



Building Address: 3985 SHARP ROAD  
City: GLENELG State: MD Zip Code: 21737  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 7  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD  
Proposed Use: SFD /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: DANIEL HABERSAT  
Address: 3816 SWAN HOUSE CT  
City: BURTONSVILLE State: MD Zip Code: 20866  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
Applicant's Name: MICHELLE CLANCY  
Address: PO BOX 310  
City: PERR HALL State: MD Zip Code: 21128  
Phone: 443-610-7514 Fax: \_\_\_\_\_  
Email: MICHELLE@APPLIEDANDAPPRO ED.COM

Contractor Company: AIR GAS  
Contact Person: DENNIS FEAGA  
Address: 6750 PINEGLEN AVE STE B  
City: GLEN BURNIE State: MD Zip Code: 21060  
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: _____                                               | Depth _____ Width _____                                                               |
| Gross area, sq. ft./floor: _____                                    | 1 <sup>st</sup> floor: _____                                                          |
| Area of construction (sq. ft.): _____                               | 2 <sup>nd</sup> floor: _____                                                          |
| Use group: _____                                                    | Basement: _____                                                                       |
|                                                                     | <input type="checkbox"/> Finished Basement                                            |
|                                                                     | <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                                            |

| 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 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: \_\_\_\_\_  
MICHELLE@APPLIEDANDAPPRO ED.COM  
Email Address  
PERMITS  
Title/Company

Print Name: MICHELLE CLANCY  
Date: 11/20/19

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               | 11/20/19 |                       |

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: _____                                                     |

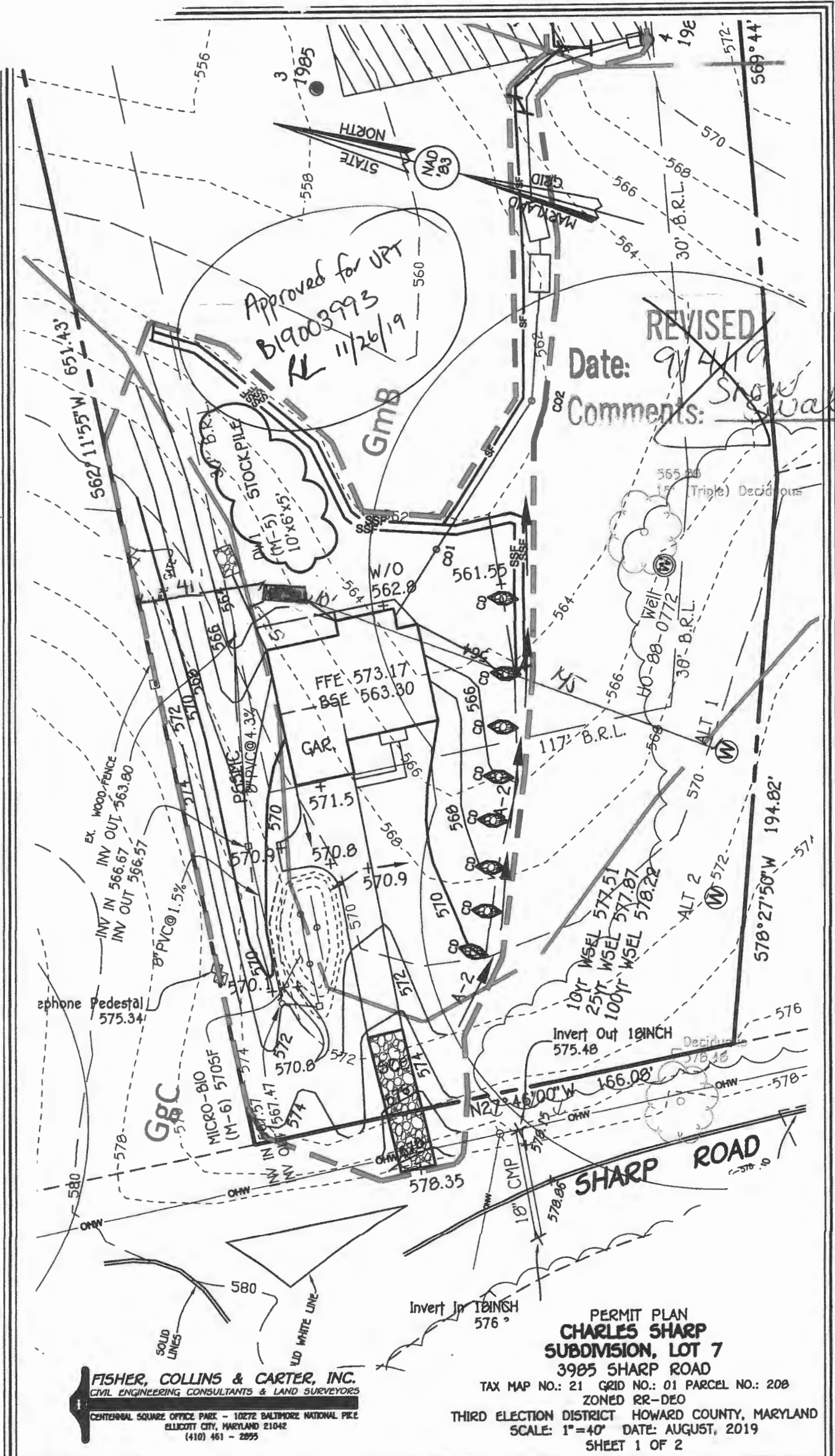
|                 |                  |
|-----------------|------------------|
| Filing Fee      | \$ <u>110.00</u> |
| Permit Fee      | \$               |
| Tech Fee        | \$               |
| Excise Tax      | \$               |
| PSFS            | \$               |
| Guaranty Fund   | \$               |
| Add'l per Fee   | \$               |
| Total Fees      | \$               |
| Sub- Total Paid | \$               |
| Balance Due     | \$               |
| Check           | # <u>7423</u>    |

Distribution of Copies: White: Building Officials Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA



FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461 - 2995

PERMIT PLAN  
CHARLES SHARP  
SUBDIVISION, LOT 7  
3985 SHARP ROAD  
TAX MAP NO.: 21 GRID NO.: 01 PARCEL NO.: 208  
ZONED RR-DEO  
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1"=40' DATE: AUGUST, 2019  
SHEET 1 OF 2



# 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: 7/19/19

Permit No.: B19002318

Building Address: 3785 Sharp Rd  
City: Glenelg State: MD Zip Code: 21737  
Suite/Apt. #: SDP/WP/BA: 48-19-095E  
Subdivision: Sharp  
Lot: 7 Tax Map: Parcel:

Existing Use: Vacant lot  
Proposed Use: 2 story  
Estimated Construction Cost: \$ 250,000  
Description of Work: 2 story Colonial 4 Bedroom  
3 Full Bath Unfinished  
Basement

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

Property Owner's Name: Dan Haberst + Dr. Marybeth  
Address: 3814 Susan Haver Ct  
City: Gaithersburg State: MD Zip Code:  
Phone: Fax:  
Email: Dan.Haberst@gmail.com

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

Contractor Company: Viking Development Corp  
Contact Person: Caryn Cumberland  
Address: 815 Woodrow Dr  
City: Gaithersburg State: MD Zip Code: 21784  
License No.: 1185  
Phone: 410-977-2188 Fax:  
Email: Caryn@vikingcustomhomes.com

Engineer/Architect Company: Cadd works  
Responsible Design Prof.:  
Address:  
City: Frederick 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:                       | 1st floor: 33 51                                                                      |
| Area of construction (sq. ft.):                  | 2nd floor: 33 51                                                                      |
| Use group:                                       | Basement: 33 51                                                                       |
| Construction type:                               | <input type="checkbox"/> Finished Basement                                            |
| <input type="checkbox"/> Reinforced Concrete     | <input checked="" 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: 4                                                                    |
| <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                                            |

| Utilities                                                                            |
|--------------------------------------------------------------------------------------|
| Electric: <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil            |
| <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other:                                                      |
| Sprinkler System:                                                                    |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No                  |
| Grading Permit Number: 619000157                                                     |
| Building Shell Permit Number: 619000157                                              |

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: Caryn Cumberland  
Email Address: Caryn@vikingcustomhomes.com  
Title/Company: President

Print Name: Caryn Cumberland  
Date: 7-18-19

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               | 8/20/19 | H. Oswald             |

Is Sediment Control approval required for issuance? ☒ Yes ☐ No  
☐ CONTINGENCY CONSTRUCTION START

| DPZ SETBACK INFORMATION                                                                          |
|--------------------------------------------------------------------------------------------------|
| Front: 107                                                                                       |
| Rear: 60                                                                                         |
| Side: 30                                                                                         |
| Side St.:                                                                                        |
| All minimum setbacks met? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No    |
| Is Entrance Permit Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input checked="" 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   | \$     |
| Add'l per Fee   | \$     |
| Total Fees      | \$     |
| Sub- Total Paid | \$     |
| Balance Due     | \$     |
| Check           | # 1487 |

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

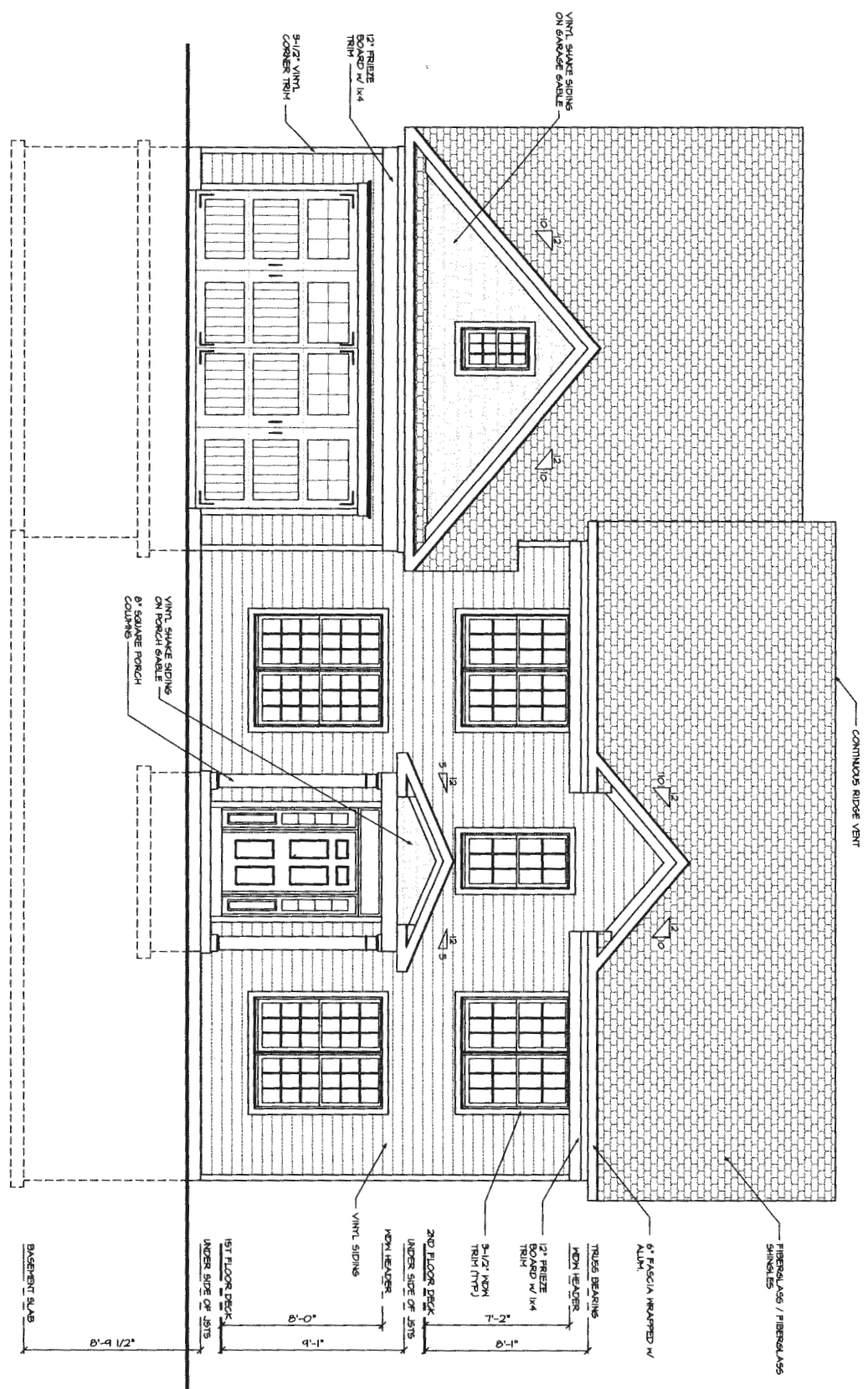




B19002348

FRONT ELEVATION

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



PROPOSED BEW HOME FOR:  
THE GOLDBERG FAMILY  
HOWARD COUNTY

FRONT ELEVATION

| SUBMITTALS |          |                            |
|------------|----------|----------------------------|
| ISSUE DATE | DRAWN BY | REMARKS                    |
| 2-25-11    | DJR      | FIELD-SKETCH PLANS         |
| 1-14-11    | DJR      | REVISED FIELD-SKETCH PLANS |
| 2-14-11    | DJR      | REVISED PLAN               |
| 2-22-11    | DJR      | REVISED PLAN               |
| 3-14-11    | DJR      | PRINT SET PLANS            |

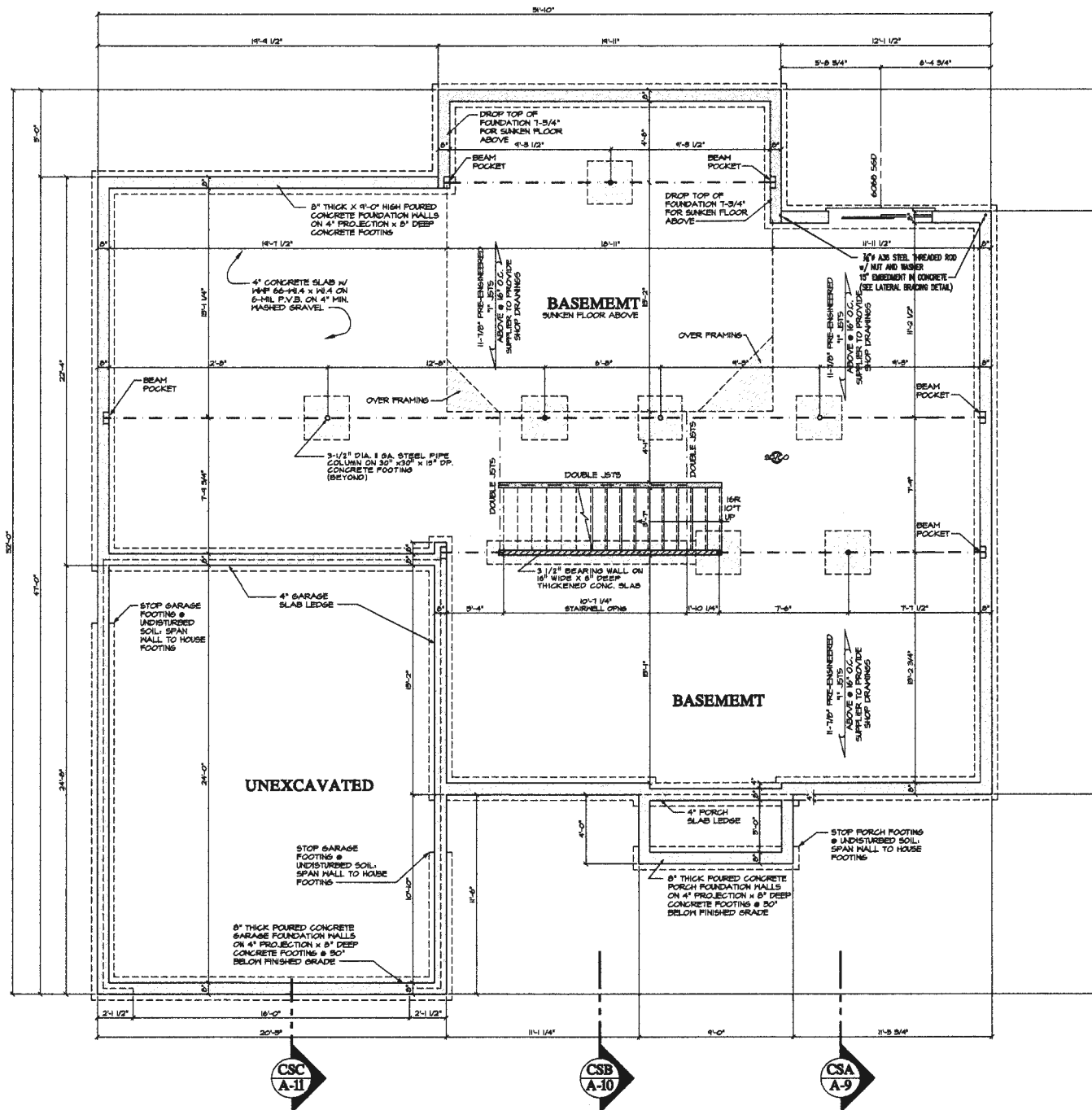
**caddworks inc.**  
RESIDENTIAL DESIGN

332 WEST PATRICK STREET / FREDERICK, MD / 21701  
(V) 301.695.9121 (E) DESIGN@CADDWORKS.NET  
(F) 301.695.4868 (W) WWW.CADDWORKS.NET

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SHEET NO.  
**A-4**

PROJ. NO. 821-05



FOUNDATION PLAN

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



**cadworks inc.**  
RESIDENTIAL DESIGN  
332 WEST PATRICK STREET / REDDICK, MD / 20701  
(V) 301.693.5721 (E) DESIGN@CADWORKS.NET  
(F) 301.693.4668 (W) WWW.CADWORKS.NET

SUBMITTALS

| DATE     | DESCRIPTION      |
|----------|------------------|
| 01/11/11 | ISSUE FOR PERMIT |
| 01/11/11 | ISSUE FOR PERMIT |
| 01/11/11 | ISSUE FOR PERMIT |
| 01/11/11 | ISSUE FOR PERMIT |
| 01/11/11 | ISSUE FOR PERMIT |
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| 01/11/11 | ISSUE FOR PERMIT |
| 01/11/11 | ISSUE FOR PERMIT |

FOUNDATION PLAN

PROPOSED BEW HOME FOR:  
**THE GOLDBERG FAMILY**  
HOWARD COUNTY

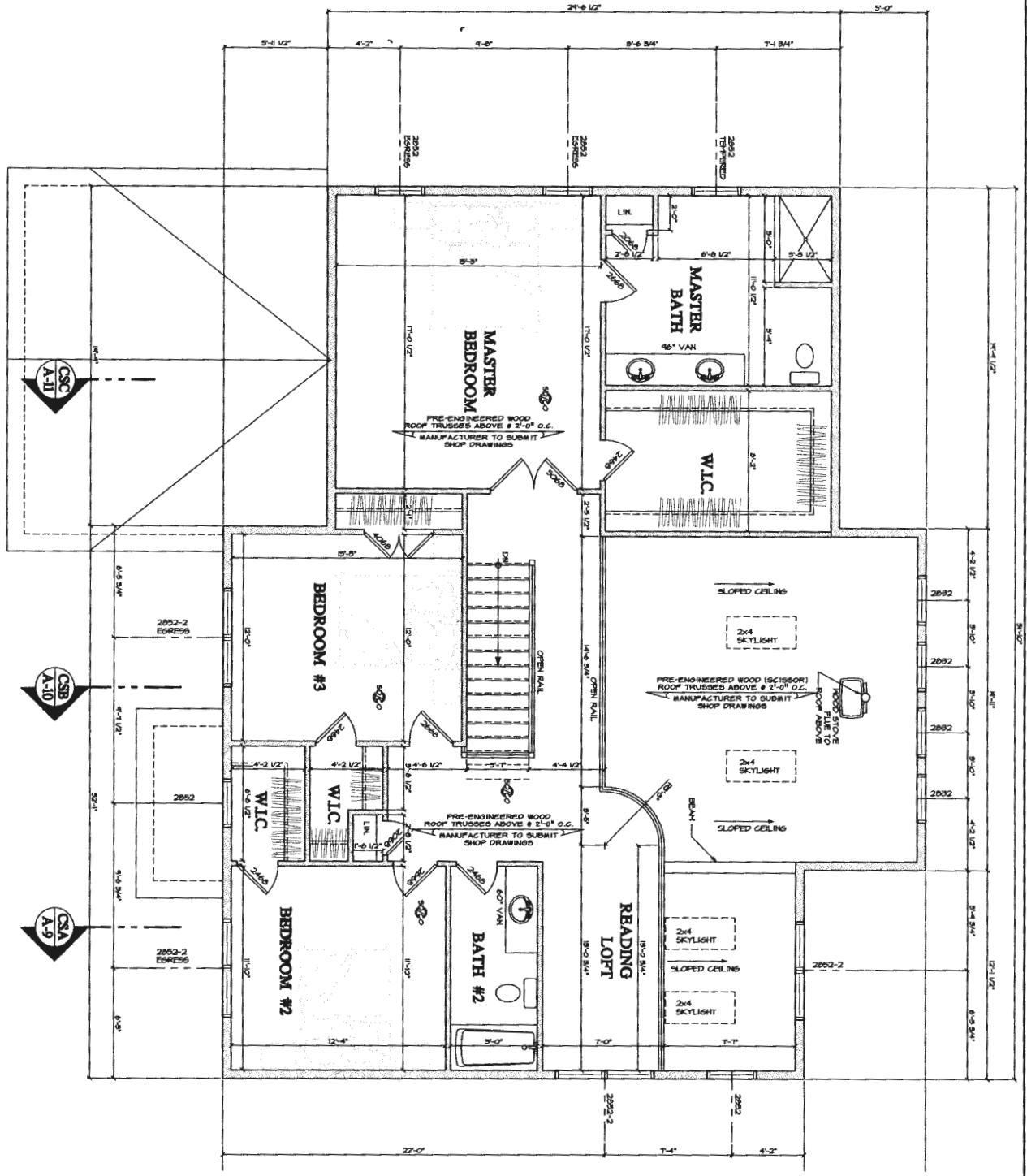
SHEET NO.  
**A-1**

PROJ. NO.: 821-08

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**SECOND FLOOR PLAN**  
 1352 SQ. FT. 2ND FLOOR AREA  
 SCALE: 1/4"=1'-0"



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**PROPOSED BEW HOME FOR:**  
**THE GOLDBERG FAMILY**  
 HOWARD COUNTY

**SECOND FLOOR PLAN**

| SUBMITTALS |          |                          |
|------------|----------|--------------------------|
| ISSUE DATE | DRAWN BY | REMARKS                  |
| 1-28-11    | DPR      | PRELIMINARY PLAN         |
| 1-28-11    | DPR      | REVISED PRELIMINARY PLAN |
| 2-16-11    | DPR      | REVISED PLAN             |
| 2-22-11    | DPR      | REVISED PLAN             |
| 3-14-11    | DPR      | POWER SET PLANS          |

**A-3**  
 SHEET NO.

PROJ. NO. 121-06



## Oswald, Hank

---

**From:** Oswald, Hank  
**Sent:** Monday, August 05, 2019 11:26 AM  
**To:** 'cary@vikingcustomhomes.com'  
**Subject:** B19002348\_3985 Sharp Road\_OSDS Plan

Hi Cary:

Good morning. This office is in receipt of building permit and floor plans but no OSDS Plan for 3985 Sharp Road. Please have your engineer forward 3 copies of an OSDS Plan for review.

Should you have any questions, please don't hesitate to ask.

Thanks,

Hank

Hank Oswald  
Licensed Environmental Health Specialist  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
8930 Stanford Boulevard  
Columbia, MD 21045  
410.313.1786 (Office)  
[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)

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