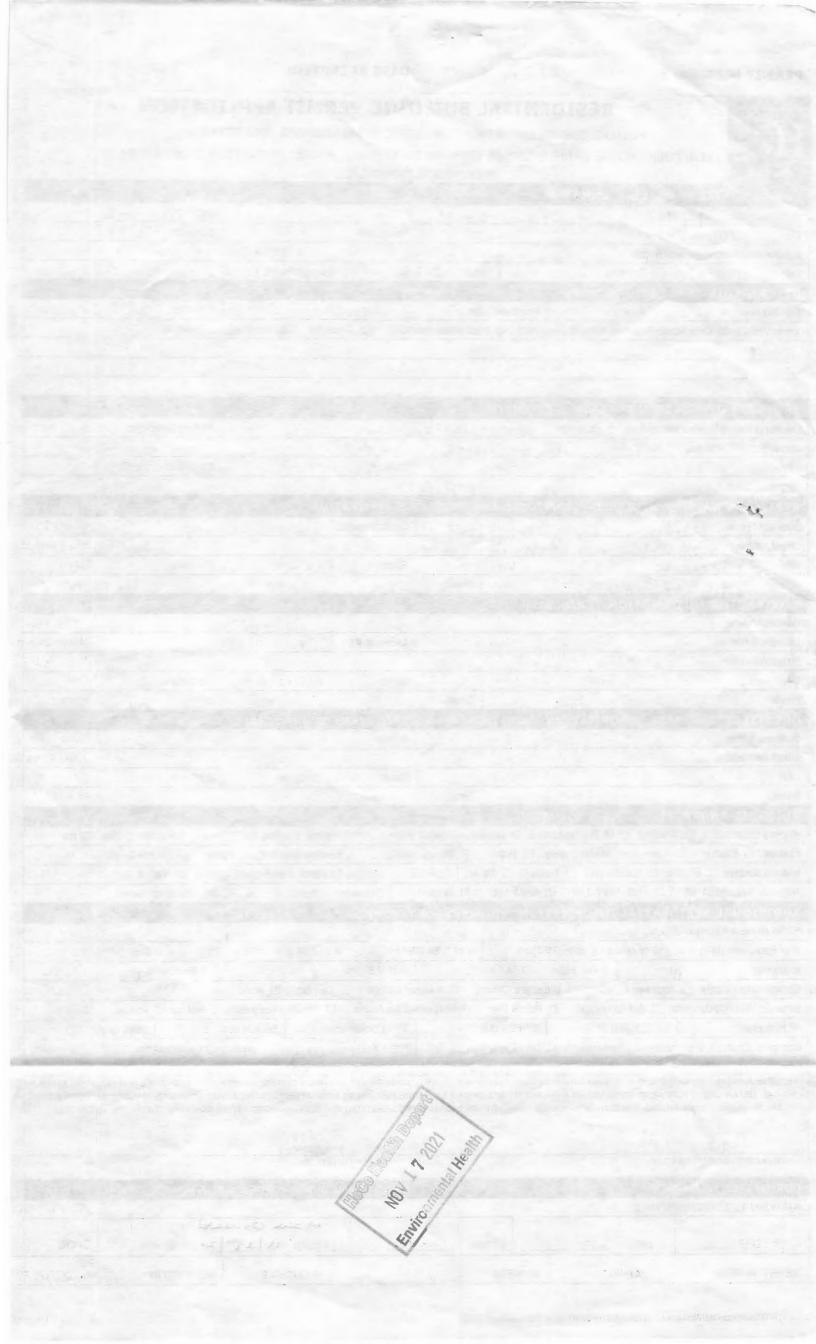
					1	
PERMIT NUM	BER: B	08	DATE ACC		1/21	
а. З			INSPECTIONS,	LICENSES, AND PE PHONE: (410) 313	RMITS	
BUILDING SIT	E ADDRESS REQUIRED					
Street Address:	14760 McCons	Form Rond	State: MD		Unit: J	
City: Subdivision/Village/	Complex Name:	no Estatist		SDP/WP/BA #		
lot:		Parcel:	16	Grading Permit #:		
Existing Use:	OF WORK REQUIRED	Proposed Use:	SF Hore	L	Estimated Cost: \$	102
	Completed (Separate Permits Req	uired): 📮 Mechanical (I	HVACR) 📮 El	ectrical 🙀 Plumbing	□ None	
-1						
PROBERTY OW	NER INFORMATION	REQUIRED		1		-
	(As it appears on tax records):	NICHONSI	alle	· · · · · · · · · · · · · · · · · · ·	Primary Residence:  Yes	🗆 No
Owner's Street Add	ress: 14830 014	E Frederich -	State:		Zip Code:	
City: Phone:	10000-laux	Email:	State:	-	Zip Code.	
APPLICANT NA	AME REQUIRED - INDI	VIDUAL WHO SIGNS	THIS APPLICA	<i>า</i> เด้พ		
Business Name: Street Address:	Williamsturg	Graupt CC	Contact Name	e Christe	2016	
City:	24121012 March	110.10	-	0	Zip Code:	044
Phone:	997-5800	Email:	Christer	NO BURNES	making letter	r
CONTRACTOR Business Name:	INFORMATION REQUI	IRED	and and and			
licensee's Name:	Con ala		License #:	155		
Street Address:	some an an	3.4.	1			
City: Phone:		Email:	State:		Zip Code:	• •
ARCHITECT/E	NGINEER INFORMATION	INDIVIDUAL WHO	SIGNED PLAN	S, IF APPLICABLE		
Business Name:			Mamou			
Street Address:			Name:			
			State:		Zip Code:	
City: Phone:		Email:	1		Zip Code:	
City: Phone: BUILDING CH/	ARACTERISTICS REQU	IIRED	State:	i-Family Dwelling (MF*)		No
City: Phone: BUILDING CHA Primary Structure: 1	SF Dwelling SF Townhouse	IIRED	State:			No
City: Phone: BUILDING CHA Primary Structure: Itilities: C Electric leating System: C	SF Dwelling SF Townhouse C Gas Water Suppl Electric Natural Gas Pr	UTRED e SF Duplex Mobi y: Public Q Privat ropane Other:	State: ile Home 🗆 Muli e (Well)	Sewage Disposal:  P Roadside Tree Project:	Condo:  Yes ublic Private (Septic) No Yes: #	No
City: Phone: BUILDING CH/ Primary Structure: I Itilities: D Electric leating System: D Sprinkler System: D	SF Dwelling SF Townhouse C Gas Water Supple Electric Natural Gas Pr	ITRED e SF Duplex Mobi y: Public Privat ropane Other: NFPA 13D None	State: ile Home	Sewage Disposal:  P Roadside Tree Project: m System:  Yes	Condo:  Yes ublic Private (Septic) No Yes: #	No
City: Phone: BUILDING CH/ Primary Structure: Jtilities: Electric Heating System: Sprinkler System: ADDITIONAL F Model Name & Opti	SF Dwelling       SF Townhouse         c       Gas       Water Supple         Electric       Natural Gas       Pr         NFPA 13       NFPA 13R       RESIDENTIAL INFORMATIONS:	ITRED         e       SF Duplex       Mobil         y:       Public       Privat         ropane       Other:         NFPA 13D       None         TION       (PLEASE SEL)	State: ile Home  Mult re (Well) Fire Alar ECT/COMPLET	Sewage Disposal:  PRoadside Tree Project: m System:  Yes ALL THAT APPLY)	Condo:  Yes Ublic Private (Septic) No Yes: # No Voice Evac	
City: Phone: BUILDING CHA Primary Structure: Utilities: Electric Leating System: C Sprinkler System: C DDITIONAL F Model Name & Optic f of Bedrooms (SF)	SF Dwelling       SF Townhouse         c       Gas       Water Supple         Electric       Natural Gas       Pr         NFPA 13       NFPA 13R       RESIDENTIAL INFORMATIONS:         ions:       # of efficiency units (M	ITRED         e       SF Duplex       Mobi         y:       Public       Privat         ropane       Other:       None         INFPA 13D       None         TION       (PLEASE SELI         IF*):       # of 1 BR	State: ile Home   Mult we (Well) Fire Alar ECT/COMPLET (MF*):	Sewage Disposal: P Roadside Tree Project: m System: Yes E ALL THAT APPLY) # of 2 BR (MF*):	Condo:  Yes  ublic Private (Septic) No Yes: # No Voice Evac # of 3 BR (MF*);	
City: Phone: BUILDING CH/ Primary Structure: Utilities: Electric Leating System: C Sprinkler System: C ADDITIONAL F Model Name & Optic f of Bedrooms (SF) Rooms:	SF Dwelling       SF Townhouse         c       Gas       Water Supple         Electric       Natural Gas       Pr         NFPA 13       NFPA 13R       RESIDENTIAL INFORMATIONS:	ITRED         e       SF Duplex       Mobil         y:       Public       Privat         ropane       Other:         NFPA 13D       None         TION       (PLEASE SELI         IF*):       # of 1 BR	State: ile Home   Mult we (Well) Fire Alar ECT/COMPLET (MF*): # Half Baths:	Sewage Disposal: P Roadside Tree Project: m System: Yes E ALL THAT APPLY) # of 2 BR (MF*):	Condo:  Yes Ublic Private (Septic) No Yes: # No Voice Evac	
City: Phone: BUILDING CH/ Primary Structure: Utilities: Electric Heating System: C Sprinkler System: C ADDITIONAL F Hodel Name & Optic of Bedrooms (SF) Rooms: Garage/Carport Info Basement/Foundati	SF Dwelling       SF Townhouse         c       Gas       Water Supple         Electric       Natural Gas       Pr         NFPA 13       NFPA 13R       RESIDENTIAL INFORMATIONS:         ):       # of efficiency units (M         # Full Baths:       # Full Baths:         o:       Attached Garage       Deficiency control	ITRED         e       SF Duplex       Mobi         y:       Public       Privat         ropane       Other:       None         INFPA 13D       None         TION       (PLEASE SELI         IF*):       # of 1 BR         :       etached Garage       Interest         Post & Pier       Unfini	State: ile Home  Muli we (Well) Fire Alar ECT/COMPLET (MF*): # Half Baths: egral Garage  Shed Basement	Sewage Disposal:  P Roadside Tree Project: m System:  Yes <i>E ALL THAT APPLY</i> # of 2 BR (MF*): Carport  None Finished Basement	Condo:  Yes Ublic Private (Septic) No Yes: # No Voice Evac # of 3 BR (MF*): # Fireplaces: E Full or Partial	
City: Phone: BUILDING CH/ Primary Structure: Utilities: Electric Leating System: C Sprinkler System: C ADDITIONAL F Addel Name & Opti f of Bedrooms (SF) f Rooms: Garage/Carport Info Gasement/Foundati * Fl Width:	SF Dwelling       SF Townhouse         c       Gas       Water Supple         Electric       Natural Gas       Pr         NFPA 13       NFPA 13R       RESIDENTIAL INFORMATIONS:         ):       # of efficiency units (M         # Full Baths:       # Full Baths:         or.       Attached Garage       Decision Info:         1st Fl Depth:       1st Fl Depth:	ITRED         e       SF Duplex       Mobi         y:       Public       Privat         ropane       Other:       Privat         NFPA 13D       None         TION       (PLEASE SELI         IF*):       # of 1 BR         :       :         etached Garage       Interview         Post & Pier       Unfini         2 <sup>nd</sup> Fl Width:       :	State: ile Home D Mult ile (Well) Fire Alar ECT/COMPLET (MF*): # Half Baths: egral Garage Shed Basement 2 <sup>nd</sup> Fl Depth:	Sewage Disposal:  PRoadside Tree Project: m System:  Yes EALL THAT APPLY) # of 2 BR (MF*): Carport  None Finished Basement Bsmt Widt	Condo: Yes ublic Private (Septic) No Yes: # No Voice Evac # of 3 BR (MF*): # Fireplaces: . : Full or Partial h: Bsmt Depth:	41-
City: Phone: BUILDING CH/ Primary Structure: Utilities: Electric Leating System: C Sprinkler System: C ADDITIONAL F Model Name & Optic f of Bedrooms (SF) ADDITIONAL F Model Name & Optic F Rooms: Garage/Carport Info Basement/Foundati F I Width: Energy Method: C AGREEMENT/ HE UNDERSIGNED HERE WITH ALL REGULATION	□ SF Dwelling       □ SF Townhouse         c       □ Gas       Water Supple         Electric       □ Natural Gas       □ Pr         □ NFPA 13       □ NFPA 13R       □         RESIDENTIAL INFORMATions:       □       # full Baths:         0:       □ Attached Garage       □ Destion Info:         □ Slab on Grade       □         1st Fl Depth:       Prescriptive       □ Performance	ITRED         e       SF Duplex       Mobi         y:       Public       Privat         ropane       Other:       Privat         ropane       Other:       Privat         IF*):       # of 1 BR         :       Stached Garage       Interview         Post & Pier       Unfini         2nd Fl Width:       UA Alternative       ERI         ED       (1) THAT HE/SHE IS AUTHORIZED       ICABLE THERETO; (4) THAT HE/SHE	State: ile Home  Mull we (Well) Fire Alar ECT/COMPLET (MF*): # Half Baths: egral Garage shed Basement 2 <sup>nd</sup> Fl Depth: Gross Area: D TO MAKE THIS APPLI HE WILL PERFORM NO	Sewage Disposal:  P Roadside Tree Project: m System:  Yes ALL THAT APPLY # of 2 BR (MF*): Carport  None Finished Basement Bsmt Widt sq ft CATION; (2) THAT THE INFORM WORK ON THE ABOVE REFERE	Condo: Yes ublic Private (Septic) No Yes: # No Voice Evac # of 3 BR (MF*): # Fireplaces: Full or Partial h: Bsmt Depth: Occupiable Area: Nation IS CORRECT; (3) THAT HE/SHE W	SQ ILL COMI SCRIBED
City: Phone: BUILDING CH/ Primary Structure: Utilities: Electric Leating System: C Sprinkler System: C ADDITIONAL F Model Name & Optic f of Bedrooms (SF) & Rooms: Garage/Carport Info Basement/Foundati * Fl Width: Energy Method: C AGREEMENT/ THE UNDERSIGNED HERE WITH ALL REGULATION	SF Dwelling       SF Townhouse         c       Gas       Water Supple         Electric       Natural Gas       Pr         NFPA 13       NFPA 13R       Pr         NFPA 13       NFPA 13R       Pr         RESIDENTIAL INFORMATions:       ************************************	ITRED         e       SF Duplex       Mobi         y:       Public       Privat         ropane       Other:       Privat         ropane       Other:       Privat         IF*):       # of 1 BR         :       Stached Garage       Interview         Post & Pier       Unfini         2nd Fl Width:       UA Alternative       ERI         ED       (1) THAT HE/SHE IS AUTHORIZED       ICABLE THERETO; (4) THAT HE/SHE	State: ile Home  Mull we (Well) Fire Alar ECT/COMPLET (MF*): # Half Baths: egral Garage shed Basement 2 <sup>nd</sup> Fl Depth: Gross Area: D TO MAKE THIS APPLI HE WILL PERFORM NO	Sewage Disposal:  P Roadside Tree Project: m System:  Yes ALL THAT APPLY # of 2 BR (MF*): Carport  None Finished Basement Bsmt Widt sq ft CATION; (2) THAT THE INFORM WORK ON THE ABOVE REFERE	Condo: Yes ublic Private (Septic) No Yes: # No Voice Evac # of 3 BR (MF*): # Fireplaces: Full or Partial h: Bsmt Depth: Occupiable Area: Nation IS CORRECT; (3) THAT HE/SHE W	SQ ILL COMI SCRIBED
City: Phone: BUILDING CH/ Primary Structure: Utilities: Electric Leating System: C Sprinkler System: C ADDITIONAL F Model Name & Optic f of Bedrooms (SF) ADDITIONAL F Model Name & Optic F Rooms: Garage/Carport Info Basement/Foundati F I Width: Energy Method: C AGREEMENT/ HE UNDERSIGNED HERE WITH ALL REGULATION	SF Dwelling SF Townhouse C Gas Water Supple Electric Natural Gas Pr NFPA 13 NFPA 13R RESIDENTIAL INFORMAT ions:	ITRED         e       SF Duplex       Mobi         y:       Public       Privat         ropane       Other:       Privat         ropane       Other:       Privat         IF*):       # of 1 BR         :       Stached Garage       Interview         Post & Pier       Unfini         2nd Fl Width:       UA Alternative       ERI         ED       (1) THAT HE/SHE IS AUTHORIZED       ICABLE THERETO; (4) THAT HE/SHE	State: ile Home    Mult ile (Well) Fire Alar ECT/COMPLET (MF*): # Half Baths: egral Garage    shed Basement 2 <sup>nd</sup> Fl Depth: Gross Area: D TO MAKE THIS APPLI HE WILL PERFORM NCC THIS PROPERTY FOR T	Sewage Disposal:  P Roadside Tree Project: m System:  Yes ALL THAT APPLY # of 2 BR (MF*): Carport  None Finished Basement Bsmt Widt sq ft CATION; (2) THAT THE INFORM WORK ON THE ABOVE REFERE	Condo: Yes ublic Private (Septic) No Yes: # No Voice Evac # of 3 BR (MF*): # Fireplaces: Full or Partial h: Bsmt Depth: Occupiable Area: Nation IS CORRECT; (3) THAT HE/SHE W	SQ ILL COM SCRIBED
City: Phone: BUILDING CH/ Primary Structure: Utilities: Electric Leating System: C Sprinkler System: C ADDITIONAL F Model Name & Optic # of Bedrooms (SF) # Rooms: Garage/Carport Info Basement/Foundations Ist FI Width: Energy Method: C AGREEMENT/ THE UNDERSIGNED HERE WITH ALL REGULATION; THIS APPLICANT'S ORIGIN FOR OFFICE U	SF Dwelling SF Townhouse G Gas Water Supple Electric Natural Gas Pr NFPA 13 NFPA 13R RESIDENTIAL INFORMAT ions:  # of efficiency units (M # Full Baths: # Full Baths: # Full Baths: # Full Baths: O: D Attached Garage Defined Info: Slab on Grade 1 * Fl Depth: Prescriptive Performance DISCALIMER REQUIR EBY CERTIFIES AND AGREES AS FOLLOWS: SO F HOWARD COUNTY WHICH ARE APPL (5) THAT HE/SHE GRANTS COUNTY OFFICE NAL SIGNATURE SE ONLY	ITRED         e       SF Duplex       Mobi         y:       Public       Privat         ropane       Other:       Privat         ropane       Other:       Privat         IF*):       # of 1 BR         :       Stached Garage       Interview         Post & Pier       Unfini         2nd Fl Width:       UA Alternative       ERI         ED       (1) THAT HE/SHE IS AUTHORIZED       ICABLE THERETO; (4) THAT HE/SHE	State: ile Home    Mult ile (Well) Fire Alar ECT/COMPLET (MF*): # Half Baths: egral Garage    shed Basement 2 <sup>nd</sup> Fl Depth: Gross Area: D TO MAKE THIS APPLI HE WILL PERFORM NCC THIS PROPERTY FOR T DAT	Sewage Disposal: P Roadside Tree Project: m System: Yes <i>E ALL THAT APPLY</i> # of 2 BR (MF*): Carport None Finished Basement Bsmt Widt sq ft CATION; (2) THAT THE INFORM WORK ON THE ABOVE REFERENCE HE PURPOSE OF INSPECTING T	Condo: Yes ublic Private (Septic) No Yes: # No Voice Evac # of 3 BR (MF*): # Fireplaces: Full or Partial h: Bsmt Depth: Occupiable Area: Nation IS CORRECT; (3) THAT HE/SHE W	SQ ILL COMI SCRIBED
City: Phone: BUILDING CH/ Primary Structure: Utilities: Electrid Heating System: Comparison Compari	SF Dwelling SF Townhouse G Gas Water Supple Electric Natural Gas Pr NFPA 13 NFPA 13R RESIDENTIAL INFORMAT ions:  # of efficiency units (M # Full Baths: # Full Baths: # Full Baths: # Full Baths: O: D Attached Garage Det Info: Slab on Grade 1* Fl Depth: Prescriptive Performance DISCALIMER REQUIR EBY CERTIFIES AND AGREES AS FOLLOWS: SO F HOWARD COUNTY WHICH ARE APPL (5) THAT HE/SHE GRANTS COUNTY OFFICI NAL SIGNATURE SE ONLY	ITRED         e       SF Duplex       Mobi         y:       Public       Privat         ropane       Other:       Privat         ropane       Other:       Privat         IF*):       # of 1 BR         :       Stached Garage       Interview         Post & Pier       Unfini         2nd Fl Width:       UA Alternative       ERI         ED       (1) THAT HE/SHE IS AUTHORIZED       ICABLE THERETO; (4) THAT HE/SHE	State: ile Home    Mult ile (Well) Fire Alar ECT/COMPLET (MF*): # Half Baths: egral Garage    shed Basement 2 <sup>nd</sup> Fl Depth: Gross Area: D TO MAKE THIS APPLI HE WILL PERFORM NCC THIS PROPERTY FOR T DAT	Sewage Disposal: P Roadside Tree Project: m System: Yes <i>E ALL THAT APPLY</i> # of 2 BR (MF*): Carport None Finished Basement Bsmt Widt sq ft CATION; (2) THAT THE INFORM WORK ON THE ABOVE REFERENCE HE PURPOSE OF INSPECTING T E SIGNED SLE TO: DIRECTOR OF FINA	Condo: Yes ublic Private (Septic) No Yes: # No Voice Evac # of 3 BR (MF*): # Fireplaces: Full or Partial h: Bsmt Depth: Occupiable Area: Note OF HOWARD COUNTY	SQ ILL COMP
Primary Structure: I Utilities: DElectric Heating System: D Sprinkler System: D ADDITIONAL F Model Name & Opti # of Bedrooms (SF) # Rooms: Garage/Carport Info Basement/Foundati 1st Fl Width: Energy Method: D AGREEMENT/ THE UNDERSIGNED HERE WITH ALL REGULATION; THIS APPLICATION;	SF Dwelling SF Townhouse G Gas Water Supple Electric Natural Gas Pr NFPA 13 NFPA 13R RESIDENTIAL INFORMAT ions:  # of efficiency units (M # Full Baths: # Full Baths: # Full Baths: # Full Baths: O: D Attached Garage Det Info: Slab on Grade 1* Fl Depth: Prescriptive Performance DISCALIMER REQUIR EBY CERTIFIES AND AGREES AS FOLLOWS: SO F HOWARD COUNTY WHICH ARE APPL (5) THAT HE/SHE GRANTS COUNTY OFFICI NAL SIGNATURE SE ONLY	ITRED         e       SF Duplex       Mobi         y:       Public       Privat         ropane       Other:       Privat         ropane       Other:       Privat         IF*):       # of 1 BR         :       Stached Garage       Interview         Post & Pier       Unfini         2nd Fl Width:       UA Alternative       ERI         ED       (1) THAT HE/SHE IS AUTHORIZED       ICABLE THERETO; (4) THAT HE/SHE	State:	Sewage Disposal: P Roadside Tree Project: m System: Yes <i>E ALL THAT APPLY</i> # of 2 BR (MF*): Carport None Finished Basement Bsmt Widt sq ft CATION; (2) THAT THE INFORM WORK ON THE ABOVE REFERENCE HE PURPOSE OF INSPECTING T	Condo: Yes ublic Private (Septic) No Yes: # No Voice Evac # of 3 BR (MF*): # Fireplaces: Full or Partial h: Bsmt Depth: Occupiable Area: Notice Droperty Not specifically Defined He WORK PERMITTED AND POSTING NOT NCE OF HOWARD COUNTY	SQ ILL COM SCRIBED

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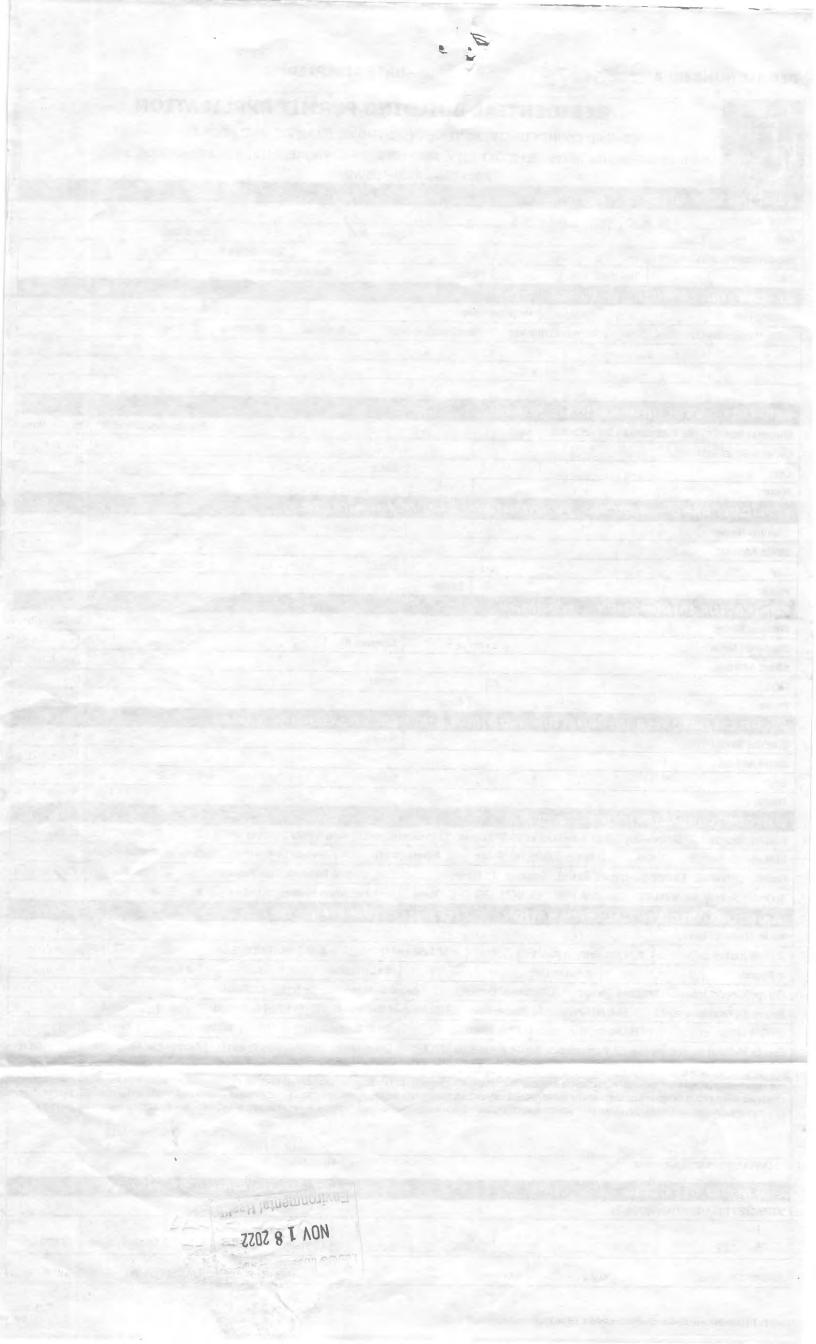


# PERMIT NUMBER: B 22004276

## DATE ACCEPTED:

11. .

Ha the	HOWARD COUN	TY DEPARTM	IENT OF I	NSPECTION	S, LICENSES, AND	D PERMITS		
3430 0	COURT HOUSE DRIVE			21043 - countymd.g		313-2455 (	JPTION #4	
BUILDING SITE AD	DRESS REQUIRED	0		ind:				
Street Address:	4760 pr Car	StrEar	in the			Unit:		
City: U Column	· · · · · · · · · · · · · · · · · · ·			State: MD	CDD/M/D	Zip Co		
Subdivision/Village/Comp	lex Name: Tax Map:		rcel:		SDP/WP/ Grading Permit #:		2010 211	
DESCRIPTION OF	and the second diversity of the	Fa	icei.		Grading Permit #2	10 21		
the state of the s	Shuich an Train	Proposed Us	e:	y mayle		Estima	ated Cost: \$	1000 -
	eted (Separate Permits Rea	1		VACR)	Electrical 🗆 Plum	1	lone	
900	when Digits	15 Worm	E NI	5 Weber	duç≦	1	No. J	28%
1-1, upshul	Colota Wil	222		त	rail +	-	100 A	
H Strend	-formul t	tel	12/22	3	6			
PROPERTY OWNER	INFORMATION	REQUIRED		-				
Owner(s) Name(s) (As it	appears on tax records):	Dutte	Ensibe	hay Gui	21390	Prima	ry Residence:	Yes 🔍 No
Owner's Street Address:	5465 No.	200 Var	in the	- 40E				
City:	- Charlour		<b>5</b> 11-	State:	- Pi-bi	Zip Co		
Phone:	L-REDG X 25		Email:		the realises	p.Lunk	Line Line	•
APPLICANT NAME	REQUIRED - INDI			1				
Business Name: Street Address:	Monday		10 - 2	Contact Nar	ne:	1-1-1-1		
City:	B-Variant.			State:		Zip Co	de'	
Phone:	1		Email:	Juice.	and marths			
CONTRACTOR INFO	ORMATION REQU	TRED	Lindin	audite, 1993				
Business Name:								
Licensee's Name:	11-5			License #:	155			
Street Address:		<u>.</u>		1	· · · · · · · · · · · · · · · · · · ·			
City:				State:		Zip Co	de:	
Phone:			Email:					
ARCHITECT/ENGI	NEER INFORMATION	N INDIVIDU	JAL WHO	SIGNED PLA	NS, IF APPLICAB	LE		
Business Name:	in the information and a			Name:				
Street Address:	1.1n							
City:				State:		Zip Co	de:	
Phone:	and the second second second	Sec. 2	Email:			· · · · ·	_	
BUILDING CHARAC		UIRED						
	Dwelling SF Townhous		1				Condo: 🗆 Yes	
	Gas Water Supp tric □ Natural Gas □ P			(weil)	Sewage Disposal: Roadside Tree Proj		Private (Septi	C)
Sprinkler System:  NFF	•••••	□ NFPA 13D		Fire Al	arm System:  Yes			
NAME OF TAXABLE PARTY OF TAXABLE PARTY.	DENTIAL INFORMA				No. of Concession, Name		J VOICE EVAL	-
Model Name & Options:	DENTIAL INFORMA	and the second second		CT/COMPLE	TE ALL THAT APP	<u>(</u> 1)		· · _ · · ·
# of Bedrooms (SF):	# of efficiency units (N		# of 1 BR (	MF*);	# of 2 BR (MF*):		# of 3 BR (MF	*):
# Rooms:	# Full Baths			# Half Bath		# Fir	replaces:	
Garage/Carport Info:	Attached Garage D	etached Garage		gral Garage	Carport Q. No			
Basement/Foundation Inf	fo:  Slab on Grade	Post & Pier	Unfinis	hed Basement	Finished Baser	ment: 🗆 Full	or 🗆 Partial	
1 <sup>st</sup> Fl Width:	1 <sup>st</sup> Fl Depth:	2 <sup>nd</sup> FI Width:	N.10	2 <sup>nd</sup> FI Depth	n: Bsmt	Width:	Bsmt De	pth:
Energy Method: D Press	ripțive 🗆 Performance 🛛	UA Alternativ	ve 🗆 ERI	Gross Area:		sq ft Occup	iable Area:	sq ft
WITH ALL REGULATIONS OF HO	CALIMER REQUIR ATTIFIES AND AGREES AS FOLLOWS: DWARD COUNTY WHICH ARE APPR THE/SHE GRANTS COUNTY OFFIC	: (1) THAT HE/SHE IS LICABLE THERETO; (	(4) THAT HE/SHE	WILL PERFORM	NO WORK ON THE ABOVE F	REFERENCED PRO	PERTY NOT SPECIFICA	ALLY DESCRIBED IN
APPLICANT'S ORIGINAL SIGN	IATURE &			D/	ATE SIGNED			
FOR OFFICE USE O	NLY			CHECKS PAY	ABLE TO: DIRECTOR OF	FINANCE OF H	OWARD COUNTY	
AGENCIES REQUIRED/AP	PROVALS:							
0 PR	oppz	D/ DE	ED		Health 11 2	23 22	SHA	
SUBMITTAL FEES:	<u></u>	PAYMENT:	11	200		ACCEP	PTED BY:	1



## Mease Save Reset Cancel Help

**Record Detail** \* (This section is required.)

Permit Type	Permit Number	Opened Date	
Building/Residential/Misc/Tanks	B23003716	09/11/2023	£3
Description of Work			

SFD/ INSTALL (1) 1000 GALLON UNDERGROUND PROPANE TANK

## check spelling

## Address \* (This section is required.)

Search	Reset	Clear	Get Parcel & Owner	

Street #	Street Nam	e		Street Type	e
14760	MCCANN F	FARM		RD	$\sim$
Unit Type	Unit #	X Coordinate	Y Coo	rdinate	
Select	<b>~</b>	-77.02574	39.334	154	
City		State	Zip Code	Prima	у
WOODBINE		MD	21797	Yes	$\checkmark$

## Parcel \* (This section is required )

Search Reset Clear Get Address & Owner

GIS ID 1	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
11061523	0027	0	0	0	0	RURAL
Legal Descrip	tion					

							le.	
check spelli	ng							
Block	Lot	Census Tract	Council Dis	t Inspection Dist	Supervisor Dist	Map #		DAP Zone
10	3	604001	5					
Plan Area		State Tax Id	5	Subdivision Name				
				McCann Estates-East				
Section		Area	1	Гах Мар				
				8				
Grid		Zoning District	F	ADC Map				
8-10		RC-DEO		4692-F7				
SDP No.		Final Plan No.	v	VP File No.				
		ECP-19-045			Primary			
Record Plat	No.	WS Contract No.	F	DP No.	Yes	$\checkmark$		
25915-2591						-		
Owner Occu	pied	Year Built	ŀ	listoric District				
O Yes O N	10			Yes ○No				
Historic Dist	rict Registry No.	Stat Area	F	lood Plain				
		4-02		⊖Yes ®No				
Building No								

**Owner** • (This section is required.)

Search Reset Clear

Name \* RHODES BRANDEN REITLER Address Line 1 1702 FIELDBROOK LN





1.

Address Line 2

### Address Line 3

Mail City	Mail State	Mail Zip Code
MOUNT AIRY	MD 🗸	21771
Phone	Primary	
443-610-7514	Yes	~
E-mail		

### Cell Number Fax Number

**Professionals** (This section is not required.)

License # *		Business Name			
60003		THOMPSON GAS			
License Type *		First Name	Middle Name	Last Nam	e
Propane Gs	$\sim$	J. RANDALL		THOMPS	SON
Primary		Address Line 1			
Yes	$\sim$	6708 OLD NATIONAL	PIKE		
		Address Line 2			
		City		State	ZIP Code
		BOONSBORO		MD	21713
		Phone 1	Phone 2	Fax	
		301-432-6611		301-43	32-7147
		E-mail			
		BROHRER@THOMP	SONGAS.COM		

### Applicant (This section is not required.)

Search	As Owner	As Lic. Prof	As Contact			
Type `		First Name	MI	Last Name		
Applicant		MICHELLE		CLANCY		
Relationship	)	Full Name				
Applicant	$\sim$	MICHELLE CLANCY				
Primary		Organization Name				
Yes	$\sim$	APPLIED & APPROV	ED PERMITS LLC			
		Street Address				
		P.O. BOX 310				
		Address Line 2				
		City		State		Zip Code
		PERRY HALL		MD	$\sim$	21128
		Phone	Cell		Fax	
		443-340-1229				
		E-mail *				
		MICHELLE@APPLIE		СОМ		

### Addtl Info

Est Construction Cost *	Housing Units *	Number of Bui	ldings * Public O	wned
1500	0	0	No	~
Construction Type				
Select				$\sim$

### TANK INFORMATION

## RESIDENTIAL TANK INFORMATION

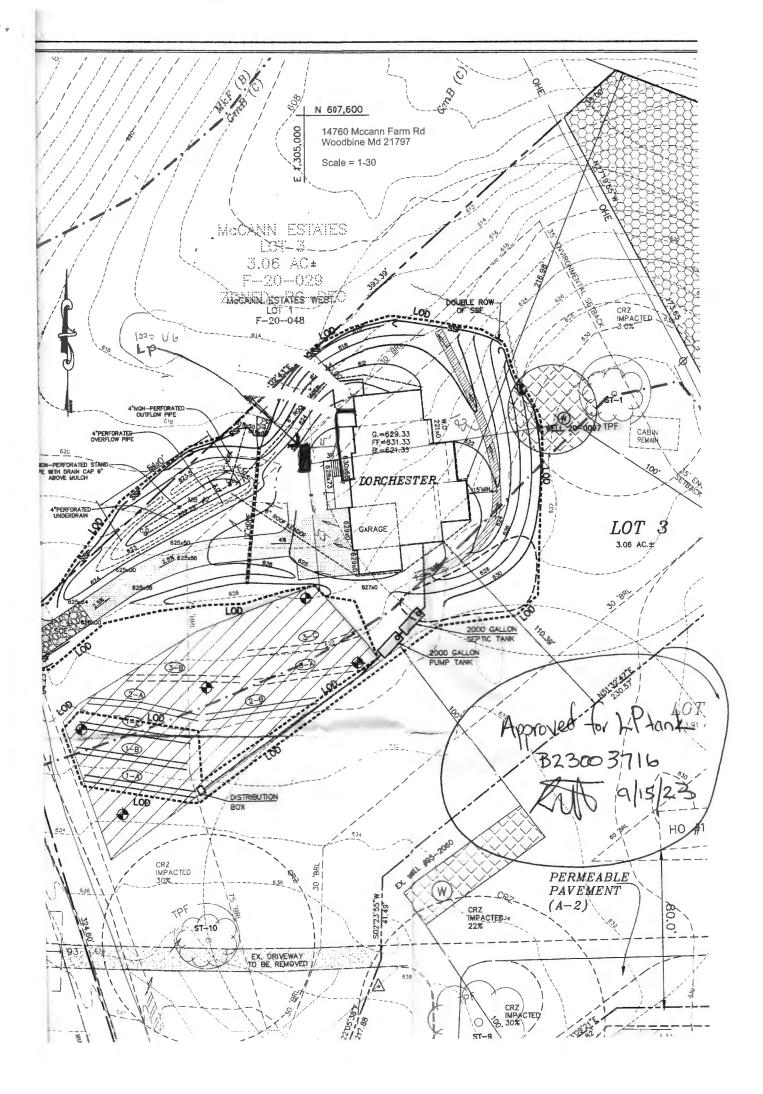
 Capital Project-No Fee \*
 Capital Project Number
 Fee Exempt \*
 Roadside Tree Project Permit \*
 Roadside Tree Permit #

 Yes 
 No
 Yes 
 No
 Yes 
 No

 Existing Use \*
 Number of Tanks Installed \*
 Number of Tanks Removed \*

 SFD
 ✓
 1
 0

Water Supply Sewage Disposal Expiration Date Relocate Existing Tank \*



# HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

## **ON-LINE PLAN DROP OFF**

To: Plan Review Division

From: Chris Wind (Name) Williams buy Horis
(Company)
Telephone #: Email address
Permit Site Address 14760 MCCann Farm
Permit Number: <u>B2300271(</u>
Application On-Line File Date: $7(18)23$
The above referenced permit was applied for online and the drawings are being dropped off for review and approval. These drawings represent the proposed work as outlined on the on-line application. I understand that this Department will not be responsible for any lost plans or documents. It is understood that if any changes to the design or construction of this project is made, revised plans will be submitted prior to any work commencement.
For Office Use Only
Accepted by (initials): on 7 (18/23 (Date)

Received by Plan Review (initials):

12

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

Date:	11/23/21	NOV 2 3 2021
To:	Hank Oswald Health Dept LICI	ENSES & PERMITS
		PIVIEIEx pare
From:	(Your Name, Company Name and Telephone Number)	I milderter 0
Subjec	t: Project name McCann Estates East Lot 3	_
	Project site address 14760 mc Cann Farm pel	-
	Permit Number <u>B2100 4408</u> SDP # F20-02	9
	Other information pertinent to this project	
✓ <u>Plea</u>	ase check the attachments below that you are submitting with this transmittal:	· · · · · ·
	Letter of response to Howard County plan review code letter	•
	Revised plans and/or revised details: When submitting for a complete re-review, duplicate	sets shall be submitted.
	Structural steel certification	
	Energy conservation calculations	
	Certification for (be specific).	
4	Copies of <u>Plotplan</u> tos Cale (be specific). 4 Sets	
	Two sets of single family dwelling model plans to be placed on permanent file: Model name	and/or #
	Other	·
	Is there anyone else that should be contacted regarding this project if there are questions?	
x	If so, please list that person's name and telephone number below:	
	Chrus Wine ( 410 997-880	6
	(Person's name) (Telephone number)	
DIRA	SE ASSUDE ALL DOCUMENTS AND/OD DEVISIONS ADD ADDODDIATELY SIG	NED AND CRATED IE
	SE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY <u>SIG</u> SSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED	
	RMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER.	
	ECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM	
	BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND AI	
	ATORY AGENCIES, AND THE BUILDING PERMIT <u>IS</u> READY FOR ISSUANCE, THE P. FY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STA	
	RECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTION	
INQU	IRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-24	36. PLEASE ALLOW A
MININ	<u>MUM OF FIVE (5) WORKING DAYS</u> FOR ANY PLAN SUBMITTALS TO BE REVIEWI	ED. THANK YOU.
	NVH TO SCALE	
Receive	ed by AVII PER UPPITU W	hite: Plan Review Division
		ellow: Applicant nk: Permit Division

t:\Updated forms\transmit.frm - Rev. 5/08

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

.1~

Date: $11/21/22$
To: <u>Permit office</u> <u>FEIT(IF</u> )
From: Marina Morris/Williamsburg Group LLC 410-997-8800 (Your Name, Company Name and Telephone Number)
Subject: Project name <u>M<sup>c</sup>Cann Estates</u> Lot E03 Project site address <u>14740 M<sup>c</sup>Cann Farm Rd</u> , Woodbine
Project site address $\frac{1}{100} \frac{11}{1100} \frac{11}{1000000000000000000000000000000000$
Other information pertinent to this project <u>Grading Permit 62100</u> 263
✓ 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
<u>Energy conservation calculations</u> <u>Copies of <u>revised site plan</u> for office/storage trailer per Amnette Mersen (be specific).</u>
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)
Marina Morris Telephone No: 410-997-8800
Please Print Name E-Mail Address: Marina morris O Williamsburg IIC, com
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY <u>SIGNED AND SEALED</u> , 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 <u>IS</u> 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.

Received by

THANK YOU.

R

RECEIVED

White-Plan Review / Yellow-Applicant / Pink-Permit Division t:\Operations\Updated forms\transmit.frm - Rev. 04/2014 NOV 21 2022

LICENSES & PERMITS

## **Oswald, Hank**

From:Oswald, HankSent:Monday, November 22, 2021 9:44 AMTo:Maya MildenbergCc:Samer Alomer; Jamie Sweadner; BruceHarvey@williamsburgllc.comSubject:RE: McCann Estates Lots 1 and 2 West, Lot 3 East

Hi Maya:

Good morning,

Lot 1 West - OSDS Plan approved. Building permit plot plan (Grading) isn't to scale. The plot plan also shows a set of trenches that don't match the OSDS Plan. Provide scaled plot plan through DILP.

Lot 2 West – OSDS Plan approved. Building permit plot plan (Grading) isn't to scale. The grading near the SDA doesn't seem to match the OSDS Plan. The building permit application (BP# B2100405 – 14775 McCann Farm Road) also reads Lot 1. It should read Lot 2. Provide scaled plot plan through DILP.

Lot 3 East – OSDS Plan approved with the allowance of the 12 inch culvert pipe within 20 feet of the SDA. Building permit plot plan (Grading) isn't to scale. Provide scaled plot plan through DILP.

Thanks,

Hank

Hank Oswald, L.E.H.S. Howard County Health Department Well & Septic Program 410.313.1786 hoswald@howardcountymd.gov

From: Oswald, Hank
Sent: Friday, November 19, 2021 7:46 AM
To: Maya Mildenberg <maya@mba-eng.com>
Cc: Samer Alomer <salomer@mba-eng.com>; Jamie Sweadner <Jsweadner@mba-eng.com>
Subject: RE:

Hi Maya:

I think so, but I will confirm with you on Monday.

Thanks,

Hank

Hank Oswald, L.E.H.S. Howard County Health Department Well & Septic Program

### Menu Save Reset Cancel Help

Record Detail • (This section is required.)

Permit Type	Permit Number	Opened Date	
Building/Residential/New/SFD	B21004408	11/12/2021	-
Description of Work		ACCEST 0 1984 No. 9 19	
**14760 MCCANN FARM RD** SFD/ MODEL 'DORCHE Basement = Unfinished, 11R, 3FB, 1HB, 1FP, 3 Car Atta Atternative, Subject to CB-76-2018., 2 CAR DETACHED	ached, 5BR, N/A, ENERGY MET		$\mathcal{E}^{H_1}$ .

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Nam	e		Street Type
1	PROBLEM	ADDRESS		Select V
Unit Type	Unit #	X Coordinate	Y Coo	rdinate
Select	$\overline{}$		Ę	
City		State	Zip Code	Primary
PROBLEM AI	DDRESS	MD	99999	No 🗸

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID ·	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
99999999						
Legal Description						
1 PROBLEM ADDR	RESS				P.,	
					1	
					. <del>Ш</del> .	
check spelling						

Block Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map#	DAP Zone
Plan Area	State Tax Id	Sub	division Name		d h <u>ann</u>	
Section	Area		Мар			
Grid	Zoning District	L AD	С Мар			
SDP No.	Final Plan No.		File No.	]		
Record Plat No.	WS Contract No.		P No.	Primary No	$\checkmark$	
Owner Occupied	Year Built	LHis	toric District			
O Yes O No		0	Yes ON0			
Historic District Registry No.	Stat Area	Flo	od Plain			
		0	Yes O No			
Building No						

Owner	(This	section	is	not	required	1
owner .	11113	300000	10	1701	roquiroq	1

Search Reset Clear

Name \* NICHOLAS LALLY Address Line 1 14830 OLD FREDERICK ROAD Address Line 2 Address Line 3 Mail Zip Code Mail City Mail State WOODBINE Phone MD Primary Yes  $\checkmark$ E-mail Cell Number Fax Number

Professionals (This section is not required.)

Search	Reset	Clear					
License # *		Business Name					
155		WILLIAMSBURG GRO	UP LLC				
License Type *		First Name		Middle Name	La	st Name	
Home Bldr	×	BILL			M	CBRIDE	
Primary		Address Line 1		L			
Yes	~	5485 HARPERS FARM	I ROAD S	UITE 200			
		Address Line 2	-				
		City			State		ZIP Code
		COLUMBIA			MD		21044
		Phone 1	Phone	2	F	ax	
		410-997-8800				410-997-43	158
		E-mail					
		BRUCEHARVEY@WIL	LIAMSBU	RGLLC.COM			

#### Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *		First Name	MI	Last Name	
Applicant	$\sim$	CHRIS		WINE	
Relationship		Full Name			
Applicant	~	CHRIS WINE			
Primary		Organization Name			
No	7	WILLIAMSBURG GROUP LI	_C		
		Street Address			
		5485 HARPERS FARM ROA	D SUITE 200		
		Address Line 2			
		City		State	Zip Code
		COLUMBIA		MD	21044
		Phone	Cell	Fax	
		410-997-8800		410	0-997-4358
		E-mail *			
		CHRISWINE@WILLIAMSBU	JRGLLC.COM		

### Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Туре	First Name	I	Last Name	
Contact 🗸	CHRIS		WINE	
Relationship	Full Name			
Licensed Professional V	CHRIS WINE			
Primary	Organization Name			
Yes 🗸	WILLIAMSBURG GROUP LL	.C		
	Street Address			
	5485 HARPERS FARM ROAL	D SUITE 20	00	
	Address Line 2			
	City		State	Zip Code
	COLUMBIA		MD	21044
	Phone (	Cell		Fax
	410-997-8800			410-997-4358
	E-mail			
	CHRISWINE@WILLIAMSBU	RGLLC.CC	M	

### Addtl Info

Est Construction Cost *	Housing Units *	Number of Bui	dings * Public Ov	vned
815000	1	1	No	~
Construction Type			•••••	
101 - Single Family Houses	Detached			$\sim$

### BUILDING INFORMATION

Capital Project-No Fee * Capital Project #	Fee Exempt *	Roadside Tree Project Permit	Roadside Tree Project Permit #	Entrance Permit Req
O Yes 🖲 No	🔿 Yes 🖲 No	🔿 Yes 🖲 No		● Yes ○ No
Guaranty Fund * Condominium Existi	ng Use	Model		
● Yes O No O Yes ● No Vacan	nt Lot	**14760 MCCANN FARM R	D** SFD/ MODEL 'DORCHESTER 4' ELEV. 6/	
No of Stories * Foundation	Basement	No of Rooms * Full Bat	hs * Haif Baths * Other Structure	<u></u>
2 Full Basement V	Unfinished	✓ 11 3	1 3 Car Attached	$\sim$
Bedrooms * Porch Deck	No of Fireplaces *	Type of Fireplace Er	ergy Code	Subject to CB-76-2018
5 N/A 💙	1	Select V	A Alternative	Subject to CB-76-2018
V&S Fees Paid Water Supply 'S	ewage Disposal *	Utilities * Heating Syst	em * Sprinkler System *	Affordable Housing Fund
O Yes O No Private V F	rivate 🗸	Gas & Electric 🗸 Electric & Pro	opane Gas 🗸 NFPA #13D 🗸	N/A
st Floor Width 1st Floor Depth 2nd	Floor Width 2nd Flo	or Depth Basement Width Ba	sement Depth Height Total Se	g Ft * Occ Sq Ft *

## Edit Record By Single

77 FT 52 FT 61 FT 52 FT 77 FT 52 FT 7127	SQFT 7127 SQFT
Building Construction Type Footings Foundation Measurement Walls	Roof
Conventional 20 x 10" 10" concrete Additional Description Web Fr. W/ By. & Siding	Asp. Gable
Location Survey Approval Date Road Frontage Expiration Date 2 CAR DETACHED GARAGE	
U & COUNTRACT 5/16/2022	1
U&O Issued On	
	h <sub>a</sub> d <sup>2</sup> ]
check spelling	
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CRADING INFORMATION	
Grading Permit No Grading Certification Required Grading Certification Received in DILP On Grading Certification Received in	n CID On
Grading Certification Commentes  No Seasonal Surety Comments	
v	
check spelling check spelling	
Seasonal Grading Surety Depositor Driveway Apron Surety Depositor Stormwater Surety Depositor	
GREEN NEIGHBORHOOD INFORMATION	
Check List Points Goal Check List Points Achieved Date of Certification	
PAYMENT INFORMATION	
Check 1 Payee 1 Check 2 Payee 2 SAP Doc No	SAP Entered
	· · · · · · · · · · · · · · · · · · ·
PRIVATE ON LOT SWM FACILITIES	
Green Roofs A1 Permeable Pavements A2 Reinforced Turf A3	
$\bigcirc$ Yes $\textcircled{O}$ No $\bigcirc$ Yes $\textcircled{O}$ No	
O Yes ♥ No O Yes ♥ No	
O     Yes     No     O     Yes     No       Rainwater Harvesting M1     Submerged Gravel Wetlands M2     Landscape Infiltration M3     Infiltration Berms M4	tification Received in CID on

Submit Cancel

## **Oswald, Hank**

From: Sent: To: Cc: Subject: Oswald, Hank Wednesday, October 27, 2021 8:49 AM Maya Mildenberg Samer Alomer RE: OSDS Plan\_14760 McCann Farm Road\_Lot 3 East

Hi Maya:

Good morning. 20 feet is fine, since the trenches don't go all the way to the edge of the SDA.

Thanks,

Hank

From: Maya Mildenberg <maya@mba-eng.com>
Sent: Tuesday, October 26, 2021 2:45 PM
To: Oswald, Hank <hoswald@howardcountymd.gov>
Cc: Samer Alomer <salomer@mba-eng.com>
Subject: RE: OSDS Plan\_14760 McCann Farm Road\_Lot 3 East

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Thanks

Maya M Mildenberg Vice President Mildenberg, Boender & Assoc., Inc. 7350B Grace Drive, Columbia, MD 20144 410-997-0296 MILDENBERG,

BOENDER AND ASSOC., INC.

From: Oswald, Hank <<u>hoswald@howardcountymd.gov</u>>
Sent: Tuesday, October 26, 2021 2:31 PM
To: Maya Mildenberg <<u>maya@mba-eng.com</u>>
Cc: Samer Alomer <<u>salomer@mba-eng.com</u>>
Subject: RE: OSDS Plan\_14760 McCann Farm Road\_Lot 3 East

Hi Maya:

Let me check with Jeff on this, and I will get back to you hopefully tomorrow.

Thanks,

Hank

From: Maya Mildenberg <<u>maya@mba-eng.com</u>>
Sent: Tuesday, October 26, 2021 1:29 PM
To: Oswald, Hank <<u>hoswald@howardcountymd.gov</u>>
Cc: Samer Alomer <<u>salomer@mba-eng.com</u>>
Subject: RE: OSDS Plan\_14760 McCann Farm Road\_Lot 3 East

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Good afternoon Hank.

There is approximately 40,000 s.f. drainage area to the 12"HDPE culvert (see attached). This was approved under F-20-029.

I can adjust the driveway alignment and proposed contours, but the pipe inlet would be 20' from SDA, not the required 25' (see attached).

MB2 is the Micro-bioretention facility (M-6).

## Maya M Mildenberg

Vice President Mildenberg, Boender & Assoc., Inc. <u>7350B Grace Drive, Columbia, MD 20144</u> 410-997-0296

MILDENBERG, BOENDER AND ASSOC., INC.

From: Oswald, Hank <<u>hoswald@howardcountymd.gov</u>> Sent: Tuesday, October 26, 2021 11:43 AM To: Maya Mildenberg <<u>maya@mba-eng.com</u>> Subject: OSDS Plan 14760 McCann Farm Road\_Lot 3 East

## Hi Maya:

I just reviewed the OSDS plan for 14760 McCann Farm Road, Lot 3 East, and it's so different from the previous plan version. What is the purpose of the 12 inch pipe? It doesn't seem to pick-up anything, and the inlet side of the pipe doesn't meet the 25 foot setback distance to the SDA. What type of bioretention pond is this, MB2?

Thanks in advance,

Hank

Hank Oswald, L.E.H.S. Howard County Health Department Well & Septic Program 410.313.1786 <u>hoswald@howardcountymd.gov</u>