



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: 3/7/18
Permit No.: B18000758

Building Address: 12520 Westland Ct
City: Fulton State: MD Zip Code: 20759
Suite/Apt. #: _____ SDP/WP/BA #: F15-538
Census Tract: _____ Subdivision: Westland
Section: _____ Area: _____ Lot: 4
Tax Map: 45 Parcel: 28 Grid: _____
Zoning: RR-860 Map Coordinates: _____ Lot Size: 3.00

Existing Use: Vacant Lot
Proposed Use: Single Family Home
Estimated Construction Cost: \$ 778,965
Description of Work: Rutledge model, 2 story, full basement, 14R, 3BR, 1HB, 2JP, porch + 3 car garage (5-APR)

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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd 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: <u>4</u>
<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: WILLIAMS BURG
Address: 5925 Williamsburg Farm Rd #100
City: Columbia State: MD Zip Code: 21044
Phone: 410-947-4403 Fax: _____
Email: mac@williamsburgfarm.com

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

Contractor Company: _____
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: 155
Phone: _____ Fax: _____
Email: _____

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 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Grading Permit Number: <u>61800009</u>
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: Mac Williamsburg Print Name: Mac Williamsburg
Email Address: mac@williamsburgfarm.com Date: 3/2/18
Title/Company: APRIL 10/16 LLC

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	5/5/18	Paul J. Smith

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	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 08451

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: 5/25/18

To: ROBERT FREEMAN, HEALTH DEPT
(Person's Name and Division)

From: STEPHANIE TUTE FCC (410) 461-2855
(Your Name, Company Name and Telephone Number)

Subject: Project name WESTLAND FARM ESTATES, LOT 4
Project site address 12520 WESTLAND CT
Permit # B18000758 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

☒ X3 Copies of PERMIT PLAN (be specific). * PURPOSE TO CHANGE GRADING ADJACENT TO SEPTIC

☒ 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 —

Contact Person Information: (Required)

Please Print Name —

Telephone No: —

E-Mail Address: —

RECEIVED

MAY 24 2018

**LICENSES & PERMITS
DIVISION**

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 RF

Revision

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

Date: 5/24/18

To: Spencer Freeman
(Person's Name and Division)

From: Marina Morris- Williamsburg Home (410) 997-0800
(Your Name, Company Name and Telephone Number)

Subject: Project name Westland Farm Estates Lot 4
Project site address 12520 Westland Ct., Fulton, MD 20750
Permit # B18000758 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 architectural (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 _____

Contact Person Information: (Required)

Please Print Name _____

Telephone No: _____

E-Mail Address: _____

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Received by MF

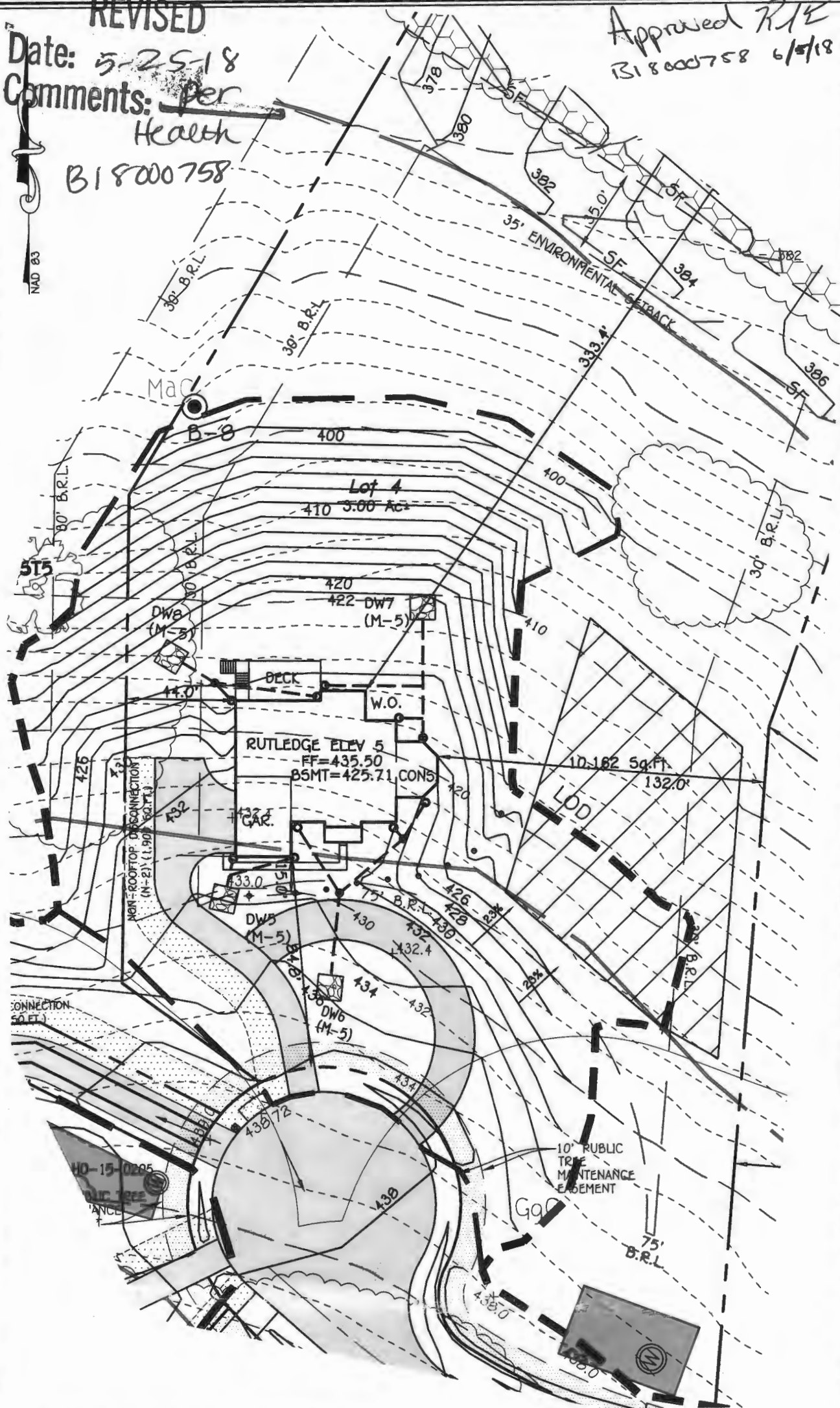
For Health Dept

REVISED

Date: 5-25-18
Comments: per
Health

B18000758

Approved R12
B18000758 6/5/18



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855

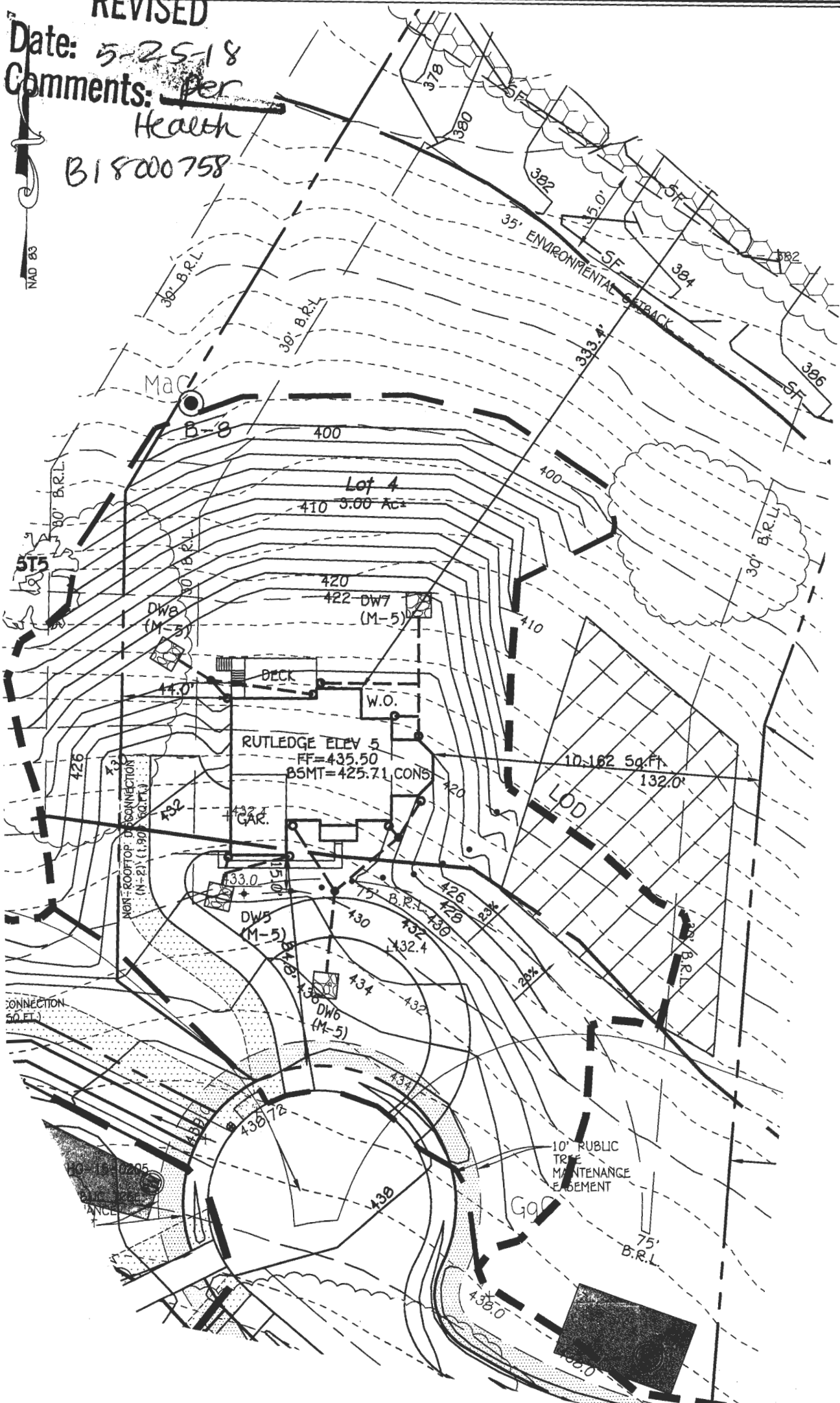
PERMIT PLAN
WESTLAND FARM ESTATES, LOT 4
12520 WESTLAND COURT
TAX MAP #45 PARCEL: 28
ZONED: RR-DEO
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: MAY, 2018

REVISED

Date: 5-25-18

Comments: per Health

B18000758



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2055

PERMIT PLAN
WESTLAND FARM ESTATES, LOT 4
12520 WESTLAND COURT
TAX MAP #45 PARCEL: 20
ZONED: RR-DEO
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 50' DATE: MAY, 2010

The Rutledge
Williamsburg Group, LLC
5485 Harpers Farm Rd. #200
Columbia, MD 21044
(410) 997- 8800

[illegible]

PROJECT DATA	
CONSTRUCTION:	
GROUND FLOOR	CONCRETE
FIRST FLOOR	WOOD
SECOND FLOOR	WOOD
ROOF	WOOD
WALLS	WOOD
BUILDING AREA:	
FIRST FLOOR:	2780 SQ. FT.
SECOND FLOOR:	2416 SQ. FT.
TOTAL:	5196 SQ. FT.

PROJECT DESIGN CRITERIA			
THE FOLLOWING STANDARDS ARE BASED ON THE GENERAL REQUIREMENTS OF THE INTERNATIONAL RESIDENTIAL CODE (IRC) 2015 EDITION FOR ONE AND TWO FAMILY DWELLINGS & ALL LOCAL AND LOCAL AMENDMENTS. CONSTRUCTION CLASSIFICATION TYPE: 5B (UNPROTECTED) LIFE GROUP: R3			
2015 IECC CODE COMPLIANCE		BUILDING DATA	
CODE SECTION	STANDARD (MINIMUM)	CLIMATE & GEOGRAPHIC DESIGN CRITERIA	
R301.1 CLIMATE ZONE	4A	FLOOR LINE LOAD	40 PSF
R401.2 COMPLIANCE METHOD	MANDATORY AND PRESCRIPTIVE PROVISIONS	ROOF LINE LOAD	30 PSF
R402.1.1 VAPOR RETARDER	WALL ASSEMBLIES IN THE THERMAL ENVELOPE SHALL COMPLY WITH VAPOR RETARDER REQUIREMENTS OF SECTION R0701.2 OF THE IRC 2015	WIND SPEED UPMILE	115 MPH EXPOSE C
R402.1.2 ATTIC INSULATION	R-49, R-36 WILL SATISFY THE REQUIREMENT IF FULL OVERTHE TOP PLATE & EAVES (REQUIRES RAISED HEEL TRUSS)	ATTICS W/O STORAGE	10 PSF
R402.1.2.2 WOOD FRAME WALL	R-20 OR R3 + R5 CONTINUOUS INSULATION	ATTICS W/ STORAGE	20 PSF
R402.1.2.2 BASEMENT WALL INSULATION	R-10 FOIL FACED CONTINUOUS, UNINTERRUPTED BATTS FULL HGHT. R-13 IN CAVITY IF FINISHED.	HABITABLE ATTICS	30 PSF
R402.1.2.2 CRAWL SPACE WALL INSULATION	R-10 FOIL FACED CONTINUOUS BATTS FULL HGHT. EXTENDING FROM FLOOR ABOVE TO FINISH GRADE LEVEL AND THEN VERTICALLY OR HORIZONTALLY AN ADDITIONAL 2'-0".	STAIRS	40 PSF
R402.1.2.2 FLOOR INSULATION (OVER UNCONDITIONED SPACE)	R-9 BATT INSULATION	DECKS & BALCONIES (EXT)	40 PSF
R402.1.2.2 WINDOW (U-VALUE) (W/G)	0.35 (U-VALUE) @ 0.40 (SHGC)	GUARDRAILS	200# (CONT.)
R402.1.2.2.1 SLAB ON GRADE FLOORS LESS THAN 12" BELOW GRADE	R-10 RIGID FOAM BOARD UNDER SLAB EXTENDING EITHER 2'-0" HORIZONTALLY OR VERTICALLY.	8" LIGHT FRAME STRUCTURAL W/ SHEAR WALLS	
R402.2.4 ATTIC ACCESS	ATTIC ACCESS SCUTTLE WILL BE WEATHERSTRIPPED AND INSULATED R-49.	CONCRETE WEATHERING	5# BRE
R402.4.1.2 BUILDING THERMAL ENVELOPE (AIR LEAKAGE)	EXTERIOR WALLS AND PENETRATIONS WILL BE SEALED PER THIS SECTION OF THE 2015 IECC WITH CAULK/GASKETS/WEATHERSTRIPPING OR AN AIR BARRIER OR SUITABLE MATERIAL.	TERMITES	*MODERATE TO HEAVY
R402.4.1.2 BUILDING ENVELOPE TEST OPTION	BUILDING ENVELOPE SHALL BE TESTED AND VERIFIED AS HAVING AN AIR LEAKAGE RATE OF NOT EXCEEDING 3 AIR CHANGES PER HOUR TESTING SHALL BE CONDUCTED IN ACCORDANCE WITH ASTM E 779 OR ASTM E 1827 W/ BLOWER DOOR AT A PRESSURE OF 2 INCHES W.G. TESTING SHALL BE CONDUCTED BY AN APPROVED THIRD PARTY.	DECAY PROBABILITY	MODERATE
R402.4.2 FIREPLACES	NEW WOODBURNING FIREPLACES SHALL HAVE TIGHT FITTING FLUE DAMPERS AND OUTDOOR COMBUSTION AIR	ICE UNDERLAYMENT	YES
R402.4.4 FUEL-BURNING APPLIANCES	ROOMS CONTAINING FUEL BURNING APPLIANCES WHERE OPEN COMBUSTION AIR DUCTS PROVIDE COMBUSTION AIR TO OPEN COMBUSTION FUEL BURNING APPLIANCES THE APPLIANCES AND COMBUSTION AIR SHALL BE LOCATED OUTSIDE THE BUILDING THERMAL ENVELOPE OR ENCLOSED IN A ROOM ISOLATED FROM INSIDE THE THERMAL ENVELOPE EXCEPTS 1. DIRECT VENT APPLIANCES WITH BOTH INTAKE AND EXHAUST PIPES INSTALLED CONTINUOUS TO THE OUTSIDE. FIREPLACES AND STOVES COMPLYING WITH SECTION R402.4.2 AND SECTION R006 OF THE IRC.	FROST DEPTH	32
R402.4.5 RECESSED LIGHTING	RECESSED LUMINAIRES INSTALLED IN THE BUILDING THERMAL ENVELOPE SHALL BE SEALED TO LIMIT AIR LEAKAGE.	NOTE: MINIMUM VALUES SHOWN. CONFIRM WITH LOCAL CODE OFFICIAL PRIOR TO CONSTRUCTION.	
R403.1.1 THERMOSTAT	ALL DWELLING UNITS WILL HAVE AT LEAST (1) PROGRAMMABLE THERMOSTAT FOR EACH SEPARATE HEATING AND COOLING SYSTEM.	GENERAL NOTES	
R403.1.2 HEAT PUMP SUPPLEMENTARY HEAT	WHERE A HEAT PUMP SYSTEM HAVING SUPPLEMENTARY ELECTRIC RESISTANCE HEAT IS USED THE THERMOSTAT SHALL PREVENT THE HEAT FROM COMING ON WHEN HEAT PUMP CAN MEET HEATING LOAD.		
R403.3.1 MECHANICAL DUCT INSULATION	SUPPLY & RETURN DUCTS IN ATTIC R-8 MIN. SUPPLY DUCTS OUTSIDE OF CONDITIONED SPACE R-6 MIN. ALL OTHER DUCTS EXCEPT THOSE LOCATED INSIDE THE BUILDING THERMAL ENVELOPE R-6 MIN. DUCTS LOCATED UNDER CONCRETE SLABS MUST BE R-8 MIN.	GENERAL NOTES ARE ACKNOWLEDGED AND SHALL BE ADHERED TO DURING THE CONSTRUCTION	
R403.3.2 DUCT SEALING	ALL DUCTS, AIR HANDLERS AND FILTER BOXES WILL BE SEALED. JOINTS AND SEAMS WILL COMPLY WITH SECTION M601.4.1 OF THE IRC.		
R403.6 MECHANICAL VENTILATION	A DUCT TIGHTNESS TEST (DUCT BLOWER LEAKAGE TEST) WILL BE PERFORMED ON ALL HOMES AND SHALL BE VERIFIED BY EITHER A POST CONS. TEST OR A ROUGH IN TEST. DUCT TIGHTNESS TEST IS NOT REQD. IF AIR HANDLER AND ALL DUCTS ARE LOCATED WITHIN CONDITIONED SPACE	MISC. NOTES 1- ALL WORK INCLUDING ALL STRUCTURAL, HVAC, ELECTRICAL AND OTHER SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE NATIONAL, STATE AND LOCAL CODES AND REGULATIONS. 2- CONTRACTOR TO VERIFY AND COORDINATE ALL THE CONDITIONS AND DIMENSIONS AT THE SITE BEFORE BEGINNING OF CONSTRUCTION. ANY DISCREPANCIES SHALL BE REPORTED TO ARCHITECTURE GROUP IMMEDIATELY. 3- ALL PRE-ENGINEERED MATERIALS, EQUIPMENT, FINISHES, AND ETC. SHALL BE INSTALLED PER MANUFACTURERS INSTRUCTIONS AND REQUIREMENTS. 4- PRE-ENGINEERED WOOD ROOF TRUSSES AND FLOOR JOISTS SHALL BE DESIGNED FOR THE LOAD INDICATED BY A PROFESSIONAL ENGINEER LICENSED TO PRACTICE IN THE STATE OF MARYLAND. SHOP DRAWINGS SHALL BE SUBMITTED TO THE COUNTY PLAN REVIEWER FOR APPROVAL PRIOR TO FABRICATION.	
403.6.1 WHOLE HOUSE MECH VENT SYSTEM FAN EFFICIENCY	OUTDOOR AIR WILL BE BROUGHT INTO THE HOME THRU A DUCT WITH AN AUTOMATIC OR GRAVITY DAMPER TO COMPLY WITH TABLE R403.6.1.		
R403.7 EQUIPMENT SIZING	SHALL COMPLY WITH R403.7.		
R404.1 LIGHTING EQUIPMENT WATER HEATER MECHANICAL TESTING	A MIN. OF 75% OF ALL LAMPS MUST BE HIGH-EFFICIENCY LAMPS. MIN. EFFICIENCY ESTABLISHED BY NAECA. ALL MECH. TESTING TO BE PERFORMED BY APPROVED THIRD PARTY. THE CONTRACTOR ALSO RESPONSIBLE FOR OBTAINING CERTIFICATE OF COMPLIANCE AND AFFIXING TO ELECTRICAL PANELS.		

REVISÉD 6/17

Plymouth Road Architects
640 Plymouth Road, Catonsville, MD 21229 410-788-0281

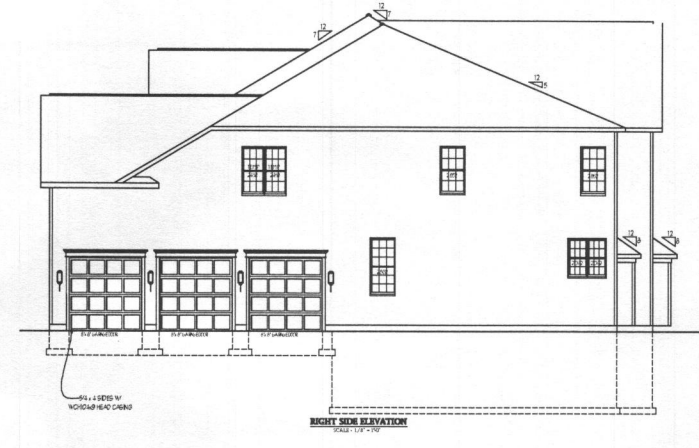
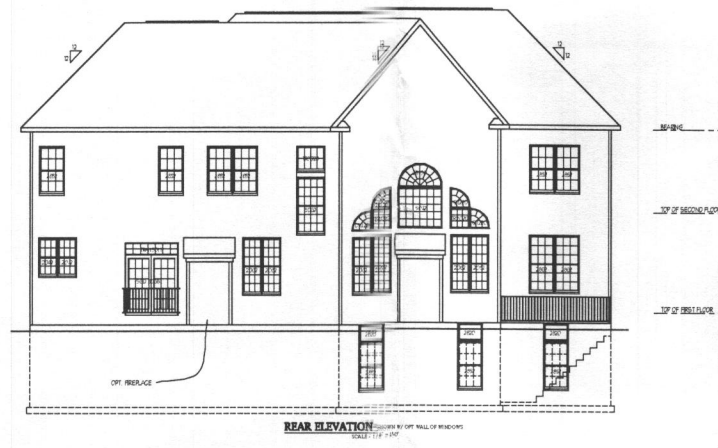
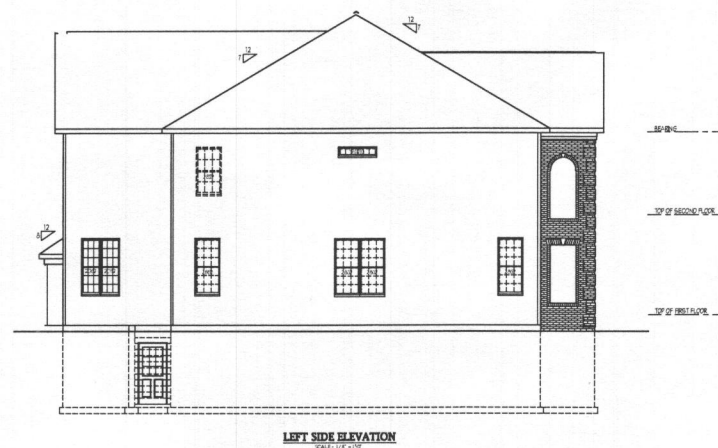
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Date: 5/15
Scale:
Drawn: TIM

Drawing: COVER PAGE	Project: WILLIAMSBURG GROUP THE RUTLEDGE
1067 RE	Project No.

0.

Permit # B1800075B
WF004 12520 Westland Court, Fulton, MD 20758
Westland Lot 4 Approved 3/12
Farm Estates. B18000758 6/5/18



Plymouth Road Architects
640 Plymouth Road, Catonsville, MD 21229 410-788-0281

DATE	REVISION	DATE	REVISION

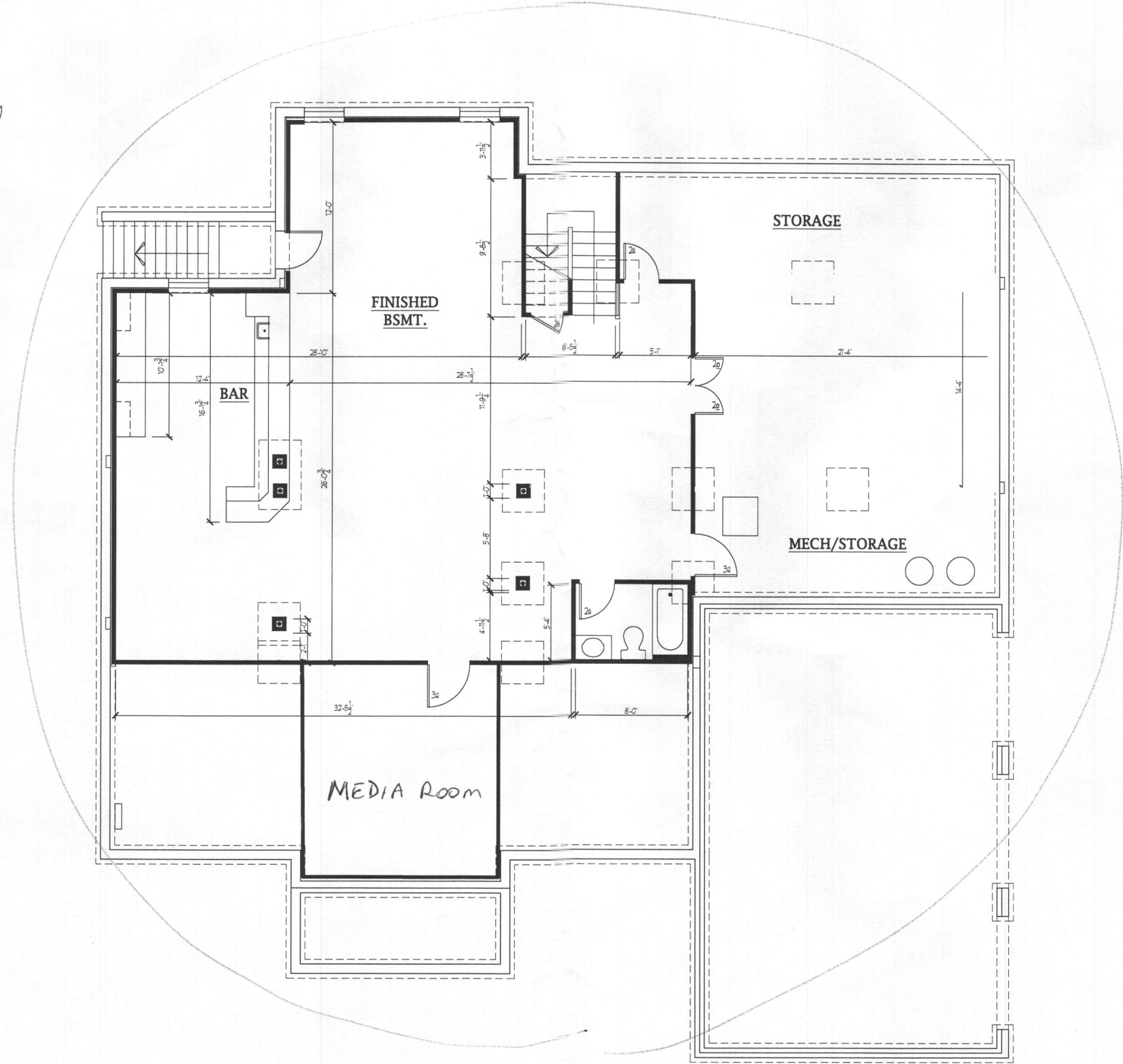
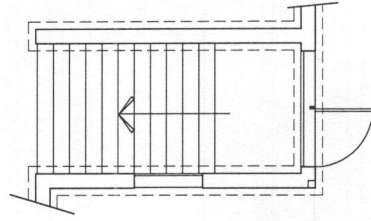
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Scale: NOTED
Drawn: TTM
Checked:

Drawing: ELEVATION 5
Project: WILLIAMSBURG GROUP
THE RUTLEDGE ESTATE HOMES

1067RE
Project No.

1f

REVISED 1/17



REVISED 1/16

Plymouth Road Architects
640 Plymouth Road, Catonsville, MD 21229 410-788-0281

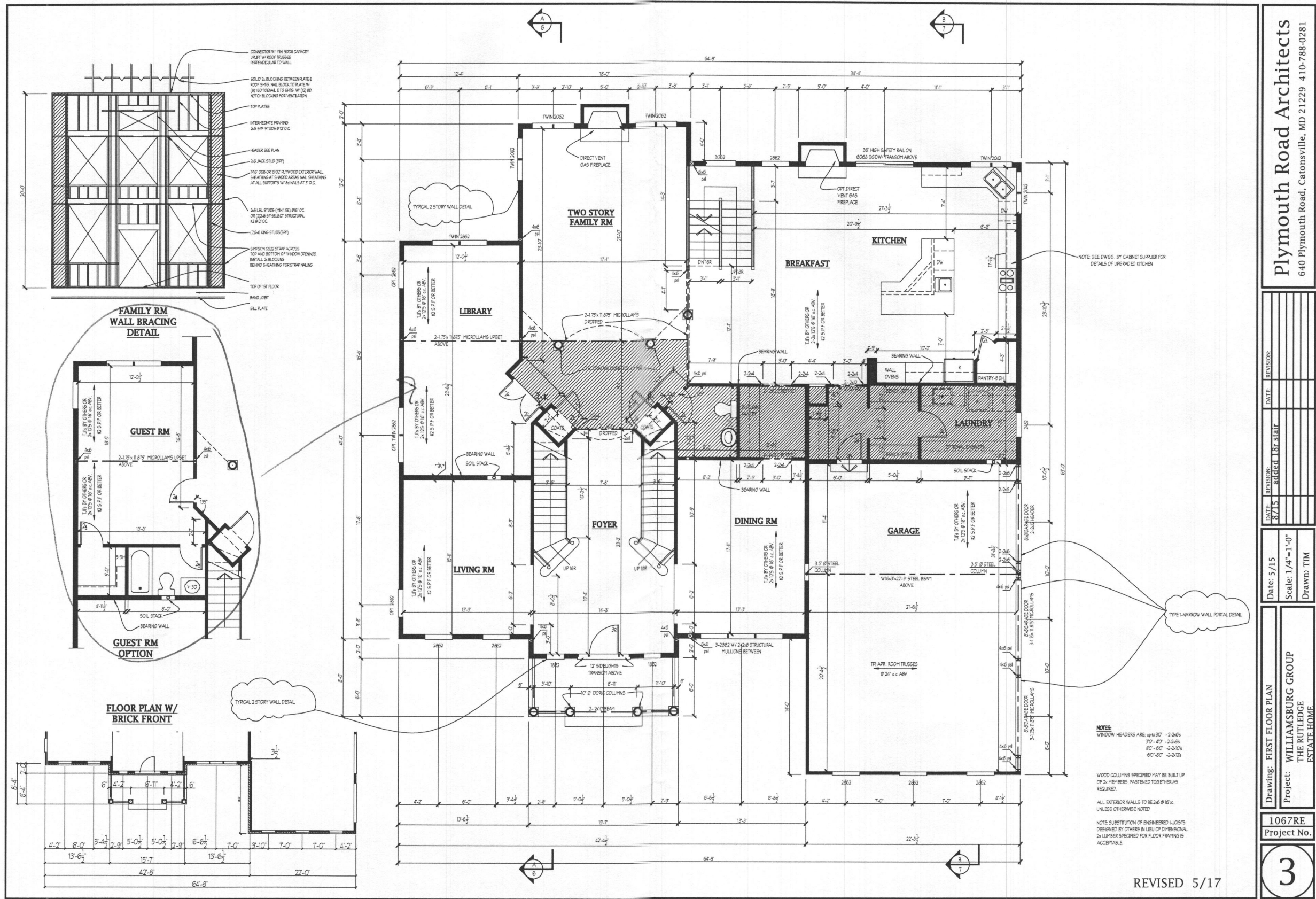
DATE	REVISION	DATE	REVISION

Date: 5/15
Scale: 1/4" = 1'-0"
Drawn: TIM

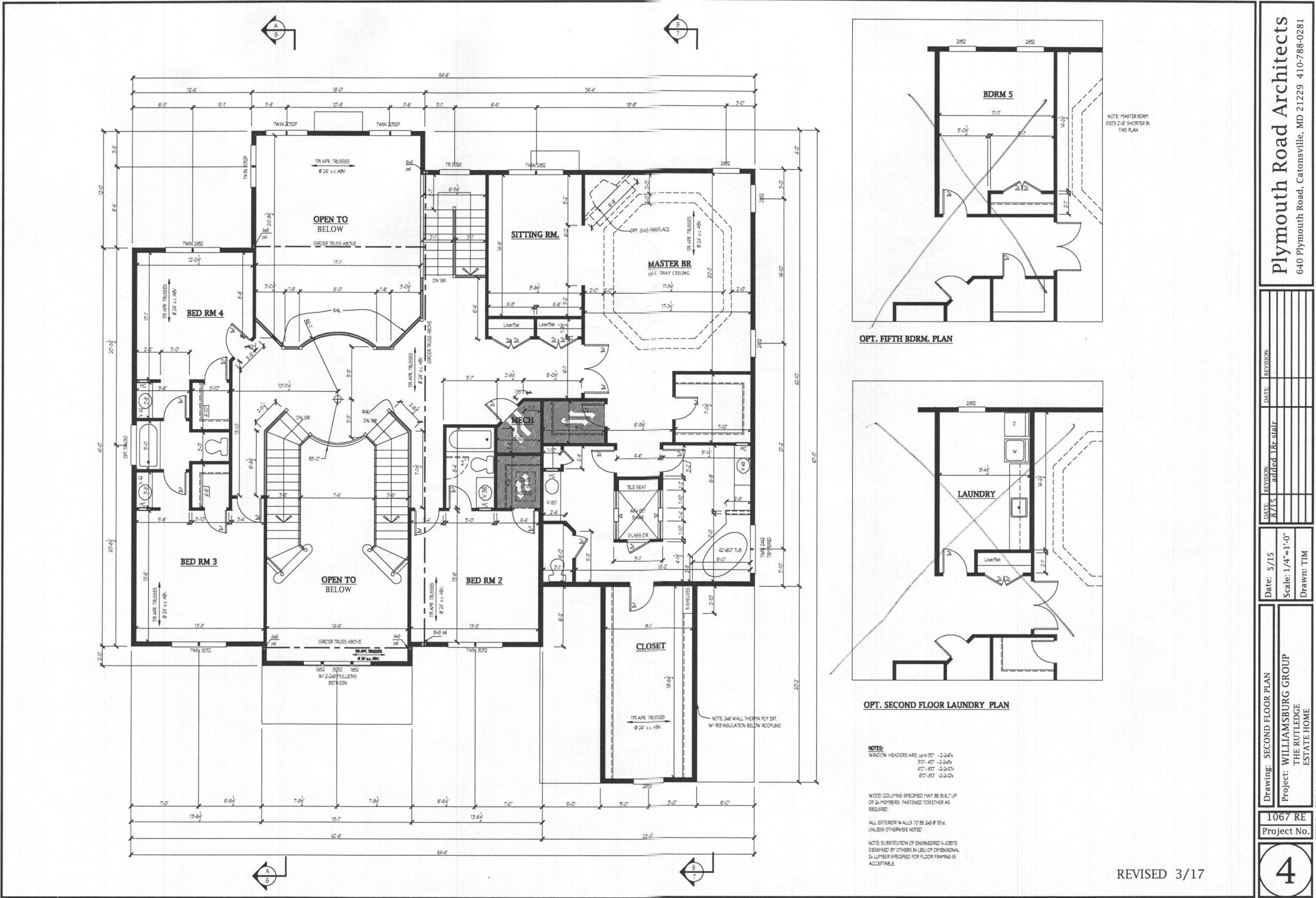
Drawing: FINISHED BASEMENT PLAN-1
Project: WILLIAMSBURG GROUP
THE RUTLEDGE
ESTATE HOME

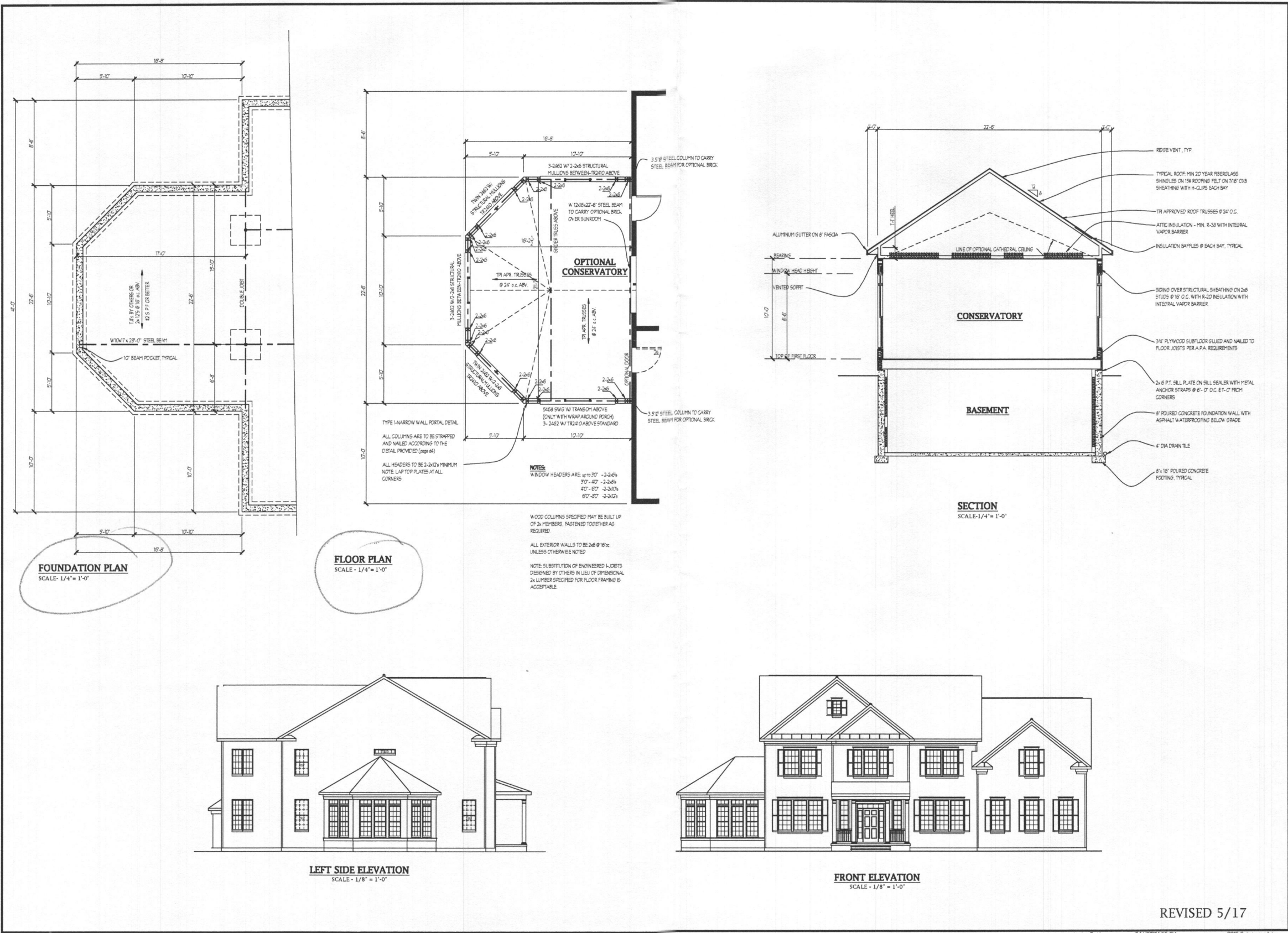
1067RE
Project No.

2b



Plymouth Road Architects
640 Plymouth Road, Catonsville, MD 21229 410-788-0281





Plymouth Road Architects Baltimore, MD 21229 640 Plymouth Road Phone: 410-788-0281 arch@plymouth-road.com	
Notes: ALL WALLS STANDARD PORTAL FRAME	Drawing: OPTIONAL CONSERVATORY
Project: WILLIAMSBURG GROUP RUTLEDGE ESTATE HOME	Project No.: 1067 RE Date: 5/15 Scale: NOTED
8C	



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.: B18002877

Building Address: 12520 Westland Ct
City: Fulton State: MD Zip Code: 20759
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: Westland Farm
Lot: 4 Tax Map: 45 Parcel: 28

Existing Use: SFD
Proposed Use: SFD w/ propane tank
Estimated Construction Cost: \$ 8000
Description of Work: install 1000 gallon in-ground propane tank

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: owner
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Wbly Westland Farm LLC
Address: 5485 Harpers Farm Rd Ste 200
City: Columbia State: MD Zip Code: 21044
Phone: 410-977-6290 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Michelle Clancy
Address: Po box 310
City: Perry Hall State: MD Zip Code: 21128
Phone: 443-610-7574 Fax: _____
Email: Michelle @ Applied and Approved . com

Contractor Company: TECH AIR
Contact Person: Dennis Fraga
Address: 1560 A-D Cato Center Dr
City: Baltimore State: MD Zip Code: 21227
License No.: B1815
Phone: 410-984-5681 Fax: _____
Email: _____

Engineer/Architect Company: **RECEIVED**
Responsible Design Prof.: _____
Address: Contractor **AUG 15 2018**
City: _____ State: LICENSES & PERMITS
Phone: _____ Fax: DIVISION
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
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
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<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: Michelle Clancy
Email Address: Michelle @ Applied and Approved . com
Title/Company: permit

Print Name: Michelle Clancy
Date: 8/14/18

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	<u>9/14/18</u>	<u>Klu</u>

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>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>0742</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: 8/31/18
To: Ryan Reppagot Sud
(Person's Name and Division)
From: Michelle Clancy (443) 610-7514
(Your Name, Company Name and Telephone Number)
Subject: Project name 12520 Westland Ct. Tank
Project site address 12520 Westland Ct
Permit # B18002877 SDP # _____
Other information pertinent to this project _____

RECEIVED
AUG 31 2018
PLAN REVIEW DIVISION

✓ 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 SITE Plan (be specific). Tank moved 5' for Dry well
____ ✓ 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 _____

Contact Person Information: (Required)

Please Print Name _____

Telephone No: _____

E-Mail Address: _____

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 AKH

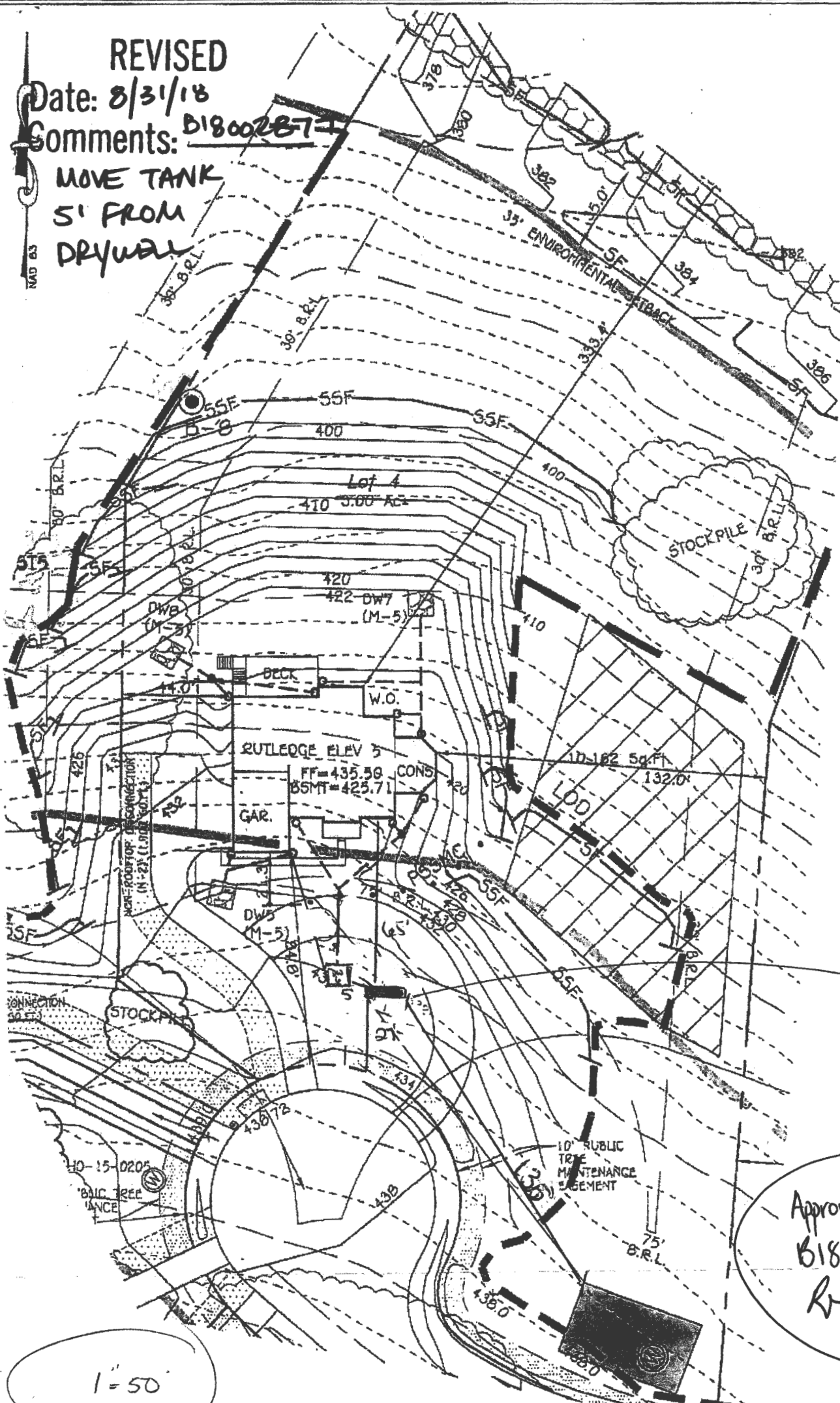
CC:
PER HEALTH DEPT
PTZ
✓ AKH 9/14/18

REVISED

Date: 8/31/18

Comments: B18002877

MOVE TANK
5' FROM
DRYWELL



1000 gal
underground
Propane tank
Set 5' from
Drywell

Approved for UPT
B18002877
R-Rt 9/14/18

1" = 50'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461-2855

PERMIT PLAN
WESTLAND FARM ESTATES, LOT 4

12520 WESTLAND COURT

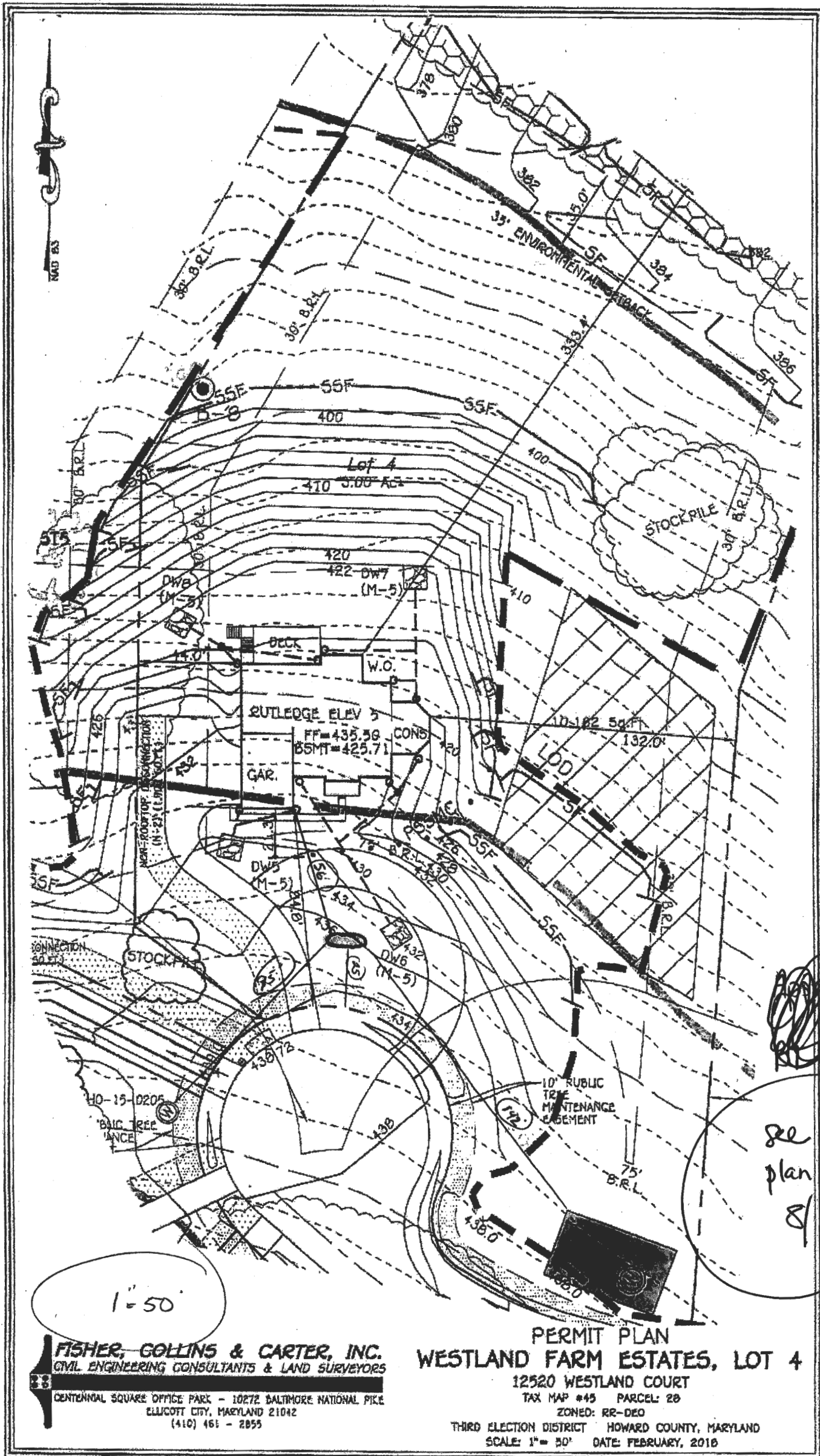
TAX MAP #45 PARCEL: 20

ZONED: RR-DEO

THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1" = 50' DATE: FEBRUARY, 2018

1000 Gal under ground Tank
Propane



see revised
 plan dated
 8/31/18

1000 GAL under gravel Tank
 Proper