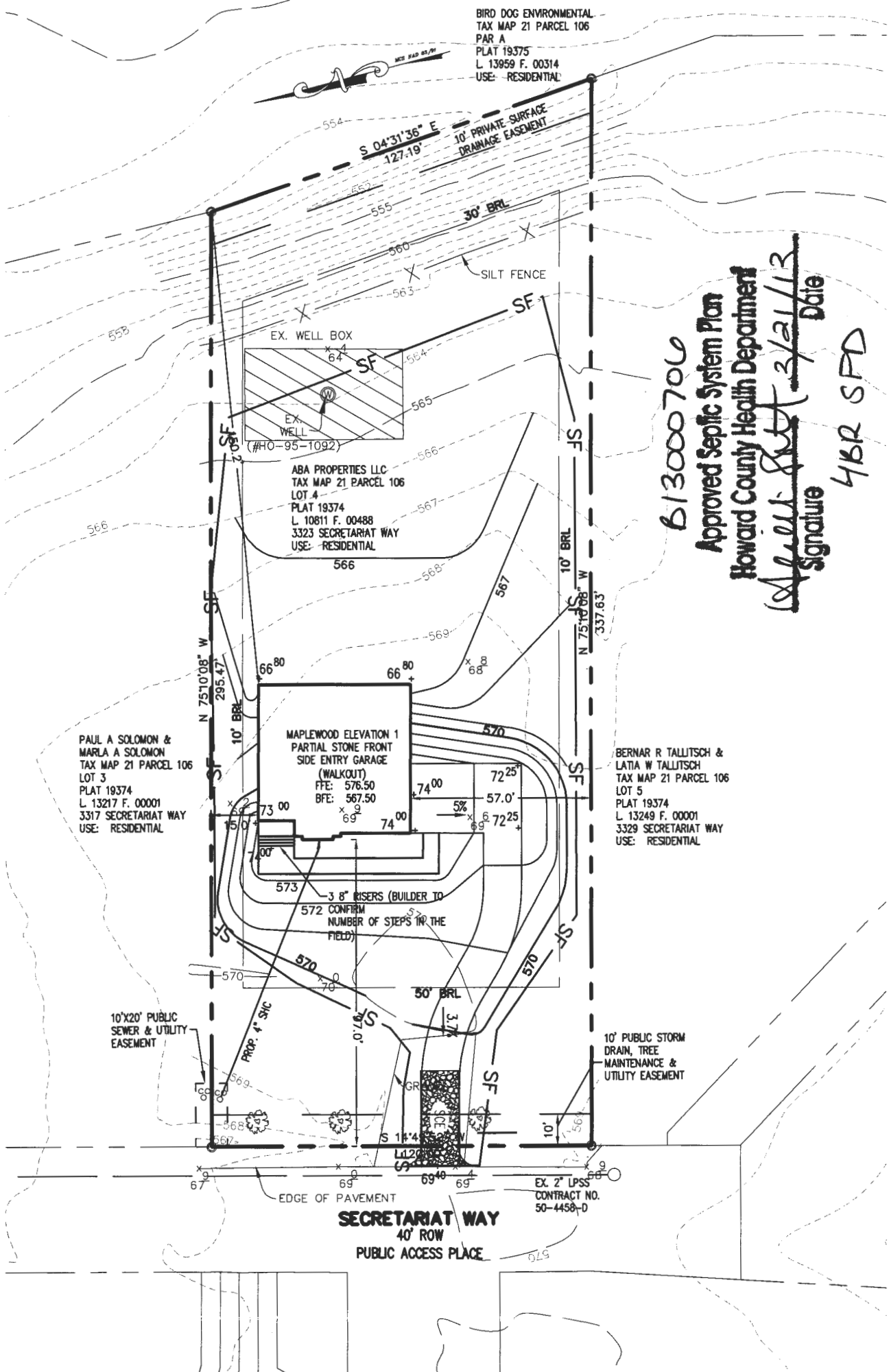
☐ CONTINGENCY CONSTRUCTION START

☐ ONE STOP SHOP

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	\$100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$50
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

check 1727



NOTE:

1. THIS LOT IS SERVED BY A SHARED SEPTIC SYSTEM PER F-07-074.
2. STORMWATER MANAGEMENT IS PROVIDED UNDER F-07-074.
3. THE EXISTING WELL SHOWN ON THIS PLAN (H0-95-1092) HAS BEEN FIELD LOCATED BY PHR+A ON 1/9/13 AND IS ACCURATELY SHOWN.

Pennoni & Associates, Inc.  
Engineers. Surveyors. Planners. Landscape Architects.



8818 Centre Park Drive  
Columbia, MD 21045  
T 410.997.8900  
F 410.997.9282

SECRETARIAT WAY  
MAPLEWOOD FARMS LOT 4

PLOT PLAN

SCALE: 1"=40' PROJ. No. ENV81202 DRAWN BY: H.J.M. DATE: 3-14-13

Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

G.P.# G-10000201  
Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Permit Number:

B 11001530

Building Address: 3323 Secretariat Way  
Glenwood, MD 21723  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: 604002 Subdivision: Burntwoods (BR)  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4  
Tax Map: 21 Parcel: 106 Grid: 21-5  
Zoning: RR-DEO Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Vacant Lot  
Proposed Use: New - Single Family  
Estimated Construction Cost: \$250,000  
Description of Work: Model Highgrove w/Morn Room & 4 Ft Ext  
2 Story, Full Bsmt, 13R, 2FB, 1HB  
& 2 Car Garage (4-BR) w/Opt FP

Occupant or Tenant: Ryan Homes  
Was tenant space previously occupied? ☐ Yes ☒ No

Contact Name: Ben Mucci  
Address: 6031 University Blvd, Suite 250  
City: Ellicott City State: MD Zip Code: 21043  
Phone: 410.796.0980 Fax: \_\_\_\_\_  
Email: bmucci@nvrinc.com

Property Owner's Name: Ryan Homes  
Address: 6031 University Blvd  
City: Ellicott City State: MD Zip Code: 21043  
Home Phone: \_\_\_\_\_ Work Phone: 410.796.0980  
Applicant's Name & Mailing Address: (If other, than state herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Contractor Company: Ryan Homes  
Contact Person: Ben Mucci  
Address: 6031 University Blvd  
City: Ellicott City State: MD Zip Code: 21043  
License No: 56  
Phone: 410.796.0980 Fax: 410.796.7094  
Email: bmucci@nvrinc.com

Engineer/Architect Company: Benchmark Engineering  
Responsible Design Prof.: John Carney  
Address: 8480 Baltimore National Pike, Suite 418  
City: Ellicott City State: MD Zip Code: 21043  
Phone: 410.465.6105 Fax: 410.465.6644  
Email: \_\_\_\_\_

#### BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	<b>Water Supply</b>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
	<b>Sewage Disposal</b>
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Heating System</b>
<b>Construction type:</b>	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Structural Steel	
<input type="checkbox"/> Masonry	<b>Sprinkler System:</b>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<b>Roadside Tree Project Permit</b>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<b>Roadside Tree Project Permit#</b>	No. of Heads: _____

#### BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhse	<b>Water Supply</b>
<b>Depth</b> <b>Width</b>	<input type="checkbox"/> Public
1 <sup>st</sup> floor: 70 64	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: 70 64	<b>Sewage Disposal</b>
Basement: 70 64	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<b>Heating System</b>
No. of Bedrooms: _____	<input type="checkbox"/> Electric
<b>Multi-family Dwelling</b>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<b>Roadside Tree Project Permit</b>
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<b>Roadside Tree Project Permit#</b>
<input type="checkbox"/> Manufactured Home	

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

bmucci@nvrinc.com  
Email Address

Cost Manager  
Title/Company

Ben Mucci  
Print Name

5/27/2011  
Date

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	6/8/11	Steve Satt
Fire Protection		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		
<input type="checkbox"/> ONE STOP SHOP		

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	\$ 150.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA  
T:\Operations\Updated Forms\New building app 11.10.2010.docx

CK# 652158/159





# 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.: B13002222

Building Address: 3323 Secret Mine Way  
City: Columbia State: MD Zip Code: 21038  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Maplewood Farms  
Section: \_\_\_\_\_ Area: 2 Lot: 4  
Tax Map: 21 Parcel: 106 Grid: 5  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 37,966

Existing Use: SFD  
Proposed Use: SFD w/ Primary Trade  
Estimated Construction Cost: \$ 3000  
Description of Work: \_\_\_\_\_  
Occupant or Tenant: \_\_\_\_\_  
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 <sup>st</sup> floor:
	2 <sup>nd</sup> 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 checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: 21046  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: 21041  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: applicant@approved.com

Contractor Company: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: Main Street  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Phone: 410-1575 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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 type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input 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 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: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Title/Company: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

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	6/14/13	Heidi Scott

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	\$ 110
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

