## COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY **DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date:	5/26/21
To:	14.C. Hosert Dept.
From:	(Person's Name and Division)  Res Screen (BI Hours (410) 9771-1735  (Your Name, Company Name and Telephone Number)
Subject:	De 144 Court
	Project site address 3007 SKYR HADAN WKY
	Permit # B21001403 SDP #
	Other information pertinent to this project
✓ Pleas	e check the attachments below that you are submitting with this transmittal:
<del> </del>	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
2	Energy conservation calculations  Copies of Co
	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)
	Please Print Name  Telephone No: 410-977-1725  Rese Print Name
	Please Print Name  E-Mail Address:
NECES INFOR OF INS ONCE	E ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY <u>SIGNED AND SEALED</u> , IF SSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT MATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT SPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED TORY 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.

White-Plan Review / Yellow-Applicant / Pink-Permit Division t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

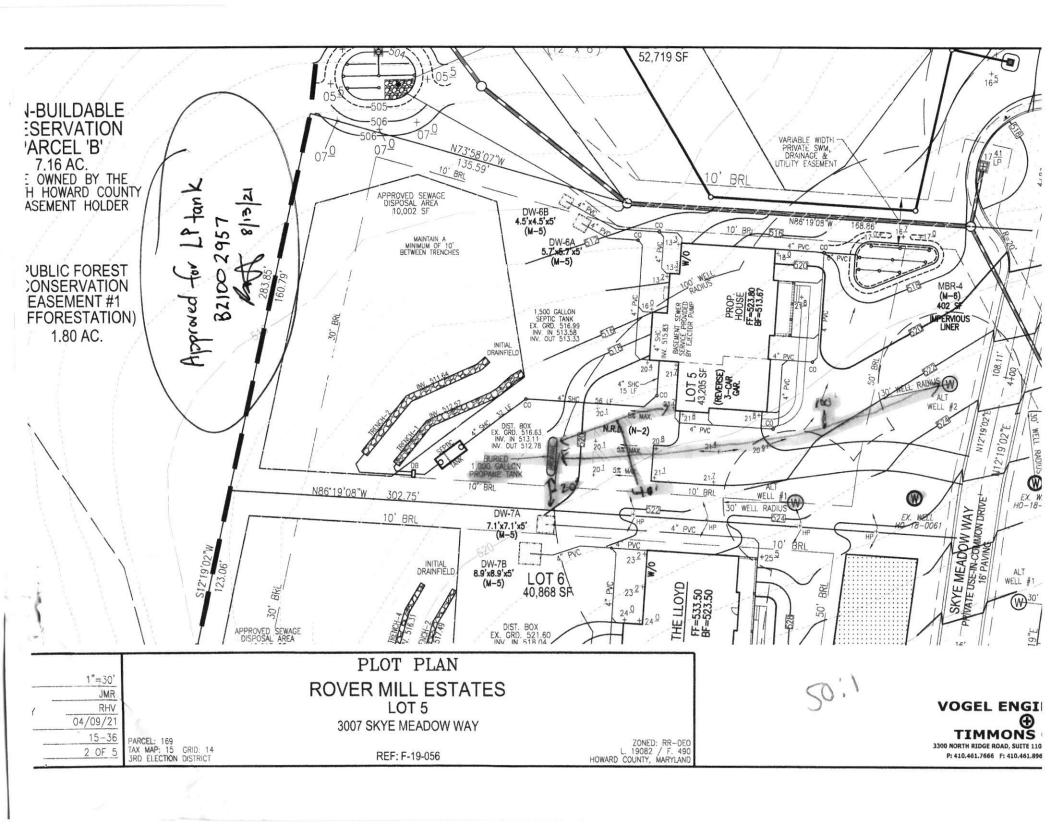
RECEIVED

LICENSES & PERMITS DIVISION

PERMIT NUMBER: B 21602957 DATE ACCEPTED:

RESIDENTIAL BUILDING PERMIT APPLICATION

3430 COURT HOUSE DRIVE	E, ELLICOTT CITY, MD 2 www.howardo	1043 - PHONE:	THE PROPERTY OF LANDSON MANAGEMENT	PTION #4
BUILDING SITE ADDRESS REQUIRE	NAMES OF TAXABLE PARTY.	ountymo.gov		
Street Address: 3007 Styc Mego	low up,		Unit:	
city: West Friendship		State: MD	Zip Cod	e: 21794
Subdivision/Village/Complex Name:		S	SDP/WP/BA #:	
Lot: Tax Map:	Parcel:	Grading Pe	ermit #:	
DESCRIPTION OF WORK REQUIRED		Antendar dise		ARCHIO MAR
Existing Use: SFD	Proposed Use: SF	0	Estimat	ed Cost: \$ 6000.00
Trade Work to Be Completed (Separate Permits Re	iguired):   Mechanical (HV)	ACR)   Electrical I	Plumbing   No	one
Install 1-1000 791100 Ingvi	and tank a sun	I'me to out you	e stub out.	
PROPERTY OWNER INFORMATION	REQUIRED			
Owner(s) Name(s) (As it appears on tax records):	Security Devel	opment LLL	Primary	Residence: 🗆 Yes 🗆 No
Owner's Street Address: 8480 Byltim	re National Pike			
City: Elitatt Lity		State: MO	Zip Cod	e: 21043
Phone: 410- 465-4244	Email:			
APPLICANT NAME REQUIRED - IND.	IVIDUAL WHO SIGNS TH	IS APPLICATION		
Business Name: Thompson Gar		Contact Name: Ant	hany Oulls	
Street Address: 1600 sparrows Po.	n+			
City: Baltimore		State: MO	Zip Cod	e: 21219
Phone: 443-955- 5494	Email: Ad	hiso @ Thanks	1995, LOM	
	IIRED		The state of the state of	
Business Name: Thompson Cor				
Licensee's Name: Rands 1 Thampson		License #: 6000	3	
Street Address: 5260 West View				
city: frederich		State: MD	Zip Cod	e: 21703
Phone: 443-955-5494	Email: Ac	Aurio @ Thoraps	engar Lam	
ARCHITECT/ENGINEER INFORMATIO				
Business Name:		Name:		
Street Address:				
City:		State:	Zip Cod	e:
Phone:	Email:			
ter to a service of a final a Microsoften is Carbit Obsert, 1944 p., No appropriate and indicate the control of	UIRED	de la colonia		THE RESERVE AND ADDRESS.
Primary Structure:   SF Dwelling   SF Townhous	se SF Duplex Mebile H	lome  Multi-Family Dw	elling (MF*)	Condo: 🗆 Yes 🖻 No
Utilities:   Electric   Gas   Water Supp	oly: Public Private (	Well) Sewage Disp	posal: D Public D	Private (Septic)
Heating System: ☐ Electric ☐ Natural Gas ☐ P	ropane  Other:	Roadside Tr	ree Project: No 🗆	Yes: #
Sprinkler System: ☐ NFPA 13 ☐ NFPA 13R	□ NFPA 13D □ None	Fire Alarm System:	☐ Yes ☐ No ☐	Voice Evac
ADDITIONAL RESIDENTIAL INFORMA	TION (PLEASE SELECT	COMPLETE ALL THA	T APPLY)	Established Annual Control
Model Name & Options:				
# of Bedrooms (SF): # of efficiency units (	MF*): # of 1 BR (MI	F*): # of 2 BR (N	MF*):	# of 3 BR (MF*):
# Rooms: # Full Baths	ş:	# Half Baths:	# Firep	olaces:
Garage/Carport Info: ☐ Attached Garage ☐ D	etached Garage   Integra	Garage Carport	□ None	
Basement/Foundation Info:   Slab on Grade  C	Post & Pier Unfinisher	d Basement	d Basement:  Full o	r 🗅 Partial
1st FI Width: 1st FI Depth:	2 <sup>nd</sup> Fl Width:	2 <sup>nd</sup> Fl Depth:	Bsmt Width:	Bsmt Depth:
Energy Method: ☐ Prescriptive ☐ Performance ☐	☐ UA Alternative ☐ ERI	Gross Area:	sq ft Occupial	ble Area: sq ft
AGREEMENT / DISCALIMER REQUIR THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICE	(1) THAT HE/SHE IS AUTHORIZED TO I	ILL PERFORM NO WORK ON THE	ABOVE REFERENCED PROPER	RTY NOT SPECIFICALLY DESCRIBED IN
any of		2/-1-	1	
APPLICANT'S ORIGINAL SIGNATURE		0/2)	L1	The Control of Control
		DATE SIGNED		
FOR OFFICE USE ONLY		CHECKS PAYABLE TO: DIRECT	OR OF FINANCE OF HOW	ARD COUNTY
AGENCIES REQUIRED/APPROVALS:			.57	
□ PR □ DPZ	_ DED	Health	8/13/2	□ SHA □ CID
SUBMITTAL FEES:	DAVMENT		The state of the s	
	PAYMENT:		ACCEPTE	D BY:



DATE ACCEPTED:

APR 13 2021

ACCEPTED BY:



## RESIDENTIAL BUILDING PERMIT APPLICATION ON

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

BUILDING SITE A	DDRESS	REQUIRED	)							
Street Address: 3007 S	KYE MEA	DOW WAY						Unit:		
City: WEST FRIENDS	SHIP				State: MD			Zip Co	de: <b>21794</b>	
Subdivision/Village/Comp	olex Name: F	ROVER MILI	ESTATES	3			SDP/WP/BA #	:		
Lot: • <b>5</b>	Tax	Map: <b>15</b>	Pa	arcel: 169		Grading	Permit #:			
DESCRIPTION OF	WORK	REQUIRED								
Existing Use: VACANT	LOT		Proposed U	se: SINGLE	FAMILY D	WELLING	3	Estima	ited Cost: \$500	,000.00
Trade Work to Be Comple	eted <i>(Separa</i>	ate Permits Red	quired):   N	1echanical (H	VACR) ■	Electrical	■ Plumbing		lone	
2 STORY SINGLE FAMILY DWELLING (CHAPEL HILL MODEL)										
		,			,					
PROPERTY OWNER	RINFORM	MOITAN	REQUIRED							
Owner(s) Name(s) (As it	appears on	tax records): S	ECURITY	DEVELOPI	MENT LLC			Primar	y Residence:	Yes ■ No
Owner's Street Address:	8480 BAL	TIMORE NA	TIONAL P	IKE						
City: ELLICOTT CITY	1				State: MD			Zip Co	de: <b>21043</b>	
Phone: (410) 465-424	4			Email: rmc	xley@sdc	group.cor	n			
APPLICANT NAME	REQU	IRED - INDI	VIDUAL WH					No.	NAME OF TAXABLE PARTY.	
Business Name: CBI H	OMES, L	LC			Contact Na	me: PAM V	VALTER			
Street Address: 112 S.										
City: MT. A	IRY				State: MD			Zip Co	de: <b>21771</b>	
Phone: (410) 442-221	1			Email: pre	gester@ca	tonsvilleh	omes.com			
CONTRACTOR INF	A STATE OF THE PERSON.	ON REQUI	TRED							
Business Name: CBI F	HOMES, L	LC								
Licensee's Name: CBI F	HOMES, L	.LC			License #	: 13640384	MHBR#84	109		
Street Address: 112 S	S. MAIN S	TREET			HITTORIAN IN THE SECOND SECOND					
City: MT.	AIRY				State: MD			Zip Co	de: <b>21771</b>	
Phone: (410) 442-221	1			Email: preg	gester@ca	tonsvilleh	omes.com			
ARCHITECT/ENGI	NEER INF	ORMATION	INDIVID	UAL WHO S	SIGNED PLA	NS, IF AP	PLICABLE			
Business Name: PLYMO	OUTH RO	AD ARCHIT	ECTS		Name: LIS	A WENRI	СН			
Street Address: 640 PL	YMOUTH	ROAD								
City: CATO	NSVILLE				State: MD Zip Co				de: <b>21229</b>	
Phone: (410) 788-028	1			Email: <b>Iwe</b> i	nrich@plyı	mouthroa	darchitects	.com		
BUILDING CHARAC	CTERISTI	CS REQU	IRED							
Primary Structure: ■ SF	Dwelling <b>E</b>	SF Townhous	e 🗖 SF Duple	ex 🗆 Mobile	Home    M	ulti-Family D	welling (MF*)		Condo: ☐ Yes	■ No
Utilities: ■ Electric ■	Gas	Water Suppl	y: 🛘 Public	■ Private	(Well)	Sewage D	isposal: 🗖 Pu	blic <b>I</b>	Private (Seption	2)
Heating System: ☐ Elect	tric 🗖 Natu	ıral Gas 🔳 Pr	opane 🗖 Oth	ner:		Roadside 7	Tree Project: I	■ No I	□ Yes: #	30.000
Sprinkler System: □ NFF	PA 13 🔲	NFPA 13R ■	NFPA 13D	□ None	Fire Al	arm System:	■ Yes □	No 🗆	Voice Evac	
ADDITIONAL RESI	DENTIAL	INFORMAT	TION (PL	EASE SELEC	CT/COMPLE	TE ALL TH	AT APPLY)			
Model Name & Options:	CHAPEL	HILL								
# of Bedrooms (SF): 5	# of effi	ciency units (M	F*):	# of 1 BR (I	MF*):	# of 2 BR	(MF*):		# of 3 BR (MF*	*):
# Rooms: <b>11</b>		# Full Baths:	: 4		# Half Bath	s: <b>1</b>		# Fire	eplaces: 1	
Garage/Carport Info: □	Attached G	arage 🗖 De	tached Garage	e <b>I</b> Integ	ral Garage	☐ Carport	□ None			
Basement/Foundation Inf	o: 🗖 Slab	on Grade $\Box$	Post & Pier	■ Unfinish	ned Basement	☐ Finish	ed Basement:	□ Full	or  Partial	
1st Fl Width: 70	1st FI Dept	h: <b>58</b>	2 <sup>nd</sup> Fl Width	: 68	2 <sup>nd</sup> Fl Depth	1: 45	Bsmt Width	:70	Bsmt Dep	oth: <b>58</b>
Energy Method: ☐ Presc	riptive <b>I</b> P	Performance	I UA Alternati	ve 🗖 ERI	Gross Area:	7,401	sq ft	Occupi	able Area: <b>7,24</b> 0	0 sq ft
AGREEMENT/ DISC		REQUIR								HEMME
THE UNDERSIGNED HEREBY CER WITH ALL REGULATIONS OF HO THIS APPLICATION; (5) THA	WARD COUNTY	Y WHICH ARE APPLI	CABLE THERETO;	(4) THAT HE/SHE	WILL PERFORM N	NO WORK ON TH	E ABOVE REFEREN	CED PROP	ERTY NOT SPECIFICAL	LLY DESCRIBED IN
	1 0	1				/	/			
- takela Kie heller 3/19/21										
APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED										
FOR OFFICE USE O	NLY				CHECKS PAYA	ABLE TO: DIRE	CTOR OF FINAN	CE OF HO	WARD COUNTY	
AGENCIES REQUIRED/AP	Control of the last of the las					, 1	1 1			
						7/12	1 /1/1	1.		
₽PR	☑ DPZ		_ DE	ED		Health	162/00	16	□ SHA	☐ CID
SUBMITTAL FEES:	50.00	)	PAYMENT:	# 203	5		100	ACCEPT	TED BY: DOM	hat



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

## **MEMORANDUM**

TO: Pam Regester, CBI Homes, LLC

FROM: Robert Bricker

Well & Septic Program

RE: 3007 Skye Meadow Way, Potential Basement Bedroom

DATE: June 3, 2021

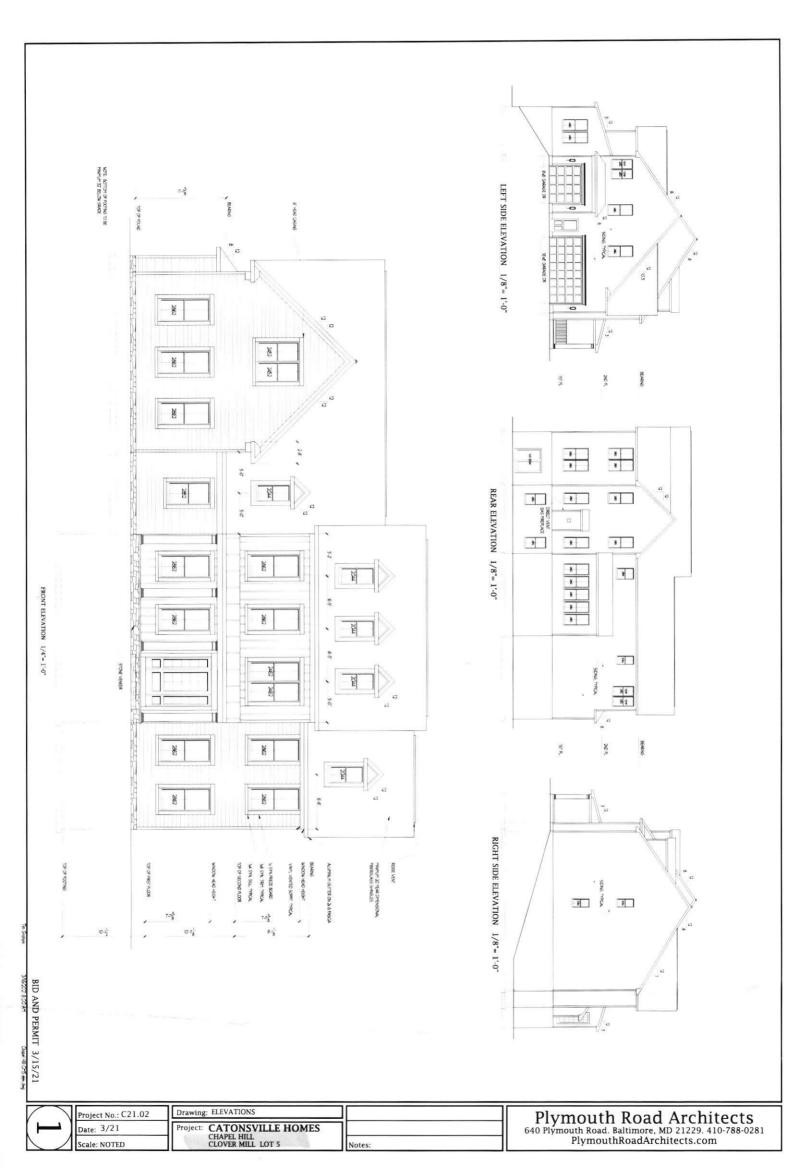
I have reviewed the floor plans in support of Building Permit *B21001403* for a new home at *3007 Skye Meadow Way* and noted that there is an unfinished basement with a rough-in for a full bathroom. This condition makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

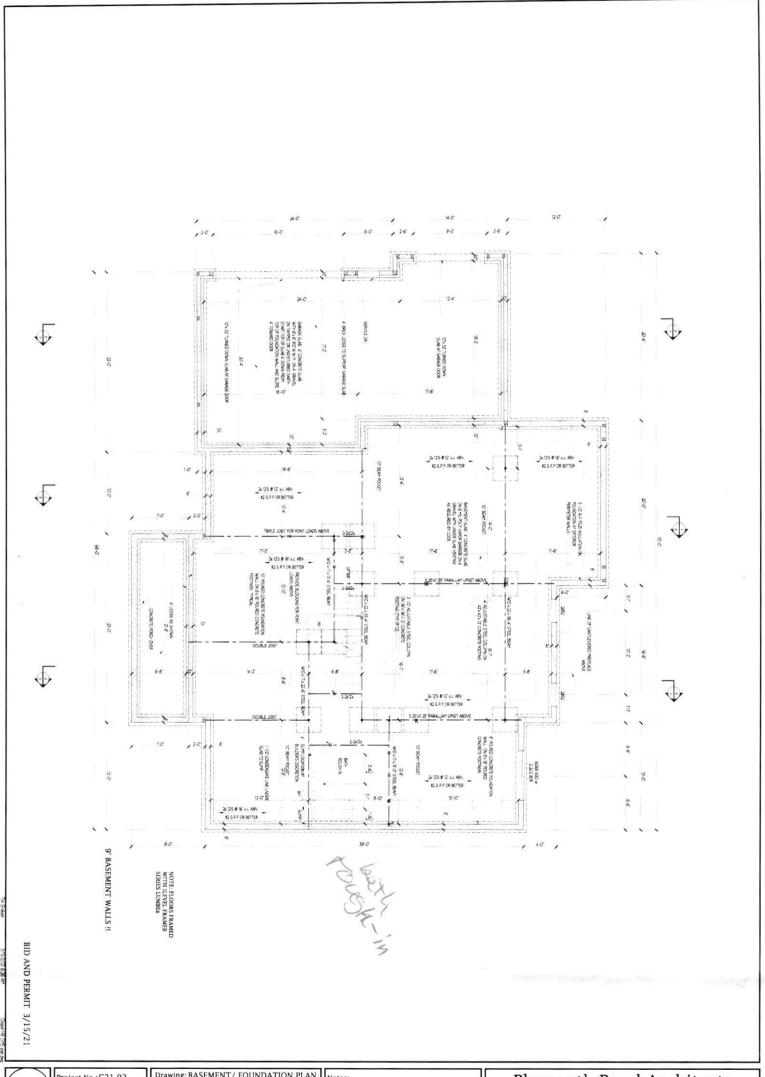
- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
  - (i) Is 90 square feet or greater in size;
  - (ii) May be used as a private sleeping area; and
  - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
  - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
  - (ii) A minimum 4 foot-wide opening, without doors, into another room;
  - (iii) A half wall (4 foot maximum height) between the room and another room; or
  - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing *five (5)*-bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

Website: www.hchealth.org Facebook: www.facebook.com/hocohealth Twitter: @HoCoHealth



BOOT SKYE MEADOW WAY W. FRIENDSHIP, MD 2,794 B210014B

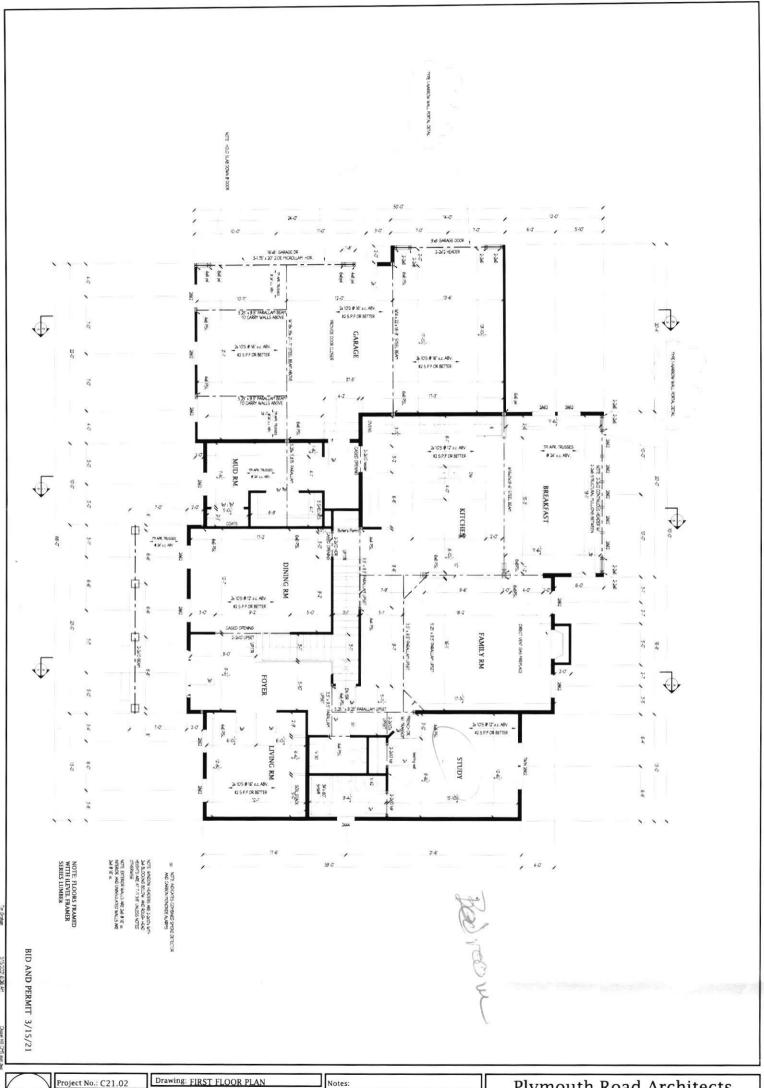


Project No.: C21.02 Date: 3/21 Scale: 1/4"=1'-0"

Project: CATONSVILLE HOMES
CHAPEL HILL
CLOVER MILL LOT 5

Notes:

Plymouth Road Architects
640 Plymouth Road. Baltimore, MD 21229. 410-788-0281
PlymouthRoadArchitects.com

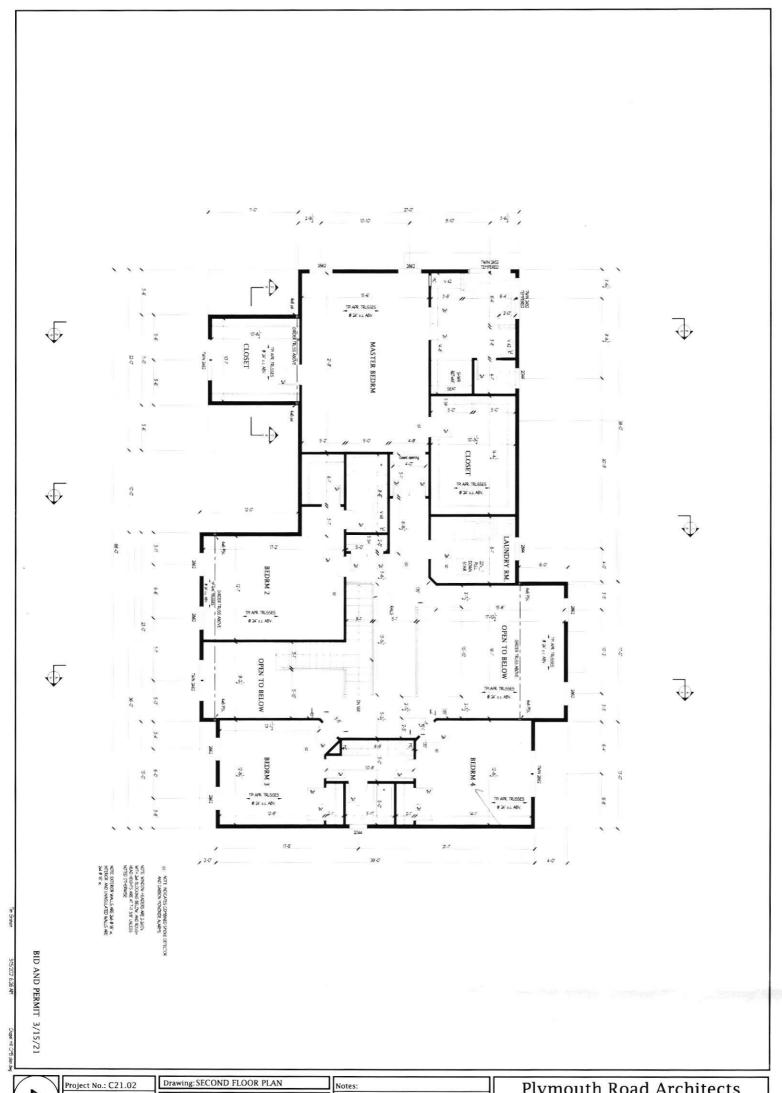


 $\omega$ 

Date: 3/21 Scale: 1/4"=1'-0" Project: CATONSVILLE HOMES
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4

Date: 3/21

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

Project: CATONSVILLE HOMES
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