

# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
[www.howardcountymd.gov](http://www.howardcountymd.gov)

DMLP 2018 OCT 3 PM 3:59

Date Received: \_\_\_\_\_

Permit No.: B18003450

Building Address: 3415 SHADY LN  
City: GLENWOOD State: MD Zip Code: 21738  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: F-88-102  
Census Tract: 605600 Subdivision: THE KNOWLES  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 4  
Tax Map: 21 Parcel: \_\_\_\_\_ Grid: 21-5  
Zoning: RR-10 Map Coordinates: \_\_\_\_\_ Lot Size: 225700

Existing Use: VACANT LOT

Proposed Use: SINGLE FAMILY DWELLING

Estimated Construction Cost: \$ 1.2M

Description of Work: ERECTING NEW  
FOR SINGLE FAMILY CUSTOM  
HOME

Occupant/Tenant Name: \_\_\_\_\_

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

<b>Commercial Building Characteristics</b>	<b>Residential Building Characteristics</b>
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: 50' 145'
	2 <sup>nd</sup> floor: 50' 145'
Area of construction (sq. ft.):	Basement: 5
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b><u>Construction type:</u></b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<b><u>Multi-family Dwelling</u></b>
<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:
<b>➤ Roadside Tree Project Permit</b>	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
<b>Roadside Tree Project Permit #</b>	<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: \_\_\_\_\_

<u><b>Utilities</b></u>		
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u><b>Water Supply</b></u>		
<input type="checkbox"/> Public		
<input type="checkbox"/> Private		
<u><b>Sewage Disposal</b></u>		
<input type="checkbox"/> Public		
<input type="checkbox"/> Private		
<u><b>Heating System</b></u>		
<input type="checkbox"/> Electric <input type="checkbox"/> Oil		
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas		
<input type="checkbox"/> Other:		
<u><b>Sprinkler System:</b></u>		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Grading Permit Number:		918000153
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.

<b>Applicant's Signature</b> [Signature]	<b>Print Name</b> [Name]
<b>Email Address</b> [Email]	<b>Date</b> [Date]
<b>Title/Company</b> [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	10/29/18	J. Oswald

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

<b>DPZ SETBACK INFORMATION</b>	
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	# 1075

**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: 10/26/18

To: MARY PERRY HANK OSWALD - HEALTH DEPT.  
(Person's Name and Division)

From: Bethel Regency Homes (301) 343-4126  
(Your Name, Company Name and Telephone Number)

Subject: Project name Mitchell Residence  
Project site address 3415 Shady Lane, Glenwood  
Permit # B18003450 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

RECEIVED  
OCT 26 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 Revised Plan (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)**

Femi Odubango  
Please Print Name

Telephone No: 301-343-4126  
E-Mail Address: femi-odubango@bethelgroup.com

**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 mf

Revision

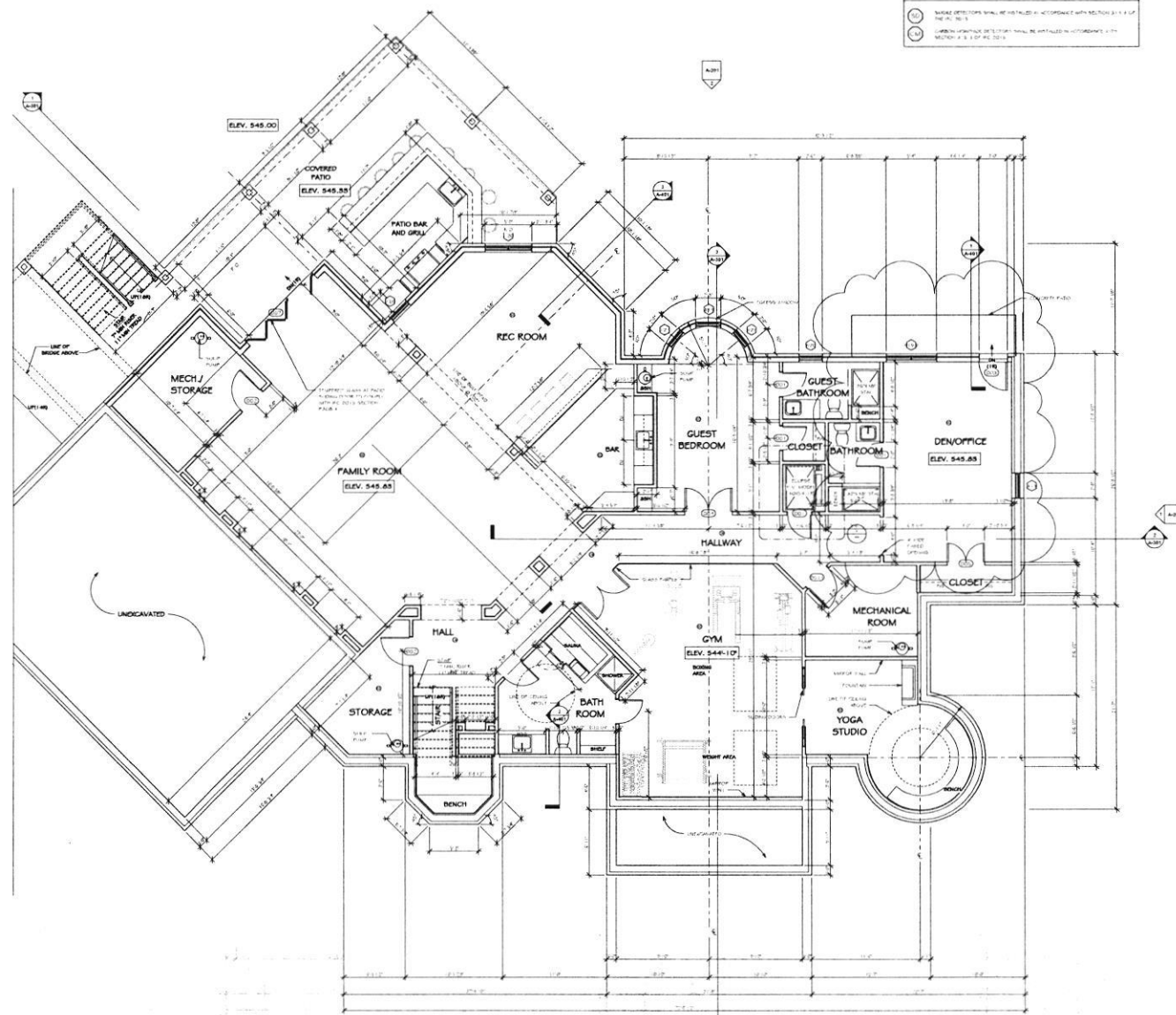
3415 SHADY LANE  
GLENWOOD MD 21736

	ISSUED	DATE
PENDING FOR DISPOSITION - 35		
UPON REVIEW:		
F.F. BLOCK:		
FOR SLIT		
REFLECT REQUIRED:		
	<b>INITIALS</b>	<b>DATE</b>
PROG.		
PLA.		
COR.	R.A.	10-28-77
DIC		

A-100.2

I hereby certify that these document swere prepared  
or approved by me and that I am a duly licensed  
architect under the laws of the State of Maryland.  
License No.:                      Expiration Date:

Expiration Date

$$1/4'' = 1' \cdot 0''$$


LEGEND	
	SMALL DETECTORS SHALL BE INSTALLED IN ACCORDANCE WITH SECTION 31.4 OF THE R.C.D.S.
	CARBON HYDRAULIC DETECTORS SHALL BE INSTALLED IN ACCORDANCE WITH SECTION 31.5 OF THE R.C.D.S.

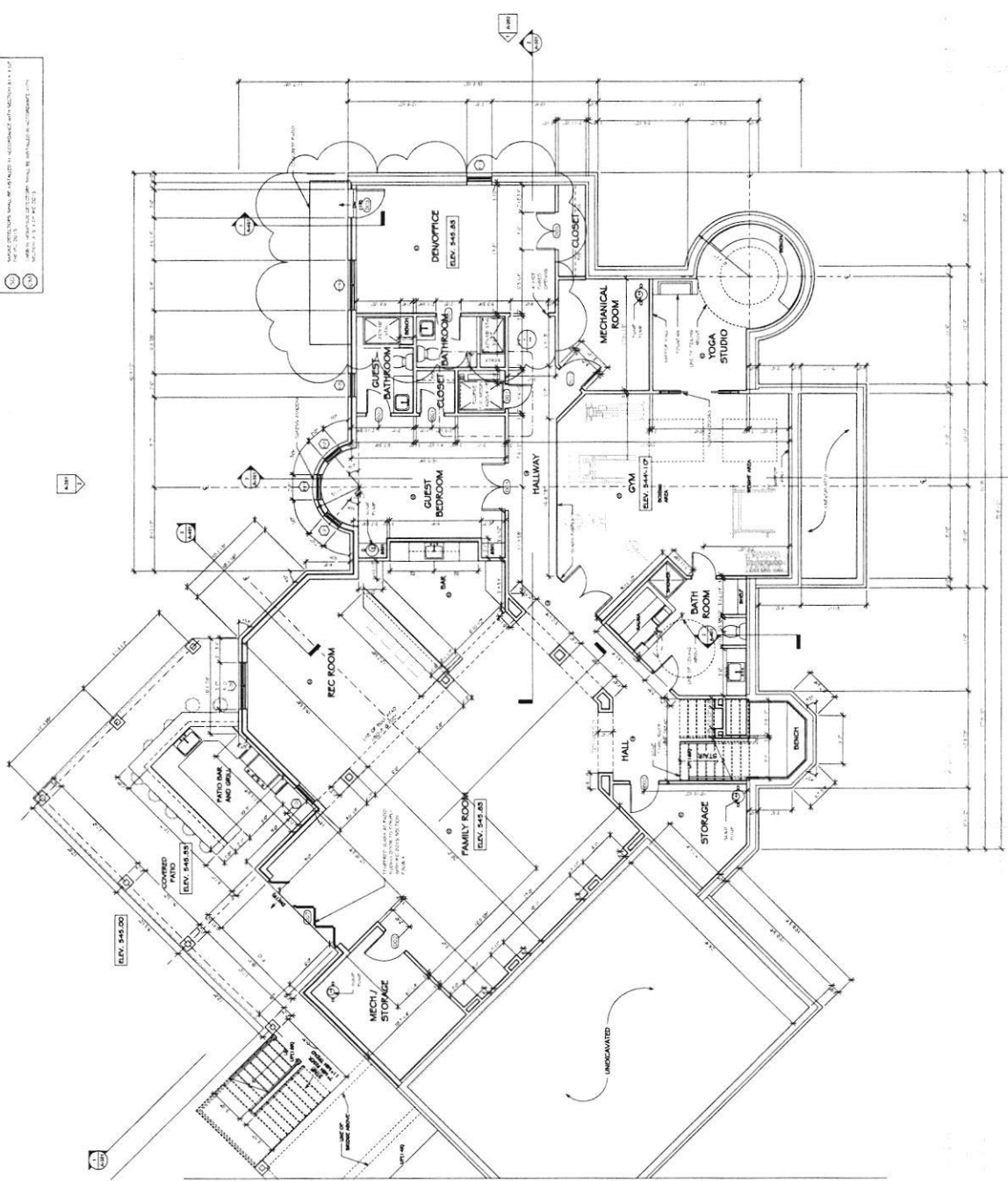


NO.	DATE	DESCRIPTION
1	10/10/17	ISSUED FOR PERMIT
2	10/10/17	ISSUED FOR PERMIT
3	10/10/17	ISSUED FOR PERMIT
4	10/10/17	ISSUED FOR PERMIT
5	10/10/17	ISSUED FOR PERMIT
6	10/10/17	ISSUED FOR PERMIT
7	10/10/17	ISSUED FOR PERMIT
8	10/10/17	ISSUED FOR PERMIT
9	10/10/17	ISSUED FOR PERMIT
10	10/10/17	ISSUED FOR PERMIT

**PROFESSIONAL CERTIFICATION**  
 I hereby certify that these documents were prepared by me or approved by me and that I am a duly licensed architect under the laws of the State of Maryland.  
 License No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**LEGEND**

1	NOTES
2	NOTES
3	NOTES
4	NOTES
5	NOTES
6	NOTES
7	NOTES
8	NOTES
9	NOTES
10	NOTES





## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Monday, October 22, 2018 10:22 AM  
**To:** femi.odubanjo@bethelgroup.com  
**Subject:** B18003450\_3415 Shady Lane\_Floor Plans

Hi Femi:

I have a couple of follow-up questions and comments regarding the floor plans for 3415 Shady Lane.

- 1.) Is the pool plumbing connected to the house plumbing? If not, then where does the pool drain?
- 2.) Is there a floor drain in the dog pound room? If so, then where does it drain?
- 3.) The "dog pound" room is considered a bedroom by definition. This makes the total BR count 7. The septic plan is only sized for 6 BR. Please revise either the FP or Septic plan to match.

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

Respectfully,

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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**From:** Oswald, Hank <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>

**Sent:** October 22, 2018 10:22 AM

**To:** [femi.odubanjo@bethelgroup.com](mailto:femi.odubanjo@bethelgroup.com)

**Subject:** B18003450\_3415 Shady Lane\_Floor Plans

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

Respectfully,

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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## Oswald, Hank

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**From:** fodubanjo@gmail.com  
**Sent:** Monday, October 22, 2018 4:23 PM  
**To:** Oswald, Hank  
**Subject:** RE: B18003450\_3415 Shady Lane\_Floor Plans

Hi Hank:

These are the responses to your comments.

1. Is the pool plumbing connected to the house plumbing? If not, then where does the pool drain?  
**The pool plumbing is not connected to the house plumbing. The pool is to be drained when necessary by pumping the water into a tanker truck and disposed properly off-site by the pool service company.**
2. Is there a floor drain in the dog pound room? If so, then where does it drain?  
**There is no floor drain in the "dog pound" room. It will be a basement office for the homeowner.**
3. The "dog pound" room is considered a bedroom by definition. This makes the total BR count 7. The septic plan is only sized for 6 BR. Please revise either the FP or Septic plan to match.  
**The room label will be changed from Dog Pound Room to Basement Office on the architectural plans and send to you in the morning.**

Please call me if you need any additional information.

Sincerely,



**Femi Odubanjo**  
President/CEO



**Luxury living at its finest**

### **Bethel Regency Homes**

4815 Prince George's Avenue  
Suite 204A  
Beltsville, MD 20705

Office: 301.937.7500

Cell: 301.343.4126

Email: [femi.odubanjo@bethelgroup.com](mailto:femi.odubanjo@bethelgroup.com)

Website: [www.bethelregencyhomes.com](http://www.bethelregencyhomes.com)



B18003450  
HEALTH

PERMIT SET  
3415 SHADY LANE  
GLENWOOD MD 21738  
LOT NO: 4      SUBDIVISION:

OWNER'S APPROVAL \_\_\_\_\_

**bethel**  
Foundations of  
Community

[illegible]

MITCHELL RESIDENCE

2415 SHADY LANE  
GLENNWOOD MO 64125

[illegible]

A-000

## MITCHELL RESIDENCE

9415 BRADY LANE  
GLENNWOOD MD 21796

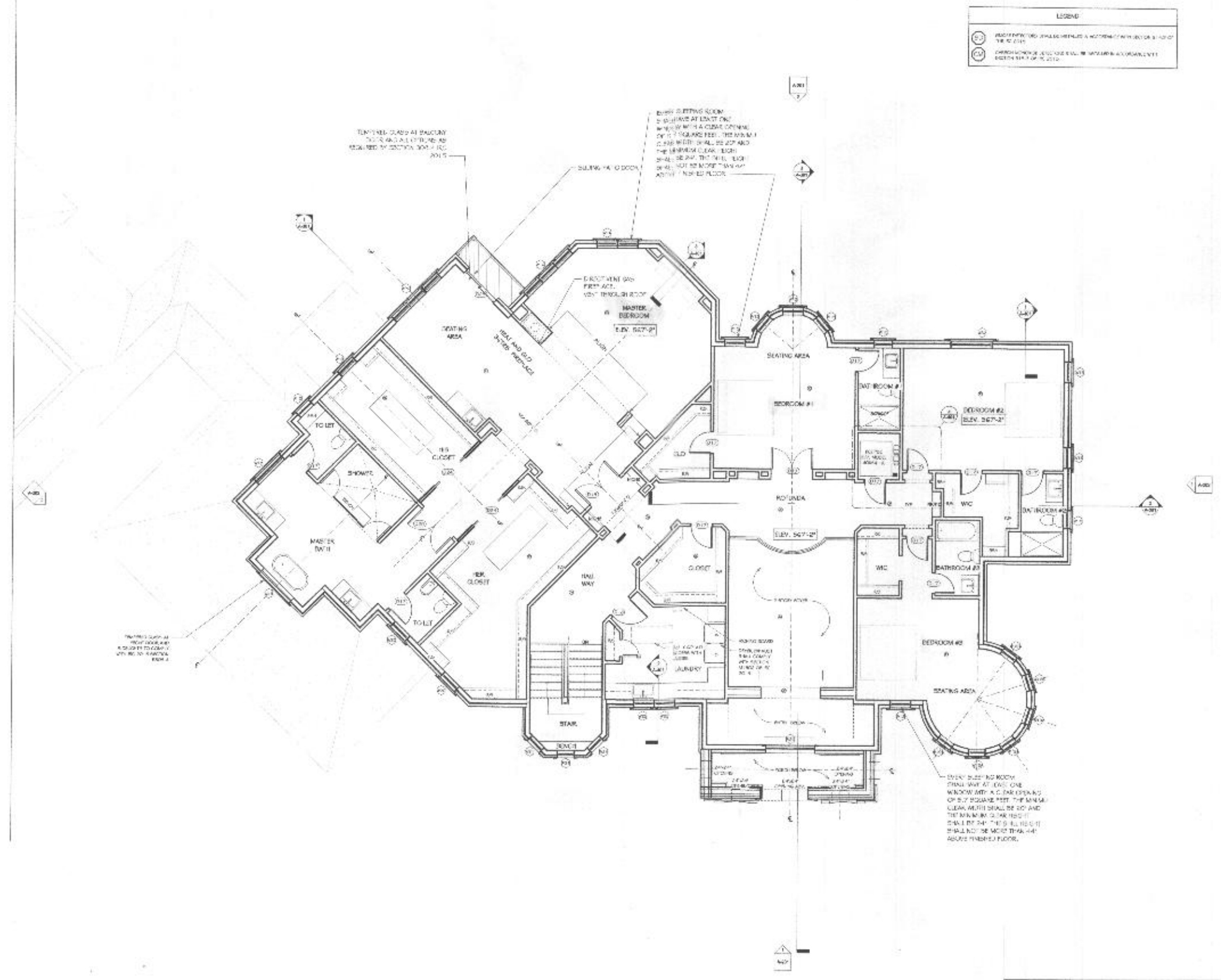
[illegible]

4

SECOND  
LOOR PLAN

A-102

**PROFESSIONAL CERTIFICATION**  
I hereby certify that these documents were prepared  
or approved by me and that I am a duly licensed  
architect under the laws of the State of Maryland.  
License No.:                      Expiration Date:



### SECOND FLOOR PLAN