



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.: B3003553

Building Address: 6811 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: 19
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 - "Ki/Kenney" 2sf
Full bsm't, 3 FB 1HB(4BRm) 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:
Email:

Commercial Building Characteristics
Height: 1 SF Townhouse
No. of stories: Width
Gross area, sq. ft./floor: 1st floor:
2nd floor:
Area of construction (sq. ft.): Basement:
Use group: ☐ Finished Basement
☐ Unfinished Basement
☐ Crawl Space
Construction type: ☐ Slab on Grade
☐ Reinforced Concrete No. of Bedrooms: 4
☐ Structural Steel Multi-family Dwelling
☐ Masonry No. of efficiency units:
☐ Wood Frame No. of 1 BR units:
☐ State Certified Modular No. of 2 BR units:
No. of 3 BR units:
Other Structure:
Dimensions:
Footings:
Roof:
State Certified Modular
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: 31115
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: G13000045	
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
porla@comcast.net
Email Address
Agen for Steuart Kret Homes
Title/Company

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

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

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	
Filing Fee	\$ 160.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 50.00
Sub-Total Paid	\$
Balance Due	\$
Check	# 1043

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

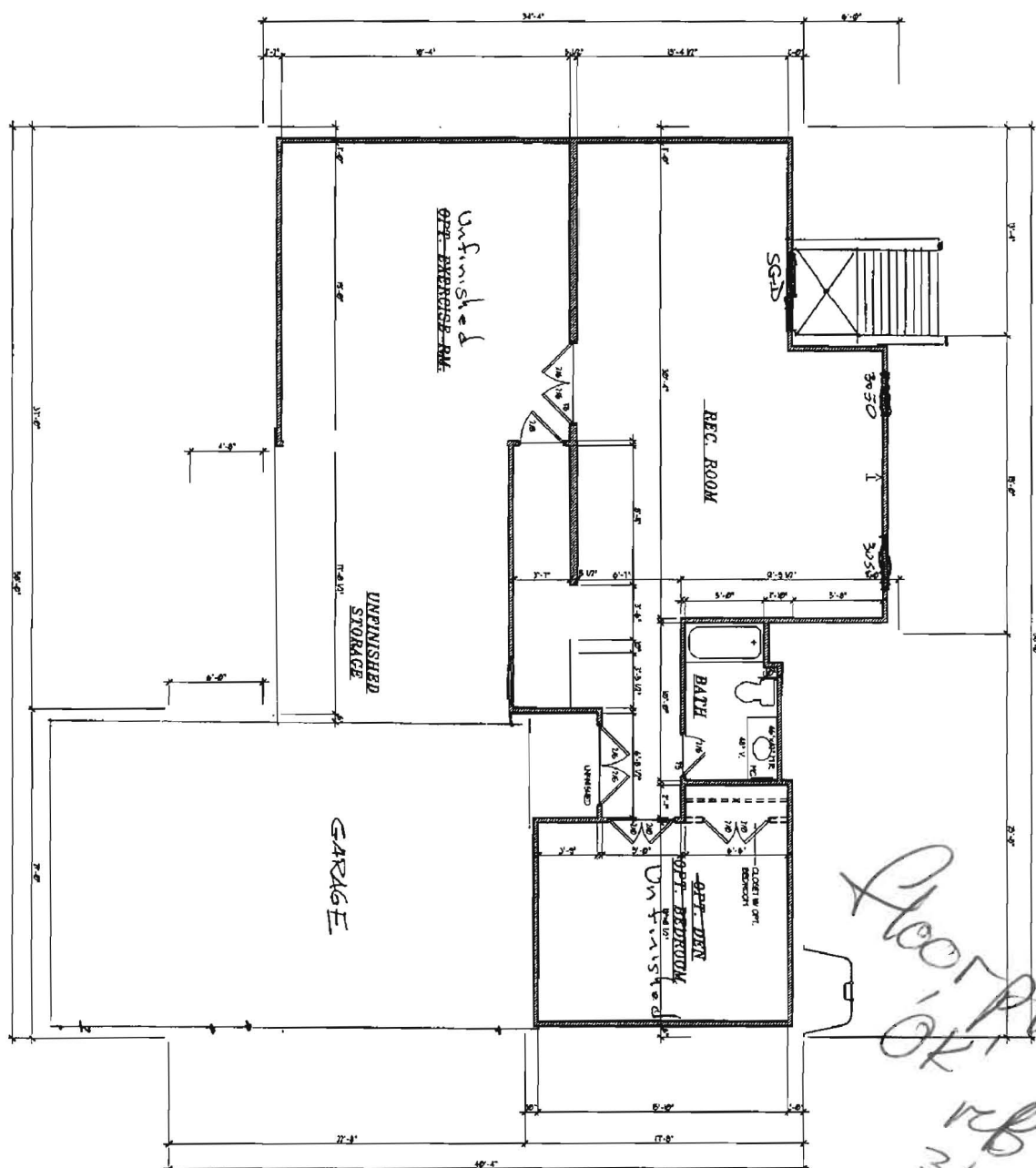
T:\Operations\Updated Forms\Building applm 8.2012.docx

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.

705

REVISED
Date: 3/21/14
Comments: B13003553

OPT. WIDE WELLED AREAWAY
SCALE: 1/8" = 1/4" = 1'-0"



Floor Plan
OK
rB
3/26/2014

OPT. FINISHED LOWER LEVEL PLAN - ELEV. #1
SCALE: 1/8" = 1'-0"

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date	revision	by
2000	2000	
2000	2000	
2000	2000	
2000	2000	
2000	2000	

content			
OPT. FINISHED LOWER LEVEL			
scale: 1" = 4' (36x24)	file:	drawn: SF	date: 01-15-13
1" = 8' (17x11)	4.2		
STEUART KRET HOMES			
KILKENNY			
title			

Architecture Collaborative, Inc.
8334 Main Street Elkton City, MD 21043
www.archcool.com
Tel.: (410) 465-7500 Fax: (410) 465-0903

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

Subdivision	HIGHLAND
Homeowner	Randal and Lauren Frey
Lot Number	19 – 6811 Winding Stream Lane, Highland, Maryland 20777
Model	Kilkenny Ev. 3 Brick Front 3-Car Sideload Garage
Color Package	#4 – Raleigh Court Brick / Granite Gray Siding / Colonial Roof / Black Shutters

REVIEWED SEPTEMBER 19, 2013

STRUCTURAL OPTIONS

1. 9' poured wall walkout basement
2. Morning Room
3. 3-Car Brick Front Sideload Garage
4. Finished Rec and Full Bath in lower level
5. Laundry Room Redesign
6. Gas DV Fireplace with 1,000 gal. propane tank w/100 gal. fill
7. Flagstone Porch w/Brick Stringers and Risers
8. 9' ceilings at 1st and 2nd floors
9. Oak stairs with open risers and treads, painted stringers and risers with oak brackets

KITCHEN/BATH

1. UPG #4 Cardell Esquire II Raised Panel Full Overlay Cabinets
2. UPG #2 Kitchen Backsplash
3. UPG #3 Granite Kitchen Countertop
4. Bar Top Counter w/Morning Room
5. Reposition Island (as shown)
6. UPG #2 Granite Vanity in Owner's Bath
7. Vent Range to the outside

PLUMBING

1. UPG #2 Shower Door
2. UPG #3 Kitchen Faucet Arbor 1 Handle High Arc Pulldown Stainless
3. UPG #1 Pedestal Sink/Toilet/Mirror
4. UPG #1 Kitchen Faucet – Camerist 1
5. 33w x 10 Kitchen Sink (Ferguson)
6. Soap Dispenser see attached (right of faucet corner of sink)
7. UPG #2 Faucet (finishes include towel bar and paper holder)

ELECTRICAL

1. 1 pre-wire with 2 switches in Family Room
2. Two flood lights P5203-30
3. Center Breakfast Area Light (see drawing)
4. 2 additional cable outlets
5. 1 additional duplex
6. Structural Wiring
7. Post Lamp

FLOORING

1. UPG #2 Ceramic in Owner's Bath
2. UPG #2 Powder Room Ceramic
3. UPG #2 Ceramic in Kitchen / Breakfast/Pantry
4. UPG #2 Ceramic in Morning Room
5. Hardwood UPG #2 in foyer, living, dining, library, family

OTHER

1. Sprinkler Tops SKU 7701009

4-bedroom? In-Law Suite
on Plot Plan

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

Date: 3/21/14
To: DILP
(Person's Name and Division)
From: Mike Crocen SkHomes (443) 324-4775
(Your Name, Company Name and Telephone Number)
Subject: Project name Highlands @ Owings Property
Project site address 6811 Winding Stream Lane
Permit Number B13003553 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 basement revision per health department's Bricker (be specific).
- ____ 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?

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

[Signature] (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

Signature _____

20 LF. 12" CMP
CULVERT @ 1.9%
AND DRIVEWAY
APRON PER
HO.CO. STD.
R-6.06

KILKENNY
ELEV. 3
FF=512.53
BF=502.53
W/O

B.A.T.
AX-RT
SYSTEM

SEPTI
TANK

CONTROL
- PANEL

LOT 19

PERMIT # HO-95-2414

SPRING HEAD

EX. AGIF