



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.: _____

Building Address: 15217 Sweetbay Street
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: Belle Haven Estates
Lot: 44 Tax Map: _____ Parcel: _____

Existing Use: _____
Proposed Use: _____

Estimated Construction Cost: \$100,000
Description of Work: Addition of Mudroom (10'x16'6"), Breezeway, and Garage (26'8"x18').

Occupant/Tenant Name: Robert DelGaudio
Was tenant space previously occupied? ☒ Yes ☐ No
Contact Name: Robert DelGaudio
Address: 15217 Sweetbay St.
City: Woodbine State: MD Zip Code: 21797
Phone: 240-793-7741 Fax: _____
Email: rdelgaudio@verizon.net

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 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 checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	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	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: Robert DelGaudio
Address: 15217 Sweetbay Street
City: Woodbine State: MD Zip Code: 21797
Phone: 240-793-7741 Fax: _____
Email: rdelgaudio@verizon.net

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: Jonathan Rivera Architecture

Responsible Design Prof.: Jonathan Rivera
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: 443-226-5745 Fax: _____
Email: jrivera@jonathanrivera.com

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 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: _____
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: Robert DelGaudio
Email Address: rdelgaudio@verizon.net

Print Name: Robert DelGaudio
Date: 9-11-19

Title/Company: _____

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

Distribution of Copies: White: Building Officials

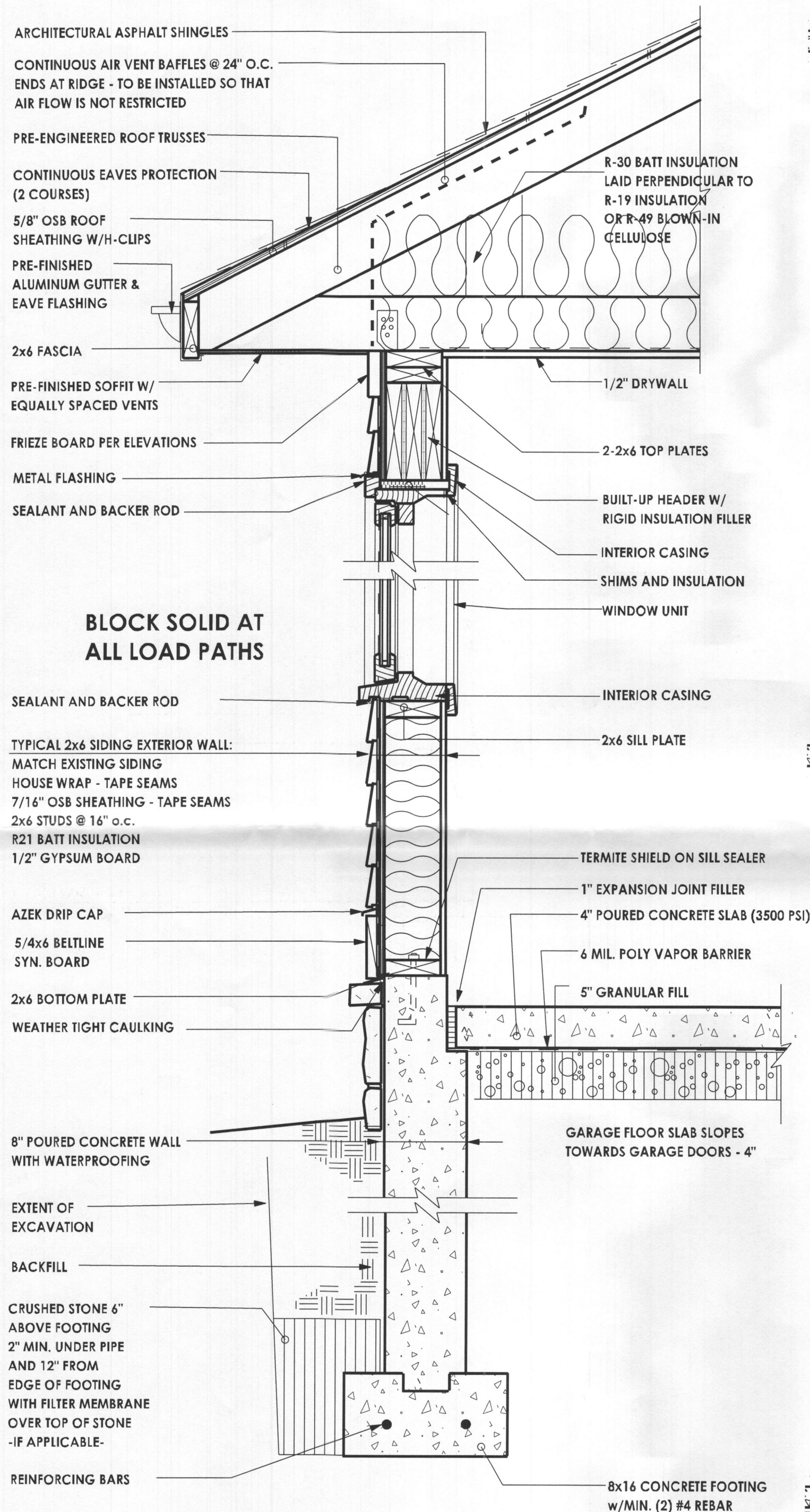
Green: PSZA, Zoning

Yellow: PSZA, Engineering

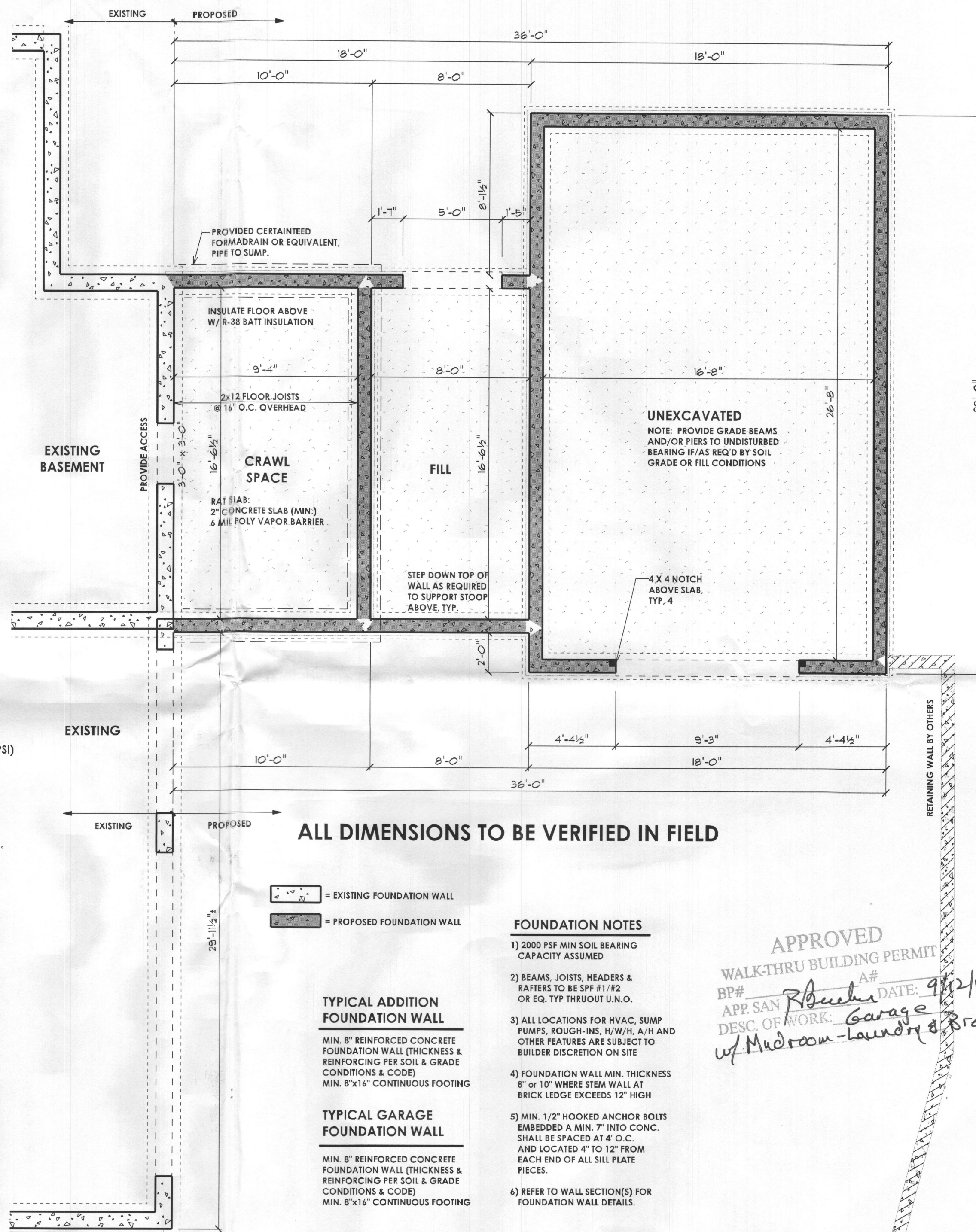
Pink: Health

Gold: SHA

Last ~~BAT~~ service: 8/22/2018
Sample taken: 4/24/2019



WALL SECTION AT GARAGE

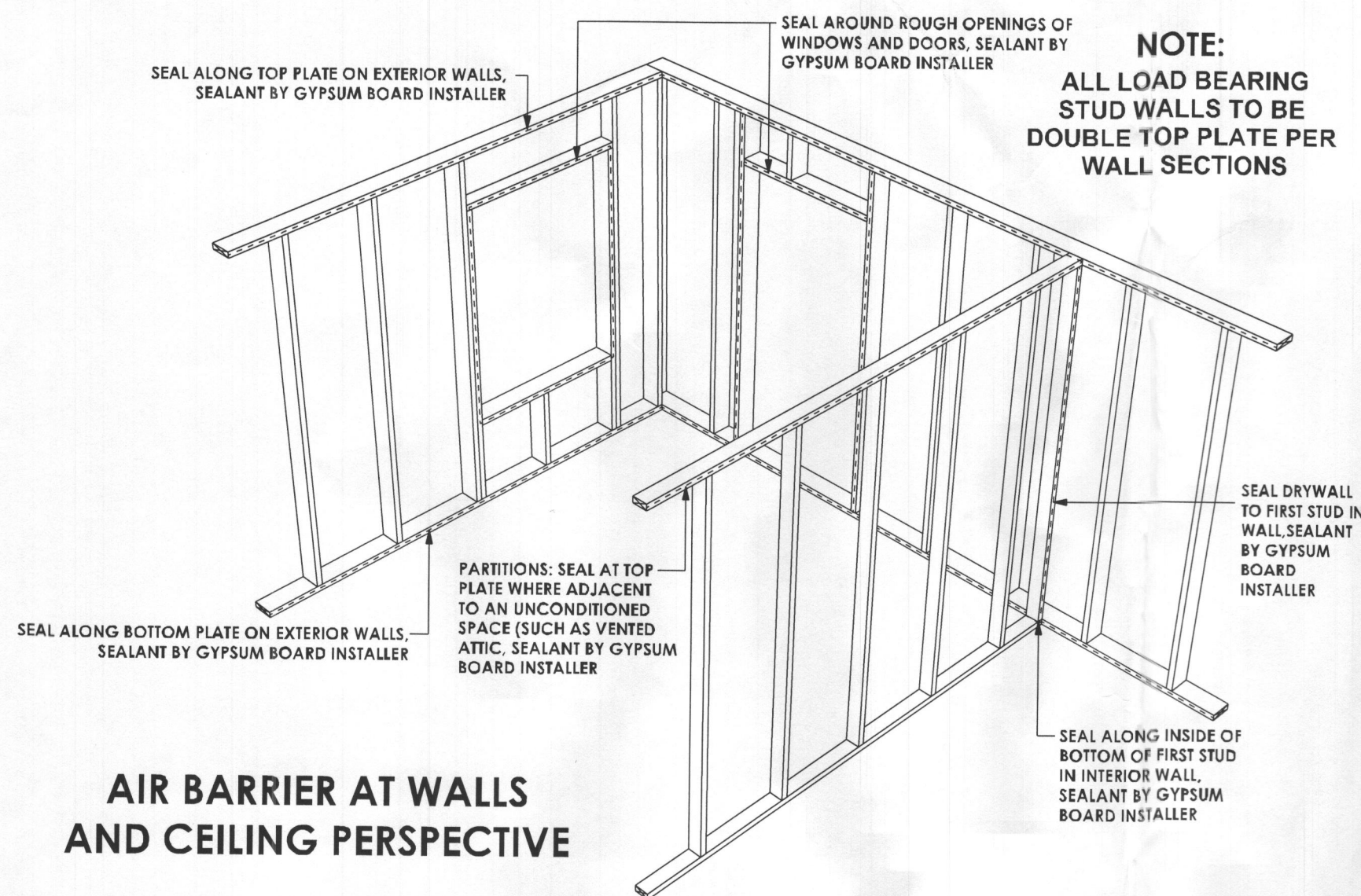


Delgandio Residence
 PROPOSED ADDITION
 15217 Sweetbay Street, Woodbine, Maryland 21797

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# A# DATE: 9/12/19
 APP SAN R. Rivera
 DESC. OF WORK: Garage w/ Mudroom - laundry & breezeway

ISSUE DATES:
 6-28-19 REVIEW SET

SCALE: 1/4" = 1'-0"
FOUNDATION
2.01
 PRINT DATE:
 Friday, September 06, 2019



AIR BARRIER AT WALLS AND CEILING PERSPECTIVE

GENERAL FRAMING NOTES

DOUBLE ALL FLOOR JOISTS UNDER WALLS ABOVE, THAT ARE FRAMED PARALLEL TO FLOOR FRAMING UNLESS NOTED OTHERWISE ON THE PLANS.

ALL FLOOR JOISTS, CEILING JOISTS & RAFTERS ARE TO BE S.P.F.

ALL BEAMS, GIRDERS AND HEADERS ARE TO BE DOUG. FIR LARCH #2 OR BETTER WITH A Fb RATING OF 875 AND MODULUS OF ELASTICITY OF 1,600,000 MIN. UNLESS OTHERWISE NOTED.

ALL LAMINATED VENEER LUMBER (LVL) BEAMS, GIRDERS AND HEADERS LABELED ON THE PLANS, TO HAVE A Fb RATING OF 2,950 AND MODULUS OF ELASTICITY OF 2,000,000 MIN. UNLESS OTHERWISE NOTED. STRUCTURAL LAMINATED BEAMS TO BE INSTALLED AS PER MANUFACTURERS SPECIFICATIONS.

ALL STRUCTURAL OPENINGS TO RECEIVE MIN. 3-2x10 HEADERS W/ 1/2" RIGID INSULATION FILLER & 1 JACK STUD EACH END UNLESS NOTED OTHERWISE.

PROVIDE SOLID 2x10 BLOCKING TO BE LOCATED BETWEEN FLOOR JOISTS WHERE POSTS, FROM ABOVE, CARRYING STRUCTURAL HEADERS LAND BETWEEN FLOOR JOIST BELOW. BLOCKING TO BE BUILT UP TO THE SAME WIDTH AS POST IT IS CARRYING ABOVE.

PROVIDE ADEQUATE CLEARANCE @ PLUMBING STACKS AS REQ.

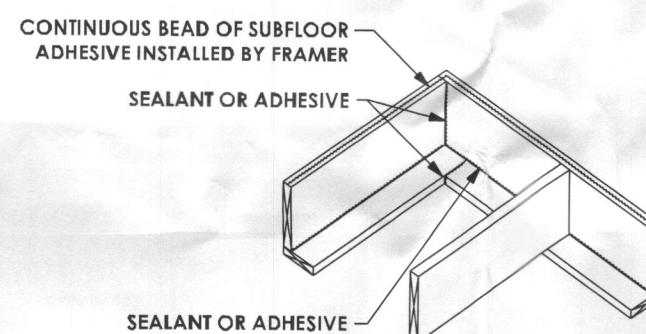
ALL DIMENSIONS MUST BE VERIFIED IN THE FIELD BY THE CONTRACTOR BEFORE START OF CONSTRUCTION. ANY DISCREPANCIES ON THE PLANS, OR SPECIFICATIONS, MUST BE REPORTED TO THE ARCHITECT OR ENGINEER PRIOR TO THE START OF CONSTRUCTION.

ANY VARIATION FROM THESE PLANS THAT WILL REQUIRE CHANGES TO THE STRUCTURAL MEMBERS SHALL BE BROUGHT TO THE ATTENTION OF THE ARCHITECT IMMEDIATELY.

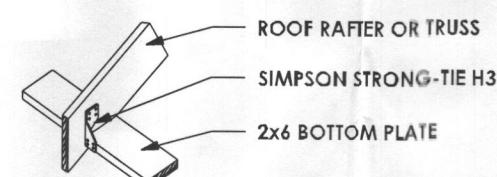
WHERE APPLICABLE, REFER TO ENGINEERED LUMBER MFR'S SPECIFICATIONS FOR MULTI-MEMBER INSTALLATION & CONNECTION REQUIREMENTS

FASTEN MULTIPLE MEMBER JACKS TOGETHER W/ MIN. 10d NAILS @ 8" O.C. STAGGERED ALONG ENTIRE LENGTH OF MEMBERS. PROVIDE NAILING W/IN 3" OF TOP OR BOTTOM OF MEMBERS.

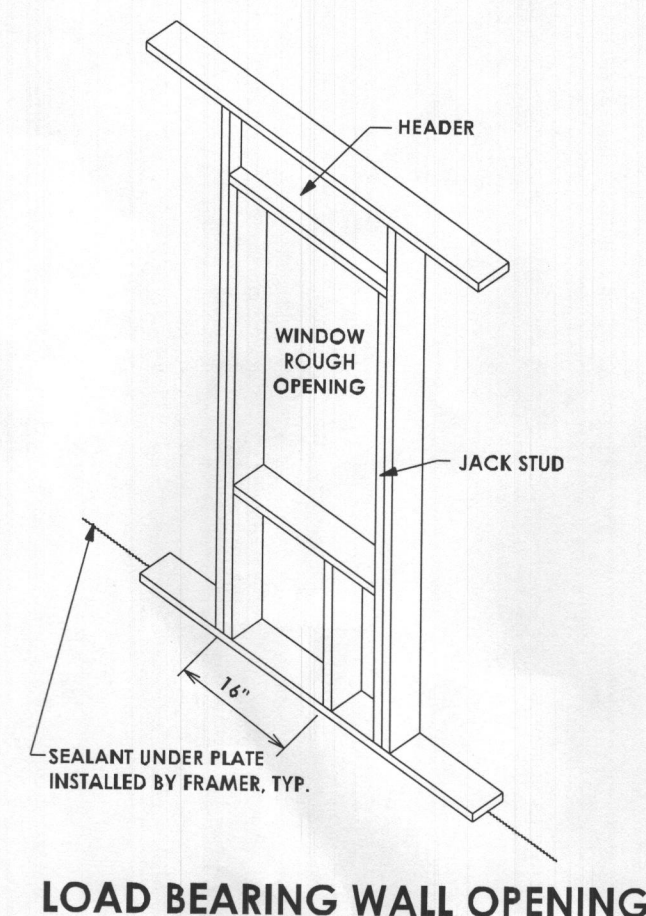
FASTEN MULTIPLE MEMBER BEAMS TOGETHER W/ MIN 16d NAILS @ 12" O.C. STAGGERED ALONG ENTIRE LENGTH OF MEMBERS. TWO ROWS REQUIRED FOR DEPTHS UP TO 12". THREE ROWS REQUIRED FOR DEPTHS OF 12-18". PROVIDE NAILING W/IN 22" OF EACH END OF MEMBERS. FOR BEAMS 7" OR GREATER IN WIDTH PROVIDE BOLTED CONNECTION W/ ASTM GRADE A-307 (OR BETTER) 1/2" DIA. BOLTS IN TWO ROWS 3" FROM EACH END OF BEAM @ 24" O.C. STAGGERED.



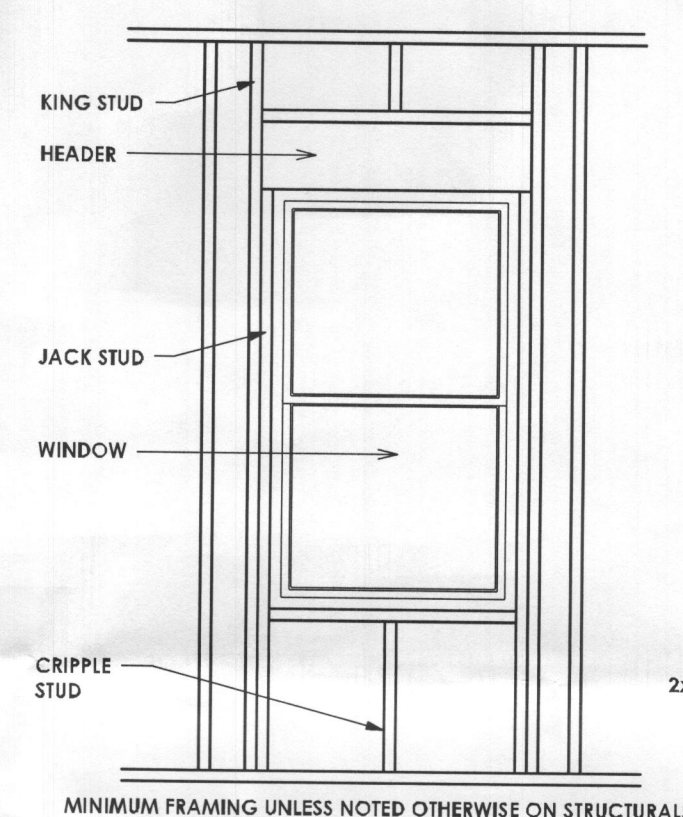
RIM JOIST AIR SEALING



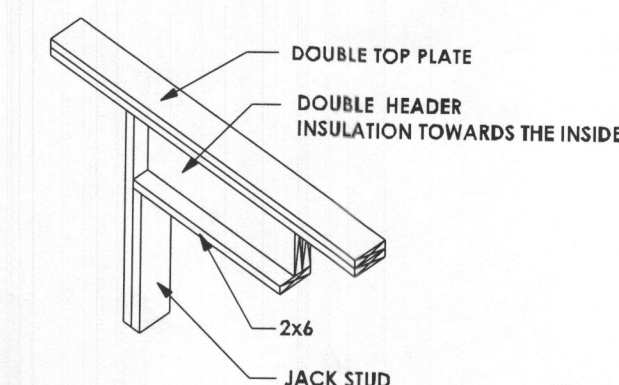
ROOF WALL FRAMING CONNECTION



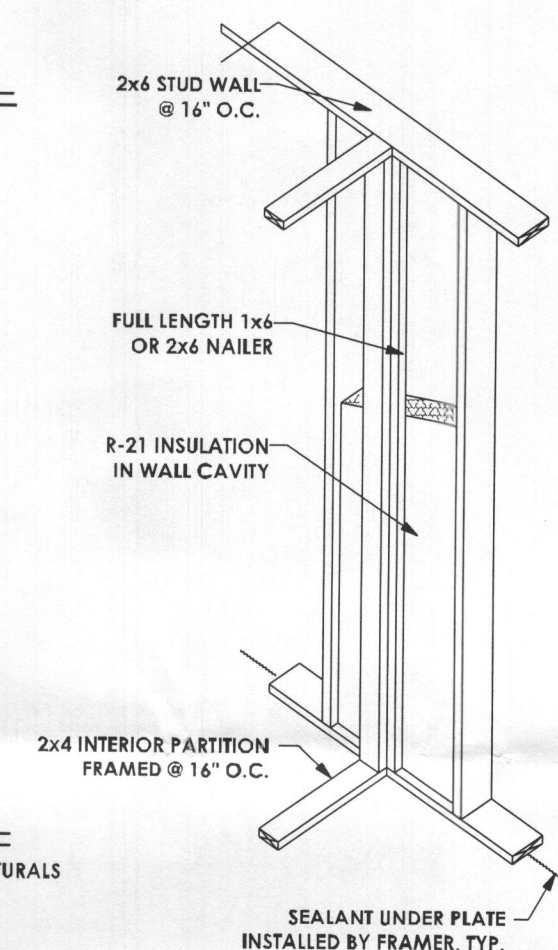
LOAD BEARING WALL OPENING



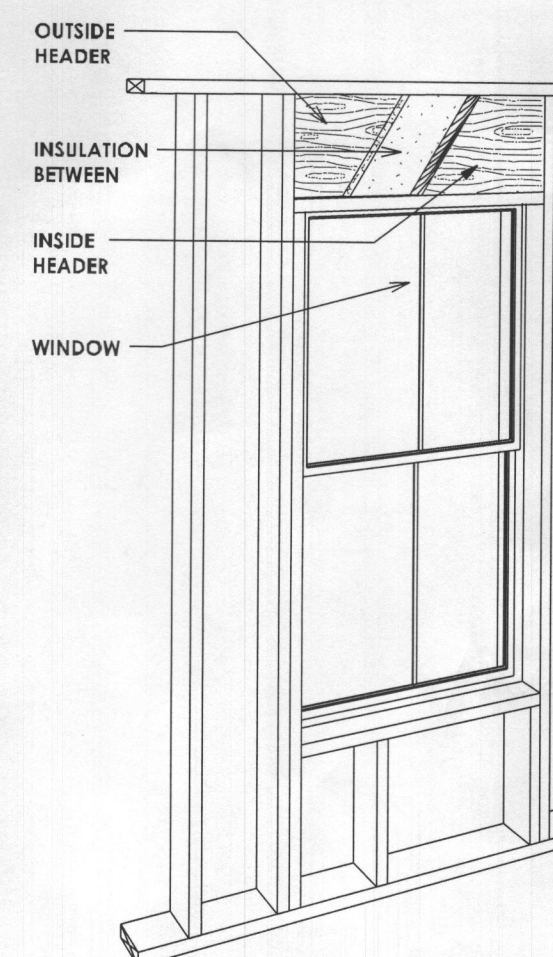
WINDOW FRAMING ELEVATION



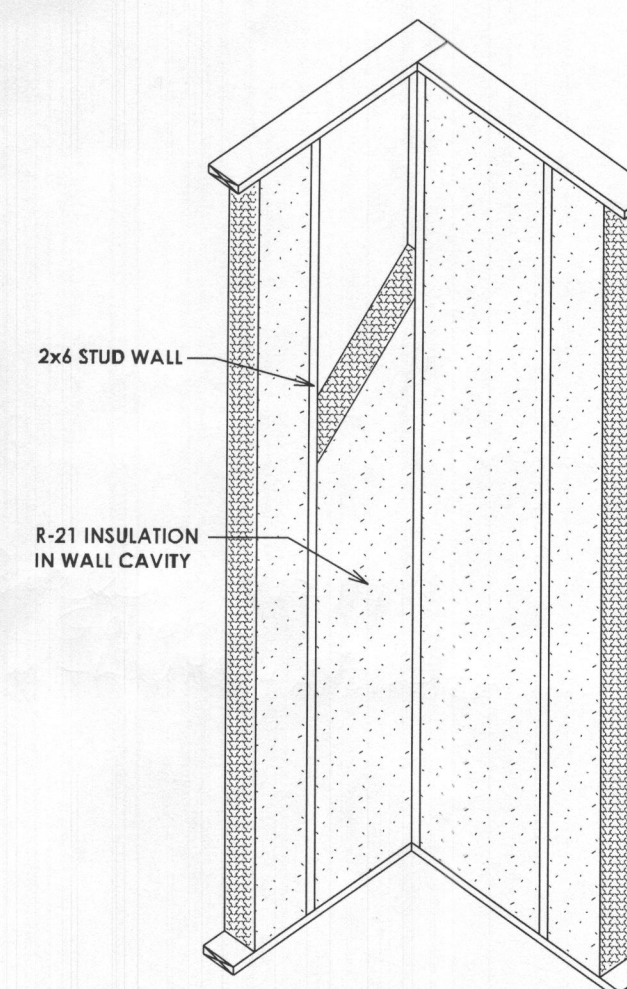
DOUBLE HEADER



NAILER @ PARTITION



HEADER INSULATION BETWEEN



TWO-STUD CORNER-INSULATION