



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: 06/12/14
Permit No.: B14002029

Building Address: 14908 VICTORY LN
City: GLENELG State: MD Zip Code: 21737
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: CATTAIL OVERLOOK
Section: _____ Area: _____ Lot: 10
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: VACANT LOT
Proposed Use: NEW SINGLE FAMILY
Estimated Construction Cost: \$ BOOK
Description of Work: NEW SINGLE FAMILY

Occupant or Tenant: Toll Bros.
Was tenant space previously occupied? ☐ Yes ☒ No
Contact Name: JASON MUDD
Address: 14881 MERIWETHER DR
City: GLENELG State: MD Zip Code: 21737
Phone: 301-418-1923 Fax: 410-489-2676
Email: JMUDD@TOLLBROTHERSINC.COM

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: <u>40'</u> <u>60'</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>40'</u> <u>60'</u>
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: Toll Bros
Address: 14881 MERIWETHER DR
City: GLENELG State: MD Zip Code: 21737
Phone: 301-418-1923 Fax: 410-489-2676
Email: JMUDD@TOLLBROTHERSINC.COM

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: JASON MUDD
Address: SAME AS ABOVE
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Toll Bros
Contact Person: JASON MUDD
Address: SAME AS ABOVE
City: _____ State: _____ Zip Code: _____
License No.: 5050
Phone: _____ Fax: _____
Email: JMUDD@TOLLBROTHERSINC.COM

Engineer/Architect Company: Toll Architecture
Responsible Design Prof.: _____
Address: 250 GIBRALTAR RD
City: HOLSHAM State: PA Zip Code: 19044
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input checked="" 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>G1400004</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: [Signature]
Print Name: JASON A MUDD
Email Address: JMUDD@TOLLBROTHERSINC.COM
Date: 06/12/14
Title/Company: Const MGR. Toll Bros

Print Name: JASON A MUDD
Date: 06/12/14
RECEIVED
JUN 12 2014

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

LICENSES & PERMITS
DIVISION

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	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>09390554</u>

Distribution of Copies: White: Building Officials Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA



Bureau of Environmental Health
7178 Columbia Gateway Drive, Columbia, MD 21046-2147
Main: 410-313-2640 | Fax: 410-313-2648
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

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

June 30, 2014

Jason Mudd
Toll Brothers, Inc.
14881 Meriwether Drive
Glenelg, MD 21737

*Sent via email to: **JMUDD@TOLLBROTHERSINC.COM***

RE: B14002029
14908 Victory Lane
Glenelg, MD 21737

Mr. Mudd:

This letter is in response to building permit B14002029. The application describes the construction of a single family dwelling. Upon review of the permit, the submittal did not include a copy of the floor plans. Please note the approved septic system design was a 4 bedroom house. Floor plans are needed to verify this.

Building permit approval is being withheld until a copy of the floor plan is forwarded to the Health Department. I may be reached at (410) 313-1786 if you would like to discuss the project.

Respectfully,

Hank Oswald

Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well & Septic Program

From: Jason Mudd [<mailto:jmudd@tollbrothersinc.com>]
Sent: Tuesday, July 01, 2014 11:46 AM
To: Oswald, Hank
Subject: RE: B14002028

Hank, here are the plans for the above mentioned lot. The one from yesterday is being revised now to reflect 5 beds.
Thanks!

Jason Mudd
Construction Manager
Cattail Overlook
410-489-7408



From: Oswald, Hank [<mailto:hoswald@howardcountymd.gov>]
Sent: Tuesday, July 01, 2014 10:42 AM
To: Jason Mudd
Subject: B14002028

Mr. Mudd:

Attached is a letter regarding B14002028. Please contact me with any questions or concerns. Floor plans may be submitted via email.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Well & Septic Program
8930 Stanford BLVD
Columbia, MD 21045
410-313-1786
410-313-2648 (Fax)

Please see attached letter in response to B14002029.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Well & Septic Program
8930 Stanford BLVD
Columbia, MD 21045
410-313-1786
410-313-2648 (Fax)