

PERMIT NUMBER: B 20001349

DATE ACCEPTED:

**RESIDENTIAL BUILDING PERMIT APPLICATION**

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

[www.howardcountymd.gov](http://www.howardcountymd.gov)**BUILDING SITE ADDRESS REQUIRED**

Street Address: <b>4513 Rutherford Way</b>		Unit:
City: <b>Dayton</b>	State: <b>MD</b>	Zip Code: <b>21036</b>
Subdivision/Village/Complex Name: <b>Rutherford</b>		SDP/WP/BA #:
Lot: <b>3</b>	Tax Map:	Parcel:
Grading Permit #:		

**DESCRIPTION OF WORK REQUIRED**

Existing Use: <b>Single family home</b>	Proposed Use: <b>Single family home</b>	Estimated Cost: <b>\$ 10,000.00</b>
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		
<b>We are finishing our basement with 2 storage rooms, rec room, and a bathroom (rough-ins already exist). Work consists of wood framed walls, drywall, painting, plumbing for the bathroom, and electrical outlets, switches, and light fixtures. Heating and cooling registers already exist.</b>		

**PROPERTY OWNER INFORMATION REQUIRED**

Owner(s) Name(s) (As it appears on tax records): <b>Thomas Drew Henderson &amp; Jill Deanne Henderson</b>		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: <b>4513 Rutherford Way</b>		
City: <b>Dayton</b>	State: <b>MD</b>	Zip Code: <b>21036</b>
Phone: <b>(240) 876-1255</b>	Email: <b>tdhenderson@comcast.net</b>	

**APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION**

Business Name: <b>N/A</b>	Contact Name: <b>Tom Henderson (Owner)</b>
Street Address: <b>4513 Rutherford Way</b>	
City: <b>Dayton</b>	State: <b>MD</b>
Phone: <b>(240) 876-1255</b>	Email: <b>tdhenderson@comcast.net</b>

**CONTRACTOR INFORMATION REQUIRED**

Business Name: <b>Tom Henderson (Owner)</b>	
Licensee's Name: <b>N/A</b>	License #: <b>N/A</b>
Street Address: <b>4513 Rutherford Way</b>	
City: <b>Dayton</b>	State: <b>MD</b>
Phone: <b>(240) 876-1255</b>	Email: <b>tdhenderson@comcast.net</b>

**ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE**

Business Name: <b>N/A</b>	Name:
Street Address:	
City:	State:
Phone:	Email:

**BUILDING CHARACTERISTICS REQUIRED**

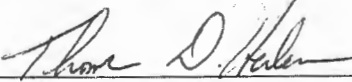
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

**ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)**

Model Name & Options: <b>3 finished rooms (2 storage rooms and 1 rec room) plus the full bathroom.</b>					
# of Bedrooms (SF): <b>3</b>	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: <b>3</b>	# Full Baths: <b>1</b>	# Half Baths: <b>0</b>	# Fireplaces: <b>0</b>		
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input checked="" type="checkbox"/> None					
Basement/Foundation Info: <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial					
1 <sup>st</sup> Fl Width: <b>42</b>	1 <sup>st</sup> Fl Depth: <b>32</b>	2 <sup>nd</sup> Fl Width: <b>42</b>	2 <sup>nd</sup> Fl Depth: <b>32</b>	Bsmt Width: <b>42</b>	Bsmt Depth: <b>32</b>
Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: <b>1,344</b>	sq ft	Occupiable Area: <b>842</b>	sq ft

**AGREEMENT/ DISCALIMER REQUIRED**

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 ORIGINAL SIGNATURE

**4-21-2020**  
DATE SIGNED

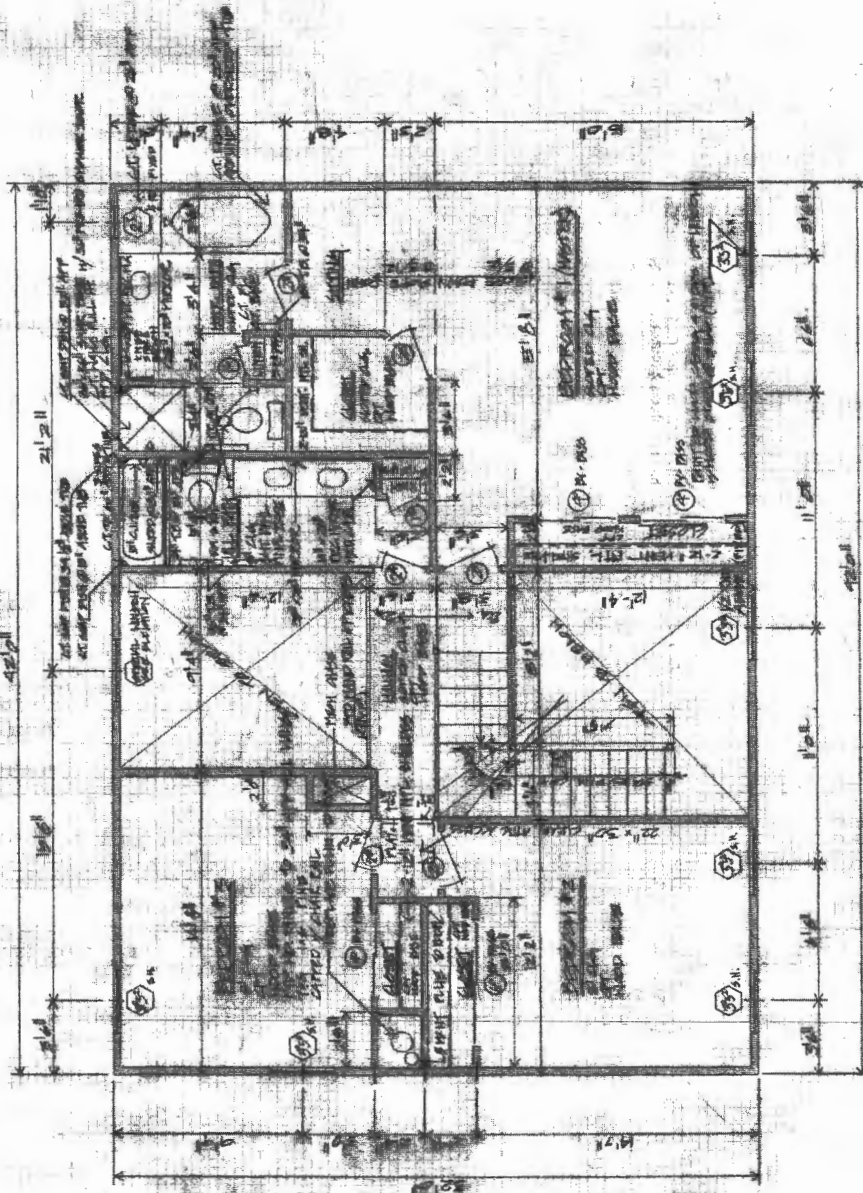
**FOR OFFICE USE ONLY**

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

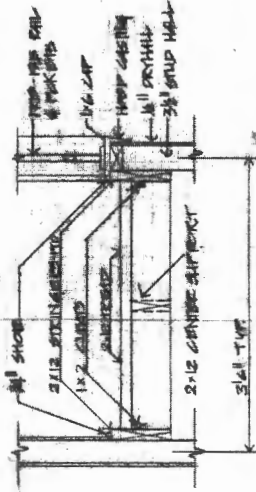
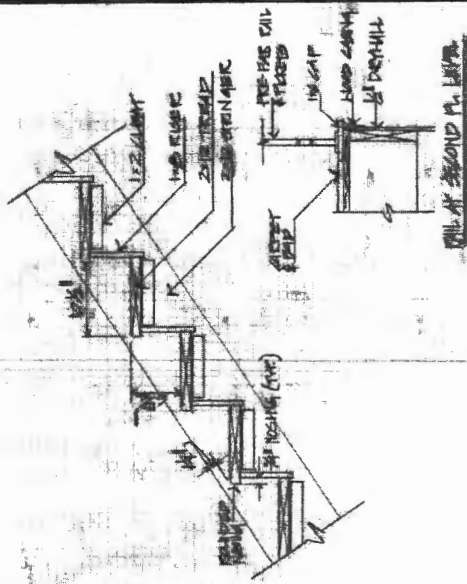
AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <b>5/26/2020</b>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:		PAYMENT:		ACCEPTED BY:	

NOTE: PROVIDE 1/2" AG. FINISHES UNLESS NOTED IN ALL ROOMS SCHEDULED FOR AT PLACES OR SHOWN VARIOUS PLACES (NOTED IN 2ND FLOOR)

NOTE: PROVIDE R-11 INSULATION IN BATHROOM INTERIOR PARTITION AND ENTIRE SECOND FLOOR



SECOND FLOOR PLAN  
SCALE: 1/4" = 1'-0"

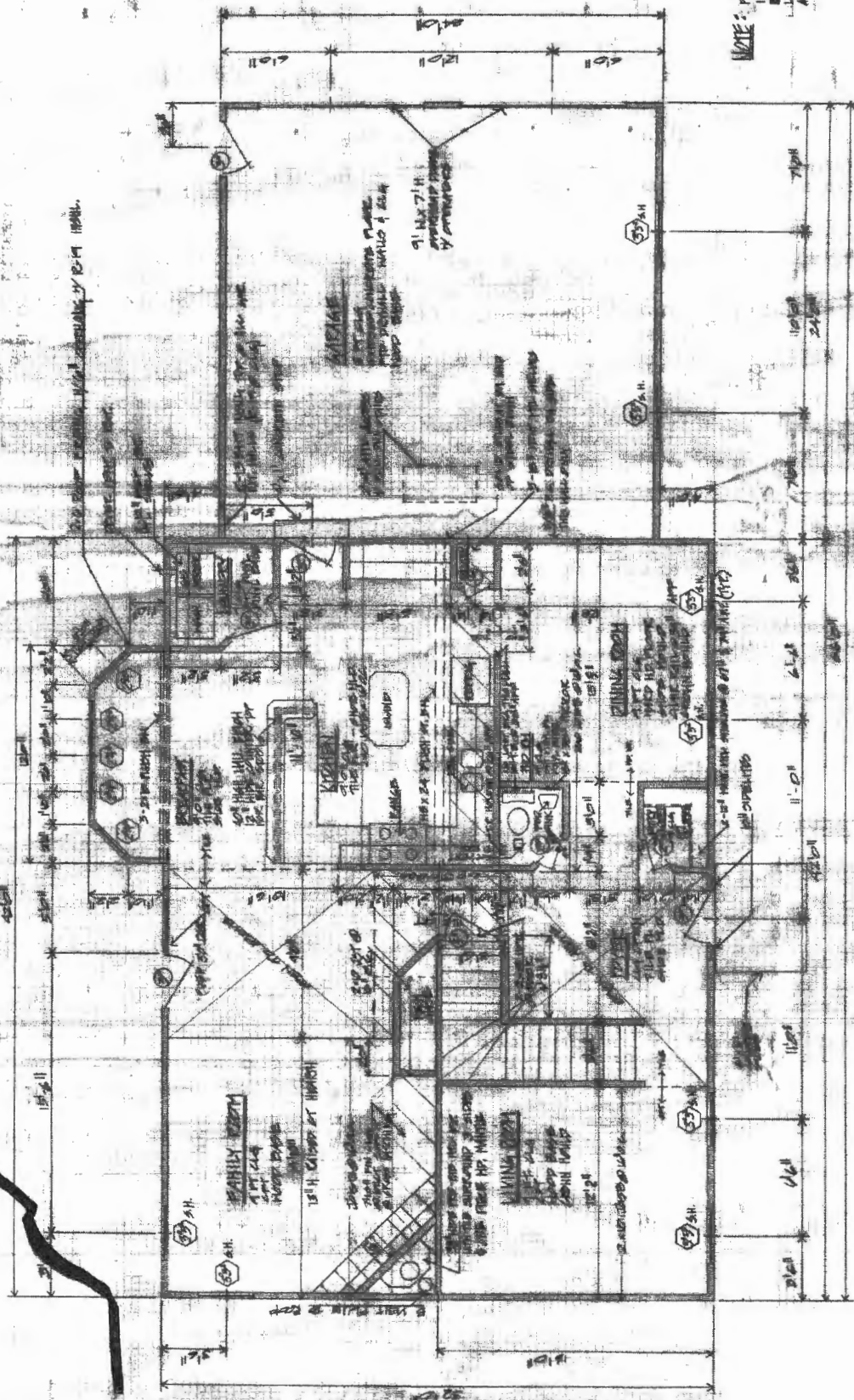


STAIR DETAILS  
SCALE: 1/4" = 1'-0"

NOTES: 17 RISERS @ 6" RISE  
14 TREADS @ 10" RISE

# HENDERSON RESIDENCE

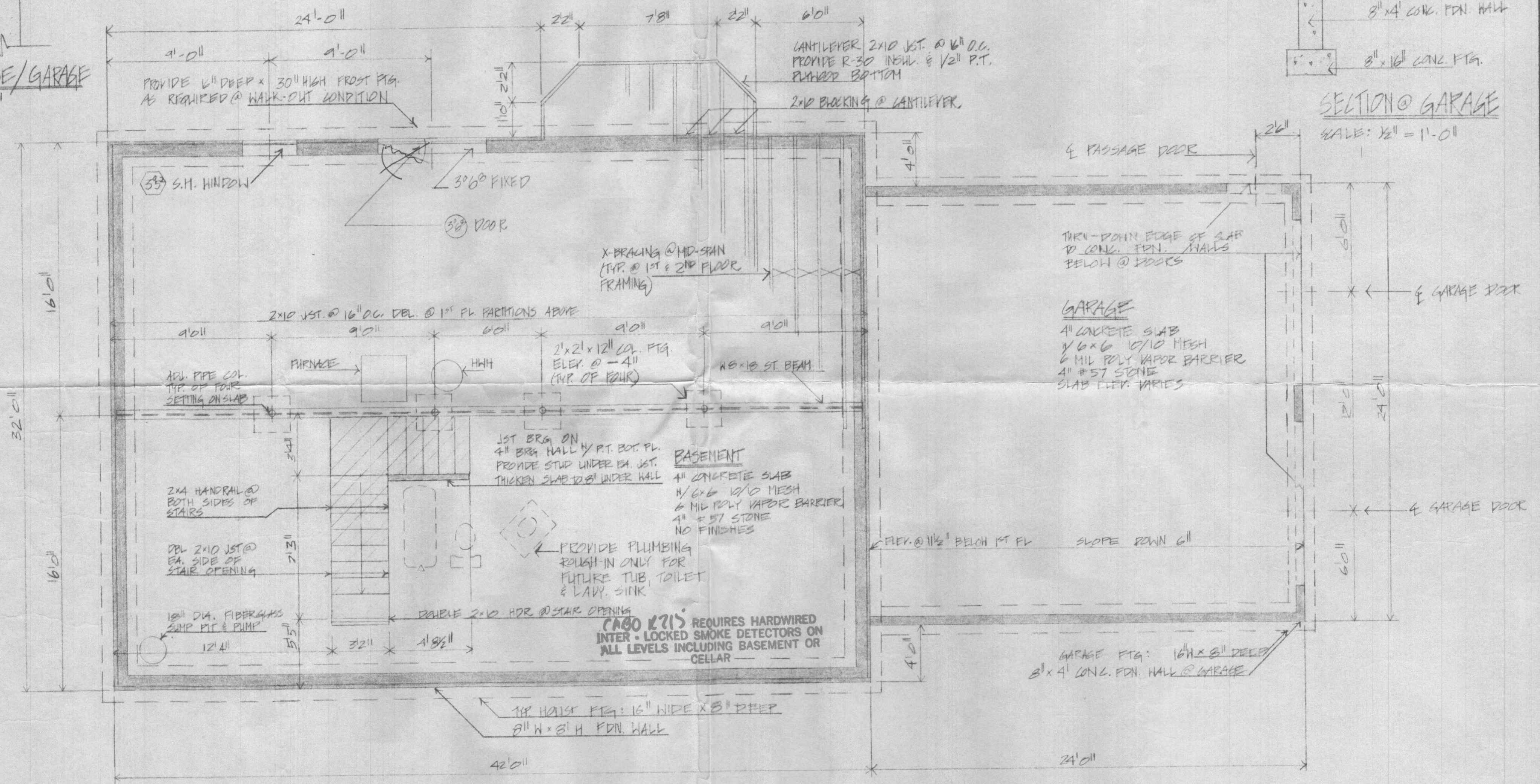
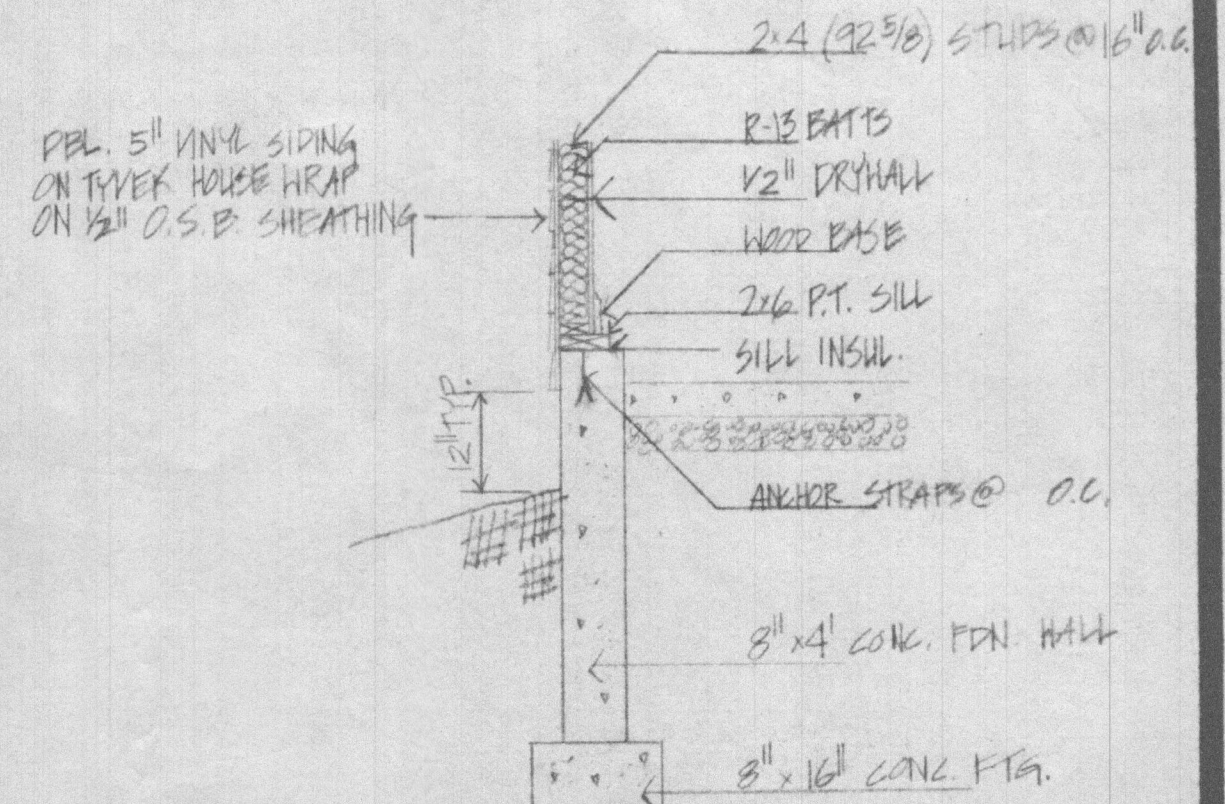
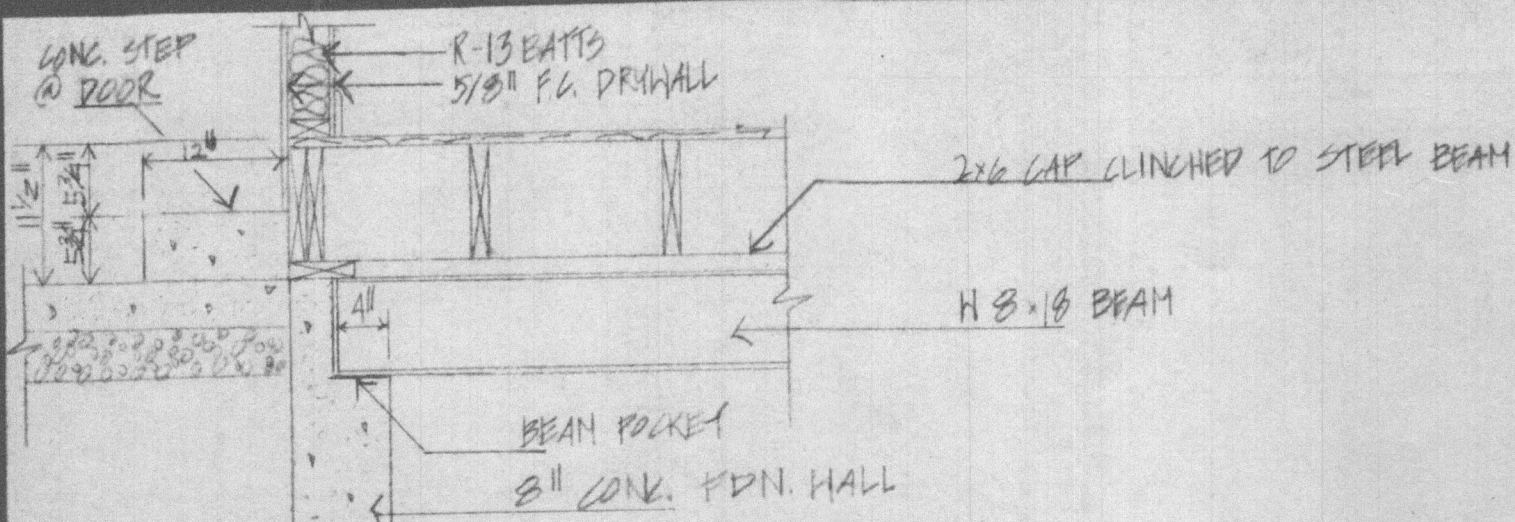
SCALE  
1/4" = 1'-0"



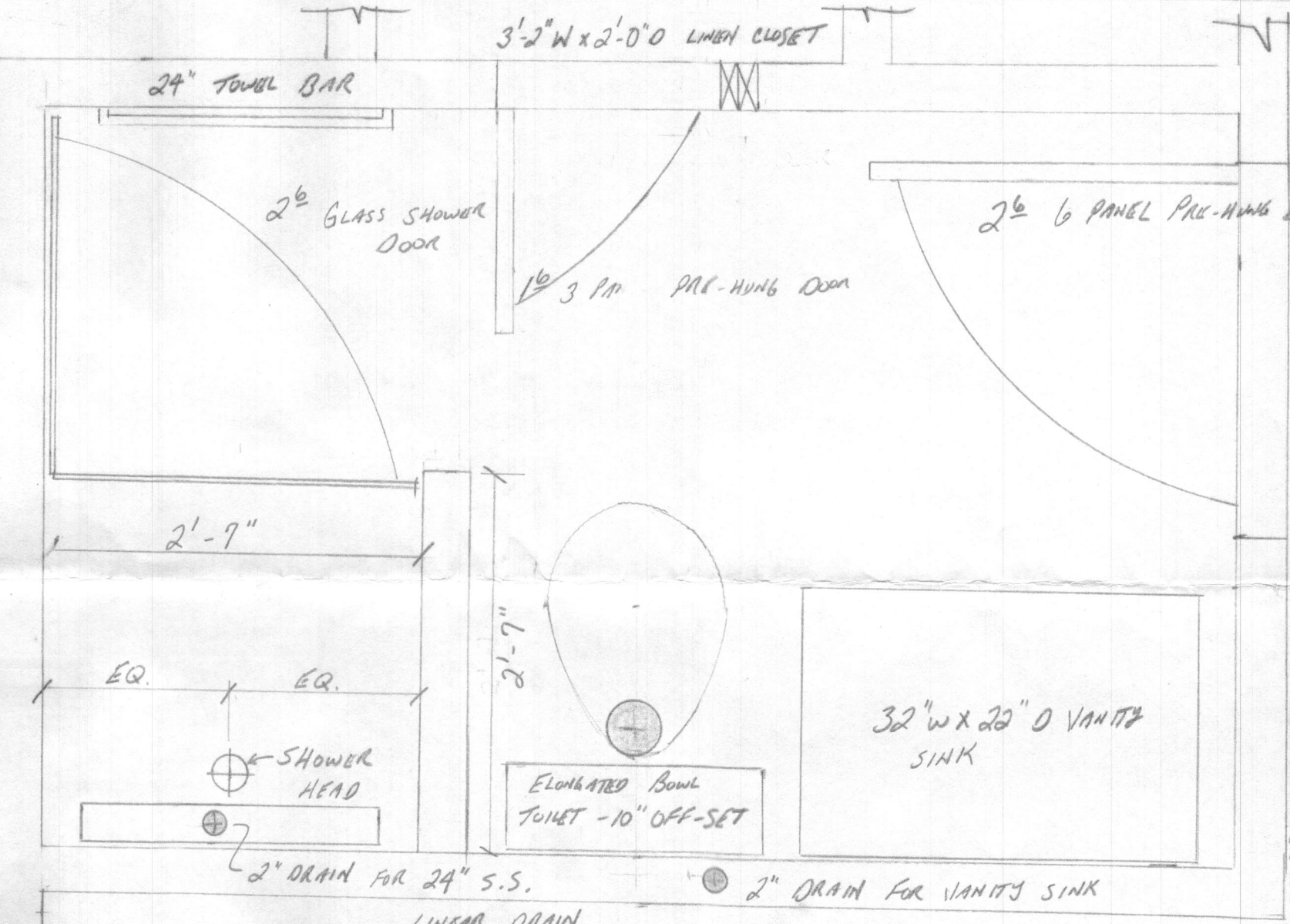
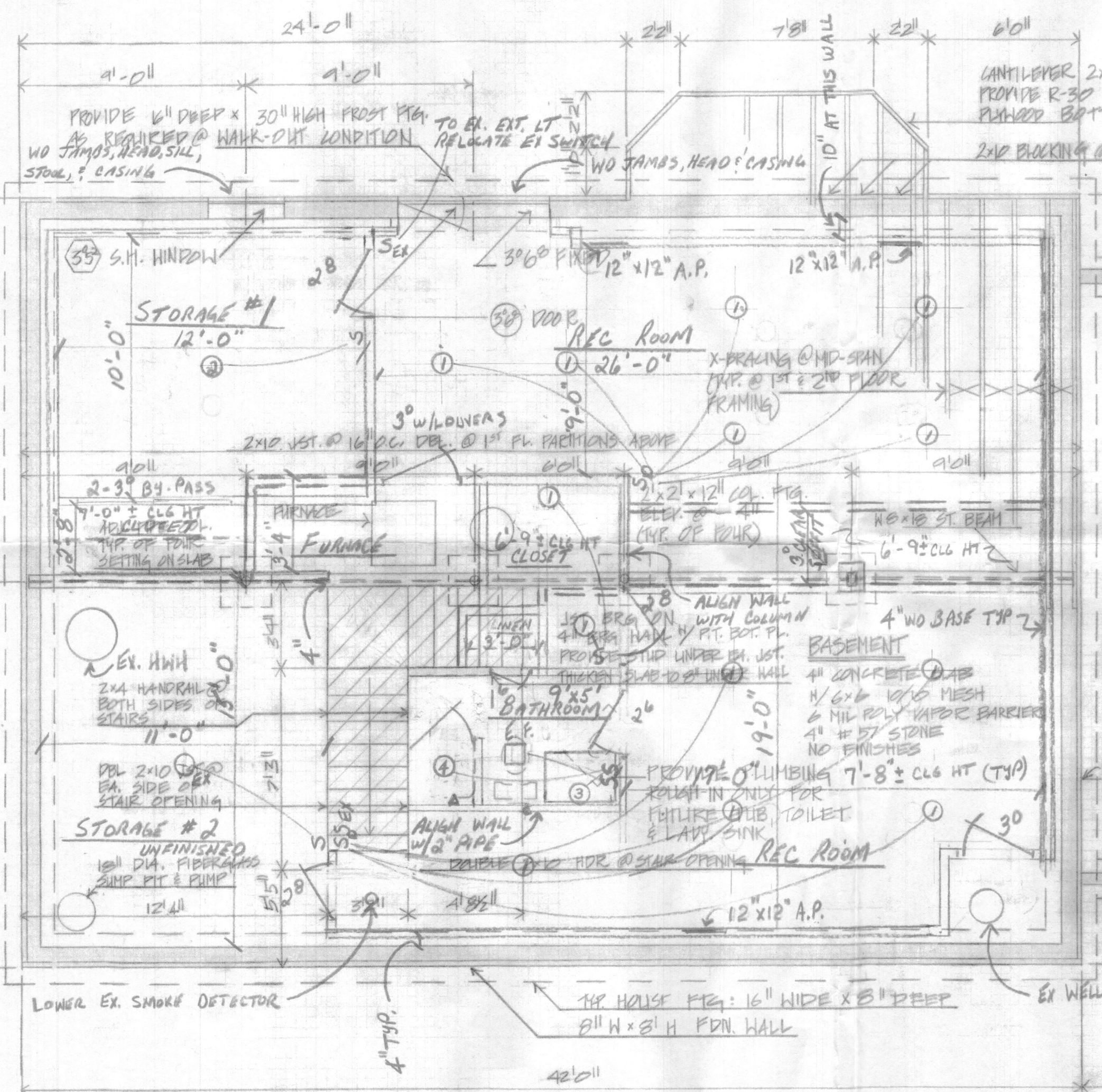
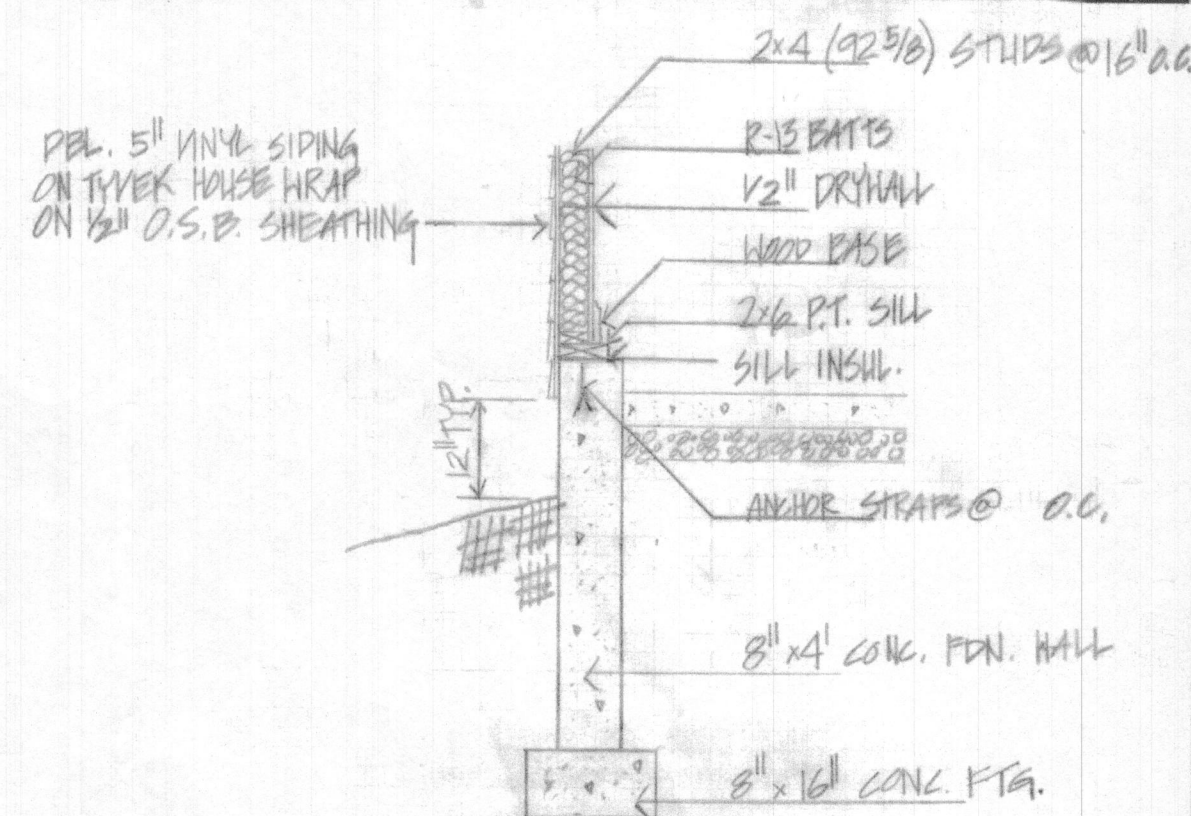
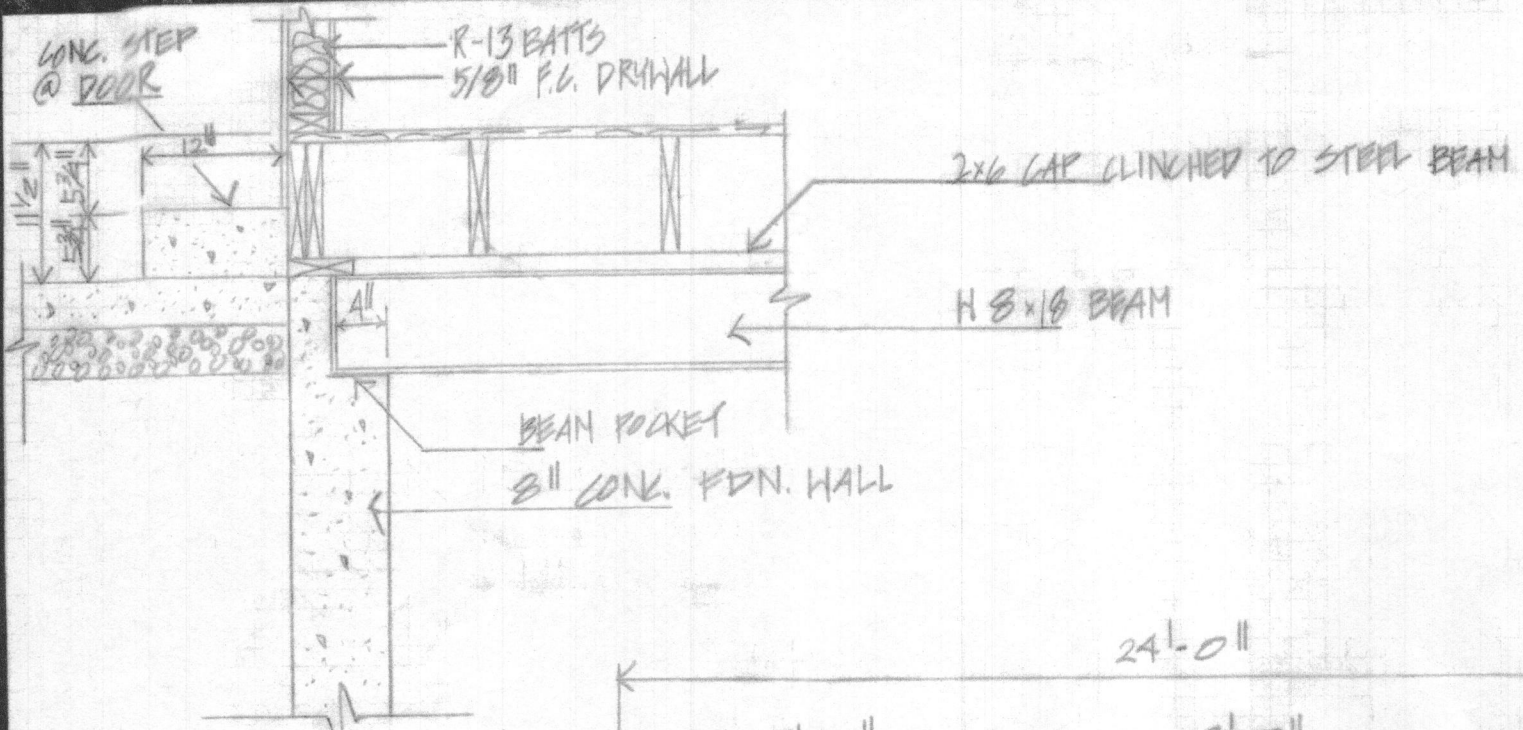
FIRST FLOOR PLAN  
SCALE: 1/4" = 1'-0"

HENDERSON RESIDENCE









- ELECTRICAL NOTES:**
- S = SWITCH
  - S<sub>EX</sub> = EXSTG. SWITCH
  - S<sub>D</sub> = DIMMER SWITCH
  - ① = 6" LED CANS (13)
  - <sub>EX</sub> = EXSTG. KEYLESS
  - ② = STORAGE CLG FIXTURE (1)
  - ③ = BATHROOM VANITY WALL FIXTURE (1)
  - ④ = BATHROOM SHOWER CLG FIXTURE (1)
- PROVIDE ELEC. RECEPTACLES PER CODE

ALL OUTLETS, SWITCHES, & COVER PLATES TO BE WHITE

**PROPOSED BASEMENT PLAN**

Approved B20001349  
RAT 5/26/2020

HENDERSON RESIDENCE 4513 RUTHER FORD WAY  
DARTON, MO 21036

SCALE AS NOTED 2 OF 4