



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permit: 410-313-2455  
www.howardcountymd.gov

Date Received: 8-8-14

Permit No.: \_\_\_\_\_

Building Address: 2720 Florence Rd.  
 City: Woodbine State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: N/A  
 Proposed Use: Garage  
 Estimated Construction Cost: \$ 25,000  
 Description of Work: 40' x 60' Detached w/ 16' x 23' Carport

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

Property Owner's Name: Alan + Joanne Mougey  
 Address: 2720 Florence Rd  
 City: Woodbine State: MD Zip Code: 21797  
 Phone: 410-489-7605 Fax: \_\_\_\_\_  
 Email: amougey@verizon.net

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Same as above  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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 <sup>st</sup> floor:   |              |
| Area of construction (sq. ft.):                                     | 2 <sup>nd</sup> floor:   |              |
| Use group:  | Basement:  |              |
| <u>Construction type:</u>   | <input type="checkbox"/> Finished Basement                                 |              |
| <input type="checkbox"/> Reinforced Concrete                        | <input 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:   |              |
| <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 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 type="checkbox"/> Public   |  |
| <input checked="" 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: Alan K. Mougey Print Name: Alan K. Mougey  
 Email Address: amougey@verizon.net Date: 8/8/14  
 Title/Company: \_\_\_\_\_

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>AJB/H.H. OSWALD</u> |

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

DPZ SETBACKS INFORMATION

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  No  
 Lot Coverage for New Town Zone: \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

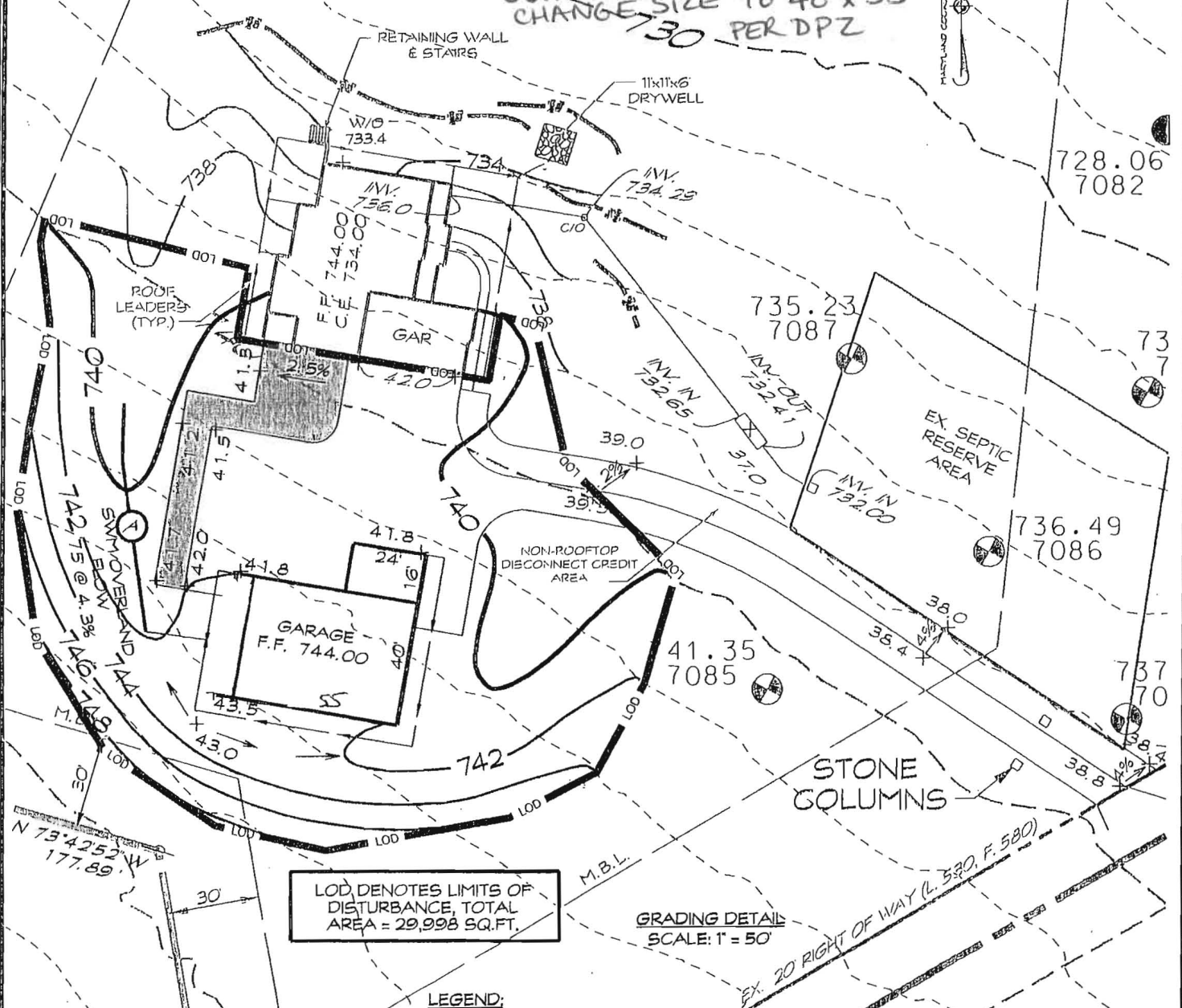
|                |               |
|----------------|---------------|
| Filing Fee     | \$ <u>25</u>  |
| Permit Fee     | \$            |
| Tech Fee       | \$            |
| Excise Tax     | \$            |
| PSFS           | \$            |
| Guaranty Fund  | \$            |
| Add'l per Fee  | \$            |
| Total Fees     | \$            |
| Sub-Total Paid | \$            |
| Balance Due    | \$            |
| Check          | # <u>6825</u> |

EX. WELL  
HO-95-2485

**REVISED**  
Date: 8/25/14

Comments: B14002908  
CHANGE SIZE TO 40'x55'  
30 PER DPZ

PROPERTY OF  
JOHN M GORDON, JR.  
NOREEN L. GORDON  
L. 1056, F. 184  
S. 6554 Ac.



LOD DENOTES LIMITS OF  
DISTURBANCE, TOTAL  
AREA = 29,998 SQ.FT.

GRADING DETAIL  
SCALE: 1" = 50'

**LEGEND:**

- 4.2% FLOW PATH & SLOPE
- 43.0 SPOT ELEV.
- NON-ROOFTOP DISCONNECT CREDIT AREA
- ROOF LEADERS
- SWM OVERLAND FLOW

BUILDER TO VERIFY AVAILABILITY OF  
BASEMENT SEWER SERVICE PRIOR TO  
DWELLING STAKEOUT.

THERE ARE NO WELLS OR SEPTIC SYSTEMS  
WITHIN 100' OF THE PROPERTY BOUNDARY  
UNLESS OTHERWISE SHOWN HERE ON.

*Carroll Land Services, Inc.*  
CARROLL LAND SERVICES, INC.

EXISTING GRADES SHOULD BE FIELD  
VERIFIED WHEN HOUSE STAKEOUT IS DONE.

| DATE    | REVISIONS                          | BY  |
|---------|------------------------------------|-----|
| 4-11-13 | ADD SWM DISCONNECT FOR DRIVEWAY    | KMB |
| 4-30-13 | REV'D PER HCHD CMTS, DATED 4-23-13 | KMB |
| 7-24-14 | REV'D GARAGE LOCATION-ADD CARPORT  | KMB |

**PLOT PLAN**  
**NOREEN GORDON PROPERTY**

TAX MAP 7 BLOCK 19 PARCEL 112  
4TH ELECTION DISTRICT \* HOWARD COUNTY, MARYLAND  
RECORDED IN L. 1056, F. 184



439 East Main Street Westminster, MD 21157-5539  
(410) 848-1790 FAX (410) 848-1791

|            |            |
|------------|------------|
| DRAWN BY:  | KMB        |
| DESIGN BY: |            |
| REVIEW BY: | DEM        |
| DATE:      | 02-28-2013 |
| SCALE:     | 1" = 50'   |
| JOB NO:    | 2013032    |
| SHEET:     | 2 OF 2     |



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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**

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August 25, 2014

ALAN & JOANNE MOUGEY  
2720 FLORENCE RD  
WOODBINE, MD 21797

*Sent via email to: [AMOUGEY@VERIZON.NET](mailto:AMOUGEY@VERIZON.NET)*

**RE: B14002908**  
2720 FLORENCE RD  
WOODBINE, MD 21797

Mr. & Mrs. Mougey:

This letter is in response to building permit B14002908. Our office did not receive a set of floor plans for the proposed garage. Please forward a set of floor plans for the proposed garage so this office can confirm the presence or absence of plumbing and living space.

Building permit approval is being withheld until confirmation 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



# 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: 11/17/14

Permit No.: B14003803

Building Address: 2720 Florence Rd  
 City: Woodbridge State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 7 Parcel: 117 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 6,654 sq ft  
 Existing Use: Residential  
 Proposed Use: same  
 Estimated Construction Cost: \$ 5,000  
 Description of Work: Construction of new horse run-in shed 24' x 36'  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Alan L. Mungay  
 Address: 2720 Florence Rd  
 City: Woodbridge State: MD Zip Code: 21797  
 Phone: 410-313-2455 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contractor Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 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:   | 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                                       |       |
| <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                                 |       |

| 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: <input type="checkbox"/> Yes <input checked="" 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 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: Alan L. Mungay  
 Email Address: amungay@verizon.net  
 Title/Company: \_\_\_\_\_

Print Name: Alan L. Mungay  
 Date: 11/17/14

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             | 11/5/14 | H. Oswald             |

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:   |

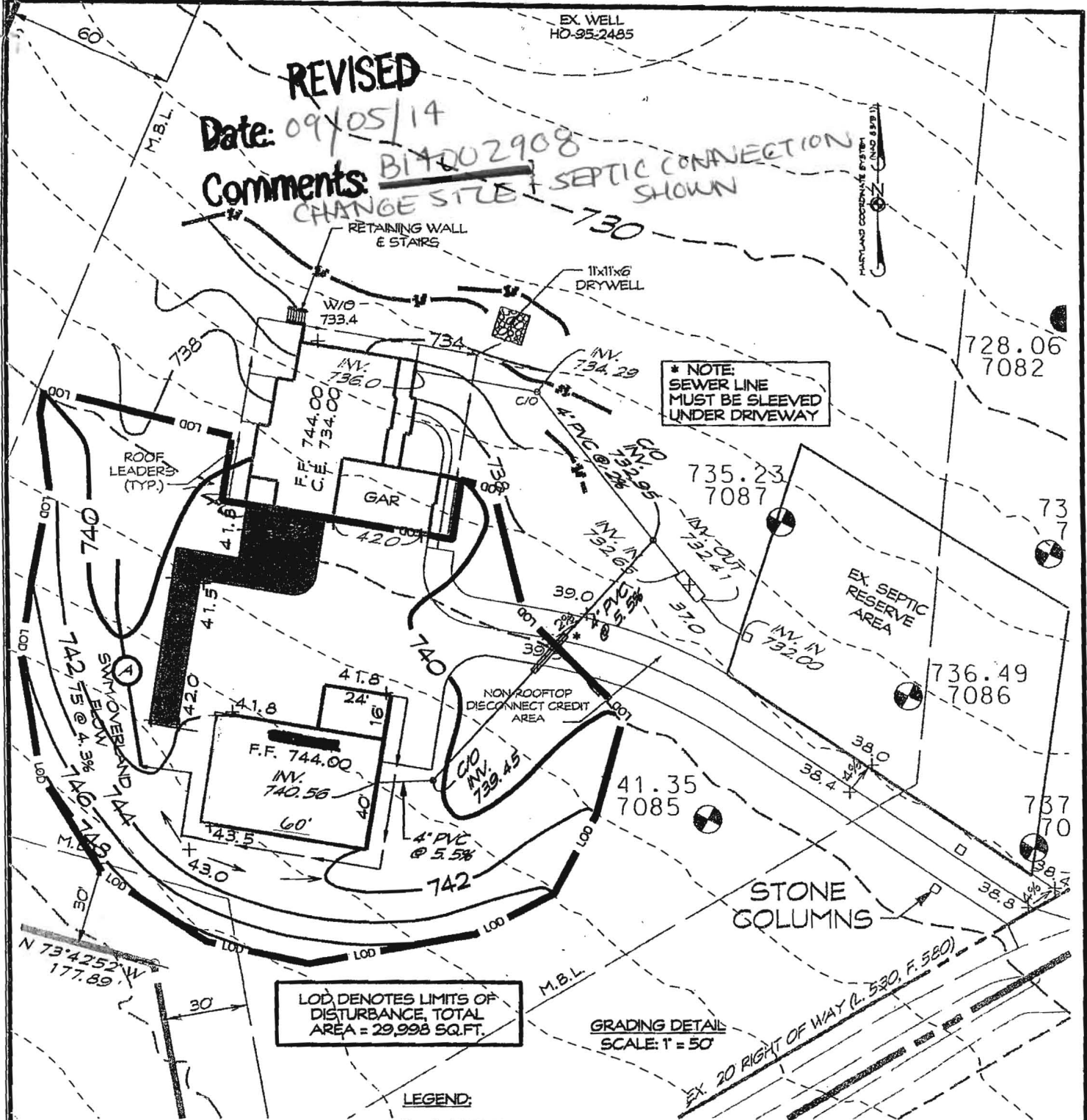
|                |        |
|----------------|--------|
| Filing Fee     | \$ 25  |
| Permit Fee     | \$     |
| Tech Fee       | \$     |
| Excise Tax     | \$     |
| PSFS           | \$     |
| Guaranty Fund  | \$     |
| Add'l per Fee  | \$     |
| Total Fees     | \$     |
| Sub-Total Paid | \$     |
| Balance Due    | \$     |
| Check          | # 6880 |

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

**REVISED**

Date: 09/05/14

Comments: B14002908  
CHANGE SITE SEPTIC CONNECTION SHOWN



LOD DENOTES LIMITS OF DISTURBANCE, TOTAL AREA = 29,998 SQ.FT.

\* NOTE: SEWER LINE MUST BE SLEEVED UNDER DRIVEWAY

**LEGEND:**

- 4.2% FLOW PATH & SLOPE
- + 43.0 SPOT ELEV.
- NON-ROOFTOP DISCONNECT CREDIT AREA
- ROOF LEADERS
- SWM OVERLAND FLOW

BUILDER TO VERIFY AVAILABILITY OF BASEMENT SEWER SERVICE PRIOR TO DWELLING STAKEOUT.

THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY BOUNDARY UNLESS OTHERWISE SHOWN HERE ON.

*Carroll Land Services, Inc.*  
CARROLL LAND SERVICES, INC.

EXISTING GRADES SHOULD BE FIELD VERIFIED WHEN HOUSE STAKEOUT IS DONE.

| DATE    | REVISIONS                           | BY  |
|---------|-------------------------------------|-----|
| 4-11-13 | ADD SWM DISCONNECT FOR DRIVEWAY     | KMB |
| 7-24-14 | REVD FRM BLD LOCATION-ADD CARPORT   | KMB |
| 8-27-14 | REVD FRM BLD SIZE ADDED SEPTIC LINE | KMB |

**PLOT PLAN  
NOREEN GORDON PROPERTY**

TAX MAP 7 BLOCK 19 PARCEL 112  
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
RECORDED IN L. 1056, F. 184



439 East Main Street Westminster, MD 21157-5539

DRAWN BY: KMB  
DESIGN BY:  
REVIEW BY: DEM  
DATE: 02-28-2013  
SCALE: 1" = 50'  
JOB NO: 2013032



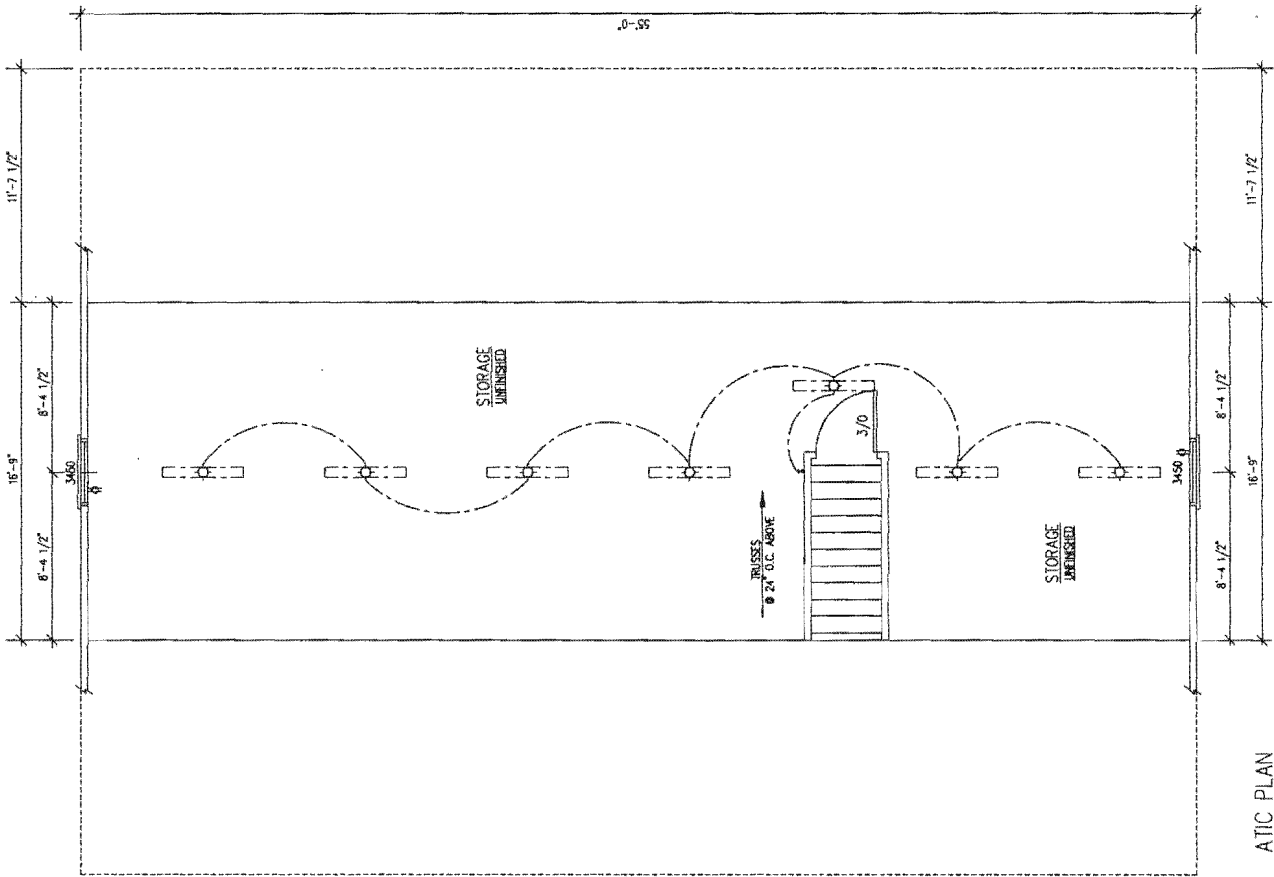
ATTIC PLAN

|     |       |                               |
|-----|-------|-------------------------------|
| NO. | DATE  | REVISION                      |
| 1   | 12/24 | ISSUE FOR PERM / CONSTRUCTION |
| 2   | 12/24 | ISSUE FOR PERM / CONSTRUCTION |
| 3   |       |                               |
| 4   |       |                               |
| 5   |       |                               |
| 6   |       |                               |
| 7   |       |                               |
| 8   |       |                               |
| 9   |       |                               |
| 10  |       |                               |

Project Name

GARAGE

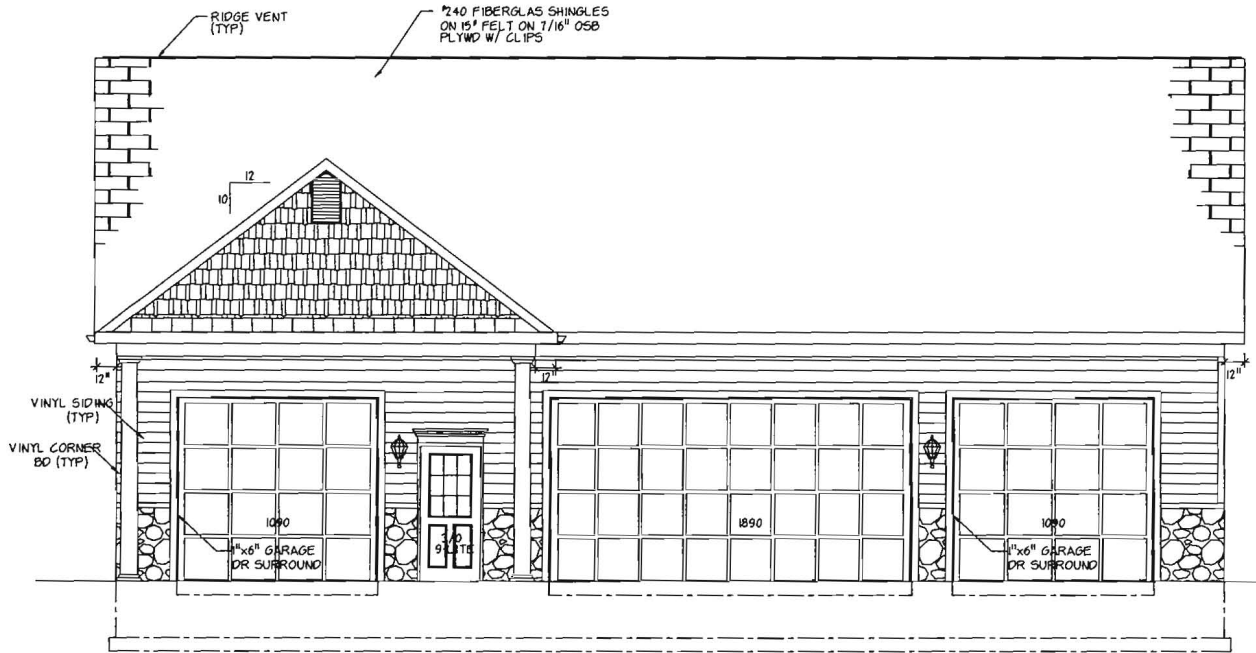
Sheet 3



ATTIC PLAN  
1/4" = 1'-0"

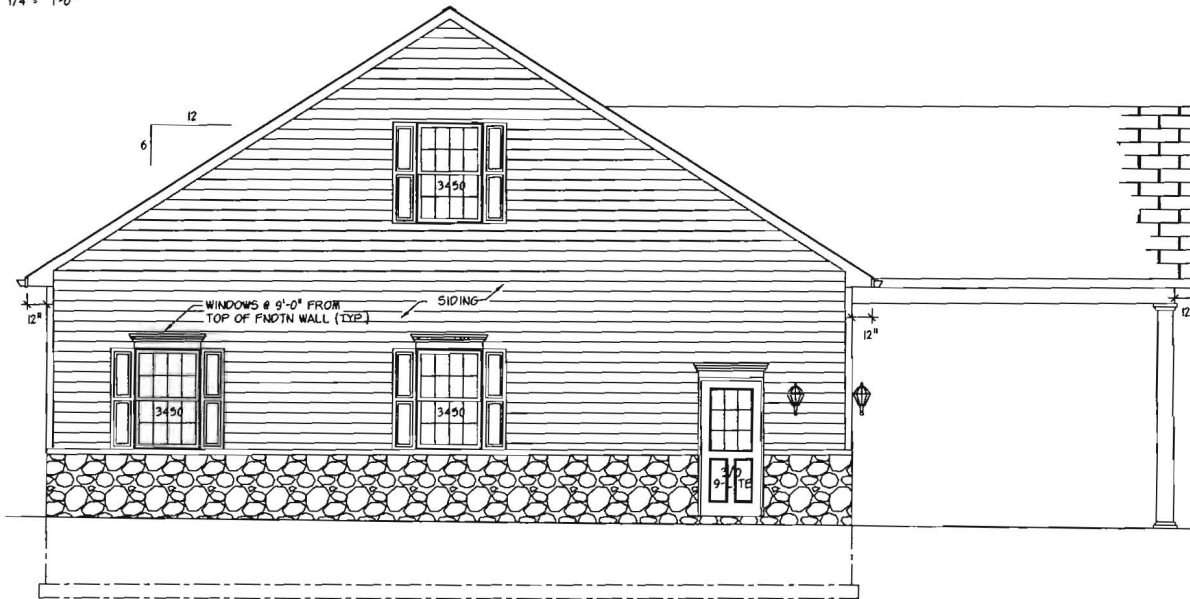
IF THIS DRAWING IS REDUCED,  
GRAPHIC SCALE MUST BE USED.

GRAPHIC SCALE: 1/4" = 1'-0"



FRONT ELEVATION

1/4" = 1'-0"



LEFT SIDE ELEVATION

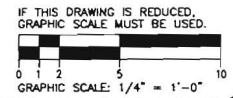
1/4" = 1'-0"

ELEVATIONS

| NO. | DATE | BY  | CHKD. | DESCRIPTION                          |
|-----|------|-----|-------|--------------------------------------|
| 1   |      | ALB |       | PREPARE FOR CONSTRUCTION             |
| 2   |      | ALB |       | REVISED FOR PREPARE FOR CONSTRUCTION |

POLICE NAME  
GARAGE

Sheet  
4





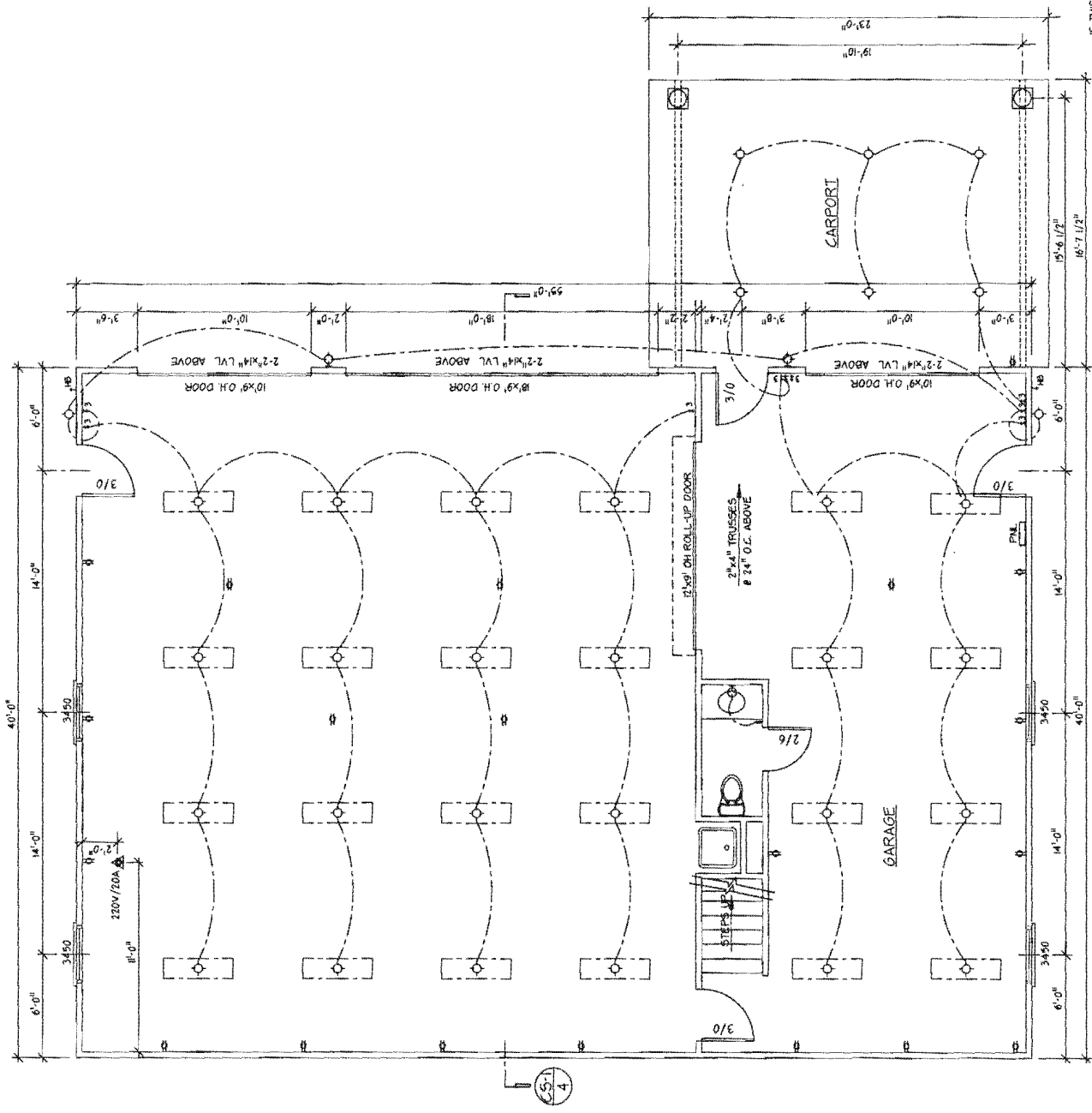
FLOOR PLAN

|     |          |
|-----|----------|
| NO. | DATE     |
| 1   | 12/11/11 |
| 2   | 12/11/11 |
| 3   | 12/11/11 |
| 4   | 12/11/11 |
| 5   | 12/11/11 |
| 6   | 12/11/11 |
| 7   | 12/11/11 |
| 8   | 12/11/11 |
| 9   | 12/11/11 |
| 10  | 12/11/11 |

DATE

GARAGE

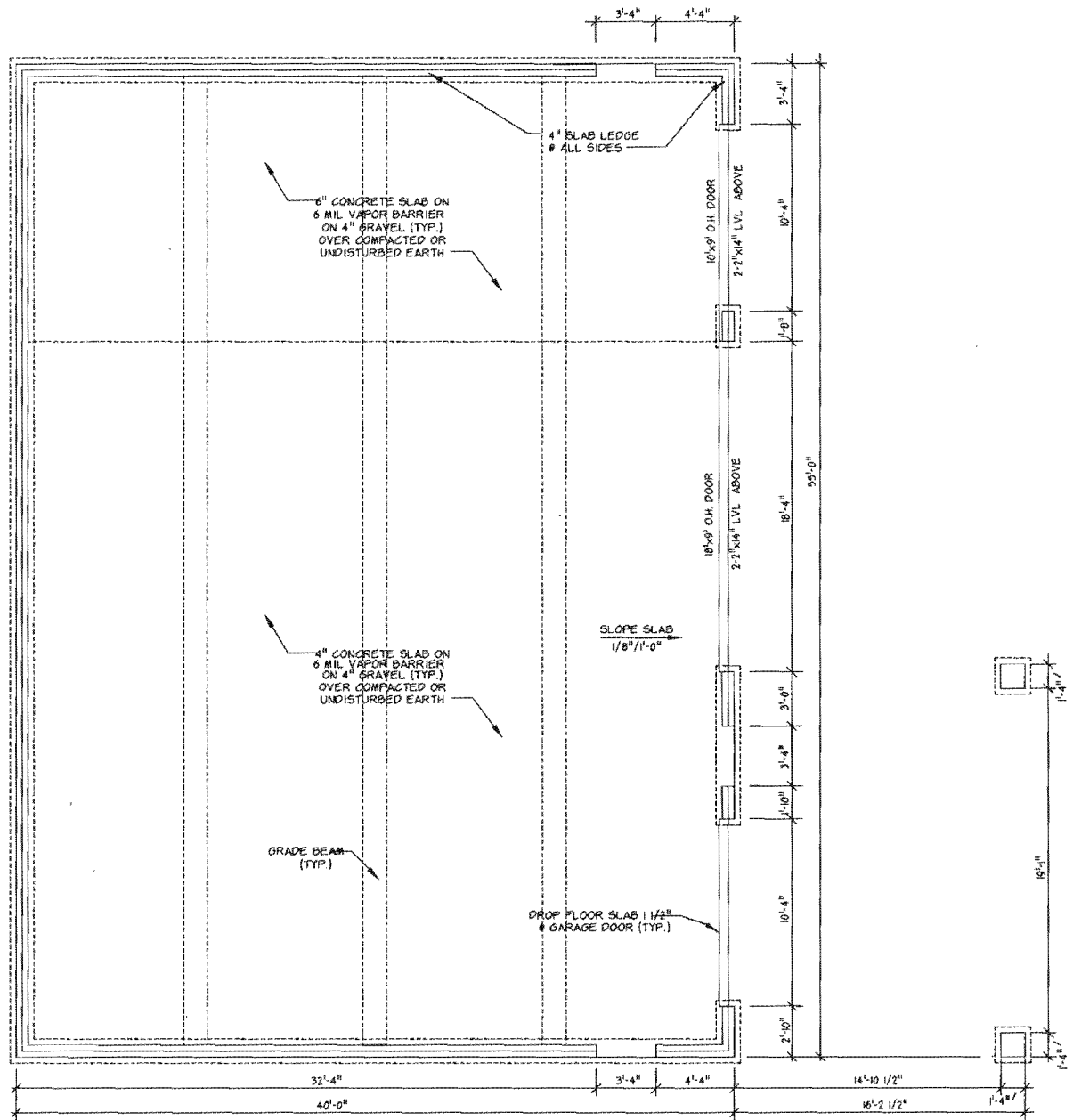
2



IF THIS DRAWING IS REDUCED,  
GRAPHIC SCALE MUST BE USED.

GRAPHIC SCALE: 1/4" = 1'-0"

FLOOR PLAN  
1/4" = 1'-0"



**FOUNDATION PLAN**  
1/4" = 1'-0"

- NOTES:
1. BOTTOM OF FOOTING MINIMUM OF 30" BELOW GRADE, OR AS PER LOCAL CODE.
  2. STEP FOUNDATION WHERE REQUIRED BY GRADE OR SITE.
  3. POURED WALL TO HAVE BRICK PATTERN FORM LINERS ON EXTERIOR.

IF THIS DRAWING IS REDUCED,  
GRAPHIC SCALE MUST BE USED.

GRAPHIC SCALE: 1/4" = 1'-0"

FOUNDATION PLAN

FOUNDATION PLAN

| DATE       | BY                               | REVISION |
|------------|----------------------------------|----------|
| 01/15/2014 | PERMIT / CONSTRUCTION            |          |
| 01/15/2014 | REVIEW FOR PERMIT / CONSTRUCTION |          |

PROJECT NAME

GARAGE

1





**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

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

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

Twitter: HowardCoHealthDep

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

---

August 25, 2014

ALAN & JOANNE MOUGEY  
2720 FLORENCE RD  
WOODBINE, MD 21797

*Sent via email to: [AMOUGEY@VERIZON.NET](mailto:AMOUGEY@VERIZON.NET)*

**RE: B14002908**  
2720 FLORENCE RD  
WOODBINE, MD 21797

Mr. & Mrs. Mougey:

This letter is in response to building permit B14002908. Our office did not receive a set of floor plans for the proposed garage. Please forward a set of floor plans for the proposed garage so this office can confirm the presence or absence of plumbing and living space.

Building permit approval is being withheld until confirmation 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

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

Date: 9/5/14  
 To: Don Sorneller - Plan Review + DPZ - Annette.  
 (Person's Name and Division)  
 From: Aam Meryg (240) 375-8241  
 (Your Name, Company Name and Telephone Number)  
 Subject: Project name Farm Utility Bldg.  
 Project site address 2720 Florence Rd  
 Permit Number B14002908 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 PLOT PLAN (be specific). / CHANGE IN SIZE  
SEPTIC CONNECTION SHOWN
- 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:

Aam (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

PER DAN + DPZ  
DED  
Health

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

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

Date: 8/25/14  
To: Annette - DPZ  
(Person's Name and Division)  
From: Alan Moughey (240) 375-8241  
(Your Name, Company Name and Telephone Number)  
Subject: Project name Detached Garage  
Project site address 2720 Florence Rd. Woodbine, MD 21797  
Permit Number B14002908 SDP # \_\_\_\_\_  
Other information pertinent to this project: \_\_\_\_\_

Please check the attachments below that you are submitting with this transmittal:

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- 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 \_\_\_\_\_

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)

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Received by AKH

PER DPZ  
CHANGED SIZE  
TO 40' X 55'

CC: Bldg, DED  
Heath  
white: Plan Review Division  
yellow: Applicant  
pink: Permit Division