



# 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: 8/21/14

Permit No.: B14003063

Building Address: 2910 Winterhazel Ct  
City: Woodbine State: MD Zip Code: 21797  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Belle Glade  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 29  
Tax Map: 14 Parcel: Le6 Grid: 20  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

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

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:	
	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"/> Craw Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<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	

Property Owner's Name: K Hornan and Lanus  
Address: 1802 Bright Star Rd  
City: Andover State: MD Zip Code: 20785  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: Jeremy Clancy  
Address: PO Box 1253  
City: Sikesville State: MD Zip Code: 21784  
Phone: 4433401229 Fax: \_\_\_\_\_  
Email: Jeremy@appliedandapproved.com

Contractor Company: Valley National Gas  
Contact Person: William Aeryng  
Address: 7201 MonteVIDEO Rd  
City: ESSEX State: MD Zip Code: 20794  
License No.: 67793  
Phone: 410 7991114 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<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 THEREON; (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 Clancy  
Email Address: Jeremy@appliedandapproved.com  
Title/Company: Permitto

Print Name: Jeremy Clancy  
Date: 8/20/14  
**RECEIVED**  
AUG 21 2014  
LICENSES & PERMITS DIVISION

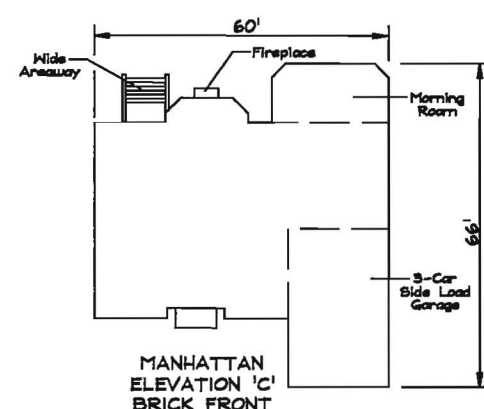
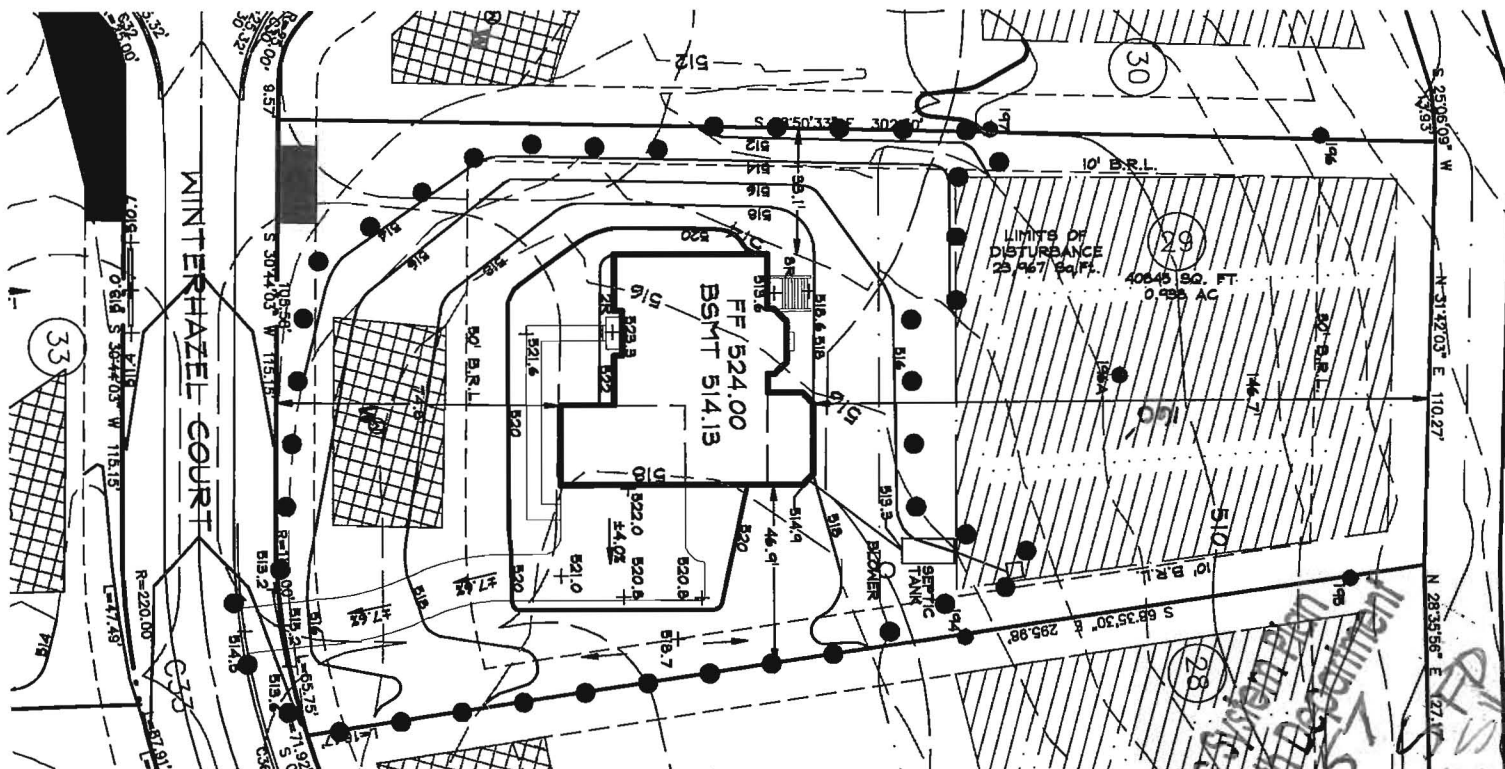
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/18/14</u>	<u>H. Oswald</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	\$
Permit Fee	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub-Total Paid	\$
Balance Due	\$
Check	# 5927

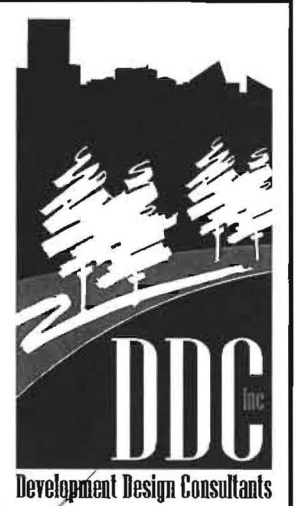


**GENERAL NOTES**

1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0634) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
2. BASE SQUARE FOOTAGE OF HOUSE: 4,143 sq.ft.  
NUMBER OF BEDROOMS: 4
3. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW DATED 6/25/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN. 2012.
4. EJECTOR PUMP REQUIRED TO SEWER BASEMENT
5. PER THE APPROVED ROAD DRAWINGS, F-07-38, A DRIVEWAY CULVERT IS REQUIRED.

REVISED  
Date: 4-7-14  
Comments: relocate house

Approved Septic System Plan  
Howard County Health Department  
B14000657  
4-Bed room  
Approved as FD  
Signature  
See DAT site plan Date  
for details of septic system



Planners  
Surveyors  
Engineers  
Landscape Architects  
192 East Main Street  
Westminster, MD 21157  
410.386.0560  
410.386.0564 (Fax)  
DDC@DDCinc.us  
www.DDCinc.us

<b>DDC JOB#:</b>	06116.5
<b>DATE:</b>	03/06/2014
<b>SCALE:</b>	1" = 50'
<b>DES. BY:</b>	JHK
<b>DRN. BY:</b>	JHK
<b>CHK. BY:</b>	BKC

**BELLE HAVEN ESTATES**  
3rd ELECTION DISTRICT HOWARD COUNTY, MD  
TAX MAP 14, PARCEL 66

LOT 29  
WINTERHAZEL COURT  
WOODBINE, MD 21797  
PLOT PLAN  
KHOV ELEVATION

OWNER/BUILDER: K.HOVNANIAN HOMES  
1802 Brightseat Road  
Landover, Maryland 20785  
(301)683-6268



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Building Address: 2910 Winterhazel Ct.  
 City: WOODBINE State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: F-07-38  
 Census Tract: \_\_\_\_\_ Subdivision: BELLE HAVEN  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 29  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: BELLE HAVEN BAKER LLC  
 Address: 10751 Falls Rd. Ste. 405  
 City: LUTHERVILLE State: MD Zip Code: 21093  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: vacant lot  
 Proposed Use: new S. F. D.  
 Estimated Construction Cost: \$ 250,000  
 Description of Work: MANHATTAN - w/ Rear Morning RM. & 3 CM GARAGE, 2 STORIES, Full BSMT 10R, 3FB, 1HB, & 3 CM GARAGE (5 BR)  
 Occupant or Tenant: Fireplace in Fam. RM.  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Vicky Meyer  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 410-296-6900 Fax: \_\_\_\_\_  
 Email: MDBLDGPERRMITS@COMCAST.NET

Contractor Company: K. HOVNANI HOMES  
 Contact Person: Chester Willett  
 Address: 1802 Brightseat Rd.  
 City: Landover State: MD Zip Code: 20785  
 License No.: 3149  
 Phone: 301-772-8900 Fax: \_\_\_\_\_  
 Email: CWillett@KHOV.COM

Engineer/Architect Company: D. D. C.  
 Responsible Design Prof.: Brian  
 Address: 192 E. Main St.  
 City: Westminster State: MD Zip Code: 21157  
 Phone: 410-386-0560 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
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<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
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Grading Permit Number: <u>615000401</u>	
Building Shell Permit Number: _____	

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Applicant's Signature: V. Meyer  
 Email Address: MDBLDGPERRMITS@COMCAST.NET  
 AGENT  
 Title/Company: \_\_\_\_\_

Print Name: Vicky Meyer  
 Date: 3/10/2014  
 RECEIVED  
 MAR 10 2014  
 LICENSES & PERMITS DIVISION

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		<u>4/10/14 Buckley</u>

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

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