



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 SEP 9 AM 10:26

Date Received: _____

Permit No.: B16003488

Building Address: 739 Woodbine Crossing Road
 City: Mt Airy State: MD Zip Code: 21771
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Woodbine Crossing
 Section: N/A Area: _____ Lot: _____
 Tax Map: 0002 Parcel: 0053 Grid: 0024
 Zoning: _____ Map Coordinates: _____ Lot Size: 11432A
49,746 sq. ft.

Property Owner's Name: LDG, Inc.
 Address: 8601 Georgia Avenue
 City: Silver Spring State: MD Zip Code: 20910
 Phone: 301-573-7000 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Catonsville Homes, LLC
 Address: 1175 Shattuck Court
 City: Marysville, MD State: MD Zip Code: 21094
 Phone: 410-442-2211 Fax: 410-442-2211
 Email: pwalter@catonsvillehomes.com

Existing Use: Vacant
 Proposed Use: SRD
 Estimated Construction Cost: \$ 300,000.
 Description of Work: "Lexington" Model w/ Full
Porch, 4 Bedrooms, 4 1/2 Baths,
partial finished basement, 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: _____

Contractor Company: Catonsville Homes, LLC
 Contact Person: Frank E. Potvin III
 Address: 1175 Shattuck Court
 City: Marysville, MD State: MD Zip Code: 21094
 License No.: B019457 / MILLER # 990
 Phone: 410-442-2211 Fax: 410-442-2211
 Email: fpotvin@catonsvillehomes.com

Engineer/Architect Company: Plumouth Road Architects
 Responsible Design Prof.: Lisa Wrench
 Address: 640 Plumouth Road
 City: Catonsville State: MD Zip Code: 21029
 Phone: 410-788-0251 Fax: 410-788-1033
 Email: lwrench@plumoutharchitects.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 checked="" type="checkbox"/> Finished Basement / <u>Partial</u>	
Use group:	<input 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 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 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>G-16000254</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 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: Frank E. Potvin, III Print Name: _____
 Email Address: fpotvin@catonsvillehomes.com Date: 9/9/16
 Title/Company: Member/Catonsville Homes, LLC

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

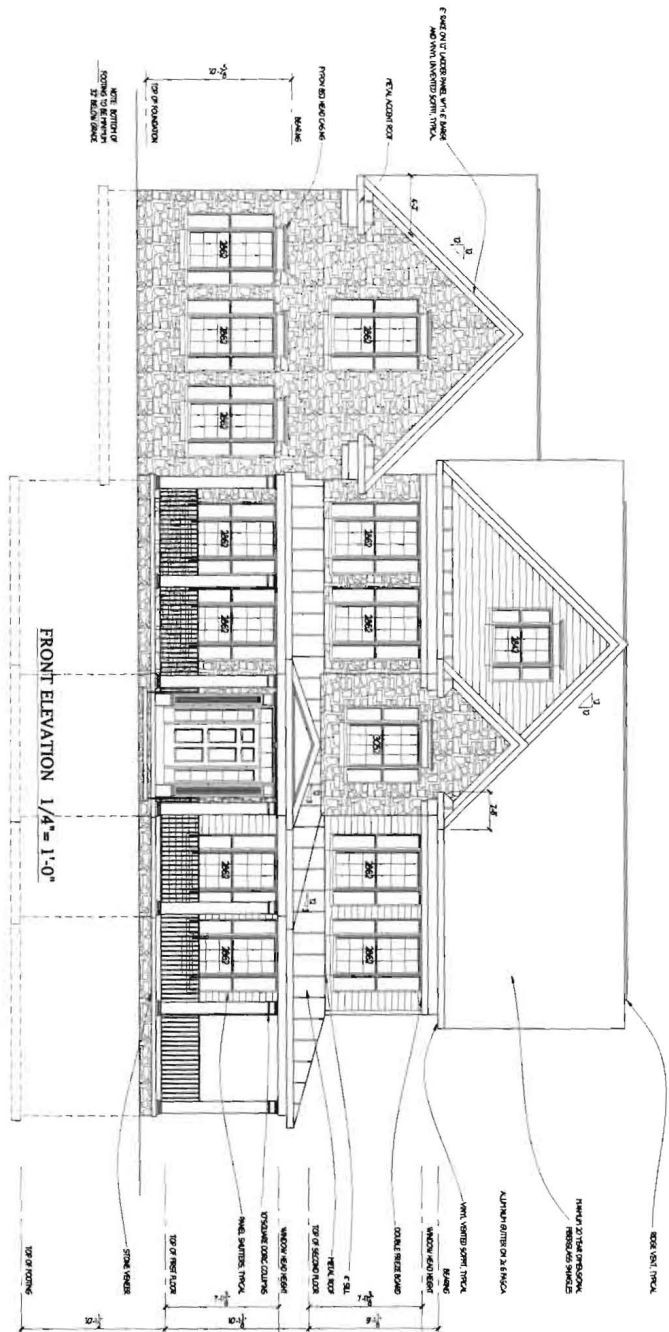
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/9/16</u>	<u>H. Osowski</u>

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

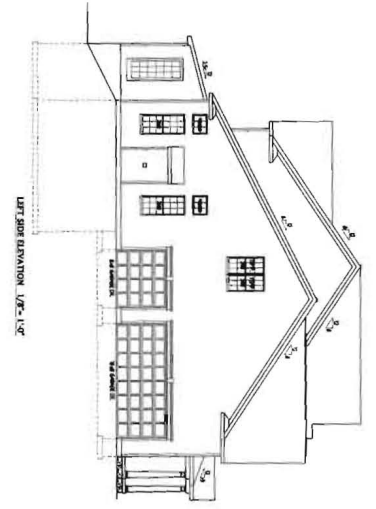
DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes No
 Lot Coverage for New Town Zone: _____
 SDP/Red-line approval date: _____

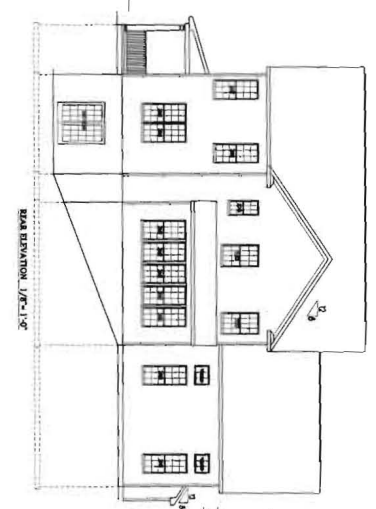
Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#



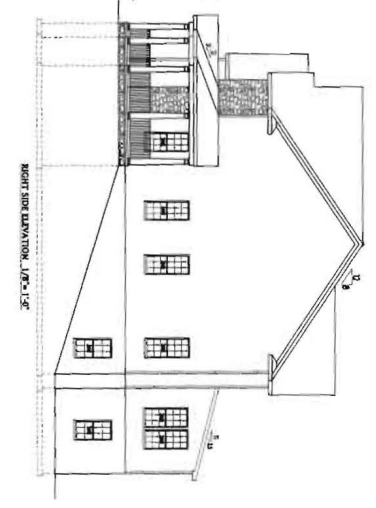
FRONT ELEVATION 1/4" = 1'-0"



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



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



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

FINAL SET 8.24.16

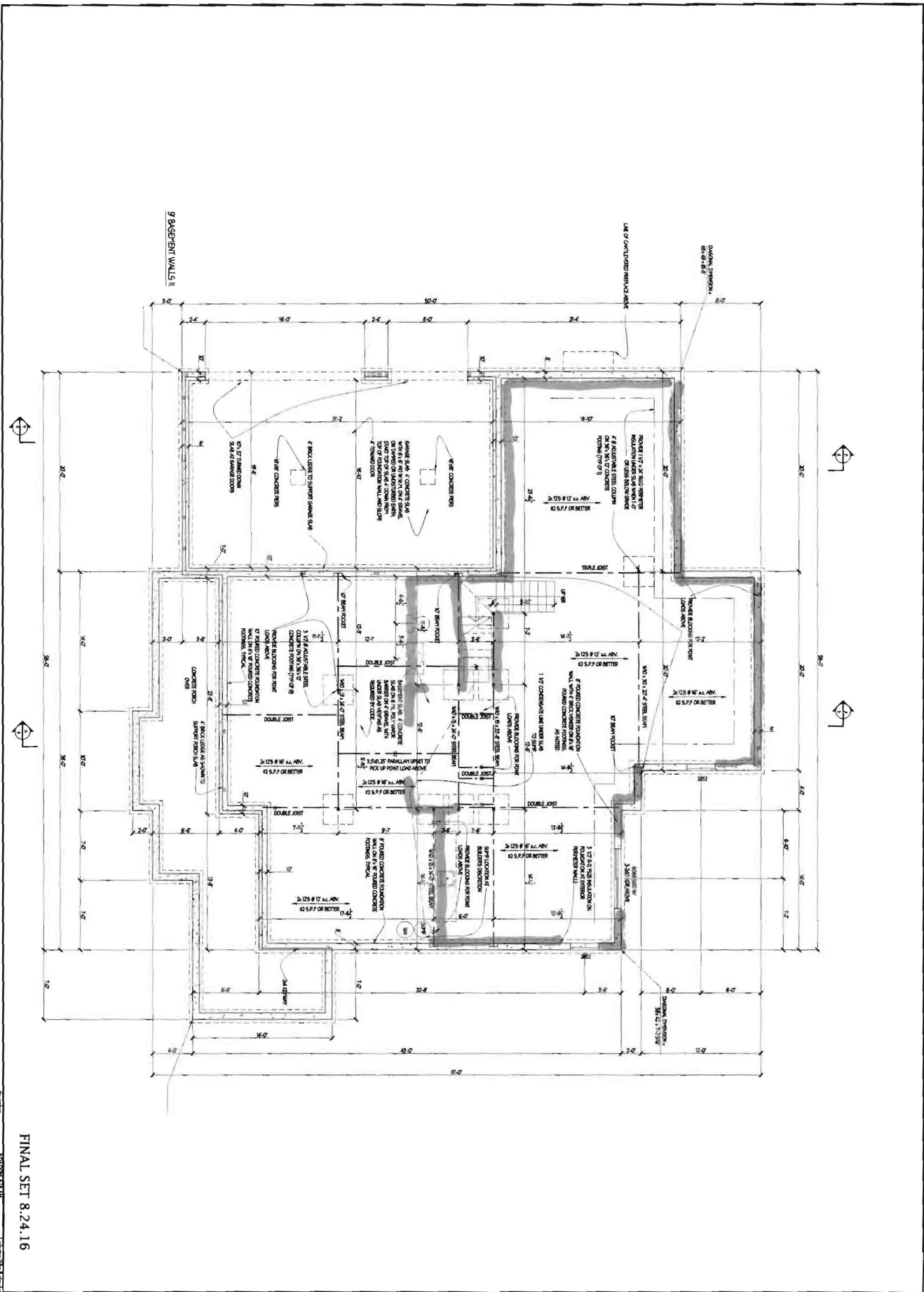
1

Project No.: C16.17
 Date: 8/16
 Scale: NOTED

Drawing: ELEVATIONS
 Project: CATONSVILLE HOMES
 LEXINGTON
 WOODBINE CROSSING LOT 8

FL1 SQ.FT: 2112
 FL2 SQ.FT: 2036
 Notes:

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



9 BASEMENT WALLS II

FINAL SET 8.24.16

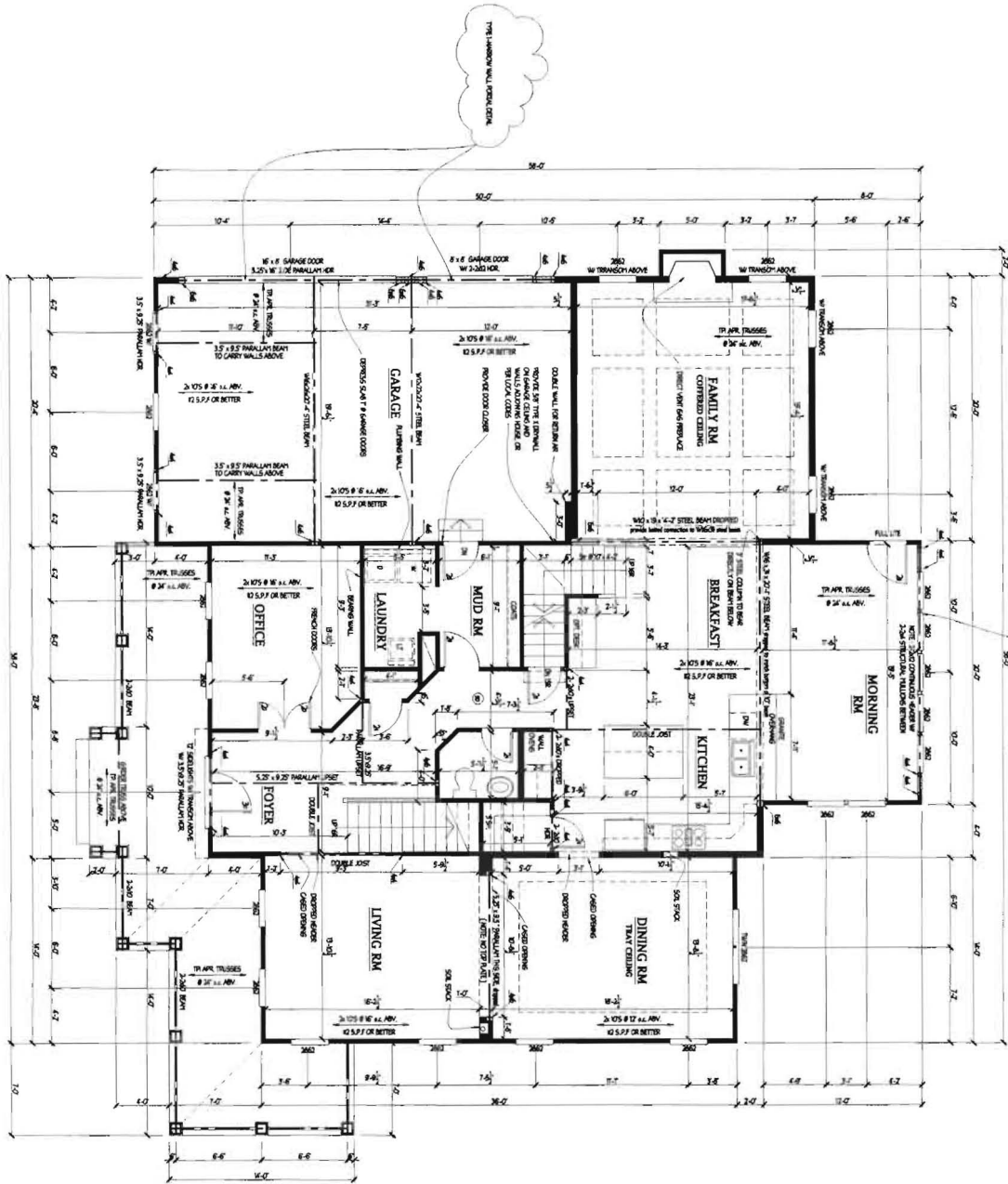
2a

Project No.: C16.17
 Date: 8/16
 Scale: 1/4"=1'-0"

Drawing: BASEMENT/ FOUNDATION PLAN
 Project: CATONSVILLE HOMES
 LEXINGTON
 WOODBINE CROSSING LOT 8

Notes:

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



THIS LAMBOR WALL OPEN CODE

THIS LAMBOR WALL OPEN CODE

0 BR'S

NOTE: WALLS, FLOORS, AND CEILING ARE TO BE CONCRETE UNLESS NOTED OTHERWISE.
 ALL DOORS AND WINDOWS ARE TO BE 60" WIDE UNLESS NOTED OTHERWISE.
 ALL WALLS ARE TO BE 8" THICK UNLESS NOTED OTHERWISE.
 ALL CEILING ARE TO BE 8" THICK UNLESS NOTED OTHERWISE.

FINAL SET 8.24.16

Project No. C16.17
 Date: 8/16
 Scale: 1/4"=1'-0"

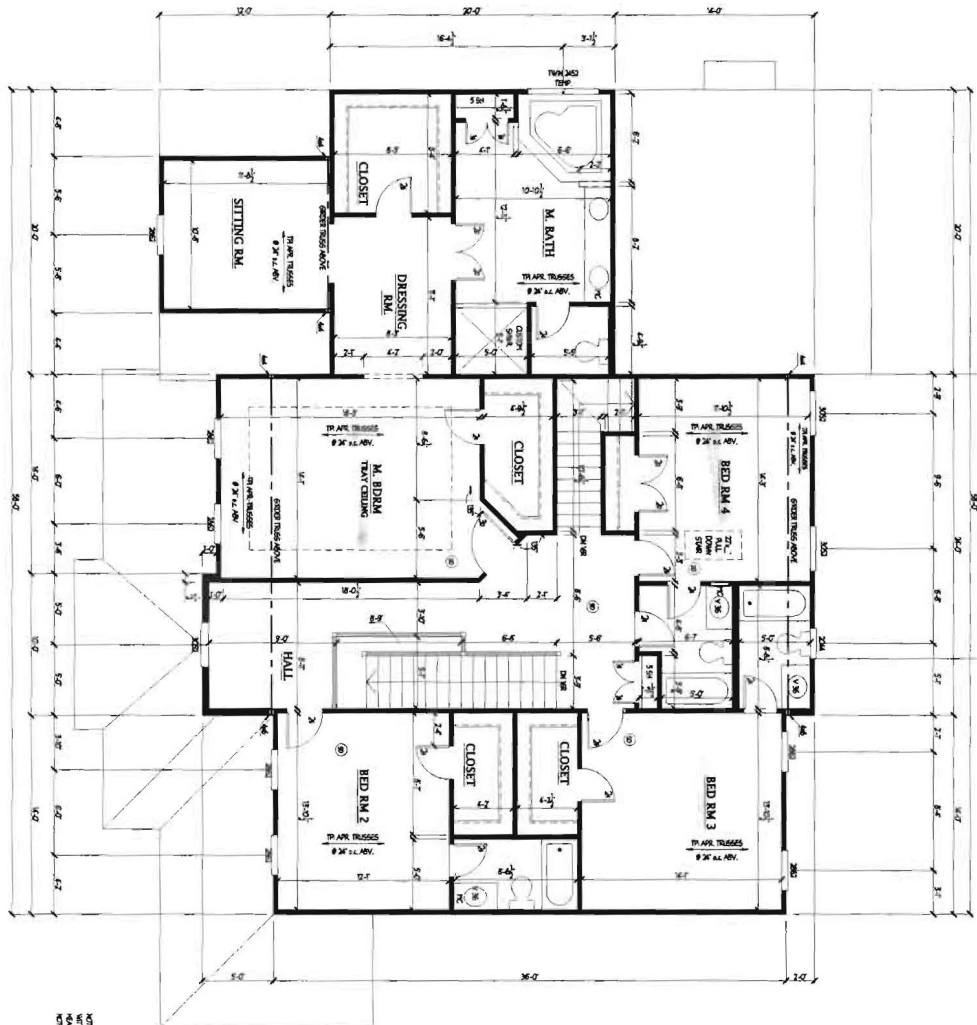
3

Project No.: C16.17
 Date: 8/16
 Scale: 1/4"=1'-0"

Drawing: FIRST FLOOR PLAN
 Project: CATONSVILLE HOMES
 LEXINGTON
 WOODBINE CROSSING LOT 8

Notes:

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



NOTE: WINDOW SIZES ARE 2'x4'0" FOR ALL WINDOWS UNLESS NOTED OTHERWISE.

JBR'S

FINAL SET 8.24.16

5/24/2016 6:58 AM

4

Project No.: C16.17
 Date: 8/16
 Scale: 1/4"=1'-0"

Drawing: SECOND FLOOR PLAN
 Project: CATONSVILLE HOMES
 LEXINGTON
 WOODBINE CROSSING LOT 8

Notes:

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

Oswald, Hank

From: Oswald, Hank
Sent: Tuesday, January 17, 2017 9:31 AM
To: 'BROHRER@THOMPSONGAS.COM'
Subject: B17000059_Propane Tank_739 Woodbine Crossing Road

J. Randall Thompson:

The location of the proposed propane tank is within 50 feet of one of the alternate well sites. The propane tank location must be at least 50 feet away from all existing and alternate well sites.

Should you have any questions, please don't hesitate to ask.

Respectfully,

Hank

Hank Oswald, L.E.H.S.
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
410.313.2648 (Fax)



Health

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.: B17000059

Building Address: 739 Woodbine Crossing
 City: Mt Airy State: MD Zip Code: 21771
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Woodbine Crossing
 Section: _____ Area: _____ Lot: 8
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Catonsville Homes
 Address: 1175 Stratfield Ct
 City: Marriottsville State: MD Zip Code: 21104
 Phone: 240-876-4593 Fax: _____
 Email: _____

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

Existing Use: ~~Residential~~ Vacant lot
 Proposed Use: Single family dwelling
 Estimated Construction Cost: \$ 4,700
 Description of Work: Install (1) 1,000 gallon under-ground propane tank.

Contractor Company: Thompson Gas
 Contact Person: J. Randall Thompson
 Address: 16709 Old National Pike
 City: Boonsboro State: MD Zip Code: 21713
 License No.: GA509104 60003
 Phone: 301-432-1611 Fax: _____
 Email: Bronner@thompsongas.com

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Brad Bronner
 Address: 16709 Old National Pike
 City: Boonsboro State: MD Zip Code: 21713
 Phone: 301-432-1611 Fax: _____
 Email: Bronner@thompsongas.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 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 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	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<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		
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>LP</u>
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:		

RECEIVED
 JAN 05 2017
 LICENSES & PERMITS
 DIVISION

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: Brad Bronner
 Email Address: Bronner@thompsongas.com

Print Name: J. Randall Thompson
 Date: 1/5/17

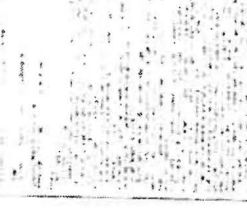
Title/Company: _____
 Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1/19/17</u>	<u>H. Oswald</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>110.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFA	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#



WOODBINE CROSSING

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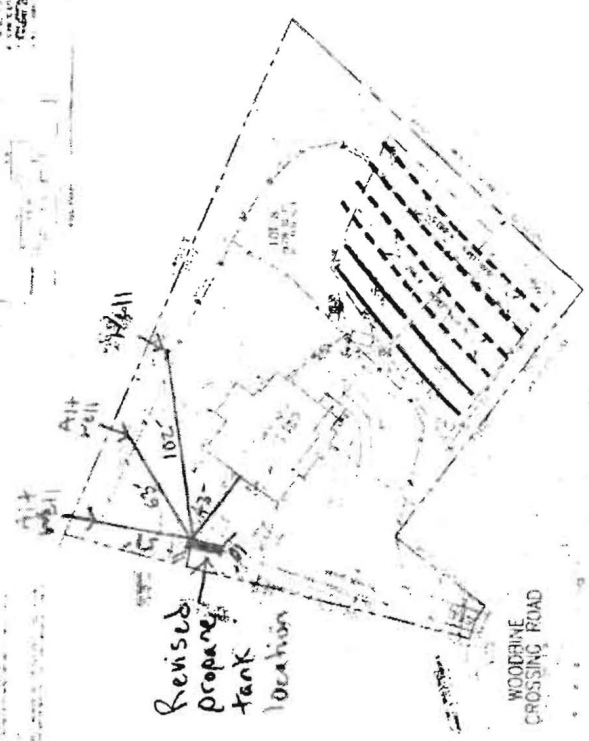
WOODBINE CROSSING

REVISED

Date: 1/18/17

Comments: 817000059

RELOCATE TANK PER HEALTH DEPT



WOODBINE CROSSING

WOODBINE CROSSING

WOODBINE CROSSING

WOODBINE CROSSING

WOODBINE CROSSING

WOODBINE CROSSING