



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.: B16005394

Building Address: 32 Woodbine Crossing
 City: Mt Airy State: MD Zip Code: 21771
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 10
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Catonsville Homes
 Address: 1175 Stratfield Ct
 City: Marysville State: MD Zip Code: 21104
 Phone: 410-442-2211 Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: Heat, Hot water, FR
 Estimated Construction Cost: \$ 3,000
 Description of Work: Install (1) 1000 gallon underground propane tank and hook up to stub out.

Applicant's Name & Mailing Address (If other than stated herein)
 Applicant's Name: Thompson Gas
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Brad Rohrer-Thompson Gas
 Address: 6708 Old National Pike
 City: Boonsboro State: MD Zip Code: 21713
 Phone: 301-432-1611 Fax: 301-432-7147
 Email: BRohrer@ThompsonGas.com

Contractor Company: Thompson Gas
 Contact Person: Brad Rohrer
 Address: 6708 Old National Pike
 City: Boonsboro State: MD Zip Code: 21713
 License No.: GAS09104
 Phone: 301-432-1611 Fax: _____
 Email: BRohrer@ThompsonGas.com

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 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<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	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<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: BRohrer@ThompsonGas.com
 Email Address: _____
PRESIDENT / CEO

Print Name: J. Randall Thompson
 Date: 12-15-16

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

****PLEASE WRITE NEATLY & LEGIBLY****
FOR OFFICE USE ONLY

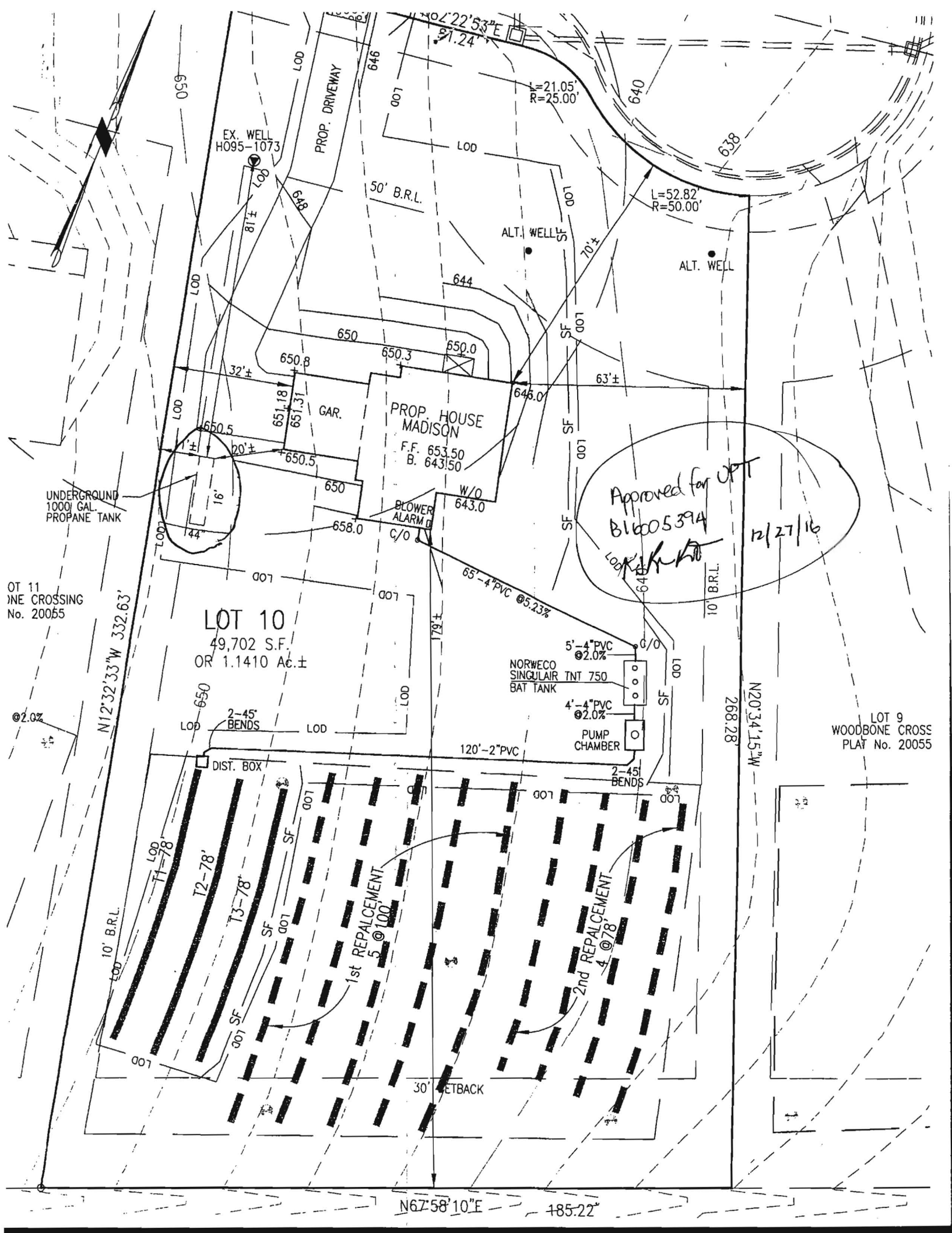
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12/17/16</u>	<u>R-R</u>

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

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$	<u>100.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	<u>1008176</u>

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



OT 11
NE CROSSING
No. 20055

LOT 10
49,702 S.F.
OR 1.1410 Ac. ±

N67°58'10"E 185.22'

LOT 9
WOODBONE CROSS
PLAT No. 20055

Approved for UPT
B1005394
12/27/16



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: 7/26/16

Permit No.: B160003321

Building Address: 732 Woodwind Crossing Road
City: MT Airy State: MD Zip Code: 21771
Suite/Apt. #: _____ SDP/WP/BA #: F-07-103
Census Tract: _____ Subdivision: Woodwind Crossing
Section: N/A Area: _____ Lot: 10
Tax Map: 0002 Parcel: 0053 Grid: 0024
Zoning: _____ Map Coordinates: _____ Lot Size: 1.410/49,702

Existing Use: Vacant
Proposed Use: SFD
Estimated Construction Cost: \$ 250,000.
Description of Work: Madison w/ Porch porch, 4 bedroom, 4 bath, 2 car side load garage.
Occupant or Tenant: N/A
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: LHA, Inc.
Address: 8601 Georgia Avenue
City: Silver Spring State: MD Zip Code: 20910
Phone: 301-541-7400 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Cabinville Homes, LLC
Address: 1175 Stratfield Court
City: Cabinville State: MD Zip Code: 21024
Phone: 410-442-2211 Fax: 410-442-2215
Email: frank@cabinsvillehomes.com

Contractor Company: Cabinville Homes, LLC
Contact Person: Frank E. Blanton III
Address: 1175 Stratfield Court
City: Cabinville State: MD Zip Code: 21024
License No.: 13019457 / MHPB# 990
Phone: 410-442-2211 Fax: 410-442-2215
Email: frank@cabinsvillehomes.com

Engineer/Architect Company: Plymouth Road Architect
Responsible Design Prof.: Lisa Wenrich
Address: 640 Plymouth Road
City: Cabinville State: MD Zip Code: 21029
Phone: 410-788-0291 Fax: 410-788-1033
Email: lwenrich@plymouthroadarchitect.com

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<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	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>616000207</u>	
Building Shell Permit Number:	

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Applicant's Signature: _____
Email Address: frank@cabinsvillehomes.com
Title/Company: Member, Cabinville Homes, LLC

Print Name: Frank E. Blanton III
Date: 7/26/16

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

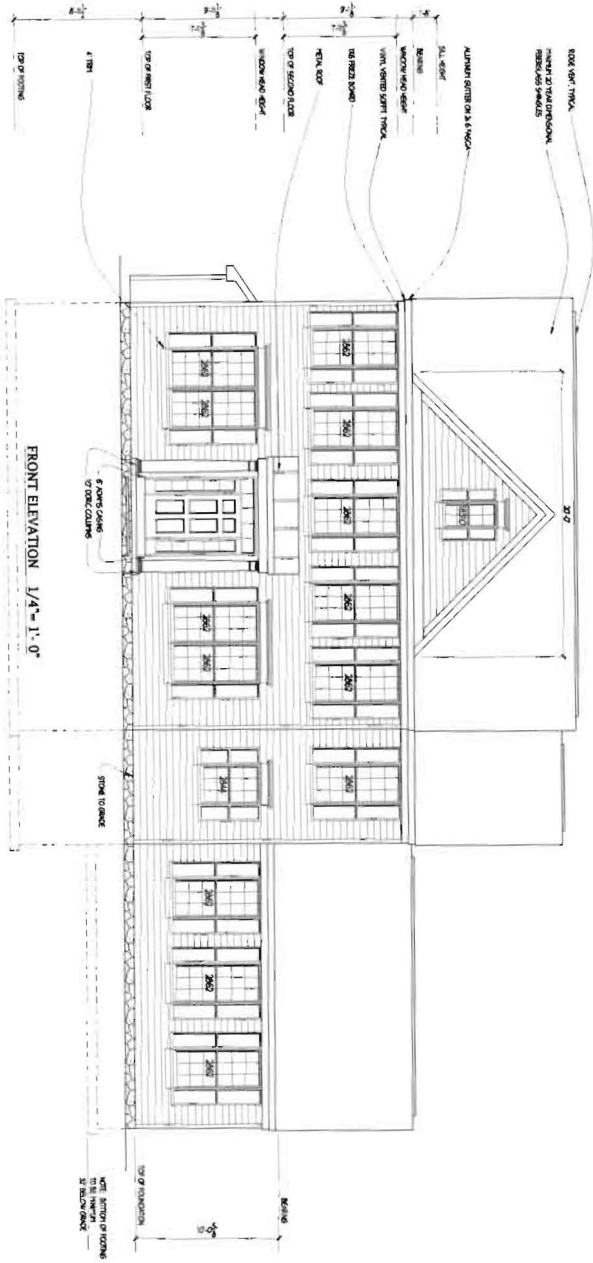
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8/30/16</u>	<u>H. O. ...</u>

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

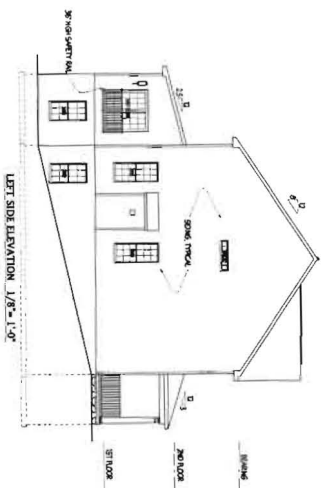
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>230600</u>

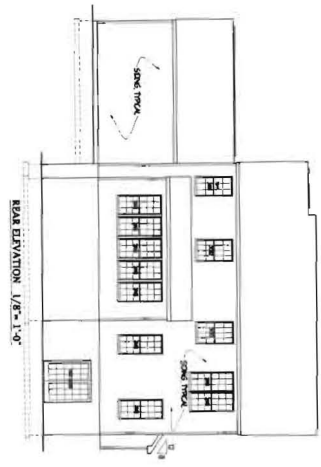
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



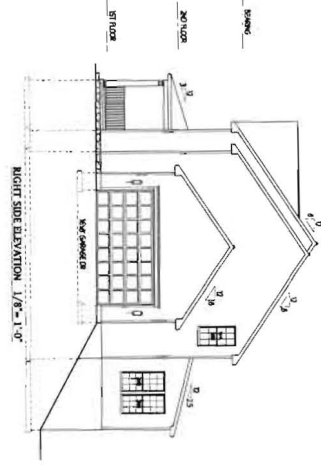
FRONT ELEVATION 1/4" = 1'-0"



LEFT SIDE ELEVATION 1/8" = 1'-0"



REAR ELEVATION 1/8" = 1'-0"



RIGHT SIDE ELEVATION 1/8" = 1'-0"

CHECK SET 7/12/16

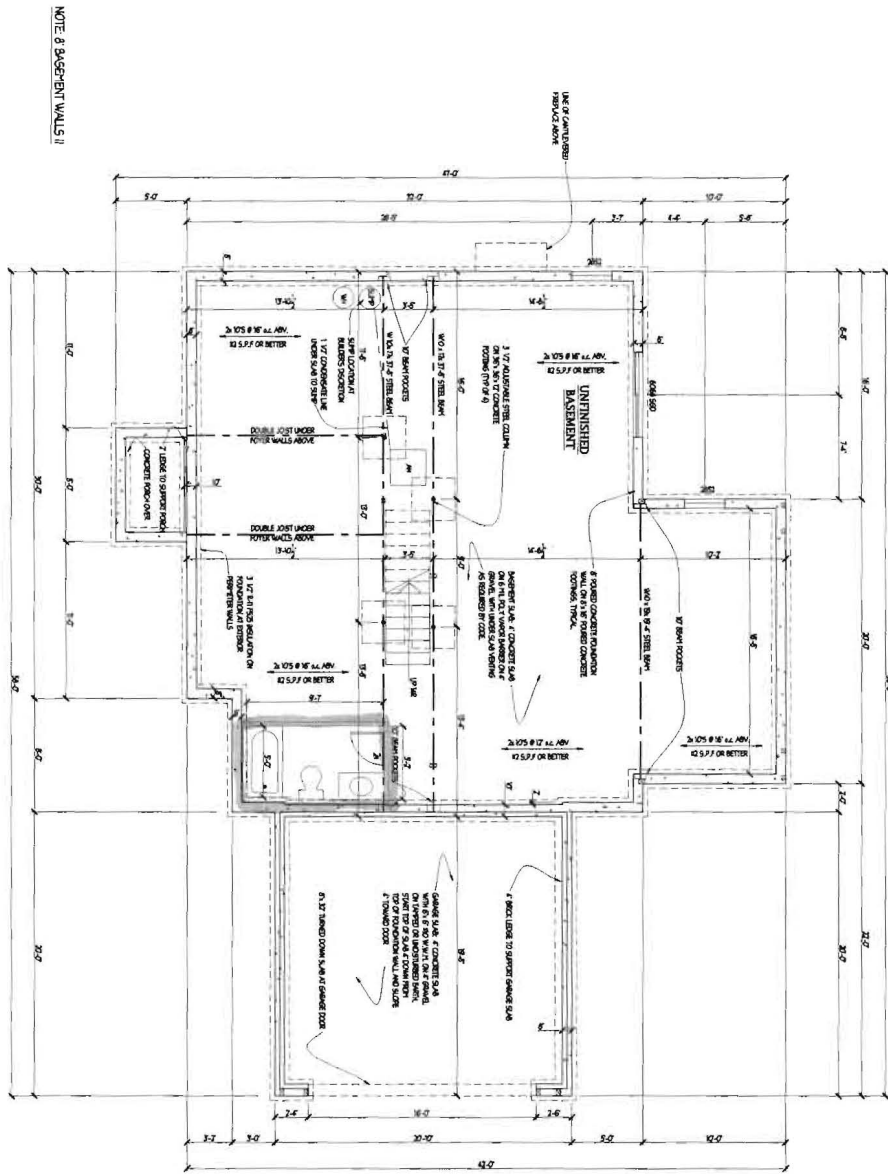
1

Project No.: C16.15
Date: 7/16
Scale: NOTED

Drawing: ELEVATIONS
Project: CATONSVILLE HOMES
MADISON
WOODBINE CROSSING LOT 10

FL1 SQ.FT:
FL2 SQ.FT:
Notes:

Plymouth Road Architects
640 Plymouth Road Baltimore, MD 21229
Phone: 410-788-0281 arch@plymouth-road.com



NOTE: BASEMENT WALLS !!



FINAL SET 7/8/13

13222024 3/4\"/>

13222024 3/4\"/>

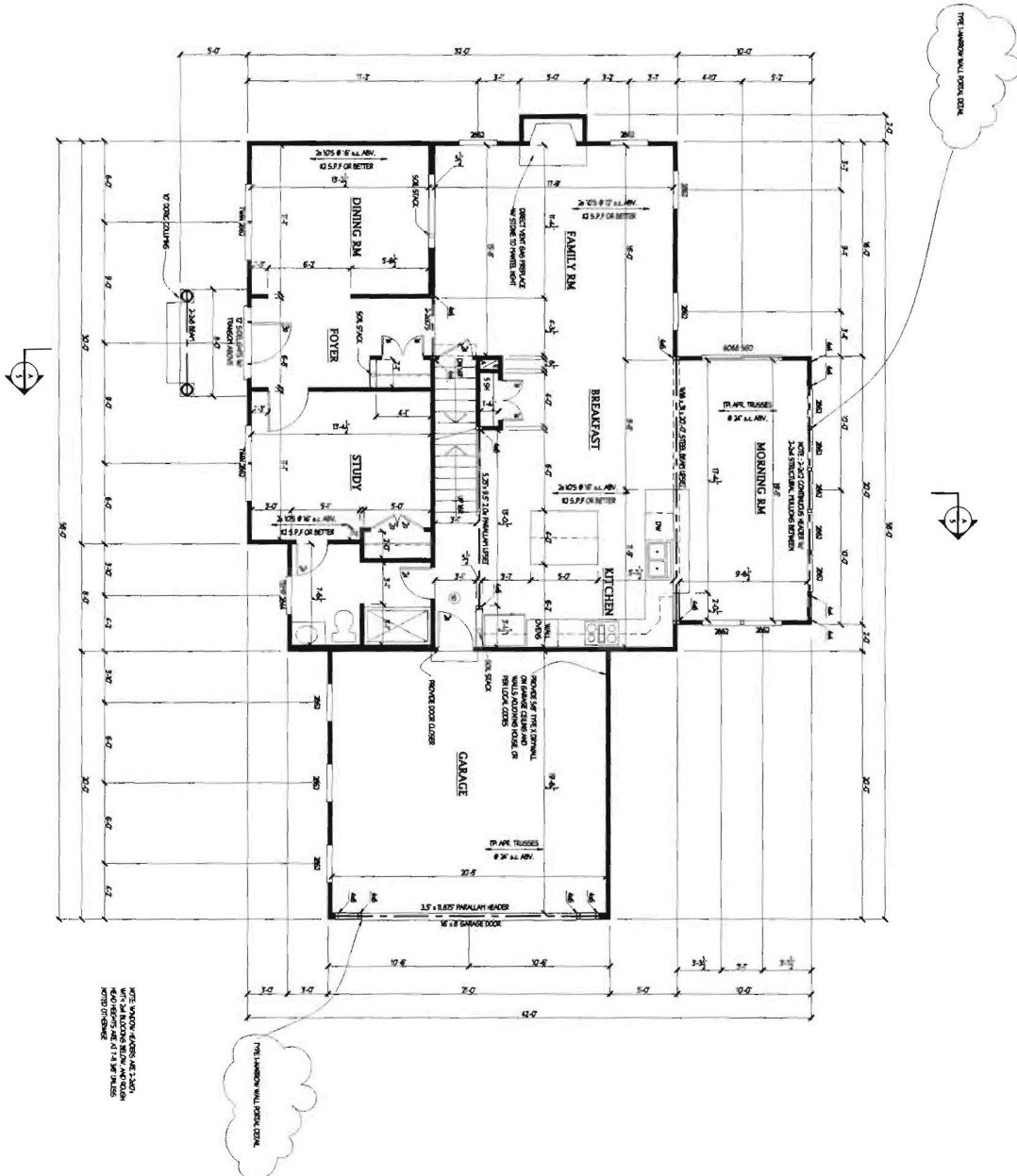
2

Project No.: C13.12
 Date: 6/13
 Scale: 1/4" = 1'-0"

Drawing: BASEMENT/ FOUNDATION PLAN
 Project: CATONSVILLE HOMES
 MADISON
 THE WOODLANDS LOT 176

Notes:

Plymouth Road Architects
 640 Plymouth Road Baltimore, MD 21229
 Phone: 410-788-0281 arch@plymouth-road.com



NOTE: THE LAMBORN WALL OPEN CENTER IS TO BE LOCATED AS SHOWN IN THE ARCHITECTURAL DRAWING. THE LAMBORN WALL OPEN CENTER IS TO BE LOCATED AS SHOWN IN THE ARCHITECTURAL DRAWING.

THE LAMBORN WALL OPEN CENTER

THE LAMBORN WALL OPEN CENTER

CHECK SET 7/12/16

Architect: PLYMOUTH ROAD ARCHITECTS
 640 PLYMOUTH ROAD, BALTIMORE, MD 21229
 PHONE: 410-788-0281
 WWW.PLYMOUTHROADARCHITECTS.COM

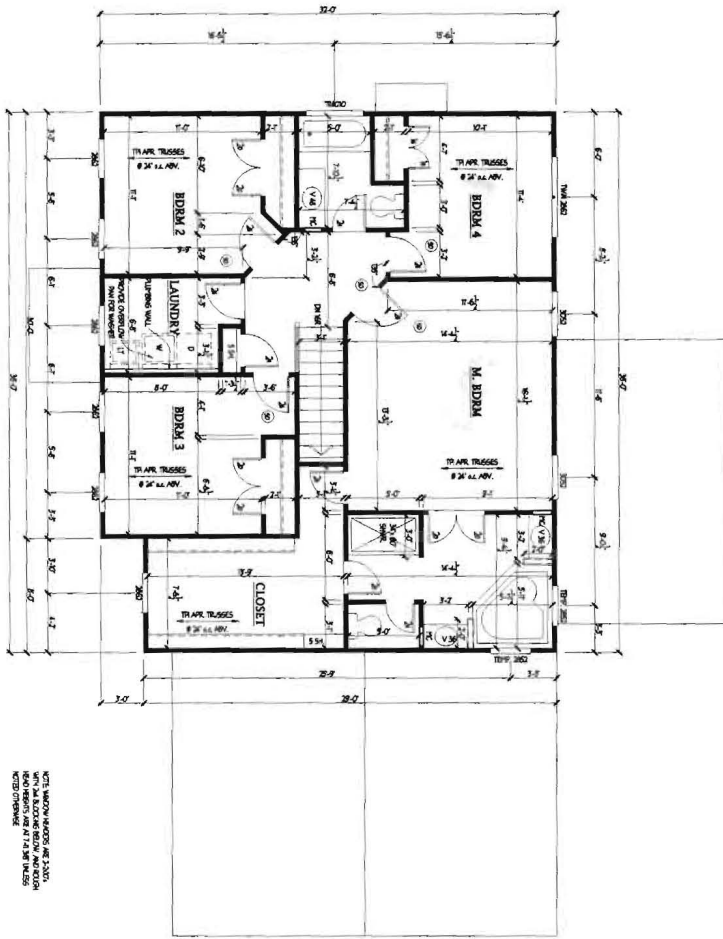
3

Project No.: C16.15
 Date: 7/16
 Scale: 1/4" = 1'-0"

Drawing: FIRST FLOOR PLAN
 Project: CATONSVILLE HOMES
 MADISON
 WOODBINE CROSSING LOT 10

Notes:

Plymouth Road Architects
 640 Plymouth Road Baltimore, MD 21229
 Phone: 410-788-0281 arch@plymouth-road.com



ALL WINDOW HEIGHTS ARE 2'-0\"/>



CHECK SET 7/12/16

1/16/16

1/16/16

1/16/16

4

Project No.: C16.15
 Date: 7/16
 Scale: 1/4" = 1'-0"

Drawing: SECOND FLOOR PLAN
 Project: CATONSVILLE HOMES
 MADISON
 WOODBINE CROSSING LOT 10

Notes:

Plymouth Road Architects
 640 Plymouth Road Baltimore, MD 21229
 Phone: 410-788-0281 arch@plymouth-road.com