



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: 9/24/13
Permit No.: B13003597

Building Address: 6827 Winding Stream Lane
City: Highlands State: MD Zip Code: 20777
Suite/Apt. #: _____ SDP/WP/BA #: GP13-085
Census Tract: _____ Subdivision: Owings Prop.
Section: n/a Area: n/a Lot: 17
Tax Map: 40 Parcel: 44 Grid: 4
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot

Proposed Use: SFD

Estimated Construction Cost: \$ 200,000.00 Morn Rm Conservatory

Description of Work: Const. SFD "Kilkenney" 2 Sty
Full Bsm't, 3 FB 14B (4 Brm) Rm, 2 Car
Attched Gar, Opt FP, Fin 4x4 both

Occupant or Tenant: _____

Was tenant space previously occupied? ☐ Yes ☐ No

Contact Name: _____

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 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Construction type: _____	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Other _____	Roof: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: SK Homes@ Highlands Owings
Address: 7090 Samuel Morse Dr.
City: Columbia State: MD Zip Code: 21046
Phone: 410-312-5163 Fax: 410-312-4708
Email: porla@comcast.net

Applicant's Name & Mailing Address, (If other than stated herein)

Applicant's Name: BPS, Inc. - Pat Orla

Address: 232-D Crocker Dr.

City: Bel Air State: MD Zip Code: 21014

Phone: 410-879-7848 Fax: 410-879-7847

Email: porla@comcast.net

Contractor Company: same as owner

Contact Person: Bill McElwee

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: MHBR# 557

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G13000282</u>	
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.

Pat Orla
Applicant's Signature

porla@comcast.net

Email Address

Agen for Steuart Kret Homes

Title/Company

BPS Inc - Pat Orla
Print Name

9/24/13
Date

RECEIVED

SEP 24 2013

LICENSES & PERMITS
DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>10-15-13</u>	<u>Donna B...</u>

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

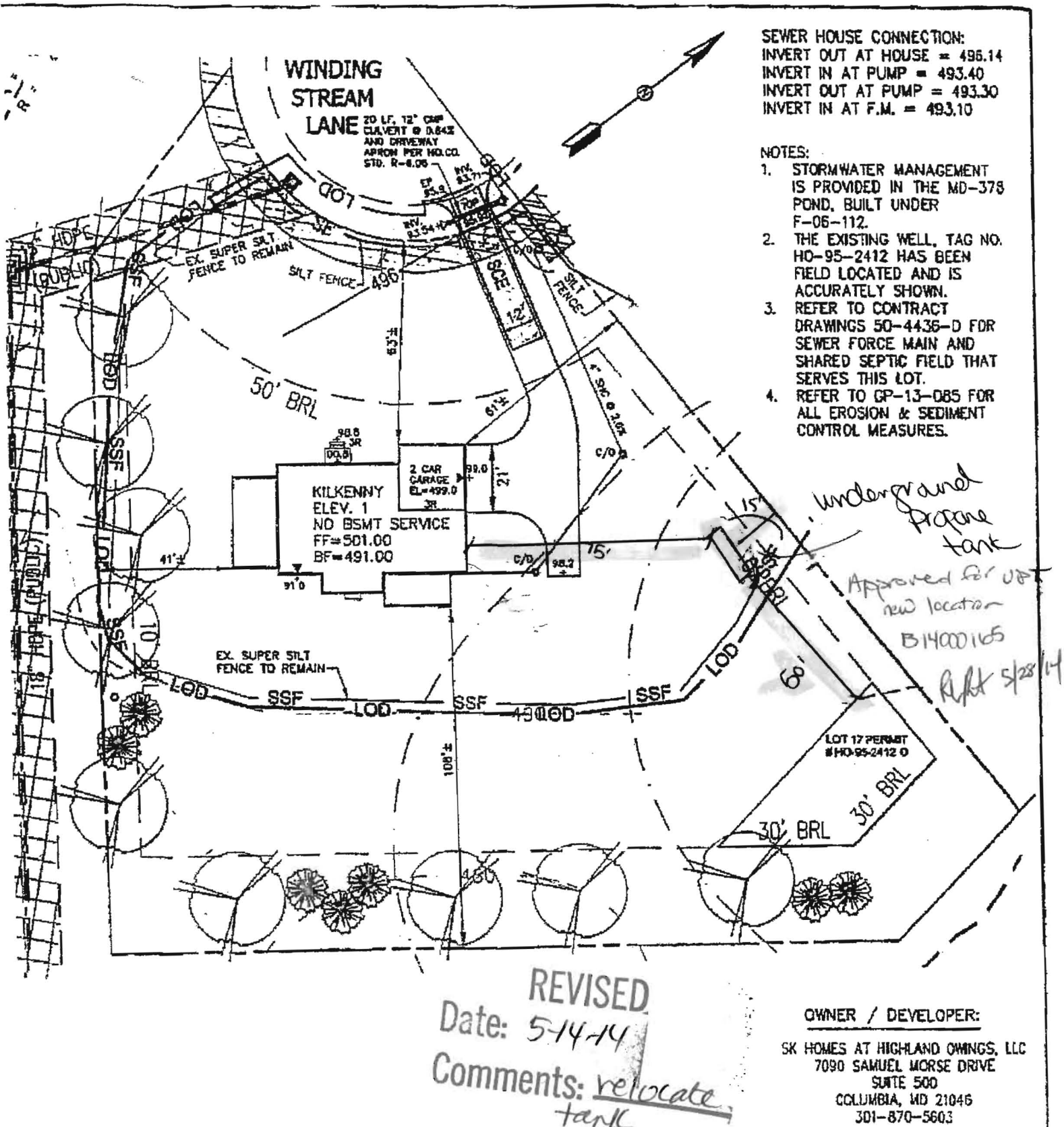
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1041</u>

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

T:\Operations\Updated Forms\Building appimp 8.2012.docx

13SET1027



PROJECT NO.
2011200.04

SCALE: 1"=40'

DATE: 10/15/13

DRAWN BY: GTH

CHECKED BY: SBP



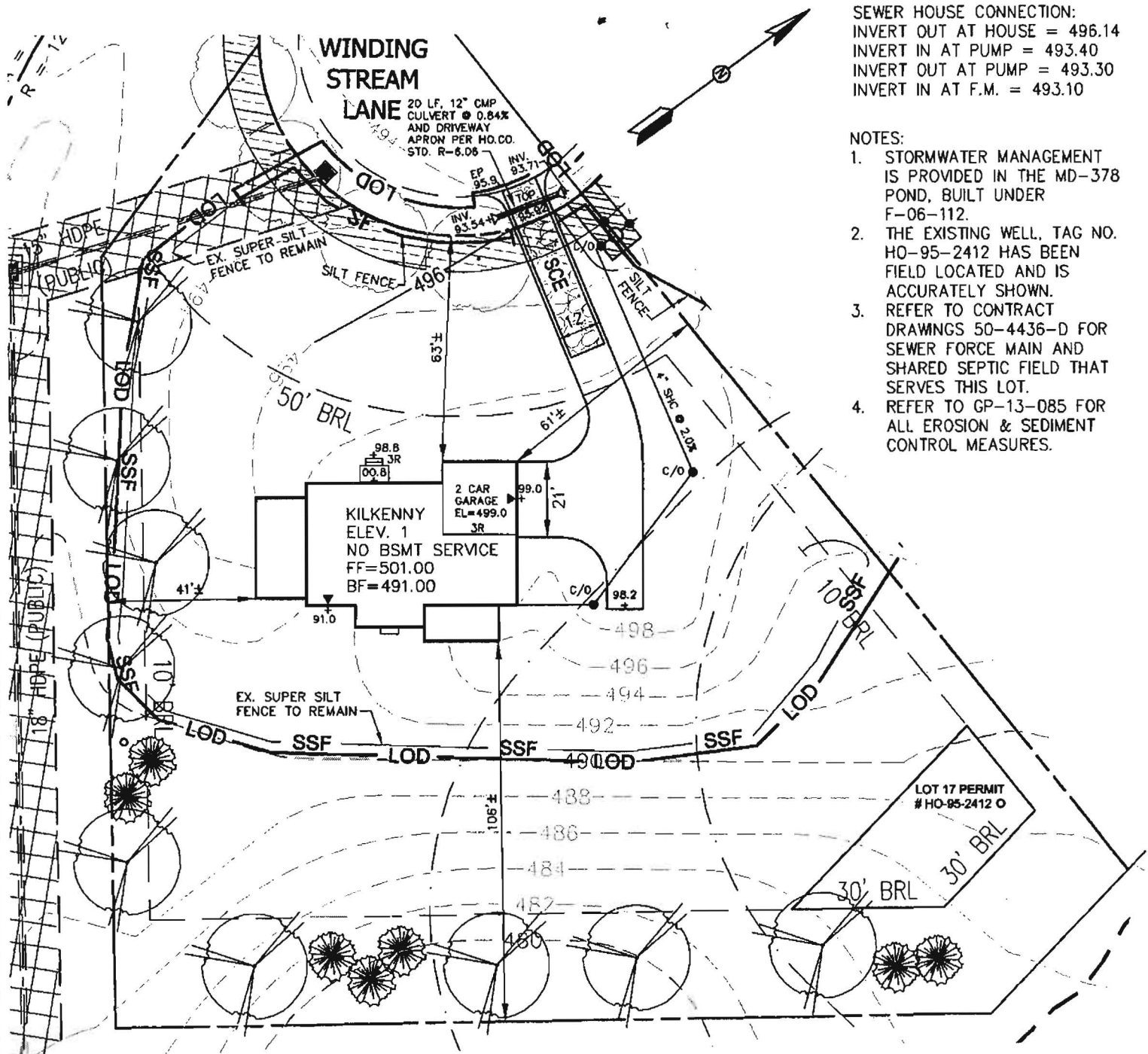
AB CONSULTANTS, INC.

9450 ANNAPOLIS ROAD
LANHAM, MARYLAND 20706
PHONE: (301) 306-3091

HOUSE SITE
LOT 17

OWINGS PROPERTY, LOT 5

LOTS 17-24, NON-BUILDABLE PRESERVATION
PARCELS F & G, AND NON-BUILDABLE BULK PARCEL H
A RESUBDIVISION OF LOT 5 - HAYWOOD OWINGS PROPERTY



SEWER HOUSE CONNECTION:
 INVERT OUT AT HOUSE = 496.14
 INVERT IN AT PUMP = 493.40
 INVERT OUT AT PUMP = 493.30
 INVERT IN AT F.M. = 493.10

NOTES:

1. STORMWATER MANAGEMENT IS PROVIDED IN THE MD-378 POND, BUILT UNDER F-06-112.
2. THE EXISTING WELL, TAG NO. HO-95-2412 HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
3. REFER TO CONTRACT DRAWINGS 50-4436-D FOR SEWER FORCE MAIN AND SHARED SEPTIC FIELD THAT SERVES THIS LOT.
4. REFER TO GP-13-085 FOR ALL EROSION & SEDIMENT CONTROL MEASURES.

REVISED

Date: 11/5/13

Comments: B13003597

OWNER / DEVELOPER:

SK HOMES AT HIGHLAND OWINGS, LLC
 7090 SAMUEL MORSE DRIVE
 SUITE 500
 COLUMBIA, MD 21046
 301-870-5603

PROJECT NO.
 2011200.04

SCALE: 1"=40'

DATE: 10/15/13

DRAWN BY: GTH

CHECKED BY: SBP

SHEET: 1 OF 1



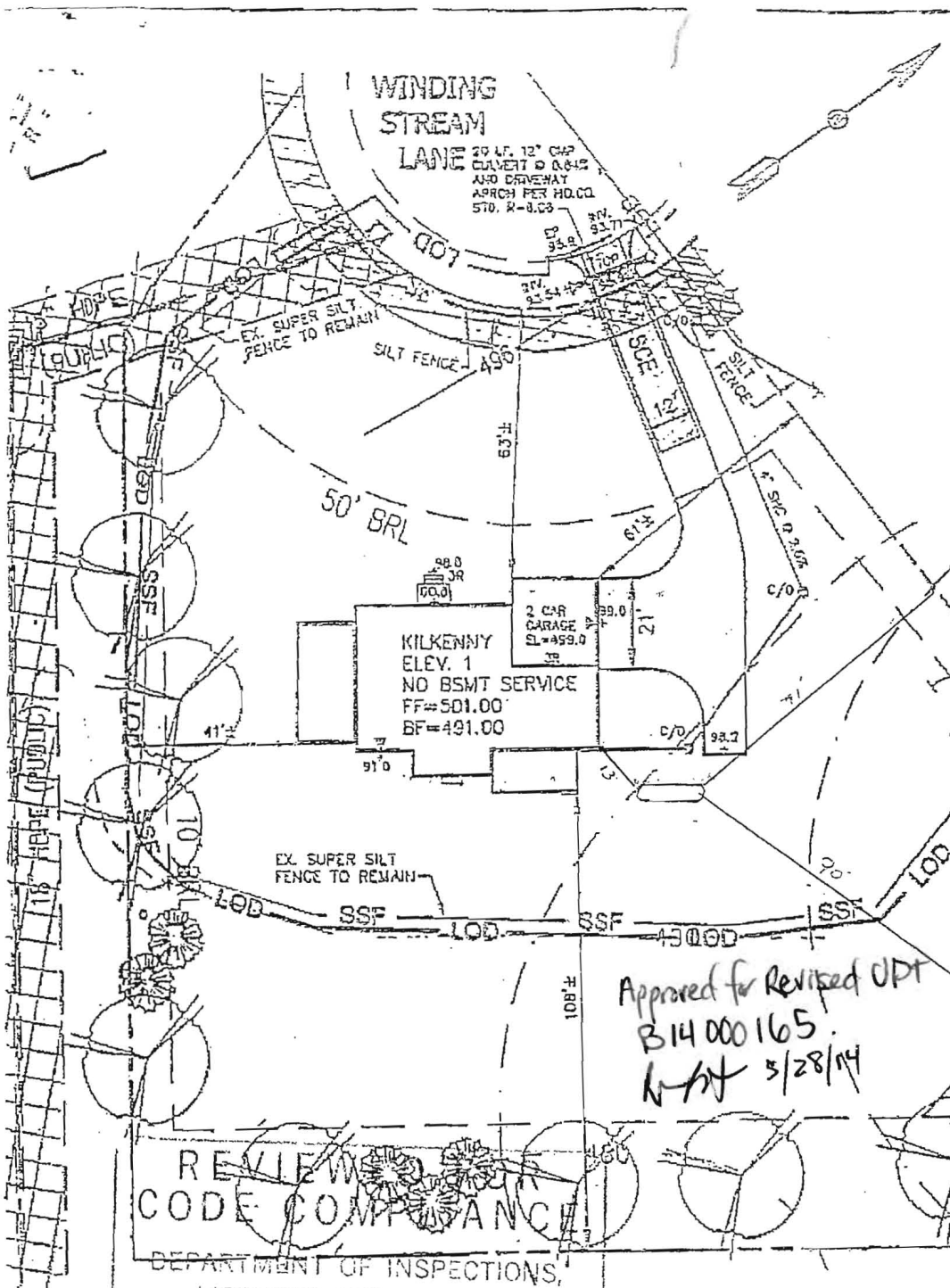
AB CONSULTANTS, INC.

9450 ANNAPOLIS ROAD
 LANHAM, MARYLAND 20706
 PHONE: (301) 306-3091
 FAX: (301) 306-3092

HOUSE SITE
 LOT 17

OWINGS PROPERTY, LOT 5

LOTS 17-24, NON-BUILDABLE PRESERVATION
 PARCELS F & G, AND NON-BUILDABLE BULK PARCEL H
 A RESUBDIVISION OF LOT 5 - HARWOOD OWINGS PROPERTY
 TAX MAP 40, GRID 4, PARCEL 44
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND.



SEWER HOUSE CONNECTION:
 INVERT OUT AT HOUSE = 495.14
 INVERT IN AT PUMP = 493.40
 INVERT OUT AT PUMP = 493.30
 INVERT IN AT F.M. = 493.10

NOTES:

1. STORMWATER MANAGEMENT IS PROVIDED IN THE MD-378 POND, BUILT UNDER F-06-112.
2. THE EXISTING WELL, TAG NO. HO-95-2412 HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
3. REFER TO CONTRACT DRAWINGS 50-4436-D FOR SEWER FORCE MAIN AND SHARED SEPTIC FIELD THAT SERVES THIS LOT.
4. REFER TO GP-13-085 FOR ALL EROSION & SEDIMENT CONTROL MEASURES.

REVISED
 Date: 5/2/14
 Comments: B14000165
 CHANGE SIZE TO 1000 GAL
 LOT 17 PERMIT #HO-95-2412 D

Approved for Revised UPT
 B14000165
 5/28/14

REVIEWED FOR
 CODE COMPLIANCE
 DEPARTMENT OF INSPECTIONS,
 LICENSES AND PERMITS
 HOWARD COUNTY

DATE: 1-21-14

B14000165
 APPLICANT'S COPY

OWNER / DEVELOPER:

SK HOMES AT HIGHLAND OWINGS, LLC
 7090 SAMUEL MORSE DRIVE
 SUITE 500
 COLUMBIA, MD 21046
 301-870-5603

PROJECT NO:	201 200.04	1. TO COMPLY WITH LETTER
SCALE:	1"=40'	SUBJECT TO FIELD INSPECTION
DATE:	10/15/13	SUBJECT TO COMM. PLANS
DRAWN BY:	GTH	AB CONSULTANTS, INC.
CHECKED BY:	SBP	9450 ANNAPOLIS ROAD
		LANHAM, MARYLAND 20706
		PHONE: (301) 306-3091
		FAX: (301) 306-3092
SHEET: 1 OF 1		

HOUSE SITE
 LOT 17
 OWINGS PROPERTY, LOT 5
 LOTS 17-24, NON-BUILDABLE PRESERVATION
 PARCELS F & G, AND NON-BUILDABLE BLK PARCEL H
 A RESUBDIVISION OF LOT 5 - HARWOOD OWINGS PROPERTY
 TAX MAP 40, GRID 4, PARCEL 44
 5TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND



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.: B14000165

Submitted 1/17/14

Building Address: 6827 Winding Stream Ln
City: Highland State: md Zip Code: 20777
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Owings property
Section: _____ Area: _____ Lot: 17
Tax Map: 40 Parcel: 44 Grid: 4
Zoning: _____ Map Coordinates: _____ Lot Size: 1.15(A)
Existing Use: SFD
Proposed Use: SFD w/ propane tank
Estimated Construction Cost: \$ 6000
Description of Work:
install 500 gallon in-ground propane tank
Occupant or Tenant: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: Contractor
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: SK Homes @ Highland Owings LLC
Address: 7090 Samuel Morse Dr
City: Columbia State: md Zip Code: 21046
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Jerome Clancy
Address: PO Box 1253
City: Eldersburg State: md Zip Code: 21784
Phone: 443-340-1229 Fax: _____
Email: Jerome@AppliedAndApproved.com

Contractor Company: Valley National Corp
Contact Person: William Grewing
Address: 7201 Montevideo Rd
City: Jessup State: md Zip Code: 20794
License No.: 67793
Phone: 410-799-1114 Fax: _____
Email: 8

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: Contractor
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<u>Depth</u> <u>Width</u>
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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:
<input checked="" type="checkbox"/> 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
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
<u>Sprinkler System:</u>
<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: _____
Email Address: Jerome@AppliedAndApproved.com
Title/Company: Permits

Print Name: Jerome Clancy
Date: 1/14/14

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

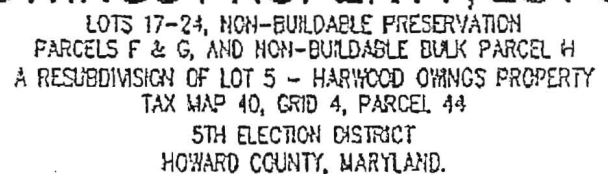
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/18/14</u>	<u>[Signature]</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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	\$ <u>342.9</u>
Check	# <u>342.9</u>

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



Name: Jeremy Clancy
Street Address: PO Box 1253
City, State, Zip: Sykesville MD 21784
Date: 5/14/14

Amendment, Permit # B14000165

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

RECEIVED

MAY 14 2014

LICENSES & PERMITS
DIVISION

Dear Ms. Whalen:

I am requesting to amend Permit # B14000165 at
6827 Winding Stream Rd to
change tank location

Enclosed:

X \$25
Fee:

check # 3651
invoice # 360450

Plot Plans

Sets of Construction Drawings

Other:

If there is anything we can do to assist you, please let me know.

Sincerely,

CC: DPZ
DED
Health RAB 5/23/14

Name: Jeremy Clancy

Title: Permits

Phone: 443 610 7514

Email: Jeremy@appliedandapproved.com

Amendment Letter

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

Date: Nov 5, 2013
To: Health Dept. Robert Bucker
(Person's Name and Division)
From: Pat Drla (410) 879-7848
(Your Name, Company Name and Telephone Number)
Subject: Project name Owings Property
Project site address Lots # 17, 18, 19, 20
Permit Number B1300353 + 355e SDP # B13003507 + 3598
Other information pertinent to this project _____

☒ Please 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). sg St. 6715 BR 5
- ☐ Copies of _____ (be specific).
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☒ Other Site Plans for Health Dept.

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

Bill Elwee (410) 312-5163
(Person's name) (Telephone number)

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 A. G. L. L. L. L.

white: Plan Review Division
yellow: Applicant
pink: Permit Division

12

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

Date: 5/9/14 RECEIVED
To: SVD MAY 12 2014
(Person's Name and Division)
From: Jeremy Clancy (443) 340-1229 PLAN REVIEW DIVISION
(Your Name, Company Name and Telephone Number)
Subject: Project name Propose Tank
Project site address 6827 Winding Stream Lane Highland 20777
Permit Number B14000165 SDP # _____
Other information pertinent to this project _____

☒ Please 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).
- ☐ Copies of _____ (be specific).
- ☐ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ☒ Other Revise Tank size from 500 gallon to 1000 gallon (SAME Location)

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name)

(Telephone number)

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.

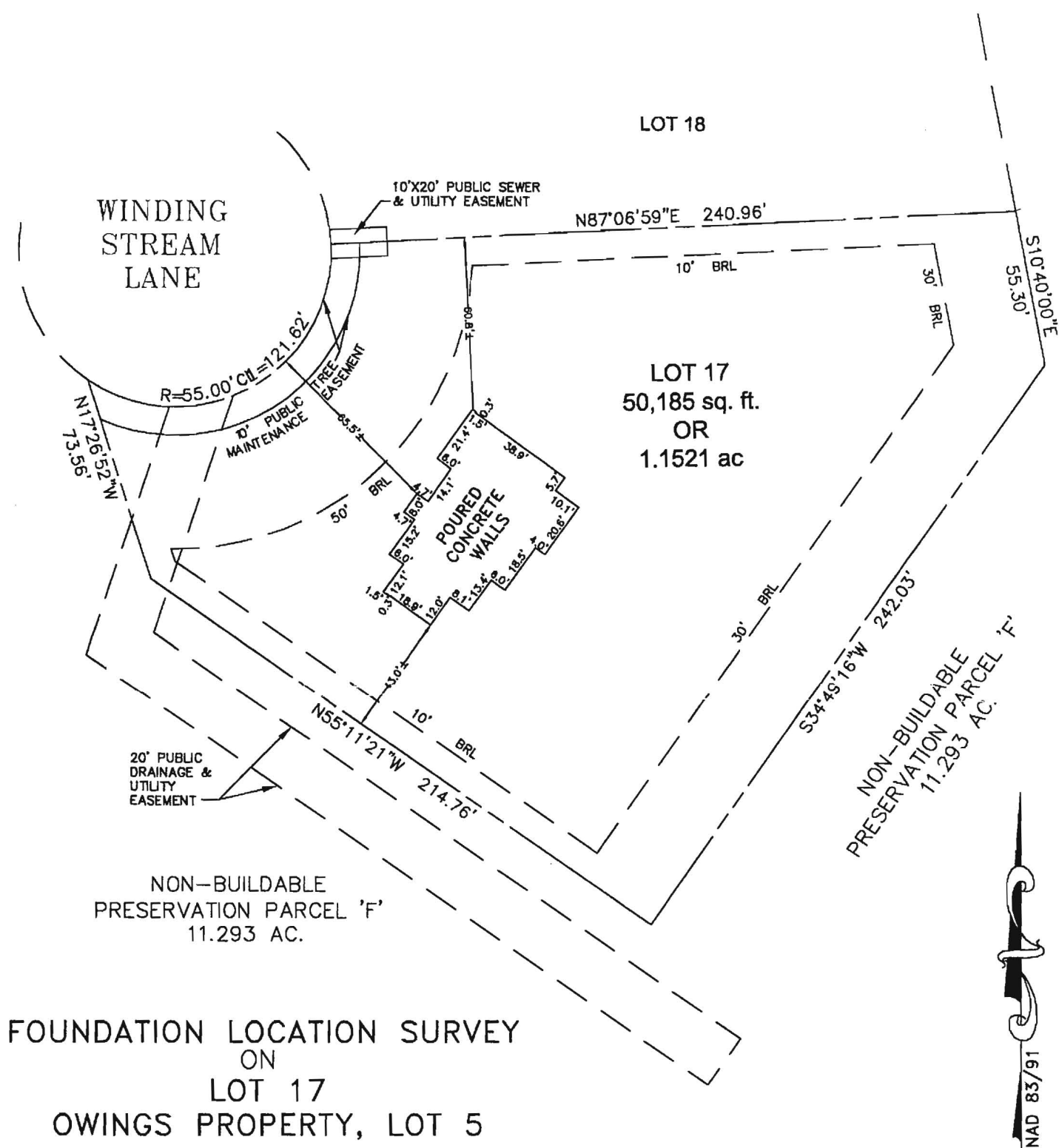
Received by AKH

CC: DPZ
DET
Heath R-A 5/28/14

white: Plan Review Division
yellow: Applicant
pink: Permit Division

CURVE TABLE					
CURVE	LENGTH	RADIUS	DELTA	CHD BRG	CHORD
C1	121.62	55.00	126°41'48"	N60°39'32"E	98.31

CURVE	LENGTH	RADIUS	DELTA	CHD BRG	CHORD
C1	121.62	55.00	126°41'48"	N60°39'32"E	98.31



FOUNDATION LOCATION SURVEY
ON
LOT 17

OWINGS PROPERTY, LOT 5

PLAT WAR 22220 - 22221

6827 WINDING STREAM LANE

HOWARD COUNTY, MARYLAND

JANUARY, 2014 SCALE: 1"=50'

I hereby state this plat represents a field run survey of the location of the foundation of the proposed building to the nearest tenth of a foot. The lot dimensions are depicted as per the current record plat and any encroachments by the newly constructed foundation on those recorded lines are shown hereon.

Clyde V. Kelly
Professional Land Surveyor
MD License No 10977

24 Jan '14
Date



AB CONSULTANTS, INC.
9450 ANNAPOLIS ROAD
LANHAM, MARYLAND 20706
PHONE: (301) 308-3091
FAX: (301) 308-3092

DRAWN BY: MBS
CHECKED BY: CVK
FILE: WCHK - Lot 17



**STEUART KRET HOMES
OPTION SHEET
FOR CONSTRUCTION PURPOSES ONLY**

Subdivision	HIGHLAND
Homeowner	Omar and Homayara Aziz
Lot Number	17 – 6827 Winding Stream Lane Highland, Maryland 20777
Model	Kilkenny Ev. 1 Brick Front 2-Car Sideload
Color Package	#13 – Tidewater Brick / Sandstone Beige Siding / Georgetown Gray Roof / Black Shutters
REVIEWED SEPTEMBER 19, 2013	
STRUCTURAL OPTIONS	
1. 9' poured wall walkout basement	
2. Morning Room	
3. Conservatory	
4. 5 ft. cased opening from Conservatory to Living Room (std. height)	
5. Full Bath at Library	
6. Tray Ceiling in Dining Room	
7. Gas DV Fireplace in Family Room with 1,000 gal. propane tank w/100 gal. fill	
8. Vent fan to outside	
9. 2-Car Brick Front Sideload Garage	
10. Full bath rough-in at Basement (sewer lines only)	
11. Flagstone Porch w/Brick Stringers and Risers	
12. 9' ceilings at 1 st and 2 nd floor	
13. Oak stairs with open risers and treads, painted strings and risers w/oak brackets	
KITCHEN / VANITIES	
1. UPG #1 Kitchen Faucet	
2. Delete STD Ceramic Backsplash Replace with Granite Countertop Ledge	
3. Granite Top in Library Bath	
FLOORING	
1. UPG #1 Ceramic in Owner's Bath	
2. UPG #1 Ceramic Library Bath	
3. Hardwood in kitchen to be placed under the island	
PLUMBING	
1. Whirlpool Tub in Owner's Suite	
ELECTRICAL	
1. TV wiring for flat screen	
2. Move 4 recessed lights from sitting to family room	
3. 1 pre-wire with 2 switches in Family Room	
4. Post Lamp	

5 - bedroom

18 December, 2013

Kilkenny



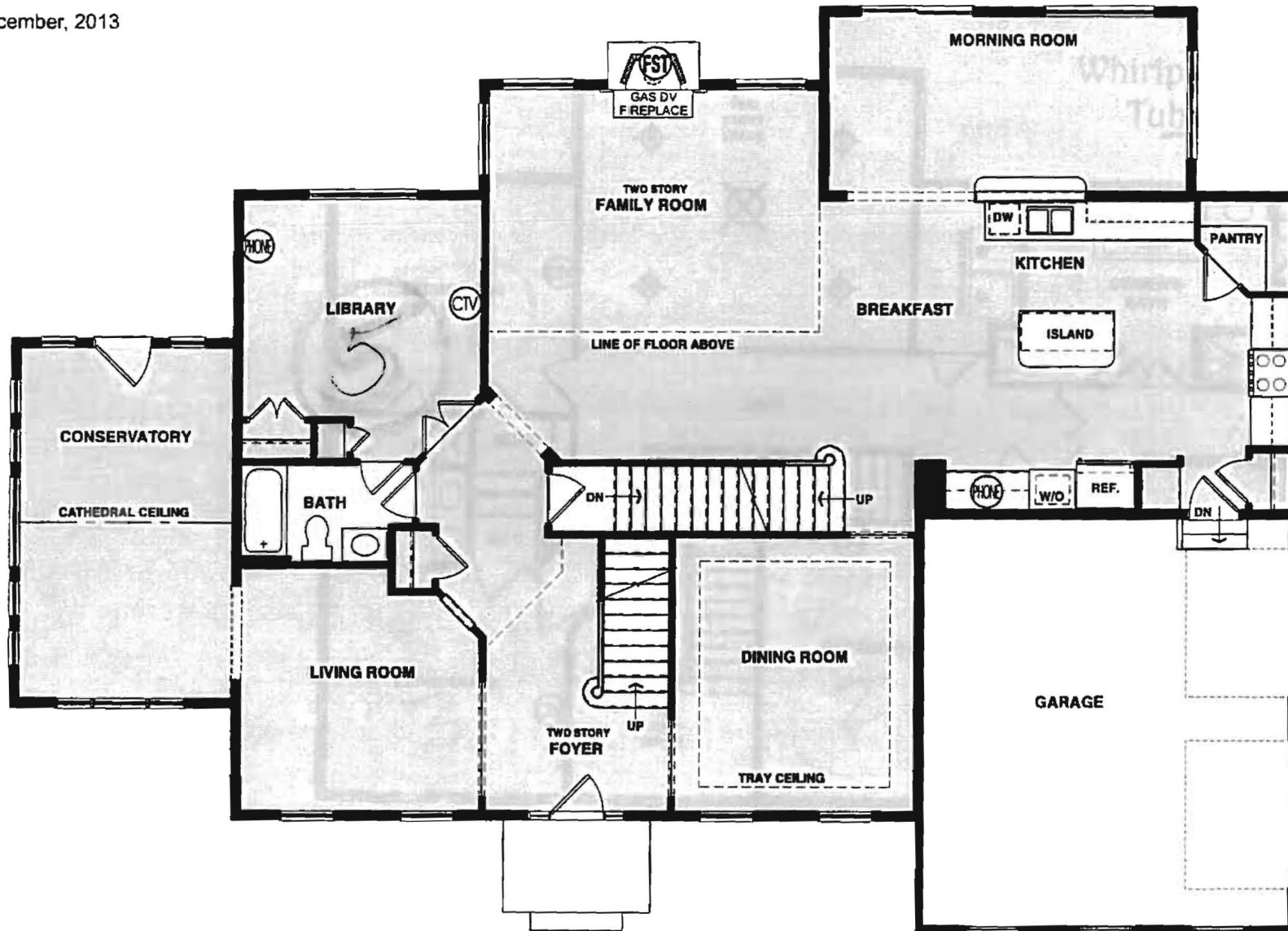
Lot 17 - Highland
Elevation 1 - Brick

**The location of recessed cans
and all other custom modifications
are subject to code & field conditions.**

The Floor Plans are for illustrative purposes only. Details shown on these plans are approximate and are subject to modification as necessary to meet building codes and field conditions. Accordingly, the actual sizes, dimensions and placement of walls, ceilings, doors and windows are subject to change without notice.

ACCEPTED _____ DATE _____
Purchaser Purchaser

18 December, 2013



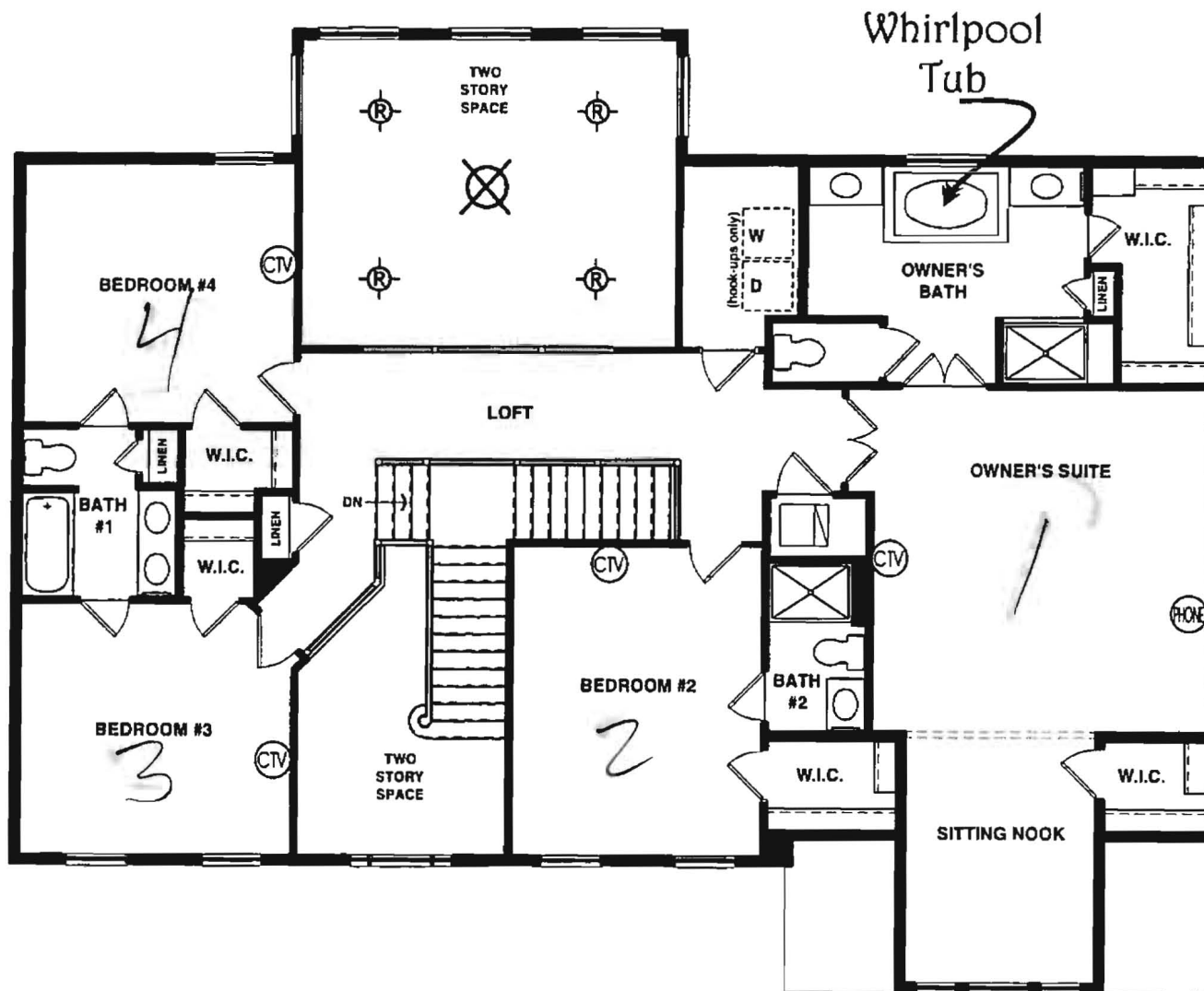
Kilkenny 1st floor plan
Lot 17 - Highland
Elevation 1

**The location of recessed cans
and all other custom modifications
are subject to code & field conditions.**

The Floor Plans are for illustrative purposes only. Details shown on these plans are approximate and are subject to modification as necessary to meet building codes and field conditions. Accordingly, the actual sizes, dimensions and placement of walls, ceilings, doors and windows are subject to change without notice.

ACCEPTED _____ DATE _____
Purchaser Purchaser

18 December, 2013



Kilkenny 2nd floor plan
Lot 17 - Highland
Elevation 1

**The location of recessed cans
and all other custom modifications
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ACCEPTED: _____ DATE: _____
Purchaser Purchaser

Jeff Williams

Bureau of Environmental Health
8930 Stanford Blvd
Columbia MD 21045

January 22, 2014

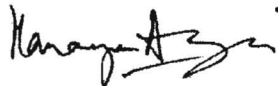
Re: Owings Lot 17 (6827 Winding Stream Lane, Highland MD 20777)

Dear Mr Williams,

Hope you are doing well. This letter is in response to your memorandum dated January 17, 2014 that restricts 3 piece rough in for our home. I understand that our homes are currently restricted to 5 bedrooms. We have chosen a 5 bedroom home for our lot with an unfinished basement. I assure you we have no plans to add any additional bedrooms in our basement. However, it is extremely crucial and vital that we have a full bath rough in for our basement. If and when I finish my basement, I assure you we will stay within the 5 bedroom Maximum for our home.

I am sincerely requesting your approval for the 3 piece rough in for our unfinished basement.

Very respectfully



Homayara Aziz
Cc: Omar Aziz

approved
Geo
4/18/14

Rappaport, Ryan

From: Jeremy Clancy [jeremy@appliedandapproved.com]
Sent: Tuesday, February 18, 2014 9:52 AM
To: Rappaport, Ryan
Subject: Re: 6827 Winding Stream Lane - Owings Property Lot 17

Ryan,

I have forwarded your email to the contractor. I am simply the permit runner. The contractor is aware and dealing with their customer (Ms Aziz) directly. I will let you know as soon as we know. Technically if it can be approved as is, it should be since that is what we submitted. Then should we need to revise it, that is on us. If Ms Aziz recounts her call and says she never got to you, I wouldn't want you to be chastised for not approving an approvable permit. But if you want to wait, that's fine.....but I will let you know when I know.

Jeremy Clancy

Sent from my iPhone

On Feb 18, 2014, at 8:48 AM, "Rappaport, Ryan" <RRappaport@howardcountymd.gov> wrote:

Mr. Clancy,

I have attempted to call you numerous times and sent the email below two weeks ago. Please do me the professional courtesy of responding regarding your building permit so I can pass it along to the next organization.

Ryan Rappaport

From: Rappaport, Ryan
Sent: Wednesday, February 05, 2014 12:57 PM
To: 'jeremy@appliedandapproved.com'
Subject: 6827 Winding Stream Lane - Owings Property Lot 17

Jeremy,

I am reviewing the building permit for the in-ground propane tank at the above listed property and have a few questions. The location of the tank will meet the setback requirements and I can approve the permit but I wanted to let you know that I received a phone call from the buyer, Mrs. Aziz who requested that I not approve it because it's not in the location that she wanted it to be.

Please let me know how you want to proceed. Would you like me to approve this location or would you like to submit a revised site plan?

Ryan Rappaport, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
8930 Stanford Blvd.
Columbia, MD. 21045
Phone (410) 313-1781
Fax (410) 313-2648
rrappaport@howardcountymd.gov
www.co.ho.md.us