

**HOWARD COUNTY  
PERMIT APPLICATION**

**B09001648  
PERMIT NUMBER**

Building Address 2714 Jennings Chapel Rd  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6040.02 Subdivision Ashbury Prep  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot #1  
Tax Map 13 Parcel 292 Grid 20  
Zoning RC-DED Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Existing Use Vacant Lot  
Proposed Use How S.F.H.  
Estimated Construction Cost \$ 280,000

Description of Work How 2<sup>nd</sup> S.F.H. w/ garage

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Property Owner's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated herein):  
2722 Jennings Chapel Rd  
Woodbine Md 21797  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
301-461-3954 410-558-6511

Contractor Company Metropolitan Const.  
Contact Person John Haynes  
Address 905 Sun Laurel Rd  
City Essex State md Zip Code 21221  
License No. M.H.T.C.H. 72097 M.H.C.P. 5956  
Phone 301-461-3954 Fax 410-558-6511

Engineer or Architect Company Creative Outlooks LLC  
Contact Person Phil Gugliuzza  
Address Hannover  
City Hannover State MD Zip Code \_\_\_\_\_  
Phone 410-239-0281 Fax 410-239-6017

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

<b>Building Characteristics</b>	<b>Utilities</b>
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1 <sup>st</sup> floor: <u>40' x 50'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 <sup>nd</sup> floor: <u>40' x 50'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>40' x 50'</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
Multi-family dwellings: _____	
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 _____	

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 John Haynes  
Title/Company Metro Const.

Print Name John Haynes  
Date 7-2-09

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*  
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>7/22/09</u>	<u>Demetrius</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit Required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 1410 COUNTY HOUSE DRIVE ELLICOTT CITY, MD 21113 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-1800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <b>B 10000944</b>
Building Address <u>3714 Jennings Chapel Road</u> <u>Woodbine, Md. 21797</u>		Property Owner's Name <u>Thomas J. Kapala</u> Address <u>1222 Jennings Chapel Road</u> City <u>Woodbine</u> State <u>Md</u> Zip Code <u>21797</u> Home Phone <u>443-756-7759</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>1</u> Tax Map <u>13</u> Parcel <u>292</u> Grid <u>20</u> Zoning _____ Map Coordinates _____ Lot Size _____		Phone _____ Fax _____ Contractor Company <u>Southern States Coop., Inc.</u> Contact Person <u>Nathan Haines</u> Address <u>6831-E Buckeystown Pike</u> City <u>Frederick</u> State <u>Md.</u> Zip Code <u>21704</u> License No. <u>79733</u> Phone <u>301-669-6168</u> Fax <u>301-669-0224</u> <u>nathan.haines@ssccoop.com</u> Engineer or Architect Company _____	
Existing Use <u>Single Family Home</u> Proposed Use <u>Single Family Home w/ Buried Tank</u> Estimated Construction Cost \$ <u>1,637.00</u> Description of Work <u>Installation of (1) 750 gallon underground propane storage tank with supply line to house</u> Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Electric _____ Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	<b>Building Characteristics</b> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ # floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Cant space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	<b>Utilities</b> Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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 THEREIN; (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.

Nathan L. Haines, Jr.  
 Applicant's Signature  
nathan.haines@ssccoop.com  
 Email Address  
Propane Manager  
 Title/Company

Nathan L. Haines, Jr.  
 Print Name  
4-14-10  
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Officials			Sides: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ <u>10.00</u>
Health <u>Suprio Pri Wolf</u>			All minimum setbacks met?	TOTAL FEES \$ <u>110.00</u>
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Is Entrance Permit Required?	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
Distribution of Copies			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

0' Wide
For
Access
310
Distance
870.57
61.49
81.14
490.89
479.99
62.98
53.65
266.78

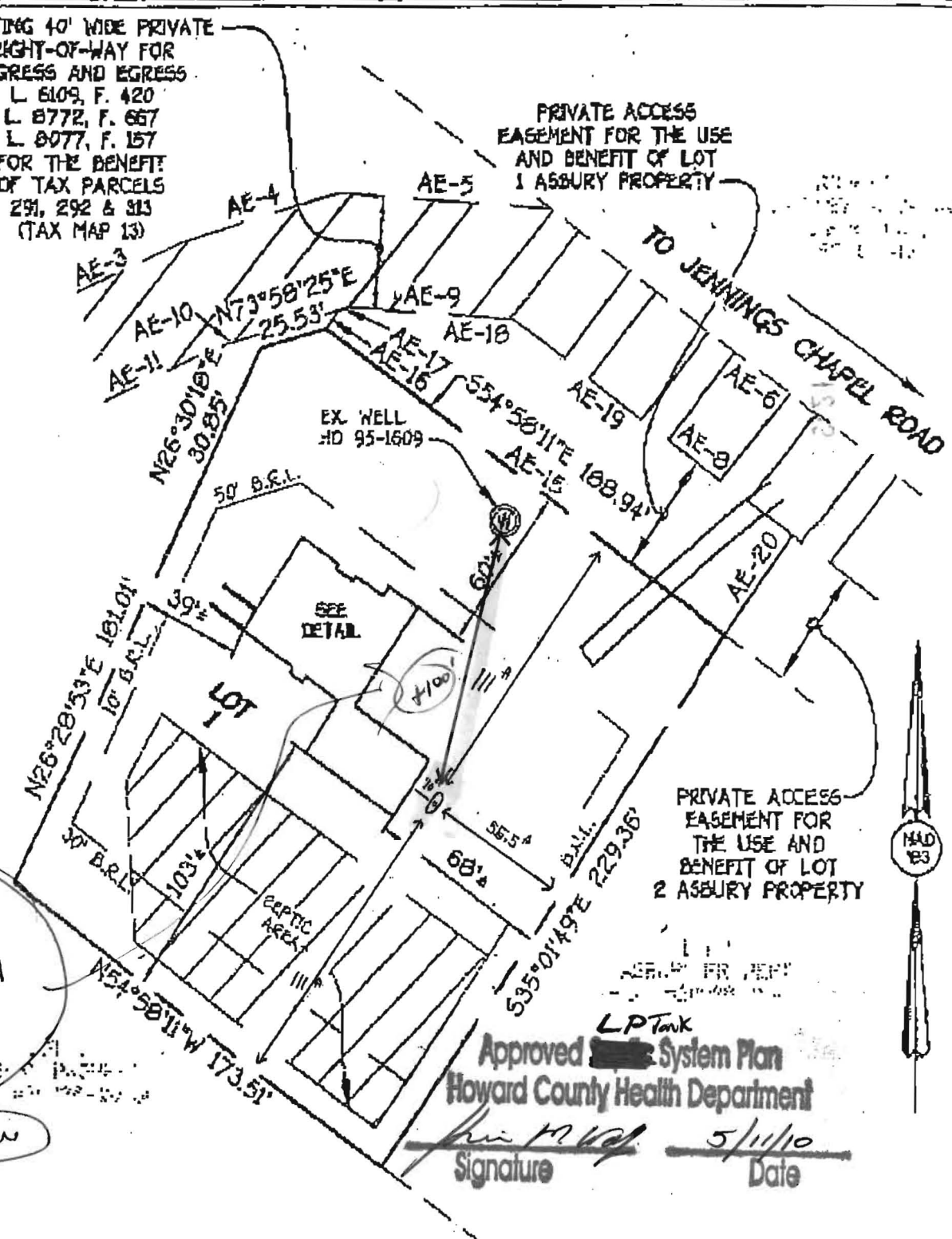
Distance
108.96
7.95
4.11
62.98
132.29
42.51

EXISTING 40' WIDE PRIVATE  
RIGHT-OF-WAY FOR  
INGRESS AND EGRESS  
L. 6109, F. 420  
L. 8772, F. 657  
L. 8077, F. 157  
FOR THE BENEFIT  
OF TAX PARCELS  
291, 292 & 313  
(TAX MAP 13)

PRIVATE ACCESS  
EASEMENT FOR THE USE  
AND BENEFIT OF LOT  
1 ASBURY PROPERTY

TO JENNINGS CHAPEL ROAD

PRIVATE ACCESS  
EASEMENT FOR THE USE  
AND BENEFIT OF LOT  
2 ASBURY PROPERTY



**\* MUST MAINTAIN 100' FROM ALL WELLS !!**

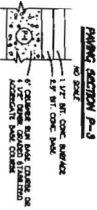
Kw

LPTank  
Approved System Plan  
Howard County Health Department  
 Signature  
5/11/10 Date

LOT 1  
CULTURAL PRESERVATION  
DIVISION PLAT FOR  
ASBURY PROPERTY

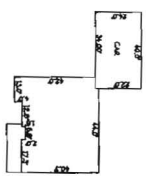
HOUSE LOCATION  
DRAWING

**JENSEN, O'LEARY & CHERRY, INC.**  
 ARCHITECTS  
 10000 WOODBURN ROAD, SUITE 100  
 WOODBURN, VA 22195  
 TEL: 540-562-1100  
 FAX: 540-562-1101  
 WWW.JOCINC.COM



**Owner: Mr. & Mrs. [Name]**  
 1234 W. Main St.  
 Woodburn, VA 22195  
 (540) 562-1234

**HOUSE DETAIL**  
 1'-0"



**PLAN TO ACCOMPANY  
 BUILDING PERMIT  
 ASBURY PROPERTY  
 LOT 1**  
 T14 MAP 23, DISTRICT OF  
 FOURTH ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 30'  
 SHEET 1 OF 1  
 DATE: 08/22/2009

SYMBOL	DESCRIPTION
(Symbol)	EXISTING CONCRETE
(Symbol)	PROPOSED CONCRETE
(Symbol)	PROPOSED CURB & FINISH
(Symbol)	PROPOSED ELEVATION
(Symbol)	PROPOSED FINISH
(Symbol)	PROPOSED ELEVATION
(Symbol)	PROPOSED FINISH
(Symbol)	PROPOSED FINISH
(Symbol)	PROPOSED FINISH

**GENERAL NOTES**

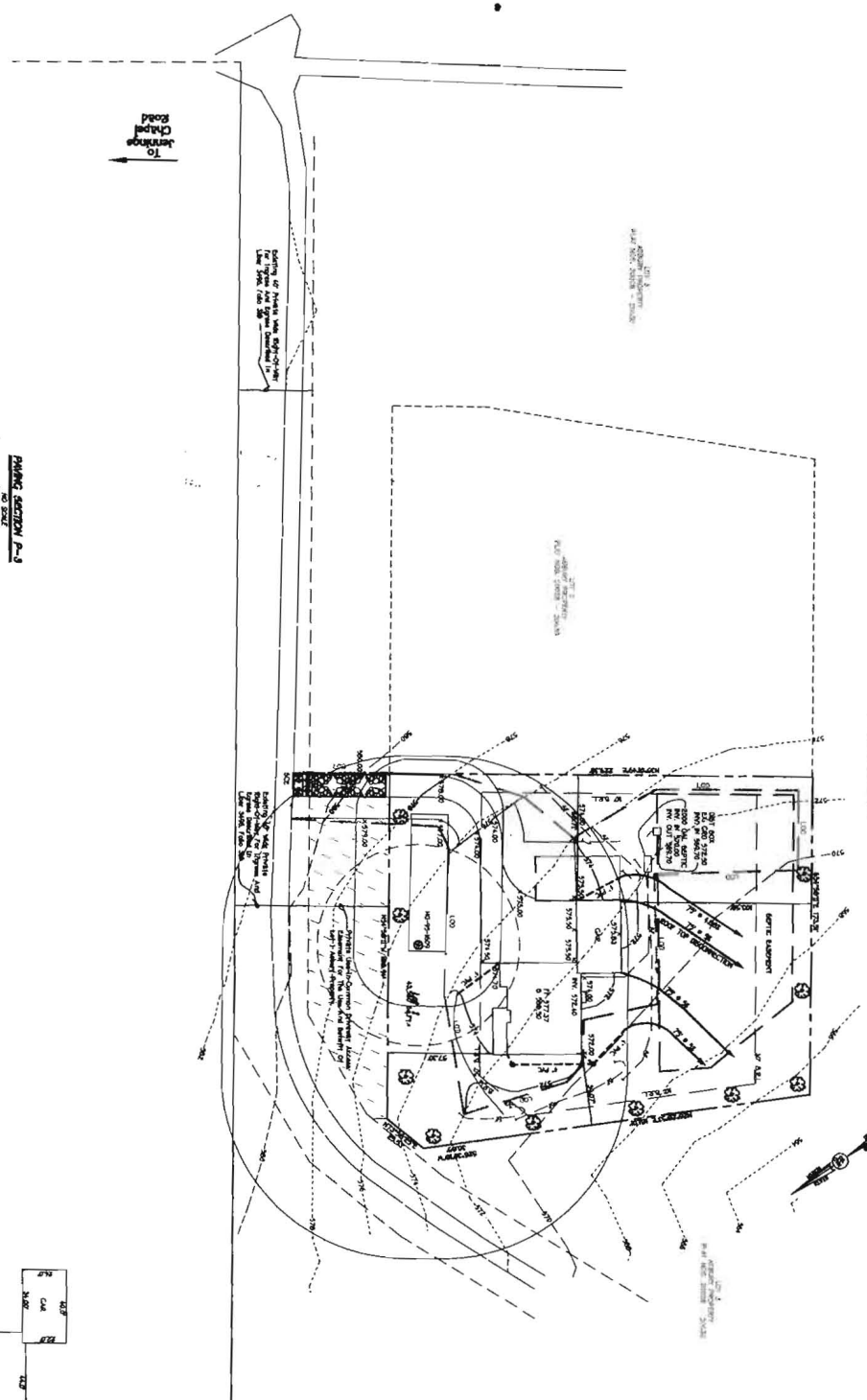
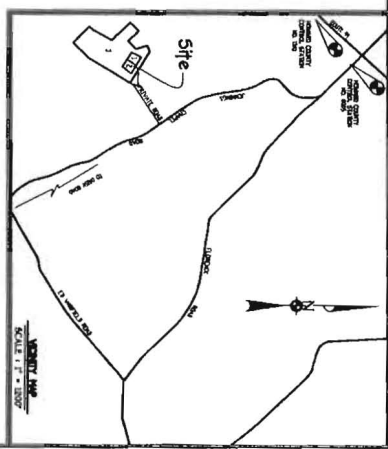
1. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
2. TOTAL AREA OF PROPOSED SLAB SHALL BE 1,407 S.F.
3. ALL CONCRETE SHALL BE 3,000 PSI STRENGTH CONCRETE WITH 4% STEEL FIBERS.
4. CONCRETE SHALL BE PLACED AND FINISHED TO MATCH EXISTING CONCRETE.
5. FIELD DIMENSIONS SHALL BE AS SHOWN ON THESE PLANS & DETAILS.
6. ALL UTILITY LOCATIONS SHALL BE AS SHOWN ON THESE PLANS & DETAILS.
7. ALL UTILITY LOCATIONS SHALL BE AS SHOWN ON THESE PLANS & DETAILS.
8. ALL UTILITY LOCATIONS SHALL BE AS SHOWN ON THESE PLANS & DETAILS.
9. ALL UTILITY LOCATIONS SHALL BE AS SHOWN ON THESE PLANS & DETAILS.
10. ALL UTILITY LOCATIONS SHALL BE AS SHOWN ON THESE PLANS & DETAILS.

**NOTES**

1. THE TOTAL AREA OF THIS PLAN IS 1,407 S.F. AS SHOWN ON THESE PLANS & DETAILS.

2. THE TOTAL AREA OF THIS PLAN IS 1,407 S.F. AS SHOWN ON THESE PLANS & DETAILS.

3. THE TOTAL AREA OF THIS PLAN IS 1,407 S.F. AS SHOWN ON THESE PLANS & DETAILS.



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:

B14001592

Building Address: 2714 Jennings Chapel Rd  
Woodbine Md 21797

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Ashbury Property

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: 0013 Parcel: 0292 Grid: 0020

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.0

Property Owner's Name: John Thomas Lepato  
 Address: 2714 Jennings Chapel Rd  
 City: Woodbine State: MD Zip Code: 21797

Home Phone: 410 579 2062 Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD

Estimated Construction Cost: \$ 750.00

Description of Work: relocate ug propane tank 250 gallon underground

Occupant or Tenant: Occupant

Was tenant space previously occupied?  Yes  No

Contact Name: John Thomas Lepato  
 Address: 2714 Jennings Chapel Rd  
 City: Woodbine State: MD Zip Code: 21797

Phone: 443-756-1759 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: Southern STATES  
 Contact Person: NATHAN HAINES JR  
 Address: 5831 BUCKYSTOWN PIKE SUITE E  
 City: Frederick State: MD Zip Code: 21704

License No.: 73732

Phone: 301-663-6168 Fax: 301-663-0274

Email: NATHAN.HAINES@SSCOOP.COM

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ 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 checked="" type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input checked="" type="checkbox"/> Private
	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<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
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

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

Nathan L. Haines Jr Nathan L. HAINES JR  
 Applicant's Signature Print Name

NATHAN.HAINES@SSCOOP.COM 5/16/14  
 Email Address Date

propane manager  
 Title/Company

**RECEIVED**  
 MAY 16 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
<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	<u>6/6/14 Hank Oswalt</u>	
<input checked="" type="checkbox"/> Fire Protection		

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

DPZ SETBACK 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	\$
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	\$

CK# 02270



# 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: \_\_\_\_\_

Permit No.: **B14000482**

Building Address: **2714 JENNINGS CHAPEL RD**  
 City: **WOODBINE** State: **MD** Zip Code: **21797**  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: **13** Parcel: **292** Grid: **20**  
 Zoning: **RC-DEO** Map Coordinates: \_\_\_\_\_ Lot Size: **43,660 SQ FT**

Existing Use: **SINGLE FAMILY HOME**  
 Proposed Use: **SINGLE FAMILY HOME**  
 Estimated Construction Cost: \$ **100K**  
 Description of Work: **GARAGE/BEDROOM ADDITION**

Occupant or Tenant: **THOMAS/KRISTA LAPATO**  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: **TOM LAPATO**  
 Address: **2714 JENNINGS CHAPEL RD**  
 City: **WOODBINE** State: **MD** Zip Code: **21797**  
 Phone: **443-756-1759** Fax: \_\_\_\_\_  
 Email: **THOMAS\_J\_LAPATO@YAHOO.COM**

Property Owner's Name: **THOMAS & KRISTA LAPATO**  
 Address: **2714 JENNINGS CHAPEL RD**  
 City: **WOODBINE** State: **MD** Zip Code: **21797**  
 Phone: **410-326-7103** Fax: \_\_\_\_\_  
 Email: **THOMAS\_J\_LAPATO@YAHOO.COM**

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

Contractor Company: **HOME OWNER**  
 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: <b>321</b>	<b>46'</b>
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	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	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	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	<b>RECEIVED</b>
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	FEB 20 2014
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<b>LICENSES &amp; PERMITS DIVISION</b>
Gas: <input type="checkbox"/> Yes <input checked="" 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 THEREIN; (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: **THOMAS J. LAPATO**  
 Email Address: **THOMAS\_J\_LAPATO@YAHOO.COM** Date: **1/21/14**  
 Title/Company: \_\_\_\_\_

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

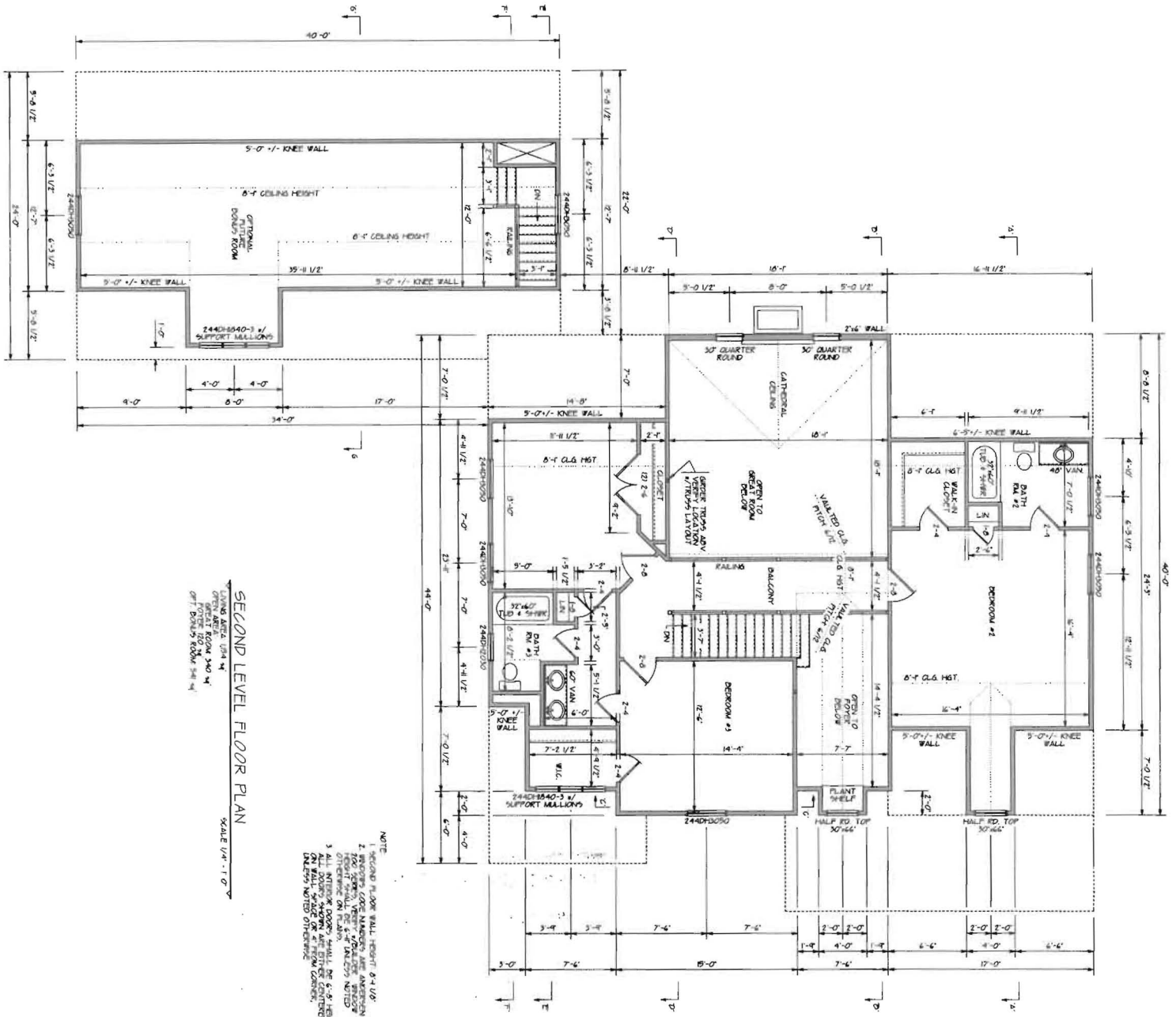
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

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

DPZ SETBACK 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: \_\_\_\_\_  
 SOP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$ <b>25</b>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<b>818</b>



**SECOND LEVEL FLOOR PLAN**  
 SCALE 1/4" = 1'-0"  
 LIVING AREA 1284 sq ft  
 GREAT ROOM 340 sq ft  
 OFFICE 100 sq ft  
 BATH 54 sq ft

**NOTE**  
 1 SECOND FLOOR WALL HEIGHT 8'-4 1/2"  
 2 SECOND FLOOR WINDOW AND ANTERIOR WALL HEIGHT SHALL BE 8'-0" UNLESS NOTED OTHERWISE ON DRAWING  
 3 ALL DOOR SWINGS ARE EITHER CENTERED OR 3/4" OFFSET FROM CENTER

SHEET No  
**A-7**

DATE	REVISION

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**CREATIVE OUTLOOKS, LLC**  
 PHILIP P. GIULIETTA  
 CUSTOM HOME PLANNING & DESIGN  
 HOME ADDITION/REMODELING DESIGN  
 COMPLETE CONSTRUCTION PLANS  
 PHONE: 410-294-0261 FAX No 410-294-6007

**SECOND LEVEL FLOOR PLAN**  
 PROJECT FOR  
**LAPATO'S RESIDENCE**  
 LOT #1 ASBURY PROPERTY  
 HOWARD COUNTY, MARYLAND  
 DATE: JUNE 30, 2009 SCALE: 1/4" = 1'-0" PLOT NAME: LAP-PP DRAWN BY: GIULIETTA







Office of the Health Officer

8930 Stanford Drive, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

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

---

DATE: March 11, 2014

TO: Thomas and Krista Lapato  
2714 Jennings Chapel Road  
Via E-mail: [Thomas\\_J\\_LaPato@yahoo.com](mailto:Thomas_J_LaPato@yahoo.com)

RE: **Building Permit # B14000482**  
**2714 Jennings Chapel Road**  
**Woodbine, Maryland 21797**

Mr. and Mrs. Lapato,

Further review is contingent upon submission of a revised building plan showing the following:

- Floor plans for the existing house and proposed addition.
- Septic system and all of its components must be shown on plan.
- Your system may have to be upgraded to accommodate addition based on the final review of the floor plans and proposed addition. As of January 1, 2013, all new construction is required to use the "Best Available Technology" (BAT) for septic installation. Before building permit approval, a BAT site plan must be submitted along with your building application and building plan.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS

Environmental Specialist II

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file

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

Date: 3-31-14  
 To: Don Swinder  
 (Person's Name and Division)  
 From: Doug Ensor (301) 252-6350  
 (Your Name, Company Name and Telephone Number)  
 Subject: Project name Lapato Residence  
 Project site address 2714 Jennings Chapel Rd.  
 Permit Number B14000482 SDP # \_\_\_\_\_  
 Other information pertinent to this project \_\_\_\_\_

RECEIVED  
 APR 01 2014  
 PLAN REVIEW DIVISION

Boh  
 Form

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 \_\_\_\_\_ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

*See about office contact*

RECEIVED  
 MAR 31 2014  
 LICENSES & PERMITS  
 DIVISION

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 Ch

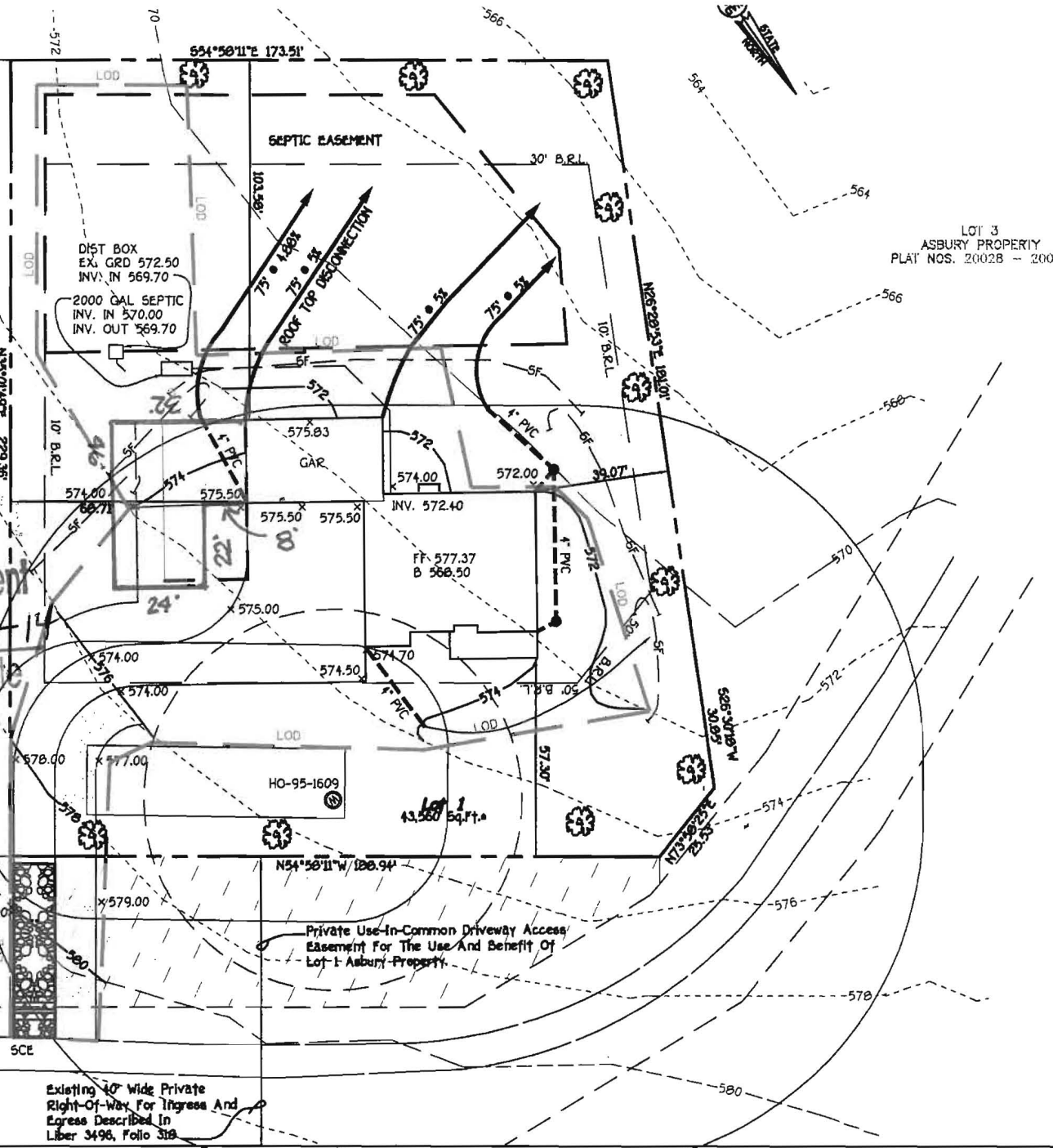
CC: DPZ  
 DED  
 Health

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

LOT 2  
ASBURY PROPERTY  
PLAT NOS. 20028 - 20030

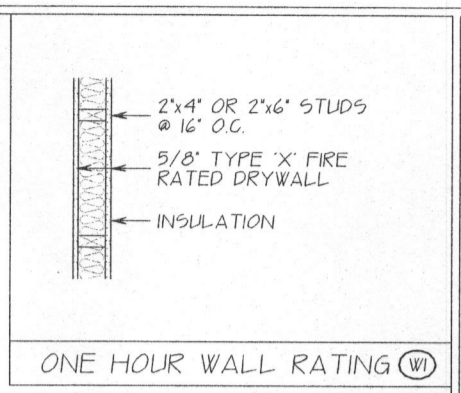
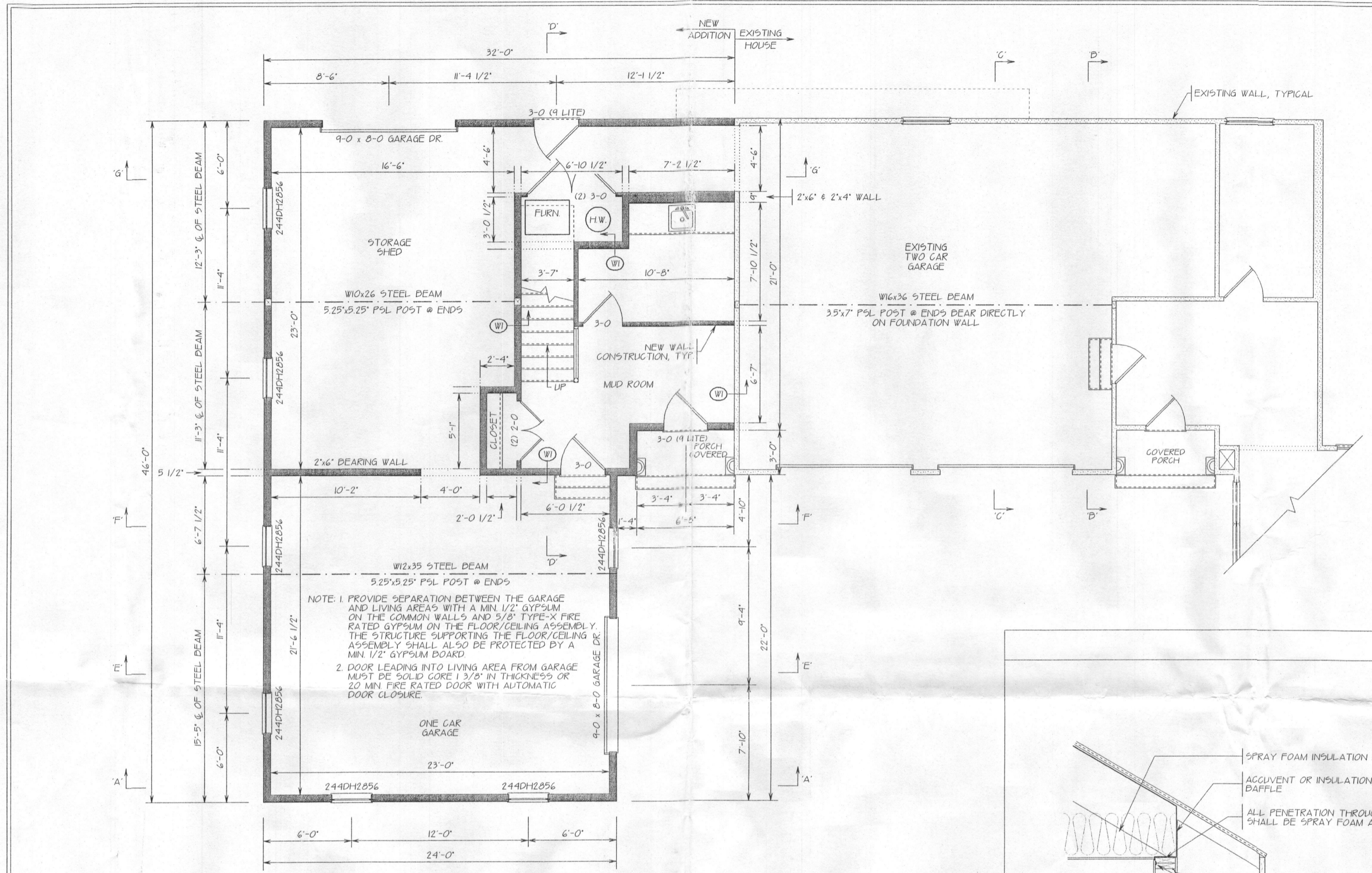
LOT 3  
ASBURY PROPERTY  
PLAT NOS. 20028 - 20030

Approved Septic System Plan  
Howard County Health Department  
*D. Beard*  
Signature  
4/16/14  
Date  
B14000482



Existing 40' Wide Private  
Right-Of-way For Ingress And  
Egress Described In  
Liber 3498, Folio 318

DOUG ENSOR  
301.252.6350

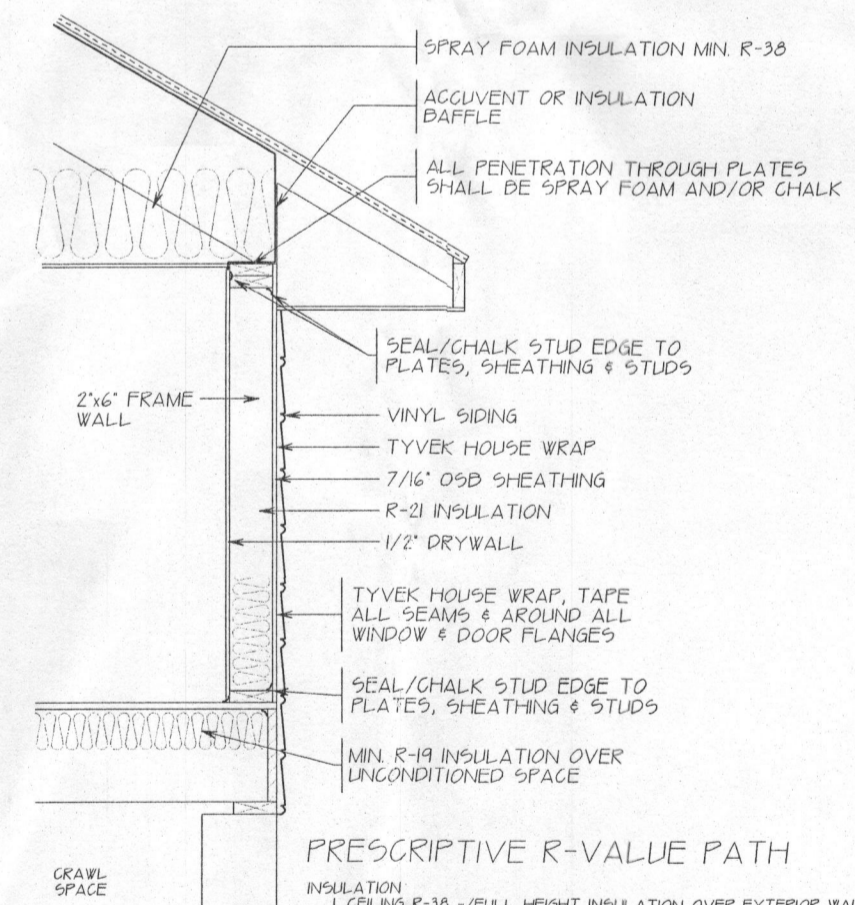


FIRST LEVEL FLOOR PLAN

SCALE 1/4" = 1' 0"

- R301 CLIMATE ZONE 4
- R401.2 COMPLIANCE METHOD: MANDATORY AND PRESCRIPTIVE PROVISIONS
- R402.11 ATTIC INSULATION R-49 R-49 OR R-38 WITH RAISED HEEL
- R402.11 WOOD FRAME WALL: R-20 OR R-13 + R5 CONTINUOUS INSULATION
- R402.11 BASEMENT WALL INSULATION: R-13/R-10 FOIL FACED CONTINUOUS, UNINTERRUPTED BATTS FULL HEIGHT
- R402.11 CRAWL SPACE WALL INSULATION: R-19/R-10 FOIL FACED CONTINUOUS BATTS FULL HEIGHT EXTENDING FROM FLOOR ABOVE TO FINISHED GRADE LEVEL AND THEN VERTICALLY OR HORIZONTALLY AN ADDITIONAL 2'-0"
- R402.11 FLOOR INSULATION OVER UNCONDITIONED SPACE R-19 BATT INSULATION
- R402.11 WINDOW U-VALUE/SHGC 35 (U-VALUE) 40 (SHGC)
- R402.2.9 SLAB ON GRADE FLOORS LESS THAN 12" BELOW GRADE: R-10 RIGID FOAM BOARD UNDER SLAB EXTENDING EITHER 2'-0" HORIZONTALLY OR 2'-0" VERTICALLY.
- R402.2.4 ATTIC ACCESS: ATTIC ACCESS SCUTTLE WILL BE WEATHERSTRIPPED AND INSULATED R-49
- R402.4 BUILDING THERMAL ENVELOPE (AIR LEAKAGE): EXTERIOR WALLS AND PENETRATIONS WILL BE SEALED PER THIS SECTION OF THE 2012 IECC WITH CAULK, GASKETS, WEATHERSTRIPPING OR AN AIR BARRIER OF SUITABLE MATERIAL.
- R402.4.1 BUILDING ENVELOPE TIGHTNESS TEST: BUILDING ENVELOPE TIGHTNESS AND INSULATION INSTALLATION MUST MEET THE INSPECTION CRITERIA LISTED IN TABLE 402.4.12. A 'BLOWER DOOR AIR INFILTRATION TEST' SHALL BE PERFORMED IN ALL UNITS. SEE ALSO SECTION R303.4 OF THE 2012 IRC.

- R402.4.2 FIREPLACES: ALL WOOD BURNING MASONRY FIREPLACES WILL HAVE TIGHT-FITTING FLUE DAMPERS AND OUTDOOR COMBUSTION AIR. FIREPLACES SHALL HAVE GASKETED DOORS.
- R402.4.4 RECESSED LIGHTING: RECESSED LUMINARIES INSTALLED IN THE BUILDING THERMAL ENVELOPE SHALL BE SEALED TO LIMIT AIR LEAKAGE.
- R403.11 THERMOSTAT: ALL DWELLING UNITS WILL HAVE AT LEAST (1) PROGRAMMABLE THERMOSTAT FOR EACH SEPARATE HEATING AND COOLING SYSTEM PER 2012 IECC SECTION 403.1.
- R403.21 MECHANICAL DUCT INSULATION: SUPPLY DUCTS IN ATTIC R-8 MINIMUM. ALL OTHER DUCTS EXCEPT THOSE LOCATED COMPLETELY INSIDE THE BUILDING THERMAL ENVELOPE R-6 MINIMUM. DUCTS LOCATED UNDER CONCRETE SLABS MUST BE R-6 MINIMUM.
- R403.3.2 DUCT SEALING: ALL DUCTS, AIR HANDLERS, FILTER BOXES WILL BE SEALED JOINTS AND SEAMS WILL COMPLY WITH SECTION M601.4.1 OF THE IRC. A DUCT TIGHTNESS TEST ('DUCT BLASTER' DUCT TOTAL LEAKAGE TEST) WILL BE PERFORMED ON ALL HOMES AND SHALL BE VERIFIED BY EITHER A POST CONSTRUCTION TEST OR A ROUGH-IN TEST. DUCT TIGHTNESS TEST IS NOT REQUIRED IF THE AIR HANDLER AND ALL DUCTS ARE LOCATED WITHIN THE CONDITIONED SPACE.
- R403.5 MECHANICAL VENTILATION: OUTDOOR (MAKE-UP) AIR WILL BE BROUGHT INTO THE HOME THRU A DUCT WITH AN AUTOMATIC OR GRAVITY DAMPER.
- R403.6 EQUIPMENT SIZING SHALL COMPLY WITH R403.6.
- R404.1 LIGHTING EQUIPMENT: A MINIMUM OF 75% OF ALL LAMPS (LIGHTS) MUST BE HIGH EFFICACY LAMPS.
- WATER HEATER: MINIMUM EFFICIENCY ESTABLISHED BY NAEGA.



PREScriptive R-VALUE PATH

- INSULATION
- CEILING R-38 w/FULL HEIGHT INSULATION OVER EXTERIOR WALL OR R-19 INSULATION REQUIRED
  - WALLS R-20
  - BASEMENT WALLS R-10 CONTINUOUS OR R-10 CAVITY
  - SLAB PERIMETER R-10
  - CRAWL SPACE WALLS R-10
  - FLOORS R-19
  - WINDOWS MUST HAVE A U-VALUE OF 40.
- WINDOW, SKYLIGHT & DOOR PERFORMANCE CRITERIA
- | CRITERIA                        | U-FACTOR | SHGC       |
|---------------------------------|----------|------------|
| NORTH-CENTRAL SKYLIGHT CRITERIA | ≤ 0.32   | ≤ 0.40     |
| NORTH-CENTRAL WINDOW CRITERIA   | ≤ 0.35   | ≤ 0.40     |
| DOOR CRITERIA                   | ≤ 0.35   | NO RATINGS |
| GLAZING LEVEL                   | U-FACTOR | SHGC       |
| OPaque                          | ≤ 0.21   | NO RATINGS |
| 1/2-LITE                        | ≤ 0.27   | ≤ 0.30     |
| 1/2-LITE                        | > 0.32   | > 0.30     |

REVIEWED FOR STRUCTURAL SUPPORT, FOUNDATION, STEEL BEAMS, MICRO-LAMBS, HEADERS & WALL BRACING ONLY. Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the state of Maryland. License No. 9862, Expiration Date: 5-17-14. HARRIS, SMARIGA & ASSOCIATES, INC. 125 S. CARROLL ST., SUITE 100 FREDERICK, MD 21701 301-662-4488

PROJECT FOR: THE LAPATO RESIDENCE 2714 JENNINGS CHAPEL RD. WOODBINE, MD 21797

DATE: 2-12-2014

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

REVISION: LAF-FINAL

DRAWN BY: GUGLIUZZA

CREATIVE OUTLOOKS, LLC

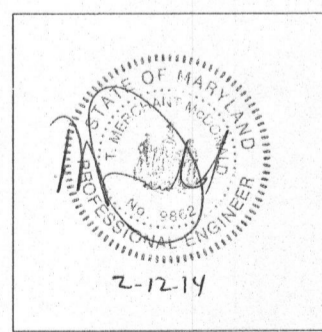
PHILIP F. GUGLIUZZA

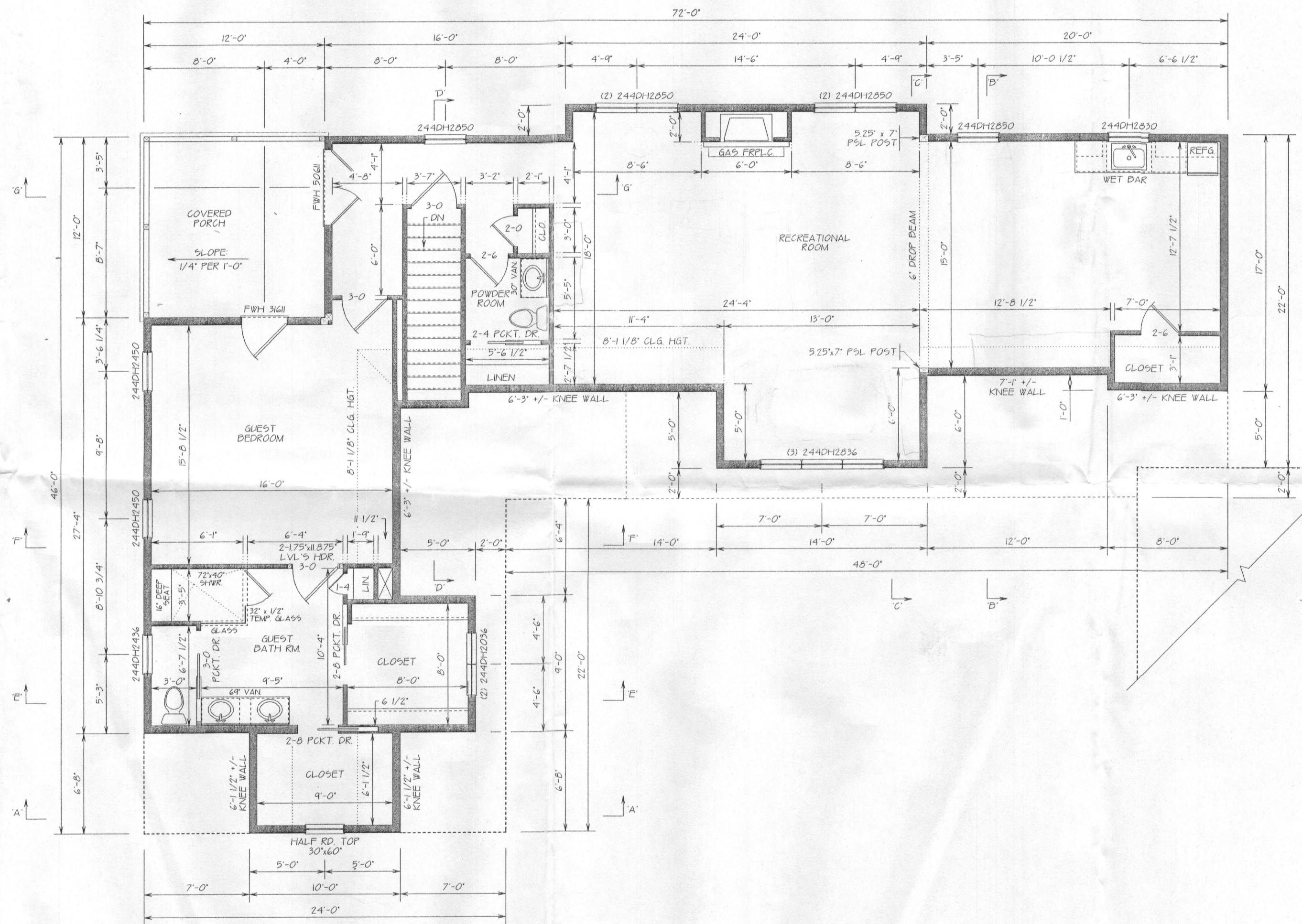
CUSTOM HOME PLANNING & DESIGN HOME ADDITION-REMODELING DESIGN COMPLETE CONSTRUCTION PLANS

PHONE: 410-239-0261

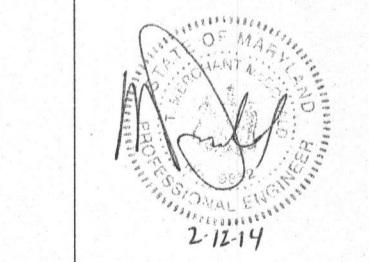
PGCREATE015.NET

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SECOND LEVEL FLOOR PLAN



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 Professional Certification: I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the state of Maryland.  
 License No. 9862, Expiration Date: 5-17-14  
**HARRIS, SMARIGA & ASSOCIATES, INC.**  
 125 S. CARROLL ST., SUITE 100  
 FREDERICK, MD 21701  
 301-662-4488

SHEET No  
 6 of 10

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

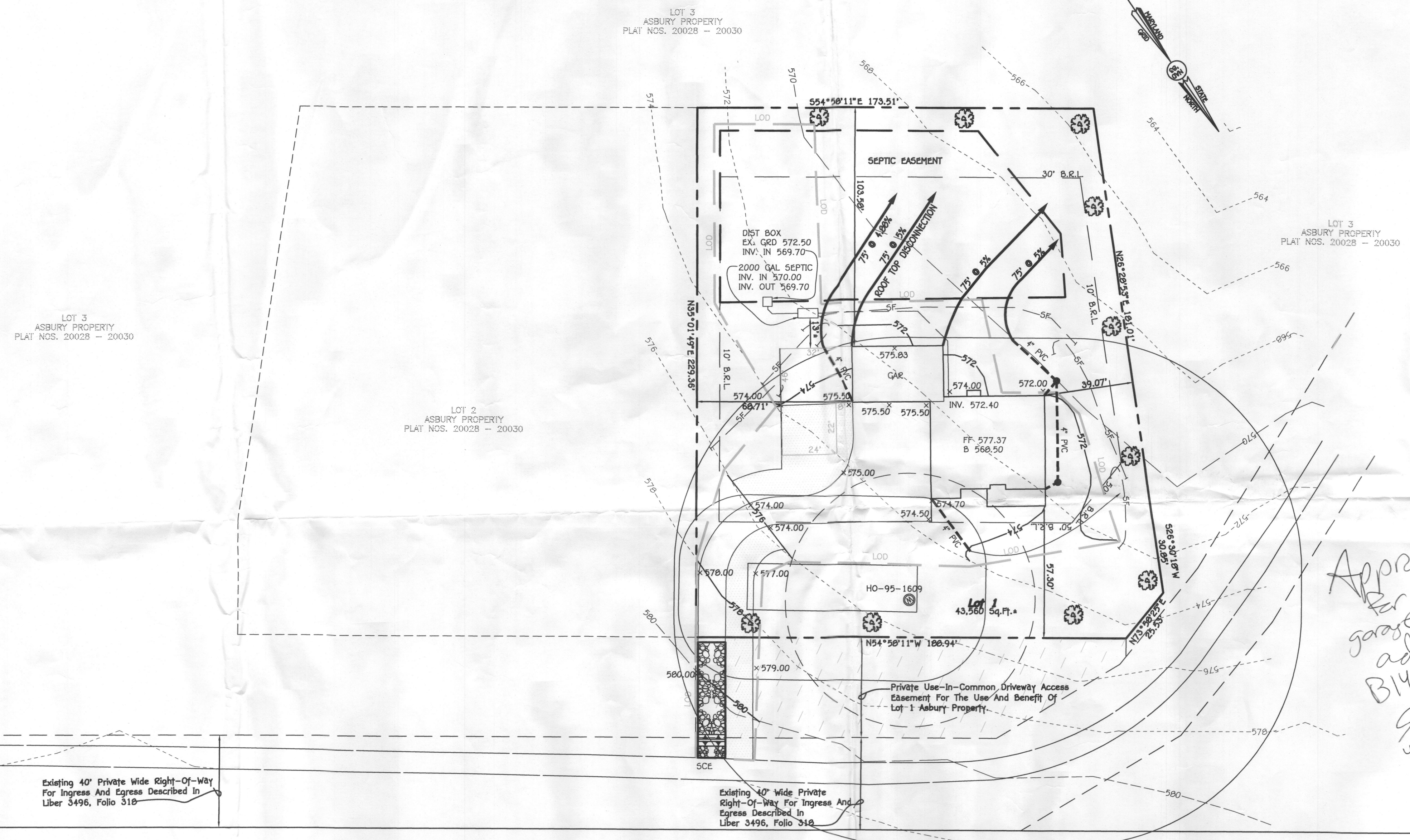
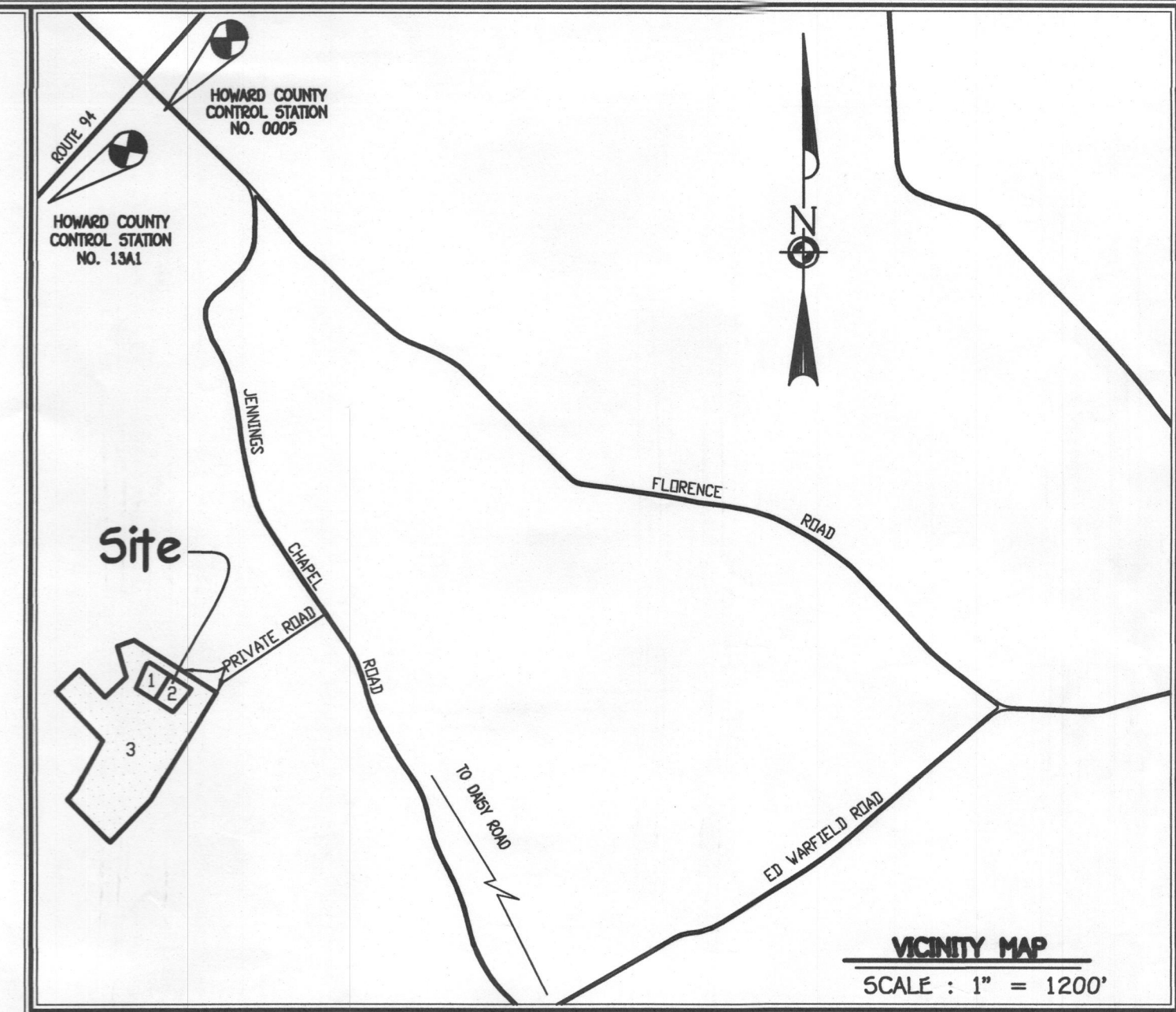
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**CREATIVE OUTLOOKS, LLC**  
 PHILIP F. GUGLIUZZA  
 CUSTOM HOME PLANNING & DESIGN  
 HOME ADDITION-REMODELING DESIGN  
 COMPLETE CONSTRUCTION PLANS  
 PHONE: 410-334-0266  
 P6CREATE@GMAIL.COM

PROJECT FOR:  
**THE LAPATO RESIDENCE**  
 2714 JENNINGS CHAPEL RD.  
 WOODBINE, MD 21797

DATE: 2-12-2014  
 SCALE: 1/4" = 1'-0"  
 FILE NAME: LAF-FINAL  
 DRAWN BY: P. GUGLIUZZA

SECOND LEVEL FLOOR PLAN

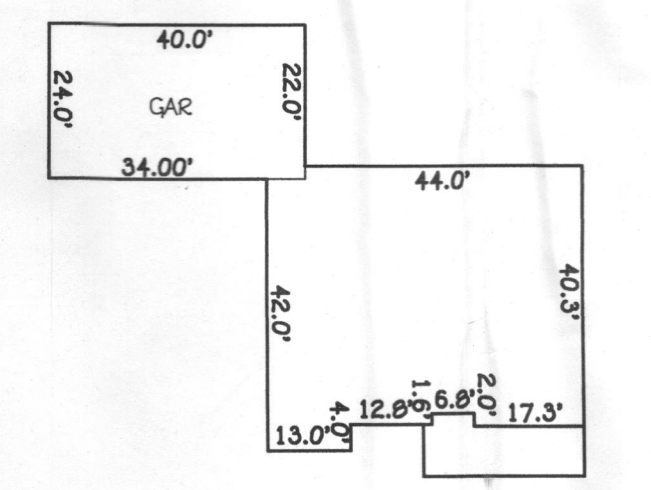
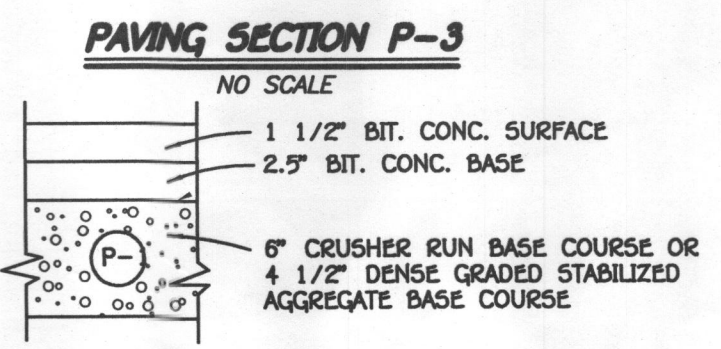
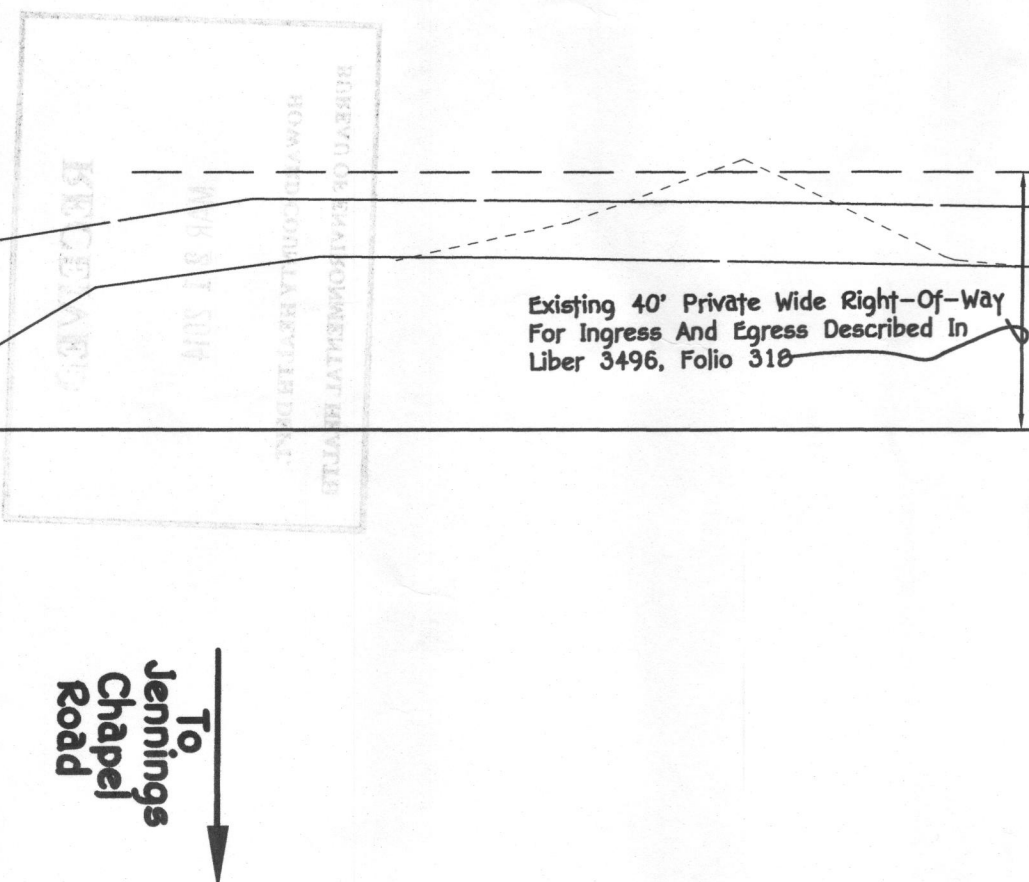


- GENERAL NOTES**
- SUBJECT PROPERTY ZONED: RC-DEO
  - TOTAL AREA OF PROPERTY: 43,560 sq.ft. ± SQ.FT.
  - SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT REVIEW.
  - LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.
  - CONTRACTOR/BUILDER TO VERIFY ELEVATION IN THE FIELD BEFORE BEGINNING ANY CONSTRUCTION.
  - FIELD RUN TOPOGRAPHIC SURVEY DONE BY FISHER, COLLINS & CARTER, INC.
  - NO WETLANDS CURRENTLY EXIST ON THE PROPERTY.
  - STORMWATER MANAGEMENT IS PROVIDED UNDER F-06-103. QUANTITY AND QUALITY STORMWATER MANAGEMENT REQUIREMENTS ARE MET BY APPLYING THE ROOFTOP DISCONNECTION AND NON-ROOF DISCONNECTION CREDITS IN ACCORDANCE WITH CHAPTER 5 OF THE 2000 MARYLAND STORMWATER DESIGN MANUAL. AT BUILDING PERMIT THE REQUIRED 5% GRADE FOR DISCONNECTIONS WILL BE ACHIEVED.
  - NO STOCKPILING WILL BE PERMITTED ON THIS SITE.
  - LIMIT OF DISTURBANCE: (LOD) 21,930 sq.ft.

**NOTE**  
THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO 95-1609 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

*Approved for garage addition B14000482  
JWC  
4/3/14*

LEGEND	
SYMBOL	DESCRIPTION
---	EXISTING CONTOUR 2' INTERVAL
- - - -	PROPOSED CONTOUR 2' INTERVAL
-862.5	SPOT ELEVATION
SF - SF	SIFT FENCE
LOD	LIMITS OF DISTURBANCE
--- (with circles)	NON-ROOFTOP DISCONNECT



**Owner And Developer**  
Carole S. Asbury, And Ronald S. Asbury,  
2722 Jennings Chapel Road  
Woodline, Maryland 21797-7922  
410-489-7277

**HOUSE DETAIL**  
1"=30'

**PLAN TO ACCOMPANY BUILDING PERMIT ASBURY PROPERTY LOT 1**  
TAX MAP #13 PARCEL #292 GRID #20  
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
ZONED: RC-DEO  
SCALE: 1"= 30' DATE: JUNE 22, 2009  
SHEET 1 OF 1