

Permits: 410-313-2455  
Inspections: 410-313-1810  
Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
Department of Inspections, Licenses & Permits  
3430 Court House Drive  
Ellicott City, MD 21043

Permit Number:

B15005534

Building Address: 18380 Chelsea Knolls Drive  
Mt. Airy MD 21771  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP-15-048  
Census Tract: \_\_\_\_\_ Subdivision: Chelsea Knolls  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 10  
Tax Map: 12 Parcel: 78 Grid: 5  
Zoning: RC-DEO Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Vacant Lot  
Proposed Use: New - Single Family  
Estimated Construction Cost: \$250,000  
Description of Work: Model Avalon w/MR,FamRm Ext, 3 car gar  
2 story full basement  
10R, 2FB,1HB and 3 car Garage (4 bdrm) w/  
optional fireplace and Deck

Occupant or Tenant: Ryan Homes  
Was tenant space previously occupied? ☐ Yes ☒ No  
Contact Name: Daren Snyder  
Address: 9720 Patuxent Woods Drive  
City: Columbia State: MD Zip Code: 21046  
Phone: 410.796.0980 Fax: \_\_\_\_\_  
Email: dsnyder@nvrinc.com

Property Owner's Name: Ryan Homes  
Address: 9720 Patuxent Woods Drive  
City: Columbia State: MD Zip Code: 21046  
Home Phone: \_\_\_\_\_ Work Phone: 410.796.0980  
Applicant's Name & Mailing Address, (If other, than stated herein): \_\_\_\_\_

RECEIVED

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
DEC 22 2015

Contractor Company: Ryan Homes  
Contact Person: Daren Snyder  
Address: 9720 Patuxent Woods Drive  
City: Columbia State: MD Zip Code: 21046  
License No.: 56  
Phone: 410.796.0980 Fax: 410.796.7094  
Email: dsnyder@nvrinc.com

Engineer/Architect Company: Fisher, Collins, & Carter  
Responsible Design Prof.: Stephanie Tuite  
Address: 10272 Baltimore National Pike  
City: Ellicott City State: MD Zip Code: 21042  
Phone: 410.461.2855 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

| Building Characteristics                                 | Utilities   |
|--|---|
| Height:  | <u>Water Supply</u>   |
| No. of stories:  | <input type="checkbox"/> Public   |
| Gross area, sq. ft./floor:                               | <input type="checkbox"/> Private  |
|  | <u>Sewage Disposal</u>  |
| Area of construction (sq. ft.):                          | <input type="checkbox"/> Public   |
|  | <input type="checkbox"/> Private  |
| Use group:   | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No        |
|  | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No             |
|  | <u>Heating System</u>   |
| Construction type:                                       | <input type="checkbox"/> Electric <input type="checkbox"/> Oil            |
| <input type="checkbox"/> Reinforced Concrete             | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Structural Steel                |   |
| <input type="checkbox"/> Masonry                         | <u>Sprinkler System:</u>  |
| <input type="checkbox"/> Wood Frame                      | <input type="checkbox"/> N/A  |
| <input type="checkbox"/> State Certified Modular         | <input type="checkbox"/> Full   |
| <u>Roadside Tree Project Permit</u>                      | <input type="checkbox"/> Partial  |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Suppression                                |
| <u>Roadside Tree Project Permit#</u>                     | No. of Heads:   |

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics  | Utilities   |
|---|---|
| <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhse | <u>Water Supply</u>   |
| <u>Depth</u> <u>Width</u>   | <input type="checkbox"/> Public   |
| 1 <sup>st</sup> floor: 58 54  | <input checked="" type="checkbox"/> Private                                   |
| 2 <sup>nd</sup> floor: 32 54  | <u>Sewage Disposal</u>  |
| Basement: 40 54   | <input type="checkbox"/> Public   |
| <input checked="" type="checkbox"/> Finished Basement                               | <input checked="" type="checkbox"/> Private                                   |
| <input type="checkbox"/> Unfinished Basement  | Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space  | Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No      |
| <input type="checkbox"/> Slab on Grade  | <u>Heating System</u>   |
| No. of Bedrooms: 4  | <input type="checkbox"/> Electric   |
| <u>Multi-family Dwelling</u>  | <input type="checkbox"/> Oil  |
| No. of efficiency units:  | <input type="checkbox"/> Natural Gas  |
| No. of 1 BR units:  | <input checked="" type="checkbox"/> Propane Gas                               |
| No. of 2 BR units:  |   |
| No. of 3 BR units:  |   |
| Other Structure:  |   |
| Dimensions:   |   |
| Footings:   | <u>Roadside Tree Project Permit</u>   |
| Roof:   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No           |
| <input type="checkbox"/> State Certified Modular                                    | <u>Roadside Tree Project Permit#</u>  |
| <input type="checkbox"/> Manufactured Home  |   |

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

dsnyder@nvrinc.com

Email Address

Cost Manager

Title/Company

Daren Snyder

Print Name

Date

GP# 615000073

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

FOR OFFICE USE ONLY

| AGENCY  | DATE     | SIGNATURE OF APPROVAL |
|---|----------|-----------------------|
| <input checked="" type="checkbox"/> State Highways  |          |                       |
| <input checked="" type="checkbox"/> Building Officials  |          |                       |
| <input checked="" type="checkbox"/> PSZA (Zoning)   |          |                       |
| <input checked="" type="checkbox"/> PSZA (Engineering)  |          |                       |
| <input checked="" type="checkbox"/> Health  | 3/2/2015 | R. Buckner            |
| <input checked="" type="checkbox"/> Fire Protection   |          |                       |
| Is Sediment Control approval required for issuance? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |          |                       |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START   |          |                       |
| <input type="checkbox"/> ONE STOP SHOP  |          |                       |

| 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     | \$ 100.00 |
| Permit Fee     | \$        |
| Tech Fee       | \$        |
| Excise Tax     | \$        |
| PSFS           | \$        |
| Guaranty Fund  | \$ 50.00  |
| Add'l per Fee  | \$        |
| Total Fees     | \$        |
| Sub-Total Paid | \$ 150.00 |
| Balance Due    | \$        |

CK#6: 879324  
879327

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA  
T:\Operations\Updated Forms\New building app 11.10.2010.docx

Do Not Reviewed yet.

REVISED

Date: 03/01/16

Comments: B15005534  
PER HEALTH DEPT



OWNER

CHELSEA KNOLLS, LC  
1355 BEVERLY RD. SUITE 240  
MCLEAN, VIRGINIA 22101  
(703) 734-9730  
(301) 720-3021

DEVELOPER

RYAN HOMES, INC.  
ATTN: KEVIN BOWSER  
9720 PATUXENT WOODS DRIVE  
COLUMBIA, MARYLAND 21046  
410-796-0980

FISHER, COLLINS & CARTER, INC.  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLCOTT CITY, MARYLAND 21042  
(410) 461-2895

PERMIT PLAN  
CHELSEA KNOLLS

LOT 10  
10300 CHELSEA KNOLLS DRIVE

ZONING: RC-DEO

TAX MAP No. 12 GRID No. 5 PARCEL No. 78  
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1" = 40'  
DATE: FEBRUARY, 2016



# Building Permit Application

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

DILP 2016 APR 6 AM 10:50

Date Received: \_\_\_\_\_

Permit No.: B16001459

Building Address: 18380 Chelsea Knolls Dr  
City: MT. AIRY State: MD Zip Code: 21771  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Chelsea Knolls  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 10  
Tax Map: 12 Parcel: 78 Grid: 5  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.219④

Existing Use: SFD  
Proposed Use: SFD w/ propane tank  
Estimated Construction Cost: \$ 9000  
Description of Work:  
install 1000 gallon in-ground propane tank  
Occupant or Tenant:  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
Address: owner  
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: _____   |
| Construction type: _____                         | <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 | Multi-family Dwelling   |
|  | No. of efficiency units: _____  |
|  | No. of 1 BR units: _____  |
|  | No. of 2 BR units: _____  |
|  | No. of 3 BR units: _____  |
|  | Other Structure: _____  |
|  | Dimensions: _____   |
|  | Footings: _____   |
|  | Roof: _____   |
|  | State Certified Modular   |
|  | Manufactured Home   |

Property Owner's Name: Chelsea Knolls LLC  
Address: 1355 Beverly Rd Ste 240  
City: Melean State: VA Zip Code: 22101  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Applicant's Name & Mailing Address (if other than stated herein)  
Applicant's Name: Jeremy Clancy  
Address: Po Box 310  
City: Perry Hall State: MD Zip Code: 21228  
Phone: 443-340-1229 Fax: \_\_\_\_\_  
Email: Jeremy@AppliedandApproved.com

Contractor Company: TECH AIR  
Contact Person: Dennis Feaga  
Address: 1560 A-D Caton Center Dr  
City: Baltimore State: MD Zip Code: 21227  
License No.: 81215  
Phone: 443-545-4393 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
Address: Contractor  
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gas: <input checked="" 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 checked="" type="checkbox"/> No           |
| <u>Grading Permit Number:</u>   |
| <u>Building Shell Permit Number:</u>  |

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: \_\_\_\_\_  
Email Address: Jeremy@AppliedandApproved.com  
Title/Company: permits

Print Name: Jeremy Clancy  
Date: 4/5/16

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             | 4/6/2016 | Paul [Signature]      |

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      | \$ 110 <sup>00</sup> |
| Permit Fee      | \$                   |
| Tech Fee        | \$                   |
| Excise Tax      | \$                   |
| PSFS            | \$                   |
| Guaranty Fund   | \$                   |
| Add'l per Fee   | \$                   |
| Total Fees      | \$                   |
| Sub- Total Paid | \$                   |
| Balance Due     | \$                   |
| Check           | # 5178               |

Distribution of Copies: White: Building Officials

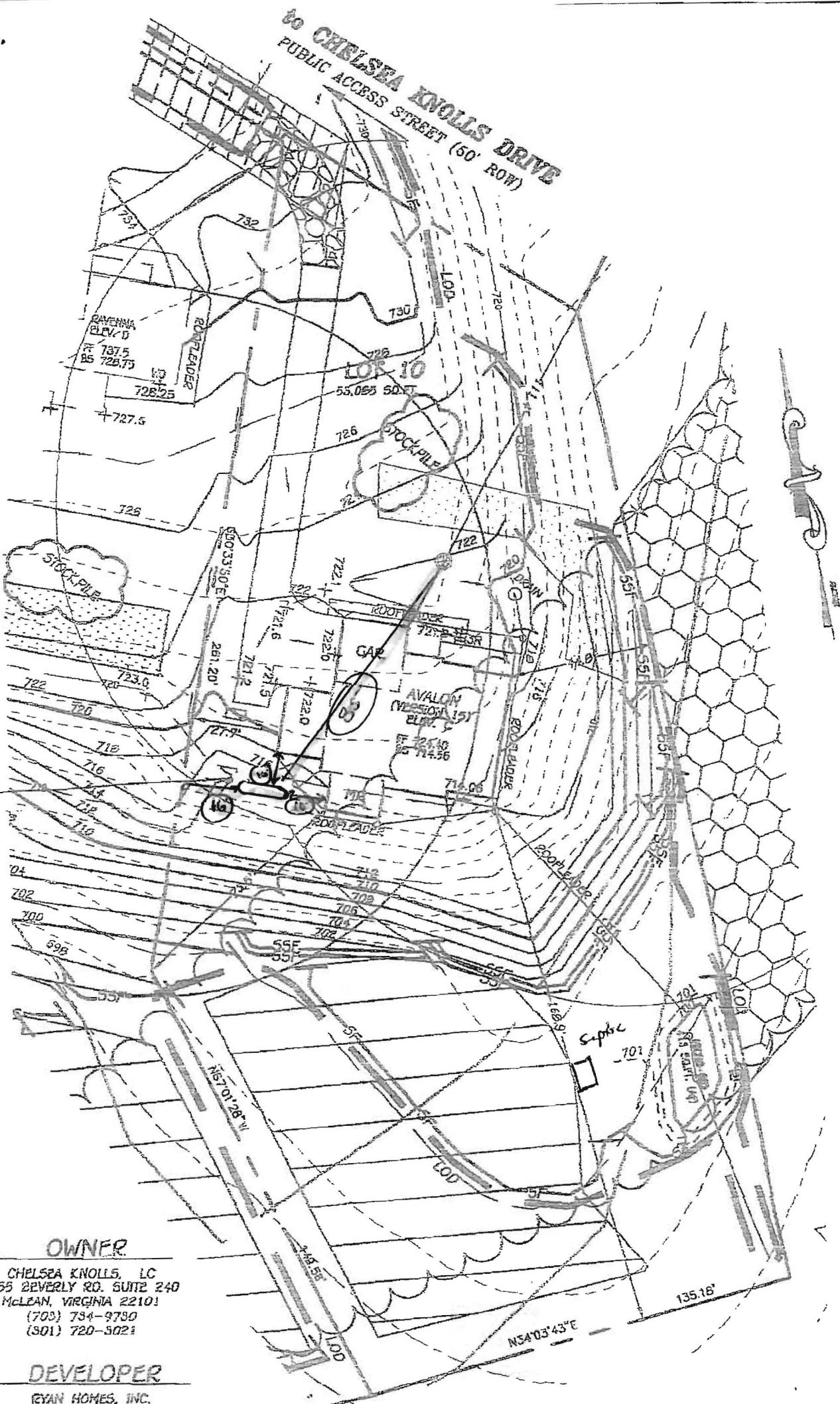
Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA





**OWNER**

CHELSEA KNOLLS, LC  
 1355 BEVERLY RD. SUITE 240  
 MCLEAN, VIRGINIA 22101  
 (703) 734-9790  
 (301) 720-3021

**DEVELOPER**

RYAN HOMES, INC.  
 ATTN: KEVIN BOWSER  
 9720 PATUXENT WOODS DRIVE  
 COLUMBIA, MARYLAND 21046  
 410-796-0960

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

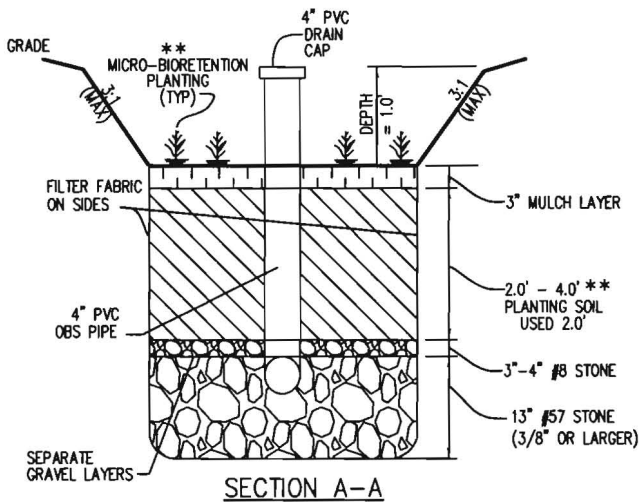
CENTURIAL SQUARE OFFICE PARK - 10772 BALTIMORE NATIONAL PIKE  
 ELICOTT CITY, MARYLAND 21042  
 (410) 481-1000

**PERMIT PLAN  
 CHELSEA KNOLLS**

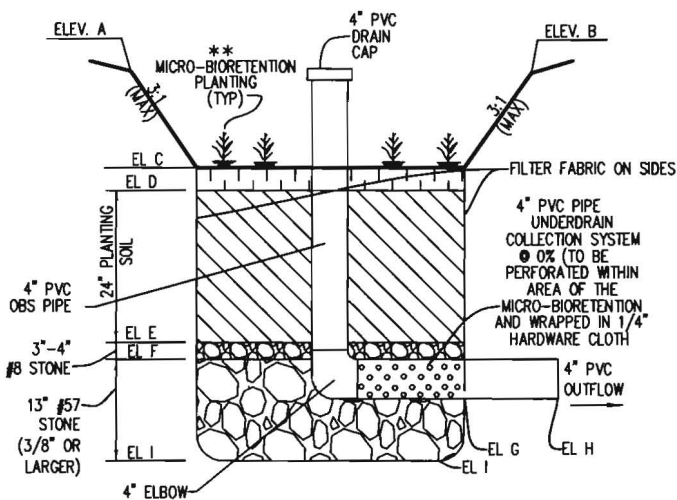
**LOT 10  
 10880 CHELSEA KNOLLS DRIVE**

ZONING: RC-DED  
 TAX MAP No. 12 GRID No. 5 PARCEL No. 7B  
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 40'  
 DATE: DECEMBER, 2015

Approved ISP B16001459  
 RAC



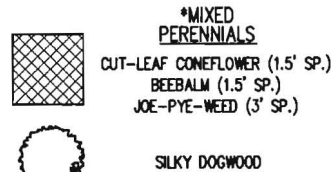
SECTION A-A



SECTION B-B

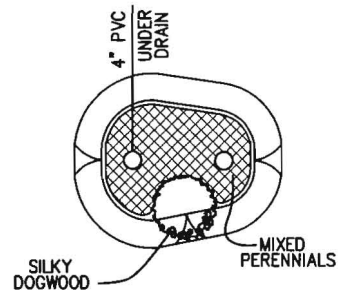
### MICRO-BIORETENTION DETAIL (M-6)

NOT TO SCALE



\*SEE PLANT MATERIAL CHARTS FOR QUANTITIES AND SPACING

NOTE:  
PLANT MATERIAL MUST COVER AT LEAST 50% OF THE SURFACE AREA OF THE MICRO-BIORETENTION

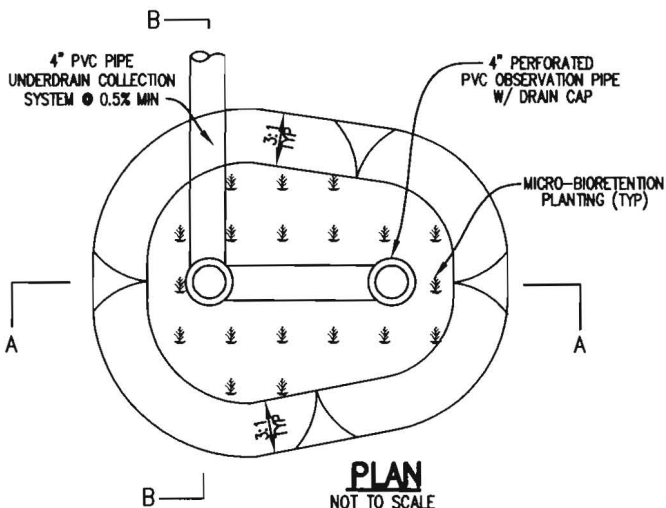


### MICRO-BIORETENTION PLANTING DETAIL

NOT TO SCALE

| MICRO-BIORETENTION PLANT MATERIAL |                  |                                 |
|-----------------------------------|------------------|---------------------------------|
| MICRO-BIO QUANTITY                | NAME             | MAXIMUM SPACING (FT.)           |
| 45                                | MIXED PERENNIALS | 1.5 TO 3.0 FT.                  |
| 1                                 | SILKY DOGWOOD    | PLANT AWAY FROM INFLOW LOCATION |

| MICRO-BIORETENTION |        |        |        |        |        |        |        |        |        |
|--------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| MICRO-BIO FILTER   | A      | B      | C      | D      | E      | F      | G      | H      | I      |
| 1                  | 701.00 | 701.00 | 700.00 | 699.75 | 697.75 | 697.50 | 697.17 | 696.42 | 696.00 |



### OWNER

CHelsea KNOLLS, LC  
1355 BEVERLY RD. SUITE 240  
MCLEAN, VIRGINIA 22101  
(703) 734-9730  
(301) 720-3021

### DEVELOPER

RYAN HOMES, INC.  
ATTN: KEVIN BOWSER  
9720 PATUXENT WOODS DRIVE  
COLUMBIA, MARYLAND 21046  
410-796-0980

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461-2955

### OPERATION & MAINTENANCE SCHEDULE FOR MICRO-BIORETENTION (M-6)

- THE OWNER SHALL MAINTAIN THE PLANT MATERIAL, MULCH LAYER AND SOIL LAYER ANNUALLY. MAINTENANCE OF MULCH AND SOIL IS LIMITED TO CORRECTING AREAS OF EROSION OR WASH OUT. ANY MULCH REPLACEMENT SHALL BE DONE IN THE SPRING. PLANT MATERIAL SHALL BE CHECKED FOR DISEASE AND INSECT INFESTATION AND MAINTENANCE WILL ADDRESS DEAD MATERIAL AND PRUNING. ACCEPTABLE REPLACEMENT PLANT MATERIAL IS LIMITED TO THE FOLLOWING: 2000 MARYLAND STORMWATER DESIGN MANUAL VOLUME II, TABLE A.4.1 AND 2.
- THE OWNER SHALL PERFORM A PLANT IN THE SPRING AND IN THE FALL OF EACH YEAR. DURING THE INSPECTION, THE OWNER SHALL REMOVE DEAD AND DISEASED VEGETATION CONSIDERED BEYOND TREATMENT, REPLACE DEAD PLANT MATERIAL WITH ACCEPTABLE REPLACEMENT PLANT MATERIAL, TREAT DISEASED TREES AND SHRUBS AND REPLACE ALL DEFICIENT STAKES AND WIRES.
- THE OWNER SHALL INSPECT THE MULCH EACH SPRING. THE MULCH SHALL BE REPLACED EVERY TWO TO THREE YEARS. THE PREVIOUS MULCH LAYER SHALL BE REMOVED BEFORE THE NEW LAYER IS APPLIED.
- THE OWNER SHALL CORRECT SOIL EROSION ON AN AS NEEDED BASIS, WITH A MINIMUM OF ONCE PER MONTH AND AFTER EACH HEAVY STORM.

### PERMIT PLAN DETAILS CHelsea KNOLLS

LOT 10  
10300 CHelsea KNOLLS DRIVE

ZONING: RC-DEO

TAX MAP No. 12 GRID No. 5 PARCEL No. 78  
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
SCALE: 1" = 40'  
DATE: FEBRUARY, 2016

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

Date: 3/1/16  
To: ROBERT BRICKER (HEALTH) / LAURA HURMAN  
(Person's Name and Division)  
From: STEPHANIE TUITE (FCC) (410) 461-2855  
(Your Name, Company Name and Telephone Number)  
Subject: Project name CHELSEA KNOLL 5, LOT 10  
Project site address 18380 CHELSEA KNOLLS DR.  
Building permit # B15005534 SDP # N/A ~~EF~~ 07-72  
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).  
☒ 2 Copies of PLOT PLAN/PERMIT PLAN (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)

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 mf

Revision

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

# RESIDENTIAL BUILDING PERMIT PERMIT FEE AND EXCISE TAX WORKSHEET

PERMIT NUMBER \_\_\_\_\_

OWNER Ryan Homes ADDRESS Model: Avator w/ MR, fam ext 13 car

CONSTRUCTION PHASE: New ☒ Addition \_\_\_\_\_ Alteration \_\_\_\_\_ Temporary \_\_\_\_\_

IRC USE GROUP: R-3 DESCRIPTION OF WORK: \_\_\_\_\_

2 story full Bm 10R 2FB 1HB EP 30 car gar 4 BR

| BUILDING | FRONT | DEPTH | HEIGHT | AREA       | AREA   |
|----------|-------|-------|--------|------------|--------|
| 1        | 54    | 58    | 10     | 2334       |        |
| 2        | 54    | 32    | 10     | 1035       |        |
| 3        | 54    | 40    | 10     | 1625       |        |
|          |       |       |        | GSF = 4994 | OGSF = |

|                             |                              |       |                         |       |
|-----------------------------|------------------------------|-------|-------------------------|-------|
| Footings<br><u>20" x 8"</u> | Foundation<br><u>8" conc</u> | Walls | Roof<br><u>AP gable</u> | Other |
|-----------------------------|------------------------------|-------|-------------------------|-------|

## Residential Fee Calculations:

Residential - A building which contains one or more dwelling unit, including boarding houses but not including transient accommodations such as hotels, country inns or bed and breakfast inns. Residential includes uses accessory to building units such as attached garages or home occupations, but does not include non-residential uses in mixed use structures.

BPF = 4994 GSF x \$1.8 = \$ 898.92 Permit Fee x 10% (Tech Fee) = 89.89

ET = 4994 OGSF x \$1.04 = \$ 5,193.76 Excise Tax PSFS = 4994 OGSF x \$1.19 = \$ 5,942.86

BPF = Building Permit Fee OGSF = Occupiable Gross Square Feet GSF = Gross Square Feet ET = Excise Tax PSFS = Public School Facilities Surcharge  
Note: OGSF calculations may differ from GSF calculations when computing excise tax.

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PERMIT FEE, TECHNOLOGY FEE, SCHOOL SURCHARGE AND EXCISE TAX TOTAL: \$ 12,125.43

References: Chapter 285, Acts of the Maryland General Assembly of 1992; Howard County Code Sections 20.503; County Council Resolution 58-2008; 2004 Legislation House Bill 1445; 2006 International Residential Code for One and Two Family Dwellings

BY: \_\_\_\_\_ DATE: \_\_\_\_\_ CHECKED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

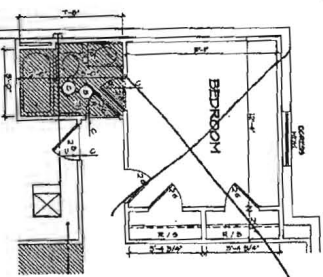
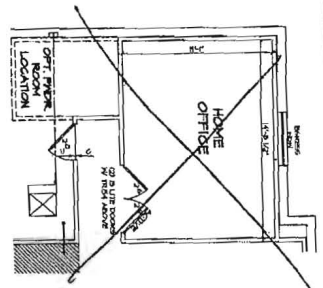


81505534

18380 Cedar Knoll Drive

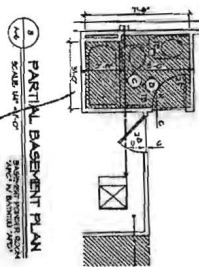
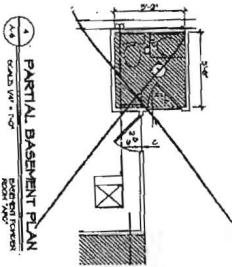
(LT 10) 4 Bedroom

OK ver



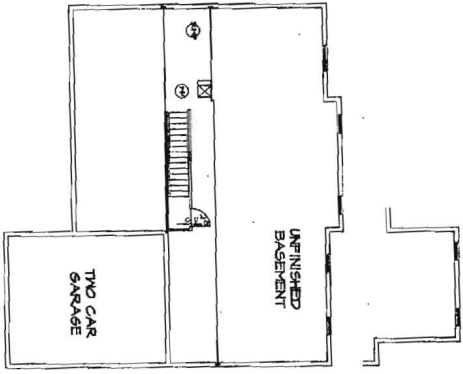
**PARTIAL BASEMENT PLAN**  
SCALE: 1/4" = 1'-0"  
HOME OFFICE LOCATION

**PARTIAL BASEMENT PLAN**  
SCALE: 1/4" = 1'-0"  
BEDROOM

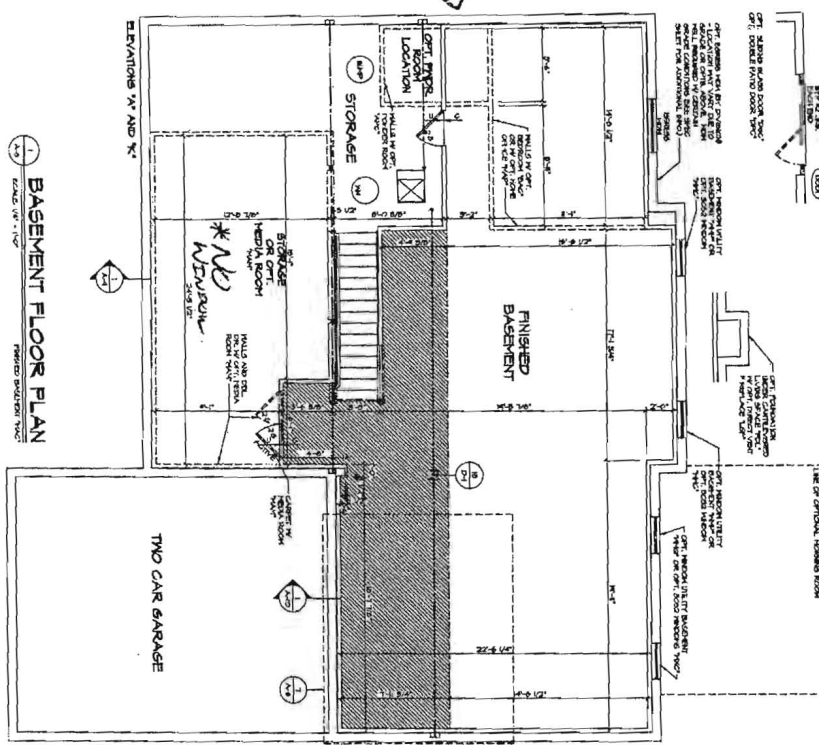


**PARTIAL BASEMENT PLAN**  
SCALE: 1/4" = 1'-0"  
STORAGE

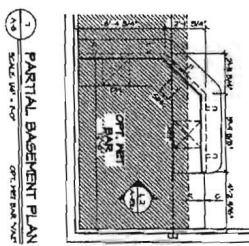
**PARTIAL BASEMENT PLAN**  
SCALE: 1/4" = 1'-0"  
STORAGE



**BASEMENT FLOOR PLAN**  
SCALE: 1/4" = 1'-0"  
UNFINISHED BASEMENT



**BASEMENT FLOOR PLAN**  
SCALE: 1/4" = 1'-0"  
FINISHED BASEMENT



**PARTIAL BASEMENT PLAN**  
SCALE: 1/4" = 1'-0"  
STORAGE

**NOTES:**  
1. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.  
2. ALL WALLS ARE 8" THICK CONCRETE.  
3. ALL FLOORS ARE 4" THICK CONCRETE.  
4. ALL CEILING ARE 8" THICK CONCRETE.  
5. ALL ROOF ARE 6" THICK CONCRETE.  
6. ALL FOUNDATION ARE 12" THICK CONCRETE.  
7. ALL EXTERIOR WALLS ARE 12" THICK CONCRETE.  
8. ALL EXTERIOR FLOORS ARE 4" THICK CONCRETE.  
9. ALL EXTERIOR CEILING ARE 8" THICK CONCRETE.  
10. ALL EXTERIOR ROOF ARE 6" THICK CONCRETE.

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| <b>AVAILON</b><br>SHEET NO. A-6<br>DRAWING TITLE: BASEMENT FLOOR PLAN<br>DATE: 02/10/14<br>OFFICE: PEA |  | <b>NVR</b><br>21 West 4th Street<br>Philadelphia, PA 19106 | SHEET NO. AVA00<br>DRAWN BY: CMB<br>DATE: 02/10/14<br>OFFICE: PEA | 1. 1/4" = 1'-0"<br>2. 1/4" = 1'-0"<br>3. 1/4" = 1'-0"<br>4. 1/4" = 1'-0"<br>5. 1/4" = 1'-0"<br>6. 1/4" = 1'-0"<br>7. 1/4" = 1'-0"<br>8. 1/4" = 1'-0"<br>9. 1/4" = 1'-0"<br>10. 1/4" = 1'-0" |
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