



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.: B19000358

Building Address: 3105 ARLENT PATH

City: ELLSWORTH State: MD Zip Code: 21042

Suite/Apt. #: _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: _____

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: 310

Proposed Use: GAME W/EXPANDED MASTER

Estimated Construction Cost: \$ 107,000 REDUCED (12x18)

Description of Work: ADD SECOND STORY TO

EXISTING LIVING ROOM FOR
EXPANDED MASTER BEDROOM

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Commercial Building Characteristics

Height: _____ ☒ SF Dwelling ☐ SF Townhouse

No. of stories: _____ **Depth** **Width**

Gross area, sq. ft./floor: _____ 1st floor: _____

Area of construction (sq. ft.): _____ 2nd floor: _____

Use group: _____ Basement: _____

☐ Finished Basement

☐ Unfinished Basement

☐ Crawl Space

☐ Slab on Grade

Construction type:

☐ Reinforced Concrete

☐ Structural Steel

☐ Masonry

☐ Wood Frame

☐ State Certified Modular

☐ No. of Bedrooms: _____

☐ **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: _____

☒ **Roadside Tree Project Permit**

☐ Yes ☒ No

Roadside Tree Project Permit #

Property Owner's Name: WALTER MILLER

Address: 3105 ARLENT PATH

City: ELLSWORTH State: MD Zip Code: 21042

Phone: 410-407-6413 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: MCWIDEE CONSTRUCTION

Contact Person: RYAN

Address: 6851 REEBER RD

City: CLARKSVILLE State: MD Zip Code: 21049

License No.: 91059

Phone: 410-245-5818 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Utilities

Water Supply

☐ Public

☒ Private

Sewage Disposal

☐ Public

☒ Private

Electric: ☐ Yes ☐ No

Gas: ☐ Yes ☐ No

Heating System

☒ Electric ☐ Oil

☐ Natural Gas ☐ Propane Gas

☐ Other: _____

Sprinkler System:

☐ Yes ☒ No

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: _____

Print Name: RYAN MCWIDEE

Date: 2/7/19

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
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>2727</u>

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

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 3/8/19

To: ROBERT BRICLER - HEALTH DEPT
(Person's Name and Division)

From: RYAN MCWHORTER (410) 984 5813
(Your Name, Company Name and Telephone Number)

Subject: Project name _____
Project site address 3105 ALBERT PATH
Permit # B19000358 SDP # _____
Other information pertinent to this project _____

☒ **Please check the attachments below that you are submitting with this transmittal:**

- ☐ Letter of response to address plan review comment letter
- ☐ Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- ☐ Letter Summarizing Changes
- ☐ Energy conservation calculations
- ☐ Copies of _____ (be specific).
- _____ Health Department Request _____ DPZ/ DED Request _____ Applicant's Request
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☒ Other RENDERED PLOT SHOWING WELL & SEPTIC

Contact Person Information: (Required)

RYAN MCWHORTER
Please Print Name

Telephone No: 410 984 5813
E-Mail Address: RYAN.MCWHORTER@CONSTRUCTION.NET

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by _____



Rendered plot plan

REVISION HISTORY: (REV.0 6/25/2018)

06-25-2018 SCALE 1"=50'



This House Location Drawing is for informational purposes only. Per Maryland State Code it may not be relied upon to determine property boundaries and may not be used for building permits or construction.



ACCURACY=3'±

LOT 22



EXPIRES 1-14-2019

SCALE- 1"=50'

REVISÉ

Date: 3-18-19

Comments:

SELLER: MARIA L GONZALES AND DAVID C VAN STONE

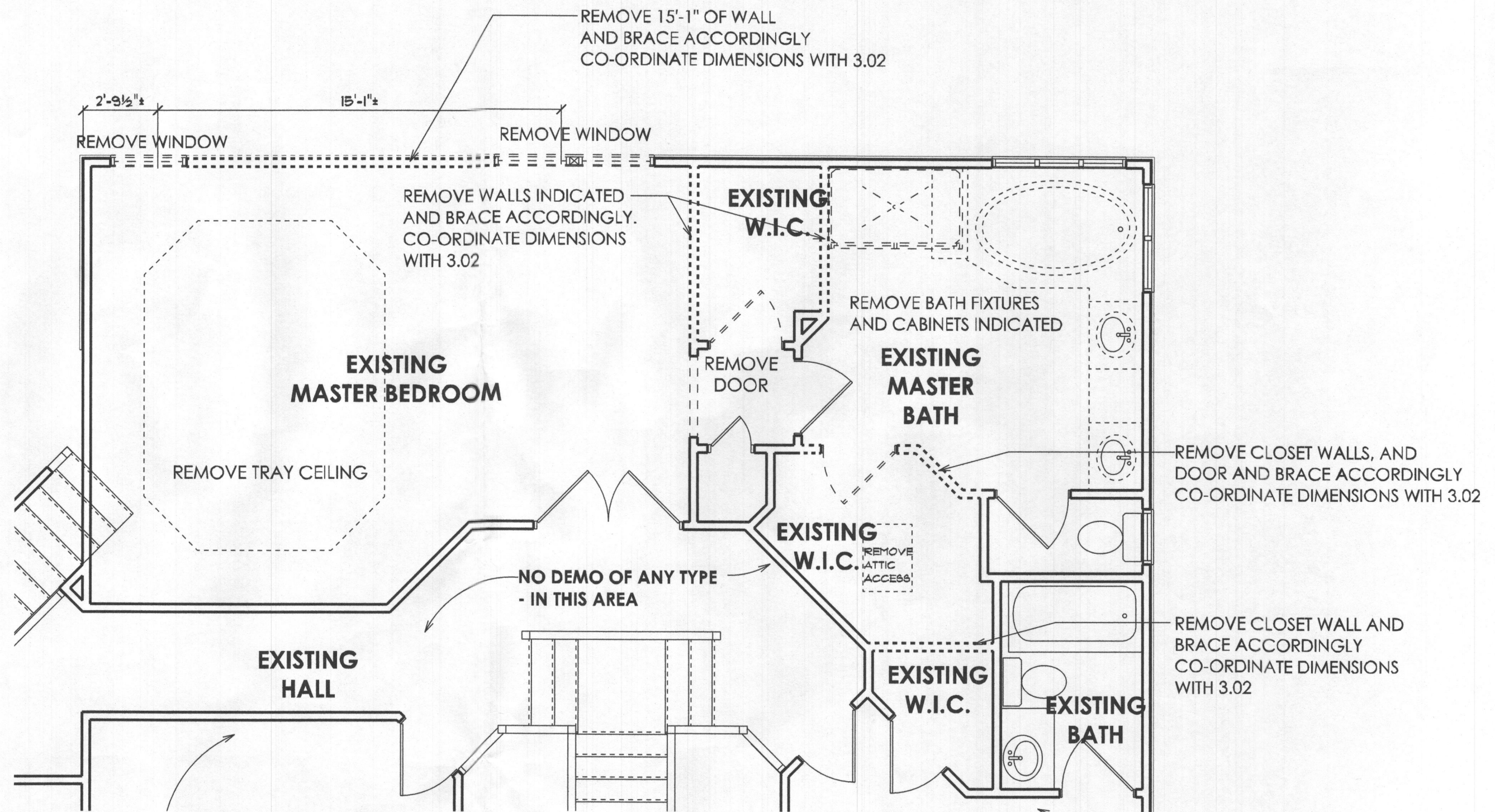
WALTER P MILLER AND MELISSA P MILLER; PENFED TITLE; CHICAGO;
PFCU

ARGENT PATH
(50' R/W)

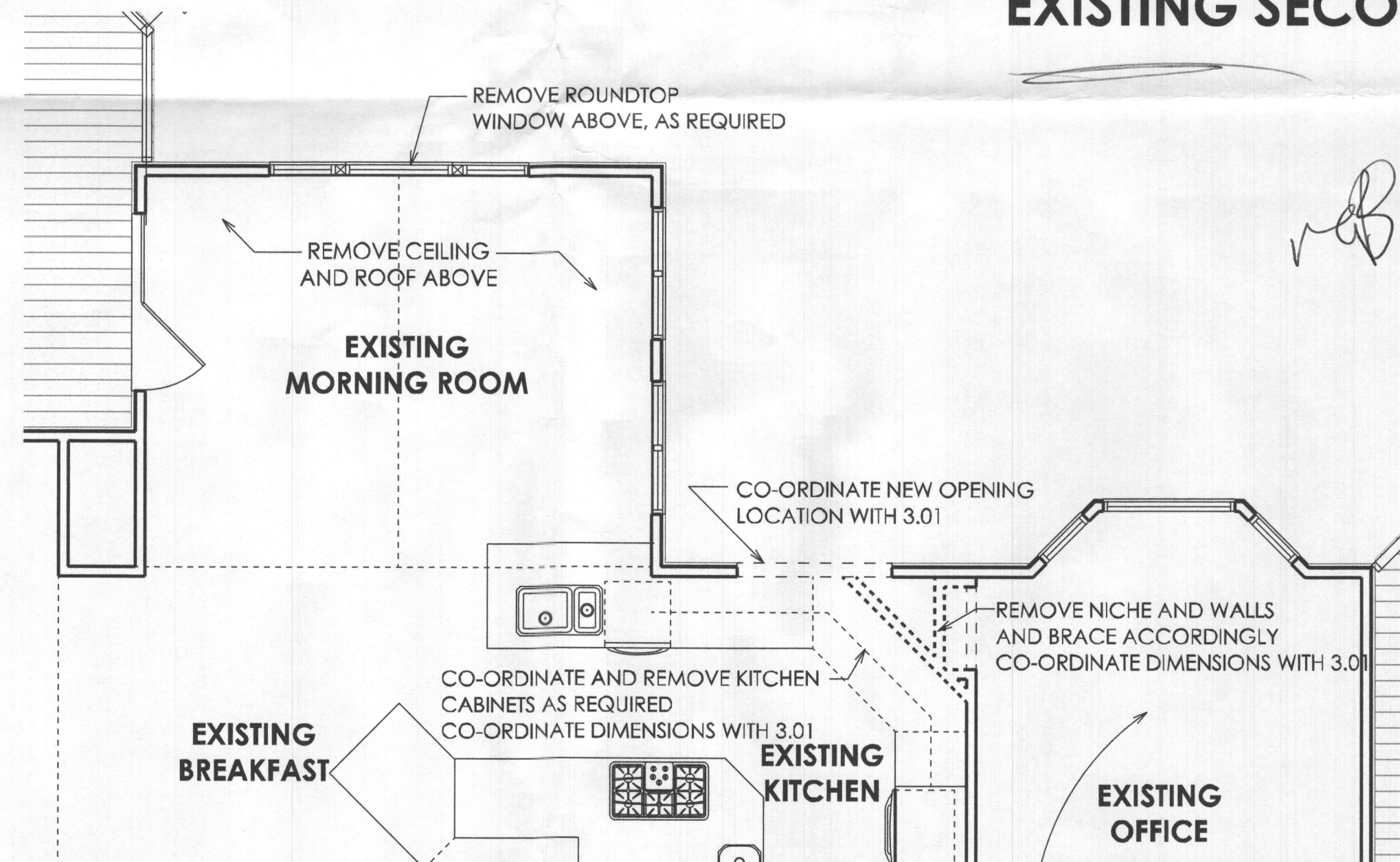
surveystars 

www.surveystars.com

LB# 21535

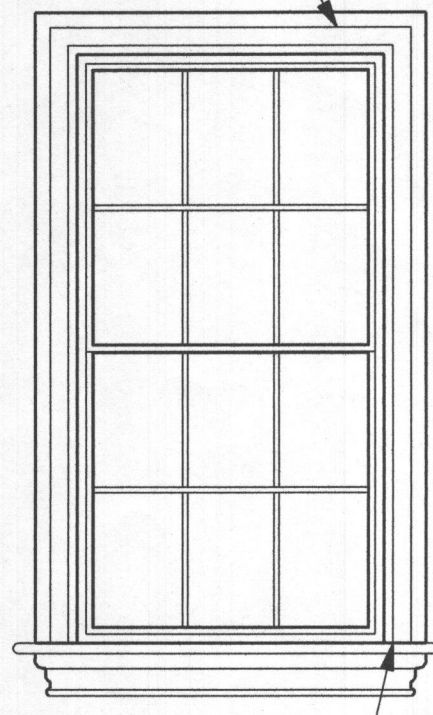


EXISTING SECOND FLOOR

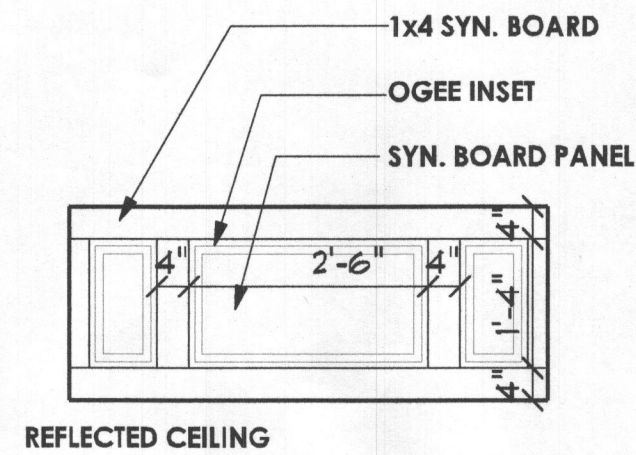


RB 3/12/2009

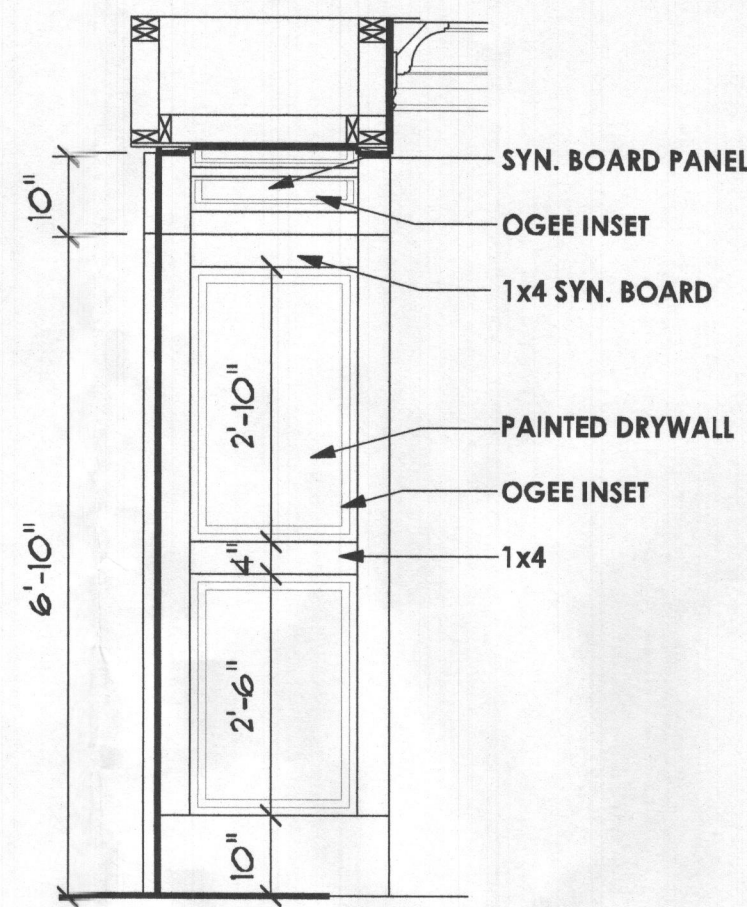
3 1/2" ADAMS CASING
or WINDSOR CASING



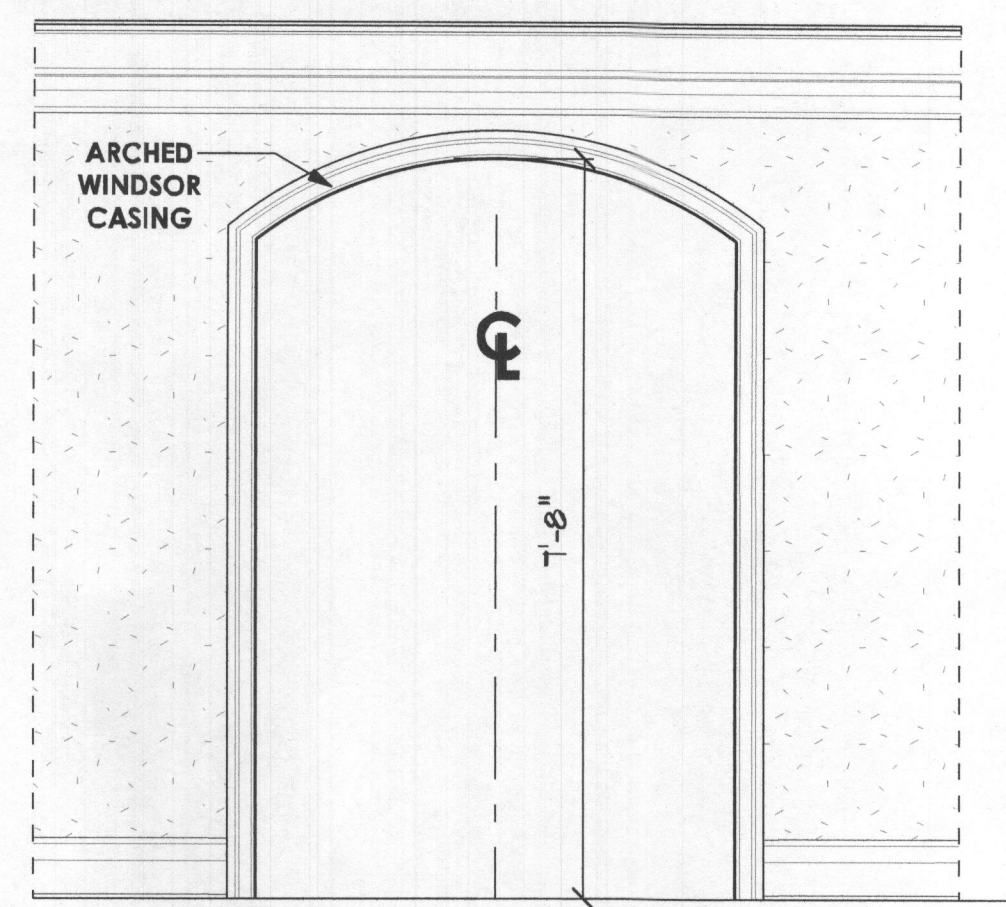
STOOL SILL, TYP.



REFLECTED CEILING



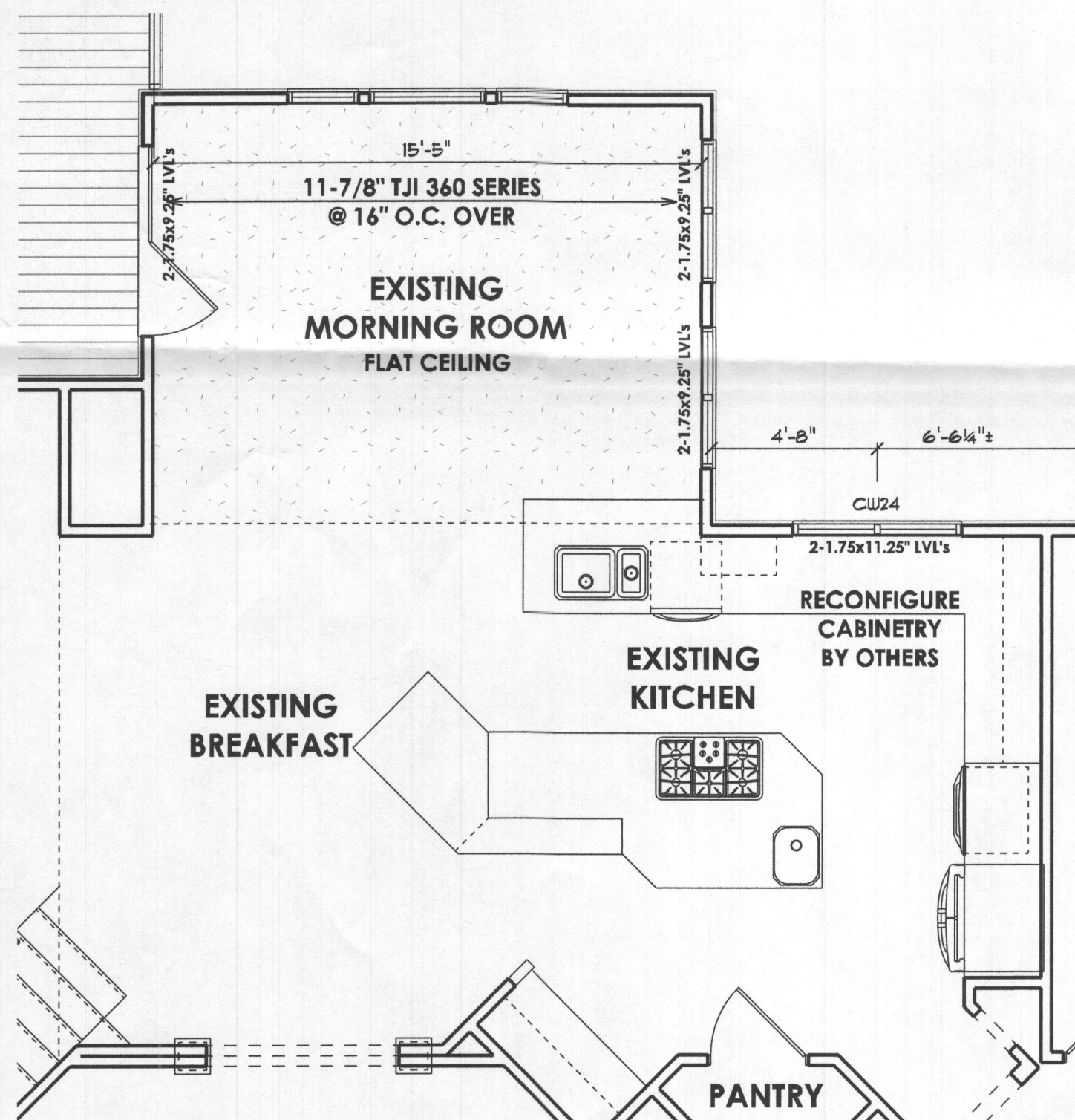
WALL ELEVATION



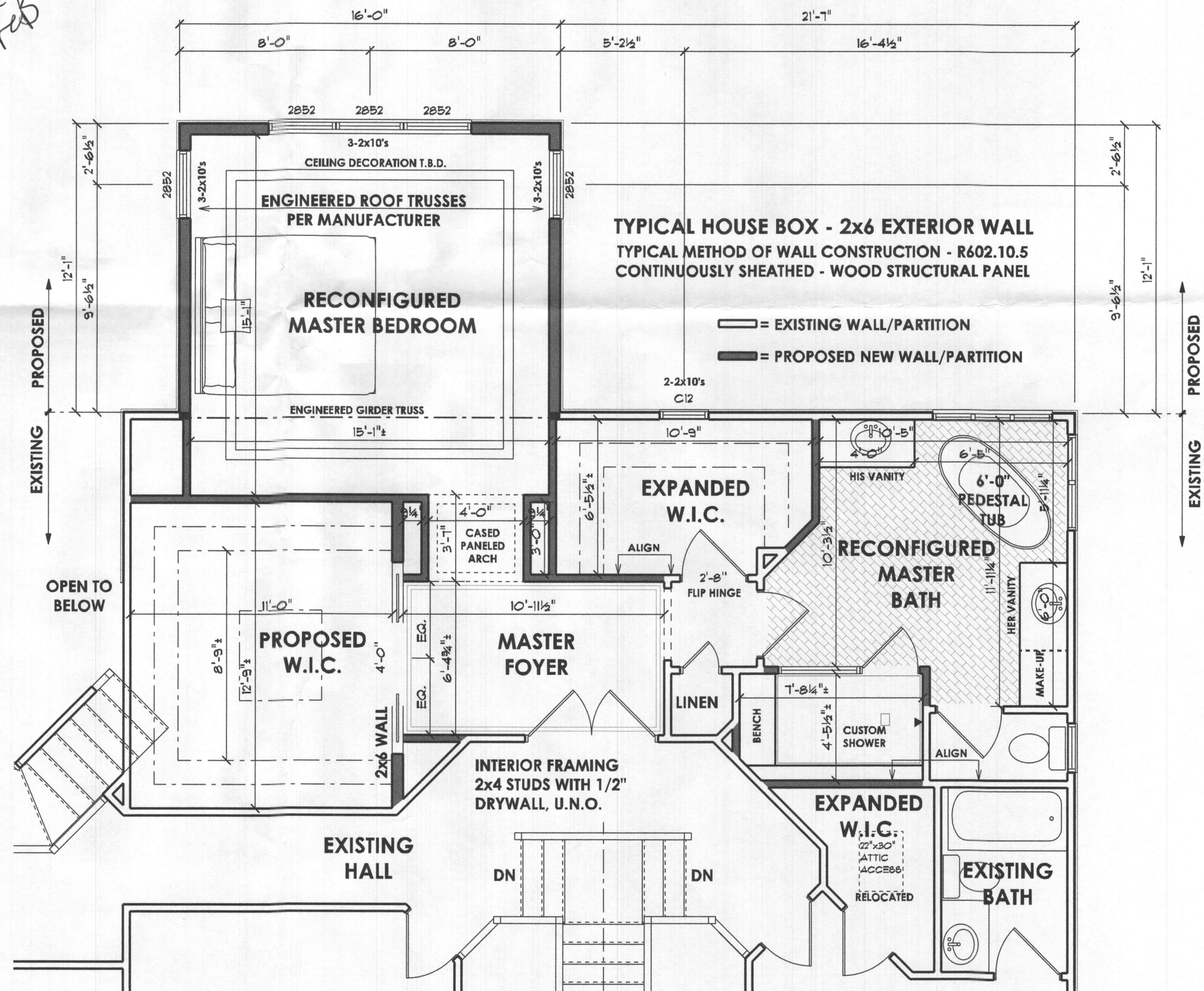
ARCH @ BEDROOM

ALL DIMENSIONS TO BE VERIFIED IN FIELD

OK' reb 3/12/2019



PROPOSED FIRST FLOOR



PROPOSED SECOND FLOOR

Miller Residence
PROPOSED ADDITION
3105 Argent Path, Ellicott City, Maryland 21042

ISSUE DATES:	
10-3-18	REVIEW SET
1-27-19	PERMIT SET

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

FLOOR PLANS

2.01

PRINT DATE:
Sunday, January 27, 2019