



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: 5/21/19

Permit No.: B19001591

Building Address: 15415 RIVERCREST CT
City: State: Zip Code:
Suite/Apt. # SDP/WP/BA #:
Subdivision:
Lot: Tax Map: Parcel:

Existing Use:
Proposed Use:
Estimated Construction Cost: \$
Description of Work:

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:	1st floor:
	2nd 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:
Address:
City: State: Zip Code:
Phone: 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:
Contact Person:
Address:
City: State: Zip Code:
License No. :
Phone: Fax:
Email:

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

Utilities	
Electric: <input 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:	619000122
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		
Agency Control approval required for issuance?	Yes No	
AGENCY 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	#

LONGWOOD

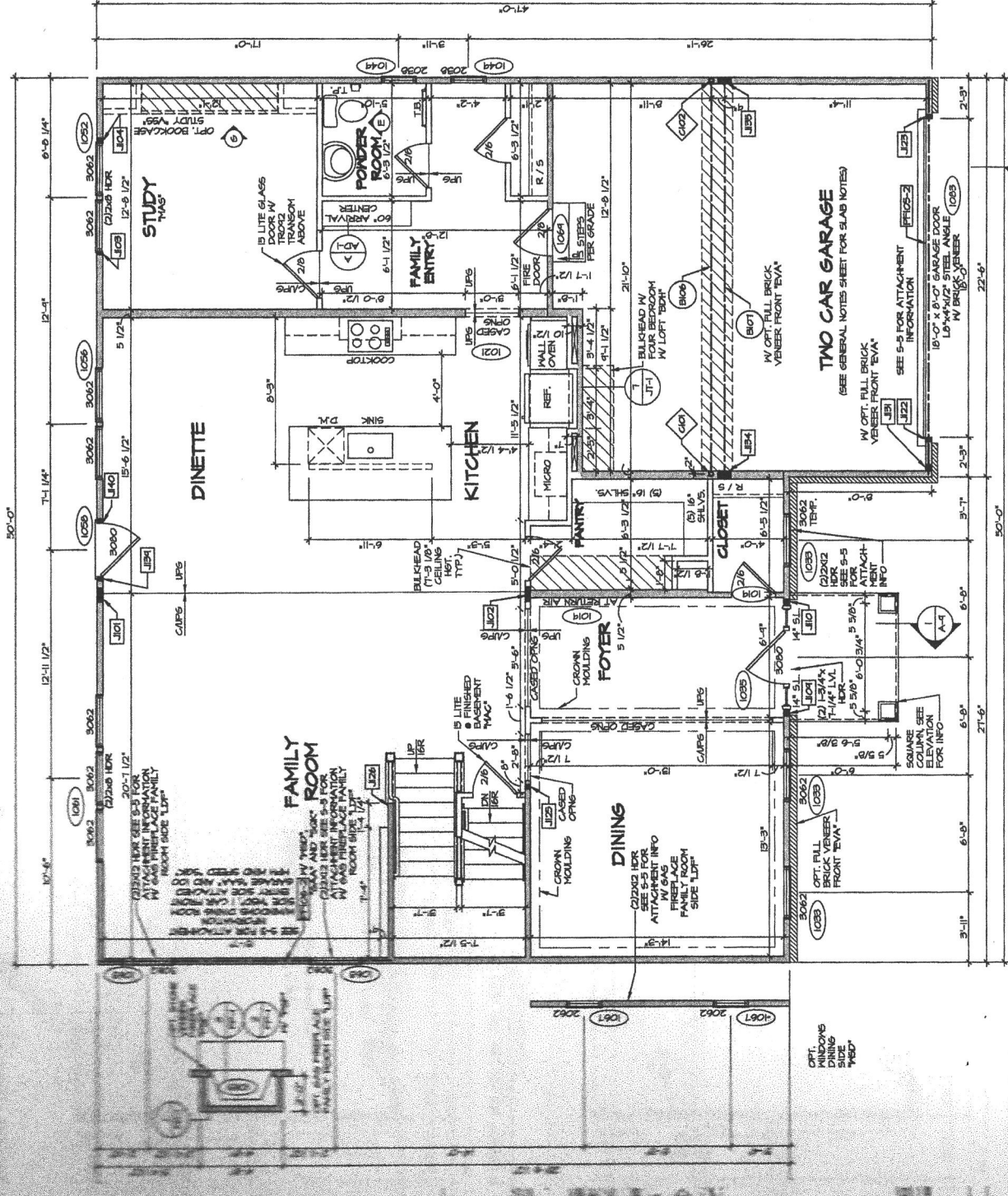
Health Dept

[illegible]

PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
RITZ CRUISE "B" TYPE

PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
REAR COVERED PORCH TYPE

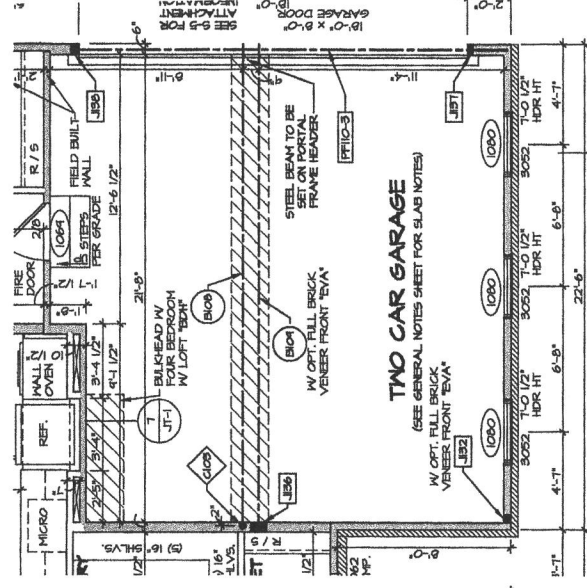
PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
FLEX ROOM TYPE

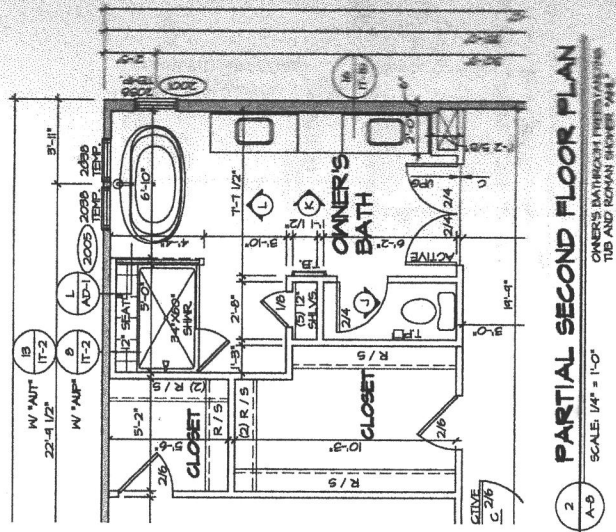
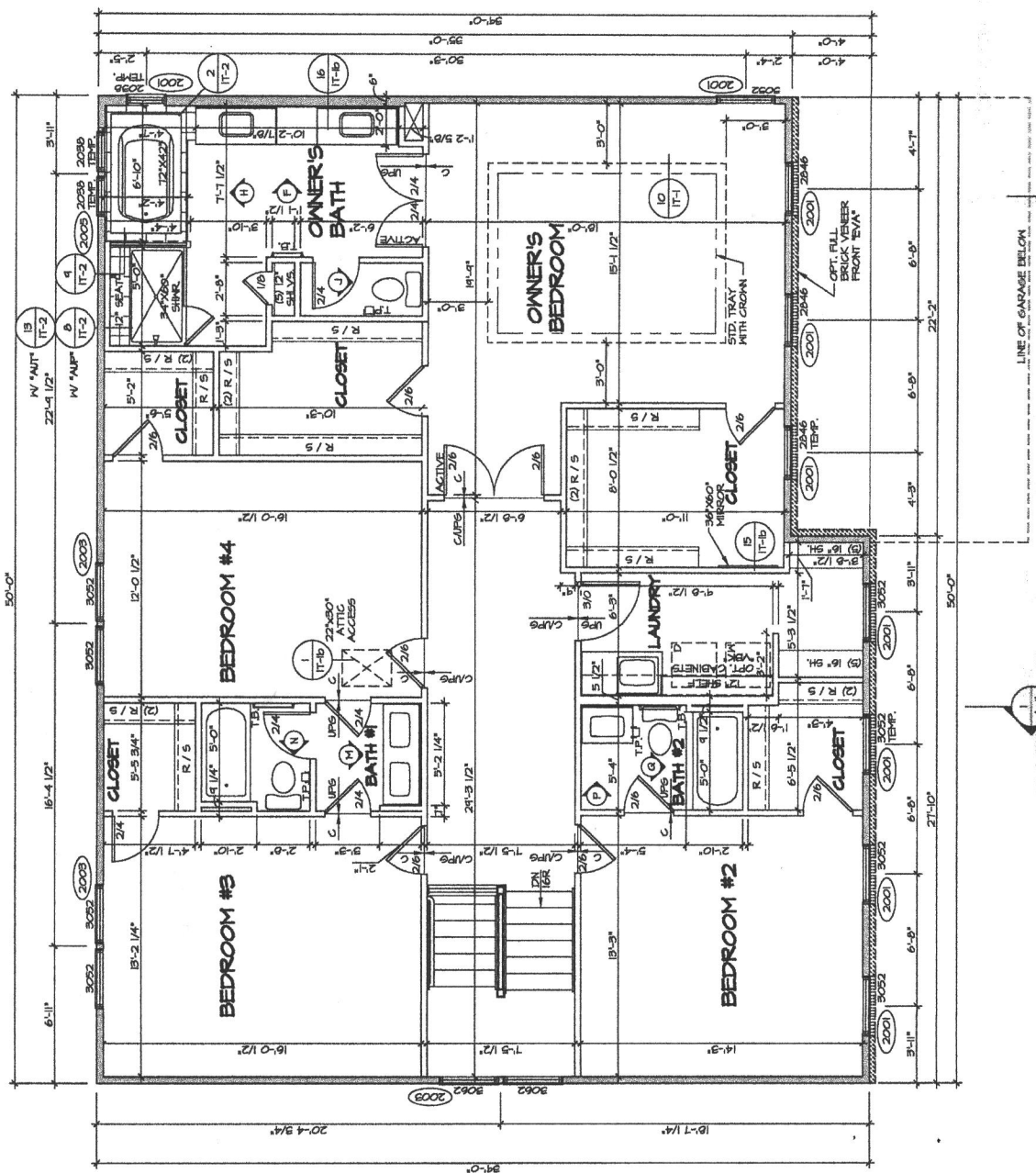


1 FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
FULL BASEMENT FOUNDATION TYPE

A-10

2 PARTIAL FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"
TWO CAR SIDE ENTRY GARAGE TYPE
SHOWN IN ELEVATION TYPE





PARTIAL SECOND FLOOR PLAN

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/New/SFD	B19001591	05/21/2019
Description of Work		
SFD/ MODEL 'LONGWOOD' W/1-CAR ATTACHED & SCREENED PORCH/ 2-STORY, FULL BSMT, 9R, 3FB, 1HB, SCREEN PORCH, 2-CAR & 1-CAR GARAGES, (4BR), ENERGY CODE PERFORMANCE METHOD (SUBJECT TO CB76-2018)		
check spelling		

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
15415	RIVERCREST	CT	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.05129	39.25281
City	State	Zip Code	Primary
BROOKEVILLE	MD	20833	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
922617	84	43491	194000	194000	0	RURAL
Legal Description						
LOT 1 43491 SQ[]15415 RIVERCREST CT[]RIVERCREST RS LT 1 BUICE						
check spelling						

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
20	1	605601	5				Yes
Plan Area	State Tax Id	Subdivision Name					
Section	Area	Tax Map					
Grid	Zoning District	ADC Map					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
		<input type="radio"/> Yes <input type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *		
AARON A SKRBIN		
Address Line 1		
7139 FOX HARBOR WAY		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
ELKRIDGE	MD	21075
Phone	Primary	

240-793-6446	Yes
E-mail	
ASKRBIN@NVRINC.COM	
Cell Number	Fax Number

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
0	PROPERTY OWNER		
License Type *	First Name	Middle Name	Last Name
Property Owner	AARON	A	SKRBIN
Primary	Address Line 1		
Yes	7139 FOX HARBOR WAY		
	Address Line 2		
	City	State	ZIP Code
	ELKRIDGE	MD	21075
	Phone 1	Phone 2	Fax
	240-793-6446		
	E-mail		
	ASKRBIN@NVRINC.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	JIM		KERWIN
Relationship	Full Name		
Applicant	JIM KERWIN		
Primary	Organization Name		
No	DECATUR BUILDING SERVICES		
	Street Address		
	P.O. BOX 552		
	Address Line 2		
	City	State	Zip Code
	WOODBINE	MD	21797
	Phone	Cell	Fax
	443-309-7792	410-489-6500	
	E-mail *		
	JIM@DECATURBUILDINGSERVICES.COM		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	JIM		KERWIN
Relationship	Full Name		
Licensed Professional	JIM KERWIN		
Primary	Organization Name		
Yes	DECATUR BUILDING SERVICES		
	Street Address		
	P.O. BOX 552		
	Address Line 2		
	City	State	Zip Code
	WOODBINE	MD	21797
	Phone	Cell	Fax
	443-309-7792	410-489-6500	
	E-mail		
	JIM@DECATURBUILDINGSERVICES.COM		

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
230000	1	1	No
Construction Type			

101 - Single Family Houses Detached

BUILDING INFORMATION

BUILDING INFORMATION

Capital Project-No Fee *		Capital Project Number	Fee Exempt *		Guaranty Fund Required *		Roadside Tree Project Permit	
<input type="radio"/> Yes <input checked="" type="radio"/> No			<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	
Roadside Tree Project Permit #		Condominium	Existing Use		1st Floor Width		1st Floor Depth	
		<input type="radio"/> Yes <input checked="" type="radio"/> No	Vacant Lot		64 FT		59 FT	
2nd Floor Width		2nd Floor Depth	Basement Width	Basement Depth	Height	Total Square Footage *	Occupiable Square Footage *	Bedrooms *
50 FT		39 FT	50 FT	47 FT	0 FT	5757 SQFT	5541 SQFT	4
Full Baths	Half Baths	Foundation	Basement	Other Structure		Building Construction Type		
3	1	Full Basement	Unfinished	Attached Garage		Conventional		
W&S Fees Paid *		Water Supply *	Sewage Disposal *	Utilities *	Heating System *	Sprinkler System *		
<input type="radio"/> Yes <input checked="" type="radio"/> No		Private	Private	Gas & Electric	Electric & Propane Gas	NFPA #13D		
No of Fireplaces	Type of Fireplace	Entrance Permit Required		Road Frontage	Location Survey Approval Date		Expiration Date	
	--Select--	<input checked="" type="radio"/> Yes <input type="radio"/> No		County			11/25/2019	
U&O Issued On		U & O Comments						
		check spelling						

GRADING INFORMATION

Grading Permit No	Grading Certification Required	Grading Certification Received in DILP On	Grading Certification Received in CID On
G19000122	<input type="radio"/> Yes <input checked="" type="radio"/> No		
Grading Certification Comments		Seasonal Surety Comments	
check spelling		check spelling	

Seasonal Grading Surety Depositor	Driveway Apron Surety Depositor	Stormwater Surety Depositor

GREEN NEIGHBORHOOD INFORMATION

Check List Points Goal	Check List Points Achieved	Date of Certification

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

PRIVATE ON LOT SWM FACILITIES

Green Roofs A1	Permeable Pavements A2	Reinforced Turf A3			
<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Disconnection of Rooftop Runoff N1	Disconnection of Non Rooftop Runoff N2	Sheetflow to Conservation Areas N3			
	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No			
Rainwater Harvesting M1	Submerged Gravel Wetlands M2	Landscape Infiltration M3	Infiltration Berms M4		
Dry Wells M5	Micro Bioretention M6	Rain Gardens M7	Swales M8	Enhanced Filters M9	PSWM Certification Received in CID on

Related Records

◀ 1 ▶						
Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
G19000122	Residential Grading Permit	Issued	15415	RIVERCREST	05/21/2019	RIVERCREST/ GRADING & SEDIMENT CONT
B19001591	Residential New Single Family Dwelling Permit	Review In Process	15415	RIVERCREST	05/21/2019	SFD/ MODEL 'LONGWOOD' W/1-CAR ATTACH

◀ 1 ▶

Submit Cancel



Health

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: 01LP 2019 JUL 26 04:12:43

Permit No.: B19.002398

Building Address: 15415 RIVERCREST COURT
City: _____ State: _____ Zip Code: _____
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 1
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: SFD W/PROPANE TANK
Estimated Construction Cost: \$ 4,000
Description of Work: INSTALL 1000 GAL UNDERGROUND PROPANE TANK

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

Property Owner's Name: ARRON SKRBIN
Address: 7139 FOX HARBOR WAY
City: ELKRIDGE State: MD Zip Code: 21075
Phone: _____ 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: 443-610-7514 Fax: _____
Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: TECH AIR
Contact Person: DENNIS FEAGA
Address: 1560 A-D CATON CENTER DRIVE
City: BALTIMORE State: MD Zip Code: 21227
License No.: 81215
Phone: 410-984-5681 Fax: _____
Email: _____

Engineer/Architect Company: CONTRACTOR
Responsible Design Prof.: _____
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:	<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
Construction type:	<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
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 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.

MICHELLE CLANCY
Applicant's Signature
MICHELLE@APPLIEDANDAPPROVED.COM
Email Address
PERMITS
Title/Company

MICHELLE CLANCY
Print Name
7/23/19
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		<u>[Signature]</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>7224</u>

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

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption		View GroundRent Registration	
Tax Exempt:		Special Tax Recapture:			
Exempt Class:		NONE			
Account Identifier:		District - 04 Account Number - 370562			
Owner Information					
Owner Name:	SKRBIN AARON ANTHONY SKRBIN RACHEL MARY		Use:	RESIDENTIAL	
Mailing Address:	7139 FOX HARBOR WAY ELKRIDGE MD 21075-		Principal Residence:	NO	
			Deed Reference:	/18596/ 00247	
Location & Structure Information					
Premises Address:		15415 RIVERCREST CT BROOKEVILLE 20833-0000		Legal Description:	LOT 1 43491 SQ 15415 RIVERCREST CT RIVERCREST RS LT 1 BUICE
Map:	Grid:	Parcel:	Sub District:	Subdivision:	Section:
0021	0020	0270		0000	
					Block:
					1
					Assessment Year:
					2017
					Plat No:
					18209
					Plat Ref:
Special Tax Areas:			Town:		
			NONE		
			Ad Valorem:		
			100		
			Tax Class:		
Primary Structure Built		Above Grade Living Area		Finished Basement Area	
				Property Land Area	
				43,491 SF	
				County Use	
				000000	
Stories	Basement	Type	Exterior	Full/Half Bath	Garage
					Last Major Renovation
Value Information					
		Base Value	Value	Phase-in Assessments	
			As of	As of	As of
			01/01/2017	07/01/2018	07/01/2019
Land:		194,000	173,400		
Improvements		0	0		
Total:		194,000	173,400	173,400	173,400
Preferential Land:		0			0
Transfer Information					
Seller: ROXBURY FARM LLC		Date: 03/26/2019		Price: \$285,000	
Type: ARMS LENGTH VACANT		Deed1: /18596/ 00247		Deed2:	
Seller:		Date:		Price: \$0	
Type:		Deed1: /09502/ 00624		Deed2:	
Seller:		Date:		Price:	
Type:		Deed1:		Deed2:	
Exemption Information					
Partial Exempt Assessments:		Class	07/01/2018	07/01/2019	
County:		000	0.00		
State:		000	0.00		
Municipal:		000	0.00 0.00	0.00 0.00	
Tax Exempt:		Special Tax Recapture:			
Exempt Class:		NONE			
Homestead Application Information					
Homestead Application Status: No Application					
Homeowners' Tax Credit Application Information					
Homeowners' Tax Credit Application Status: No Application				Date:	

1. This screen allows you to search the Real Property database and display property records.
2. Click [here](#) for a glossary of terms.
3. Deleted accounts can only be selected by Property Account Identifier.
4. The following pages are for information purpose only. The data is not to be used for legal reports or documents. While we have confidence in the accuracy of these records, the Department makes no warranties, expressed or implied, regarding the information.

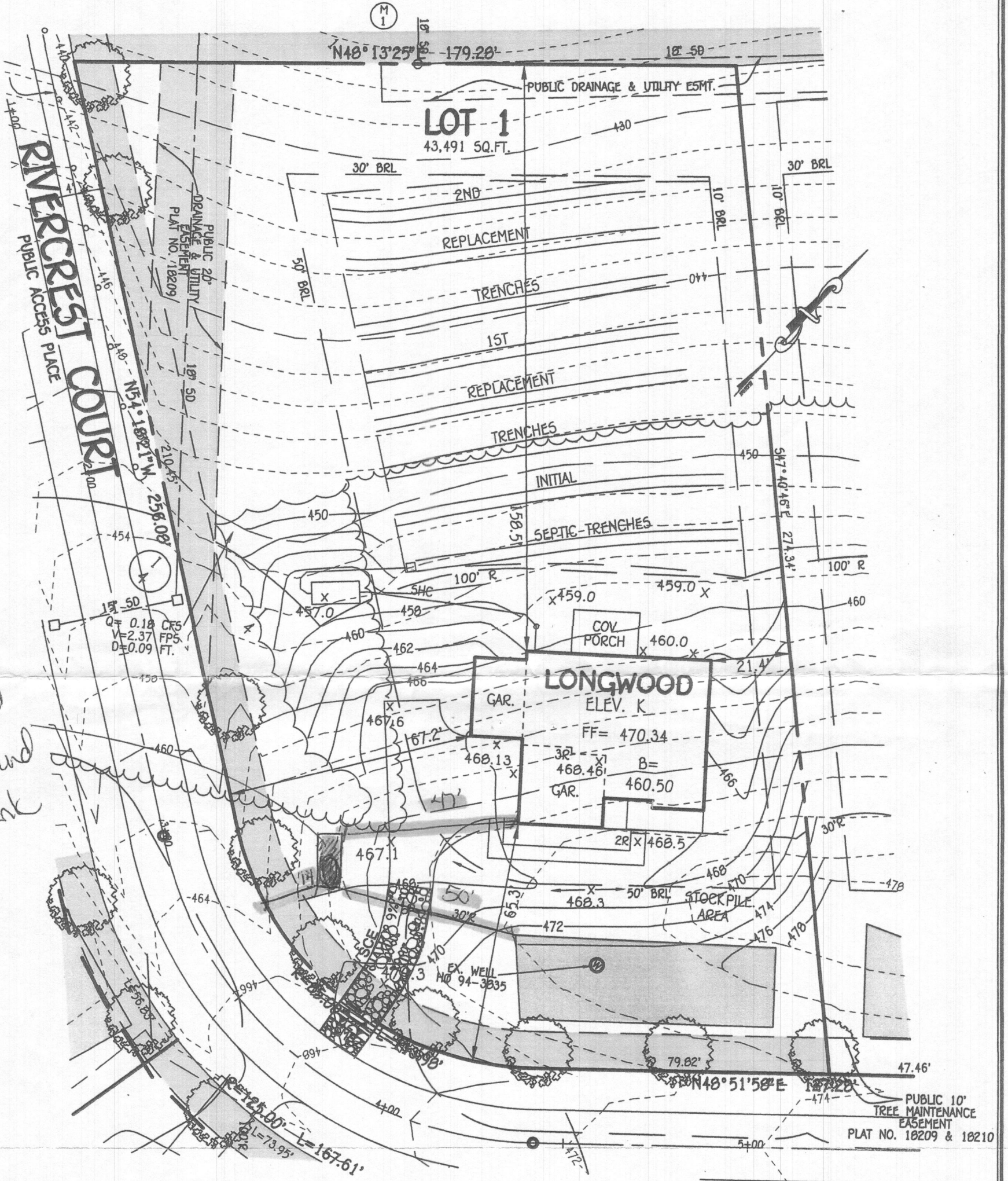
NOTE

STORMWATER MANAGEMENT IS BEING PROVIDED BY FACILITY LOCATED ON NON-BUILDABLE PRESERVATION PARCEL 'C'

NON-BUILDABLE PRESERVATION PARCEL 'C'
SWM FACILITY #1 (F-04-057)

NOTE

THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO #94-0300, HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.



1000 gal underground propane tank

Approved B19002398
RAC 8/8/2019

PLAN
SCALE: 1"=30'

PERMIT PLAN RIVERCREST LOT 1

ZONED: RC-DEO PLAT NO.: 18208 THRU 18210
TAX MAP NO.: 21 GRID NO.: 20 PARCEL NO.: 84
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: APRIL 15, 2016

SHEET 1 OF 1

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

B Permit # B19001591
1000 GAC underground

SHEET 3 of 3