



# 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: 9/19/13  
Permit No.: B/3003556

Building Address: 6803 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: 20  
Tax Map: 40 Parcel: 44 Grid: 4  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Vacant lot  
Proposed Use: SED  
Estimated Construction Cost: \$ 200,000.00  
Description of Work: Const. SFD "Limerick" 2 sty  
Full Bsmt, R, FB, HB,  
opt EP, Fin 1/2 n/bath

Occupant or Tenant:  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Residential Building Characteristics	
Help:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No.:	Depth Width
Gro.:	1 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>
<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 type="checkbox"/> No	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: 410312-5163 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>G13000045</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.

Applicant's Signature: Pat Orla  
Email Address: porla@comcast.net  
Title/Company: Agcn for Steuart Kret Homes

Print Name: BPS, Inc - Pat Orla  
Date: 9/19/13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*\*

FOR OFFICIAL USE ONLY

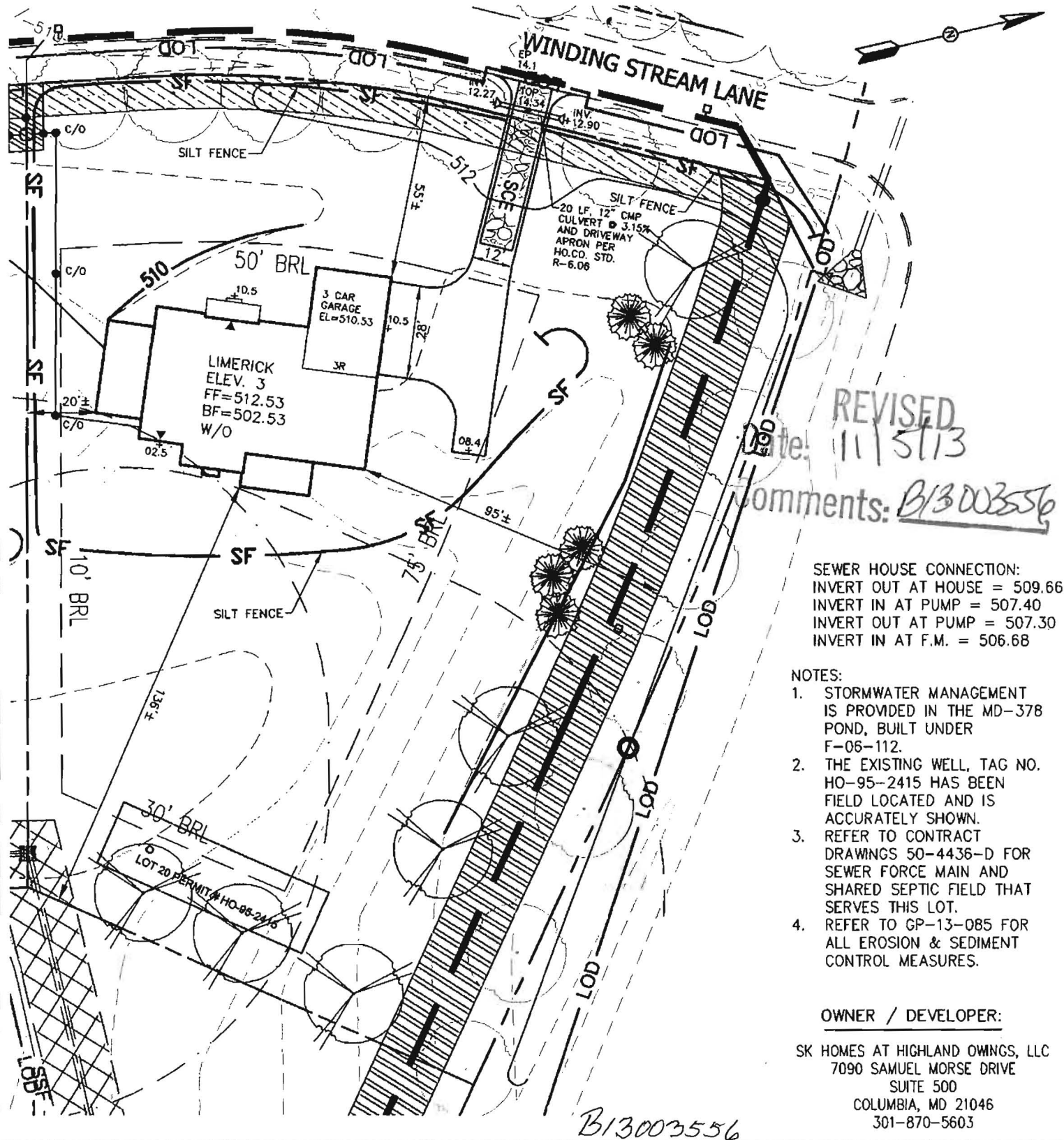
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

OPZ 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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 1044

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



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 20

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.



# 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: 5-14-14

Permit No.: B1400531

Building Address: 6803 Winding Stream Lane  
City: Highland State: MD Zip Code: 20777  
Suite/Apt. #: SDP/WP/BA #:  
Census Tract: Subdivision:  
Section: Area: Lot: 20  
Tax Map: 40 Parcel: 44 Grid: 4  
Zoning: Map Coordinates: Lot Size: 1.21

Existing Use: SFD  
Proposed Use: SFD w/ Propane tank  
Estimated Construction Cost: \$ 8,000  
Description of Work: Install 1000 gal  
Propane tank in ground

Occupant or Tenant: Owner  
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 <sup>st</sup> floor:
Area of construction (sq. ft.):	2 <sup>nd</sup> floor:
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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:
	Footings:
	Roof:
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: SK Homes  
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: Jeremy Clancy  
Address: PO Box 1253  
City: Silesville State: MD Zip Code: 21784  
Phone: 443-340-229 Fax:  
Email:

Contractor Company: Valley National Gas  
Contact Person: William Fleming  
Address: 1201 Monte Nido Rd  
City: Jessup State: MD Zip Code: 20794  
License No.: 67793  
Phone: 410-799-1114 Fax:  
Email:

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

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
Other:
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" 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  
Jeremy@appliedandapproved.com  
Email Address  
Permits  
Title/Company

Print Name: Jeremy Clancy  
Date: 5/14/14

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

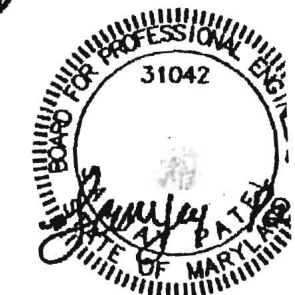
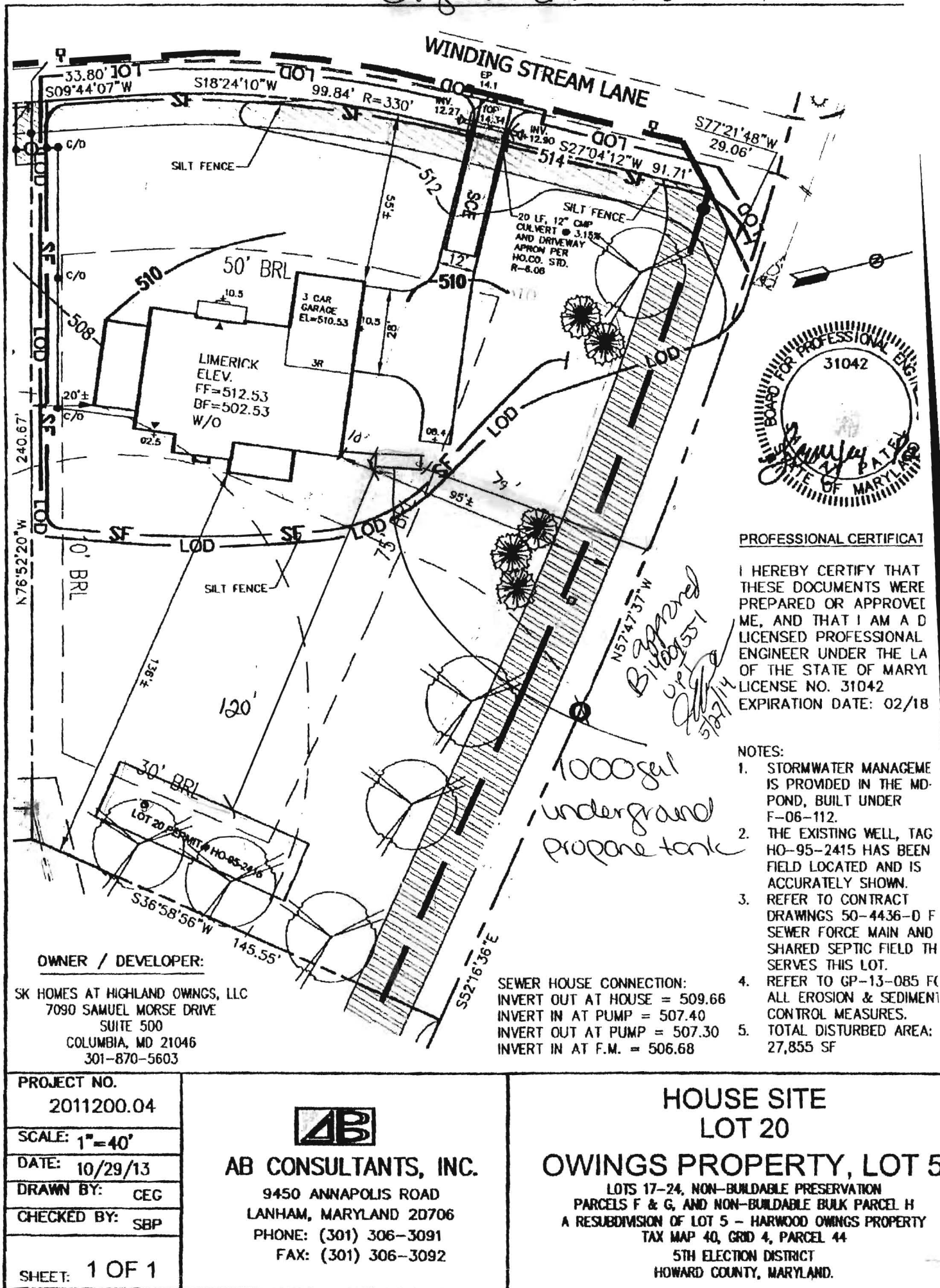
Is Sediment Control approval required for issuance? ☐ Yes ☐ No  
☐ CONTINGENCY CONSTRUCTION START

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

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 3650

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

6803. Winding Stream Lane  
Highland md 20777



**PROFESSIONAL CERTIFICATE**

I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 31042, EXPIRATION DATE: 02/18

- NOTES:**
1. STORMWATER MANAGEMENT IS PROVIDED IN THE MOUND, BUILT UNDER F-06-112.
  2. THE EXISTING WELL, TAG HO-95-2415 HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
  3. REFER TO CONTRACT DRAWINGS 50-4436-D F SEWER FORCE MAIN AND SHARED SEPTIC FIELD TH SERVES THIS LOT.
  4. REFER TO GP-13-085 F ALL EROSION & SEDIMENT CONTROL MEASURES.
  5. TOTAL DISTURBED AREA: 27,855 SF

**SEWER HOUSE CONNECTION:**  
INVERT OUT AT HOUSE = 509.66  
INVERT IN AT PUMP = 507.40  
INVERT OUT AT PUMP = 507.30  
INVERT IN AT F.M. = 506.68

**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:** 10/29/13

**DRAWN BY:** CEG

**CHECKED BY:** SBP

**SHEET:** 1 OF 1

**AB**

**AB CONSULTANTS, INC.**  
9450 ANNAPOLIS ROAD  
LANHAM, MARYLAND 20706  
PHONE: (301) 306-3091  
FAX: (301) 306-3092

**HOUSE SITE  
LOT 20**

**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.





AB CONSULTANTS, INC.  
9450 Annapolis Road  
Lanham, Maryland 20706

Ph: (301) 306-3091  
Fax: (301) 306-3092  
www.abconsultantsinc.com

Engineers

Planners

Surveyors

Contractors

January 02, 2014

Mr. Robert Bricker  
Bureau of Environmental Health  
8930 Columbia Gateway Drive  
Columbia, MD 21045

Ref: 6803 Winding Stream Lane; B13003556 (Lot 20)

Dear Mr. Bricker:

We are resubmitting the package for the above referenced project for your review and approval. Please find a point-by-point response to all your comments dated December 16, 2013.

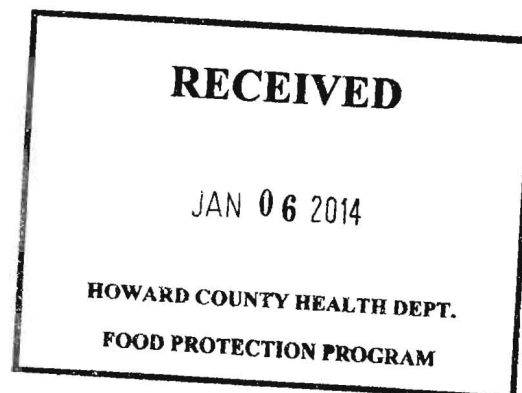
1. **Response:** A separate note (no. 3) is included that fiber glass treatment facility will flashed with existing/proposed grade "Approved for construction" signature block in lower right corner is removed.
2. **Response:**
  - a. Volume of shared system grinder pit below "ALARM" level is 70 gal.
  - b. Dose volume from discharge chamber of the AX-RT unit is 32 Gal.
3. **Response:**
  - a. Pump Off position revised to 31 inch in the detail.
  - b. Pump On position revised to 35 inch.
  - c. ALARM position revised to 6 inches or more ( $42.5'' - 35'' = 7.5''$ ) above the Pump On position.

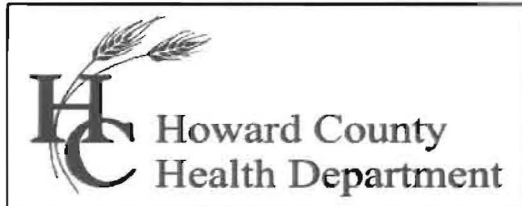
If you have further questions or need more information, please do not hesitate to call this office.

Sincerely,  
**AB CONSULTANTS, INC.**

*Sanjay Patel*

Sanjay Patel, P.E.  
Project Manager





## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

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

Date: October 1, 2013

To: Pat Orla, Applicant  
[porla@comcast.net](mailto:porla@comcast.net)

Dear Ms. Orla,

The Building Permit Applications (B13003553 and B13003556) for construction of single family detached dwellings at Owings Property, Lots 19 and 20, respectively, are 'On Hold'. The primary reason for these applications to be 'On Hold' is that the shared septic system that serves a portion of this subdivision has not been approved for use.

In addition, the Plot Plans for each of these lots proposals must be amended as follows:

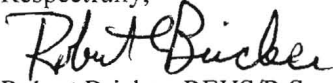
1. A well location certification statement must appear on each plot plan:  
THE EXISTING WELL, TAG # HO- - , HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.
2. Elevations and cleanouts associated with the sewer house connections (SHC) must be shown,
  - a. Indicate the invert of the SHC at the house foundation.
  - b. Clearly indicate the elevation of the pipe invert at the grinder pit.
  - c. Show cleanout at each bend in the SHC.
  - d. Show cleanout in any segment of SHC greater than 70 feet long.
3. Other items missing from the Plot Plan include the following
  - a. Title, i.e. 'Plot Plan', 'Site Plan', 'Building Permit Site Plan'.
  - b. Address
  - c. Owner's name
  - d. Statement/indication of scale
  - e. North arrow

\*Please see enclosed document, 'Build Permit Site Plan Content'

**Indicate "Health Department" on at least one copy of the revised Plot Plan and submit the revised Plot Plan to Howard County Department of Inspections, Licenses and Permits (DILP).** The plan must be posted in DILP's permitting software for the Health Department to approve the application.

Should you have any questions concerning this matter, you may contact me by calling 410-313-2691.

Respectfully,

A handwritten signature in cursive script, appearing to read "Robert Bricker".

Robert Bricker, REHS/R.S.  
Environmental Sanitarian, Well and Septic Program  
Howard County Bureau of Environmental Health

Copy: file

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

Date: 2/26/14  
To: Plan Review / Health Dept.  
(Person's Name and Division)  
From: Mike Croson of SKHomes (443) 324-4775  
(Your Name, Company Name and Telephone Number)  
Subject: Project name Owings Overlook @ Highlands  
Project site address 6803 Winding stream Lane  
Permit Number B13003556 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 plans per Health Department to change to half bath in basement

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 McElwee (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 [Signature]

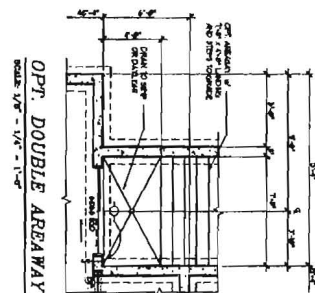
white: Plan Review Division  
yellow: Applicant  
pink: Permit Division



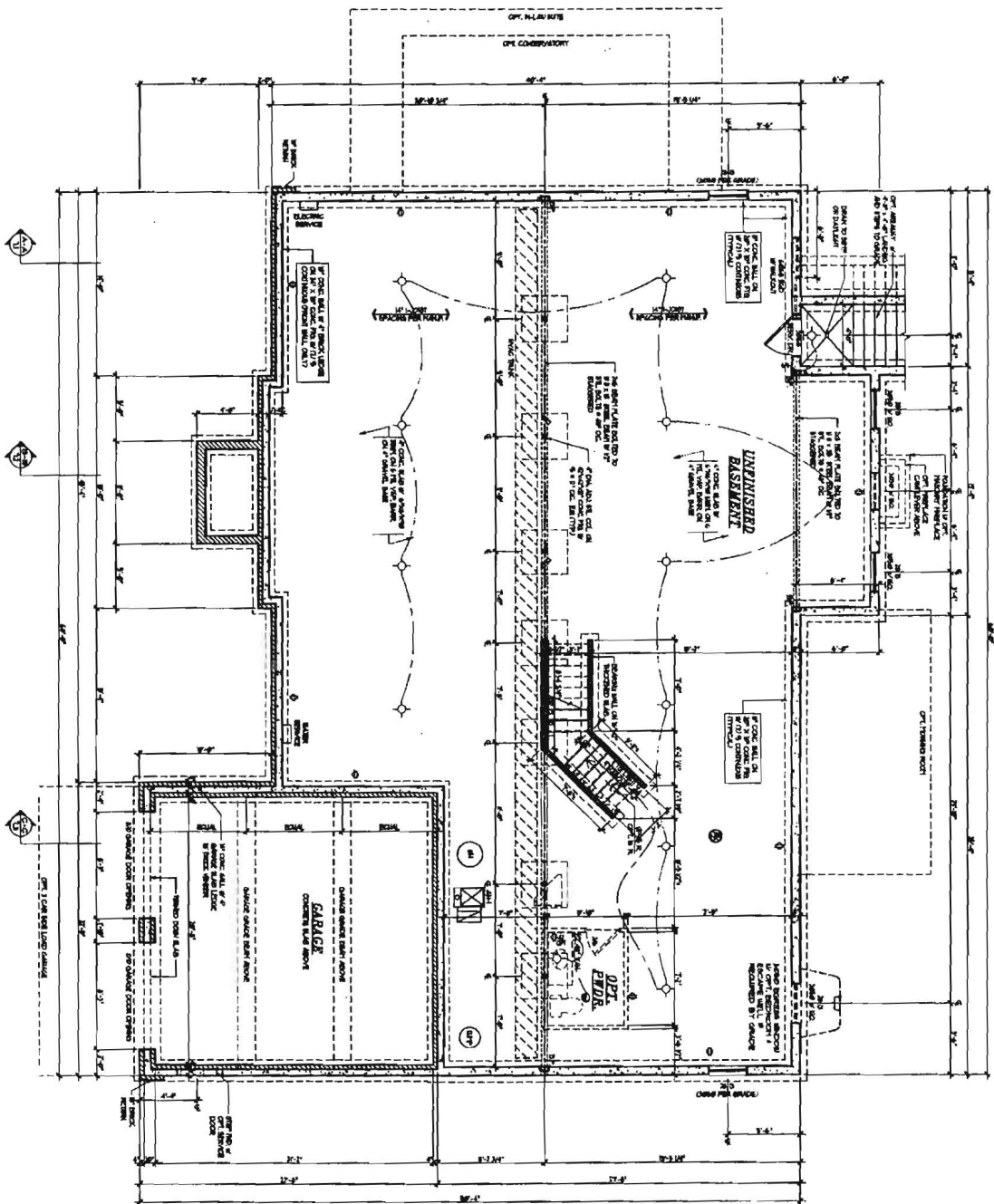
REVISED

Date:

Comments:

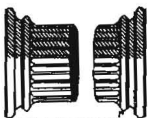


FOUNDATION PLAN - ELEV. #1



1/10/2011 11:50:11 AM ARCHITECTURE COLLABORATIVE, INC.

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Date	Revision	By	Comment
01-17-11	1	DAVID R. ROBBLINE	INITIAL REVISION

FOUNDATION PLAN

Scale: 1/8" = 1'-0" (Sheet) 1/8" = 1'-0" (17x11) 1/8" = 1'-0"

Drawn: 3/12/10-12

DATE: 12-10-12

STEUART KRET HOMES

LIMERICK

Title:  

Architecture Collaborative, Inc.

8334 Main Street Ellicott City, MD 21043

www.archcol.com

Tel: (410) 485-7500 Fax: (410) 485-0903

February 4, 2014

The attached pages need to be changed out at the request of Mr. Jeff Williams of the County Health Dept. As we are only allowed to have a total of 33 bedrooms associated with this project. The Health dept is counting the finished basement as a bedroom because of the full bath. We have eliminated the full bath and changed it to a half bath. These have to be uploaded into your system before the Health dept. will release my building permits. Your assistance is greatly appreciated.

William C McElwee

Construction Manager  
Steuart-Kret Homes

**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 Dwings Property  
Project site address Lots # 17, 18, 19, 20  
Permit Number B13003553 + 3554 SDP # B13003597 + 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).  
\_\_\_\_ 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)

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Received by [Signature]

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