



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: APR 18 2011

Permit No.: B16001695

Building Address: 736 Woodbine Crossing Road
 City: Mt. Airy State: MD Zip Code: 21771
 Suite/Apt. #: _____ SDP/WP/BA #: F 07-113
 Census Tract: _____ Subdivision: Woodbine Crossing
 Section: N/A Area: _____ Lot: 9
 Tax Map: 0002 Parcel: 0253 Grid: 0024
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.1474A
41,900sq.

Existing Use: Vacant
 Proposed Use: SFD
 Estimated Construction Cost: \$ 250,000.
 Description of Work: Kidderfields w/ Full
porch, 4 Bedrooms, 3 1/2 Bathrooms
3 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: LDG, Inc.
 Address: 2001 Carolina Avenue
 City: Silver Spring State: MD Zip Code: 20910
 Phone: 301-582-1000 Fax: _____
 Email: _____

Applicant's Name & Mailing Address: (If other than stated herein)
 Applicant's Name: Cabinsville Homes, LLC
 Address: 1115 Stratford Court
 City: Marysville State: MD Zip Code: 21104
 Phone: 410-442-2211 Fax: 410-442-2215
 Email: tpolepanercabinsvillehomes.com

Contractor Company: Cabinsville Homes, LLC
 Contact Person: Frank E. Polk III
 Address: 1115 Stratford Court
 City: Marysville State: MD Zip Code: 21104
 License No.: 15T158104 / MH BR # 940
 Phone: 410-442-2211 Fax: 410-442-2215
 Email: tpolepanercabinsvillehomes.com

Engineer/Architect Company: Plymouth Road Architects
 Responsible Design Prof.: Lisa Wenick
 Address: 640 Plymouth Road
 City: Cabinsville State: MD Zip Code: 21229
 Phone: 410-788-0281 Fax: 410-788-1033
 Email: lwenick@plymouthroadarchitects.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:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: <u>4</u>	
<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 checked="" type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
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	
<u>\$ attached</u>	Grading Permit Number: <u>61600044</u>
	Building Shell Permit Number:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN HIS 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: tpolepanercabinsvillehomes.com
 Mailing Address: Member Cabinsville Homes, LLC
 Title/Company: _____

Print Name: Frank E. Polk III
 Date: 4/18/11

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>5/13/16</u>	<u>H. Oswald</u>

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

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	<u>10</u>
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>150.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$ <u>220</u>
Check #	

Number of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering



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.: B16003424

Building Address: 136 Woodbine Crossing Rd
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 9
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: _____
 Proposed Use: Residential
 Estimated Construction Cost: \$ _____
 Description of Work: Install 14000 UG propane tank
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ 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 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
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Use group:	<input type="checkbox"/> Unfinished Basement
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	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
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	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input 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 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:	

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Applicant's Signature: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: _____

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>8/29/16</u>	<u>[Signature]</u>

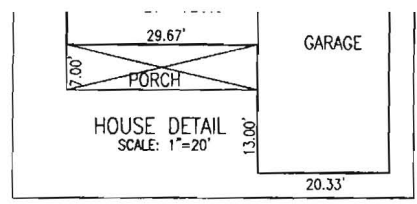
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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:

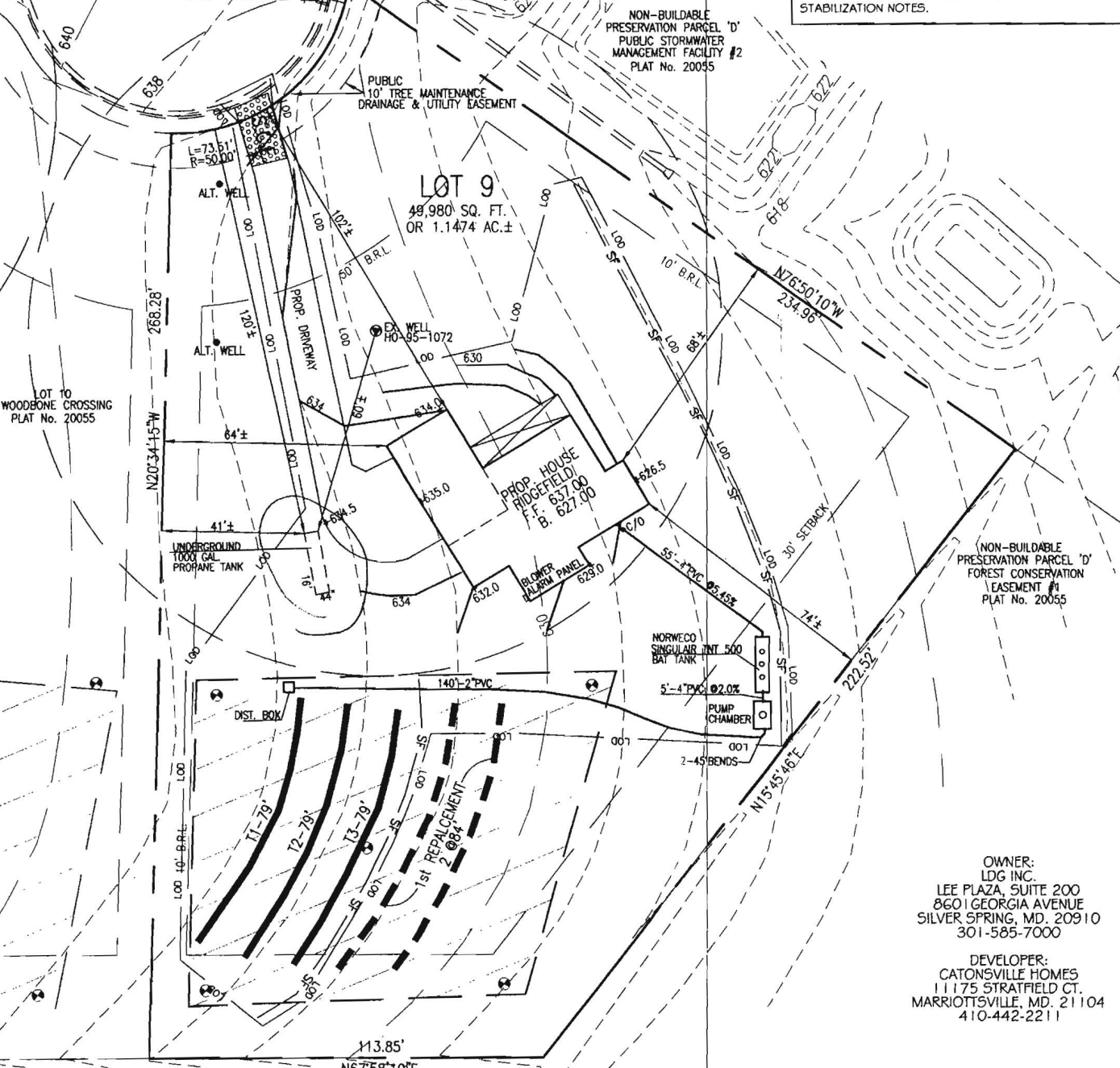
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$ <u>110</u>
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1126</u>

WOODBINE CROSSING ROAD

50' R/W



TEMPORARY STOCKPILE NOTE
 SITE EARTHWORK HAS BEEN BALANCED SUCH THAT A TEMPORARY STOCKPILE SHOULD NOT BE NECESSARY. SHOULD CONTRACTOR DECIDE TO USE A STOCKPILE, CONTRACTOR SHALL PLACE STOCKPILE ON SUITABLE AREA OF THE SITE AND FOLLOW TEMPORARY STABILIZATION NOTES.



LOT 10
WOODBONE CROSSING
PLAT No. 20055

NON-BUILDABLE
PRESERVATION PARCEL 'D'
PUBLIC STORMWATER
MANAGEMENT FACILITY #2
PLAT No. 20055

NON-BUILDABLE
PRESERVATION PARCEL 'D'
FOREST CONSERVATION
EASEMENT #1
PLAT No. 20055

NON-BUILDABLE
PRESERVATION PARCEL 'D'
CONSERVATION
EASEMENT #1
PLAT No. 20055

OWNER:
LDG INC.
LEE PLAZA, SUITE 200
8601 GEORGIA AVENUE
SILVER SPRING, MD. 20910
301-585-7000

DEVELOPER:
CATONSVILLE HOMES
11175 STRATFIELD CT.
MARIOTTSVILLE, MD. 21104
410-442-2211

DATE	REVISIONS
05/06/16	HOUSE LAYOUT, PUMP

Approved BP B16003424
 R/L 8/22/16

30	-	HOUSE
120	-	NORTH
157	-	EAST
135	-	SOUTH
41	-	WEST
28	-	SEPTIC
60	-	WELL

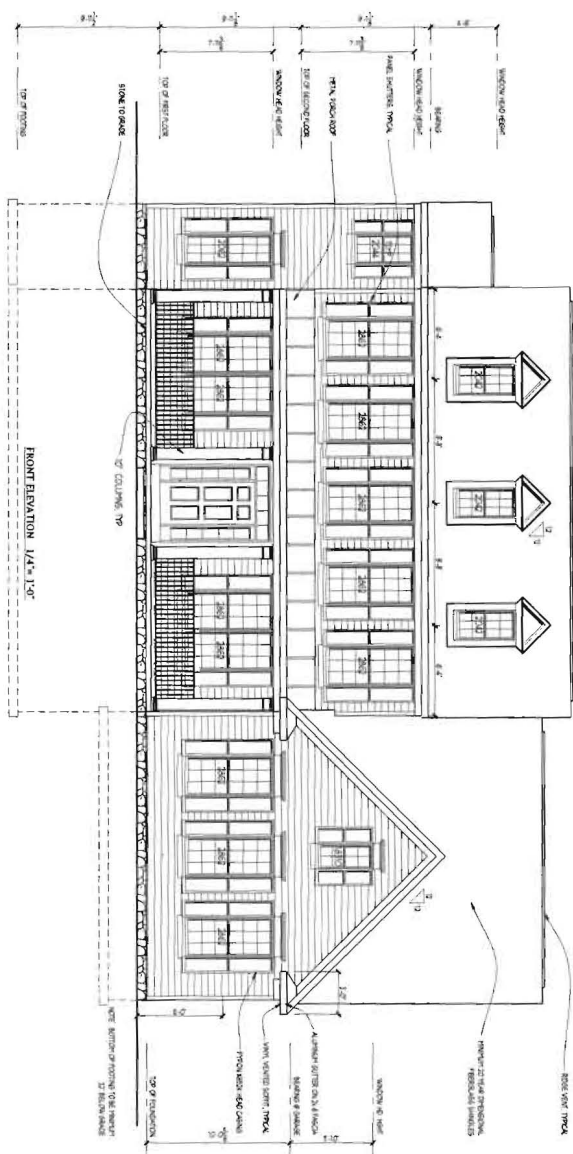
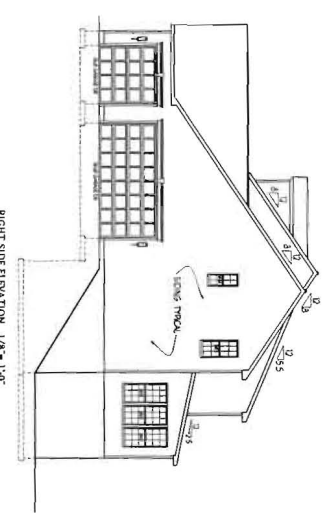
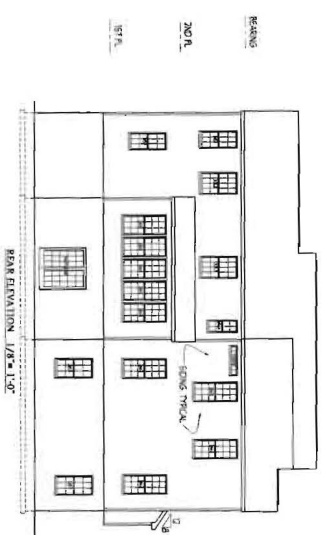
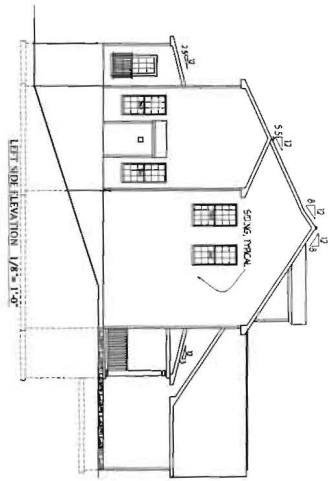
L.P.
TANK

LOCATION

FEET

SETBACK

Approved BP B16003424
R/K 8/22/16



GENERAL NOTES

1. ALL WORK INCLUDING ALL STRUCTURAL, MECHANICAL, ELECTRICAL AND OTHER SHALL BE PERFORMED IN ACCORDANCE WITH ALL APPLICABLE CODES AND REGULATIONS.
2. CONTRACTOR TO VERIFY AND CORRECT ALL THE CONDITIONS AND DISCREPANCIES AT THE SITE BEFORE BEGINNING CONSTRUCTION AND NOTIFY ARCHITECT IMMEDIATELY.
3. ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE TO FINISH SURFACES UNLESS OTHERWISE NOTED.
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10. ALL DIMENSIONS UNLESS OTHERWISE SPECIFIED ARE TO FINISH SURFACES UNLESS OTHERWISE NOTED.

FINAL SET 4/5/16

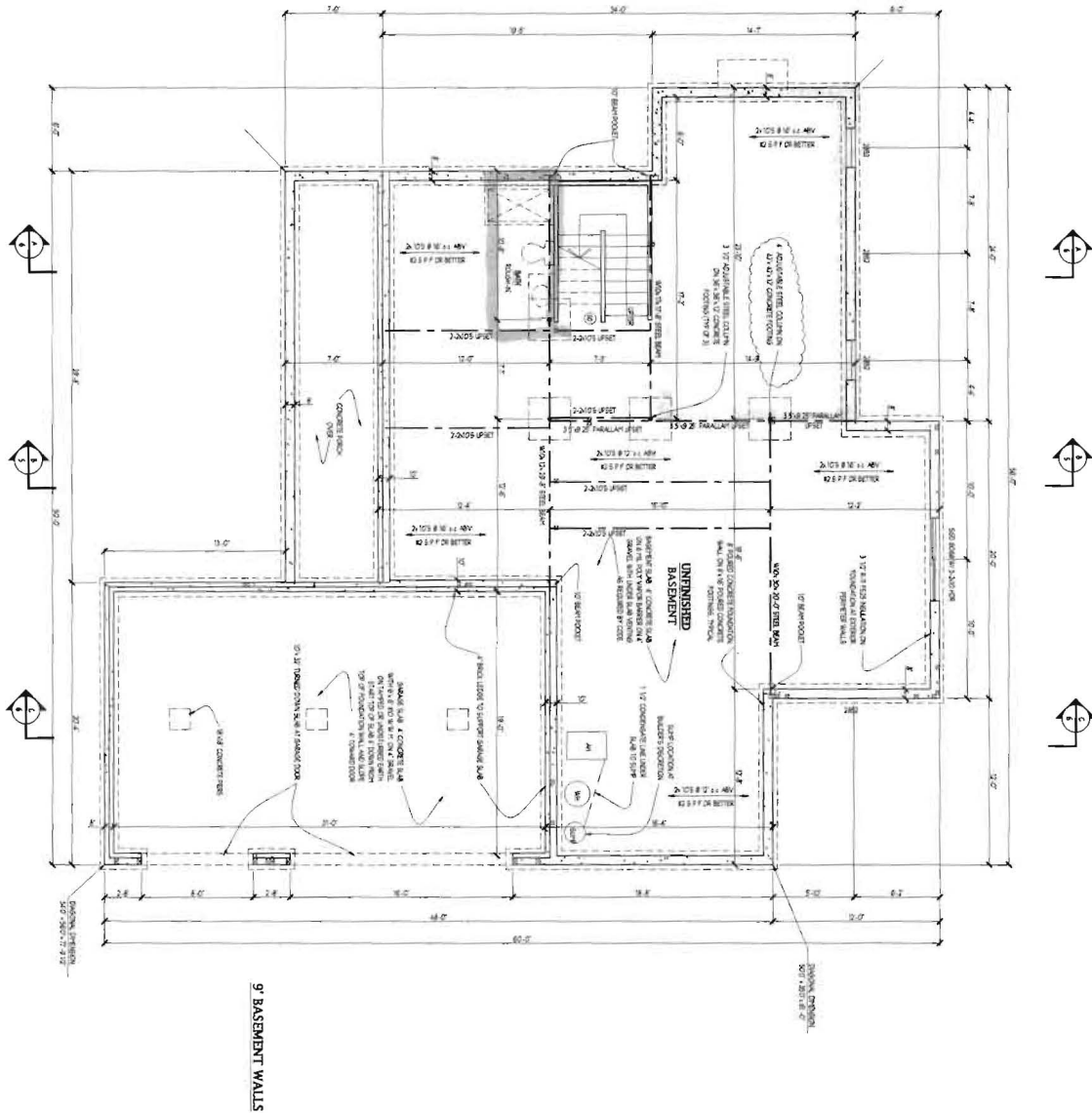
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Project No.: C16.06
Date: 3/16
Scale: NOTED

Drawing: ELEVATIONS
Project: CATONSVILLE HOMES
RIDGEFIELD
WOODBINE CROSSING LOT 9

FL1 SQ.FT: 1595
FL2 SQ.FT: 1400
Notes:

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



9" BASEMENT WALLS

FINAL SET 4/5/16

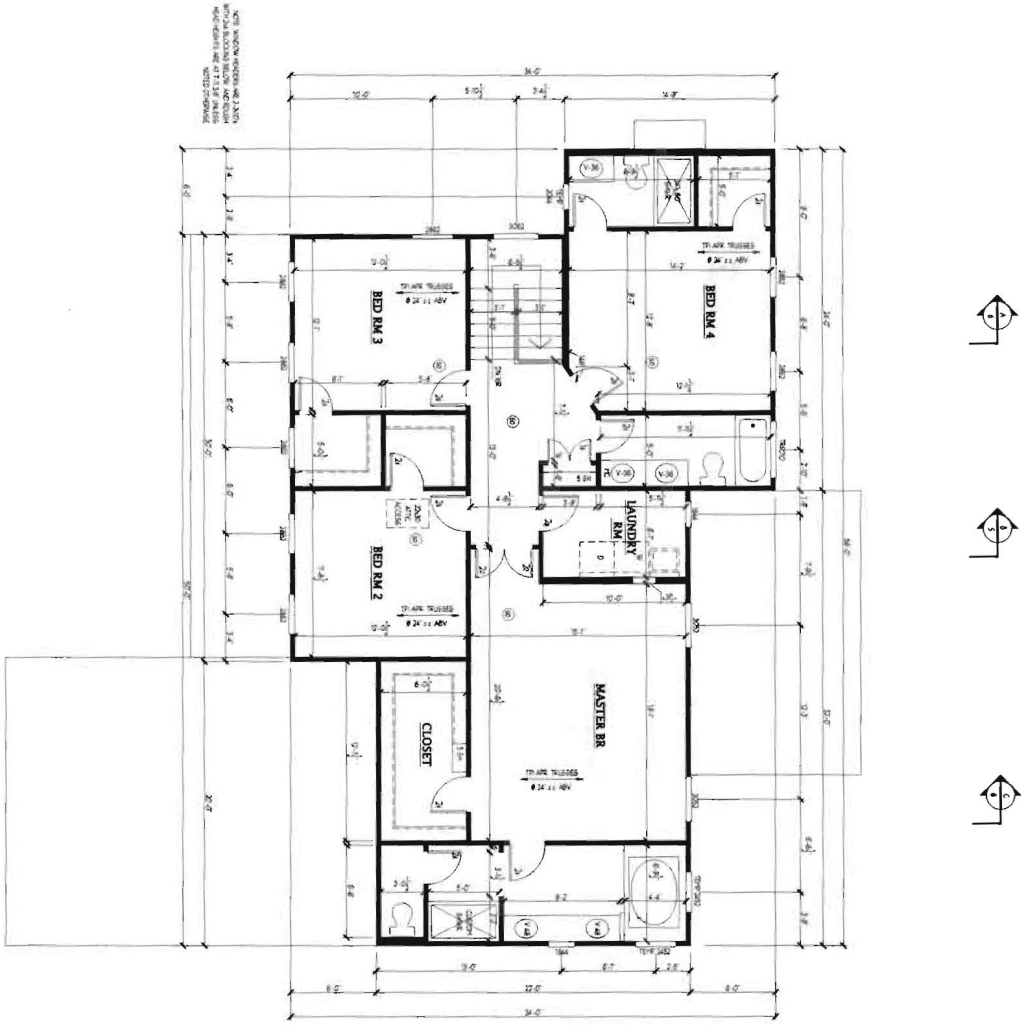
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Project No.: C16.06
 Date: 3/16
 Scale: 1/4" = 1'-0"

Drawing: BASEMENT/ FOUNDATION PLAN
 Project: CATONSVILLE HOMES
 RIDGEFIELD
 WOODBINE CROSSING LOT 9

Notes:

Plymouth Road Architects
 640 Plymouth Road, Baltimore, MD 21229. 410-788-0281
 PlymouthRoadArchitects.com



FINAL SET 4/5/16

Project No. C16.06
 Date: 3/16
 Scale: 1/4" = 1'-0"

4

Project No.: C16.06
 Date: 3/16
 Scale: 1/4" = 1'-0"

Project: CATONSVILLE HOMES
 RIDGEFIELD
 WOODBINE CROSSING LOT 9

Notes:

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