



# 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: 7/31/17

Permit No.: B17002904

Building Address: 4617 West Watersville Rd  
 City: Mt. Airy State: MD Zip Code: 21771  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: 604001 Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 2 Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: 4141-B3 Lot Size: 2.41347 AC.

Existing Use: Residence SFD  
 Proposed Use: Residence / adding garage  
 Estimated Construction Cost: \$ 81,000.00  
 Description of Work: addition of 2 car garage with storage above and mudroom @ first floor.

Occupant/Tenant Name: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Elizabeth and Christopher Winters  
 Address: 4617 West Watersville Rd  
 City: Mt. Airy State: MD Zip Code: 21771  
 Phone: 240-375-0132 Fax: \_\_\_\_\_  
 Email: beth.winters@whiting-turner.com

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

Contractor Company: TBD  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: Jonathan Rivera  
 Responsible Design Prof.: Jonathan Rivera  
 Address: 1842 Morgan Station Rd  
 City: Woodbine State: MD Zip Code: 21777  
 Phone: 443-226-5145 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:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input checked="" type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input checked="" type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>0</u>	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities		
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas:	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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 THE COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Elizabeth L. Winters  
 Email Address: beth.winters@whiting-turner.com  
 Title/Company: Homeowner

Print Name: Elizabeth L. Winters  
 Date: 7/31/17

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>8/29/17</u>	<u>R. Bruck</u>

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

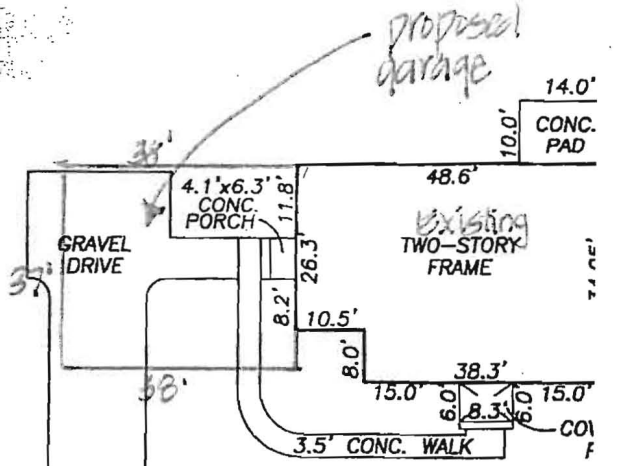
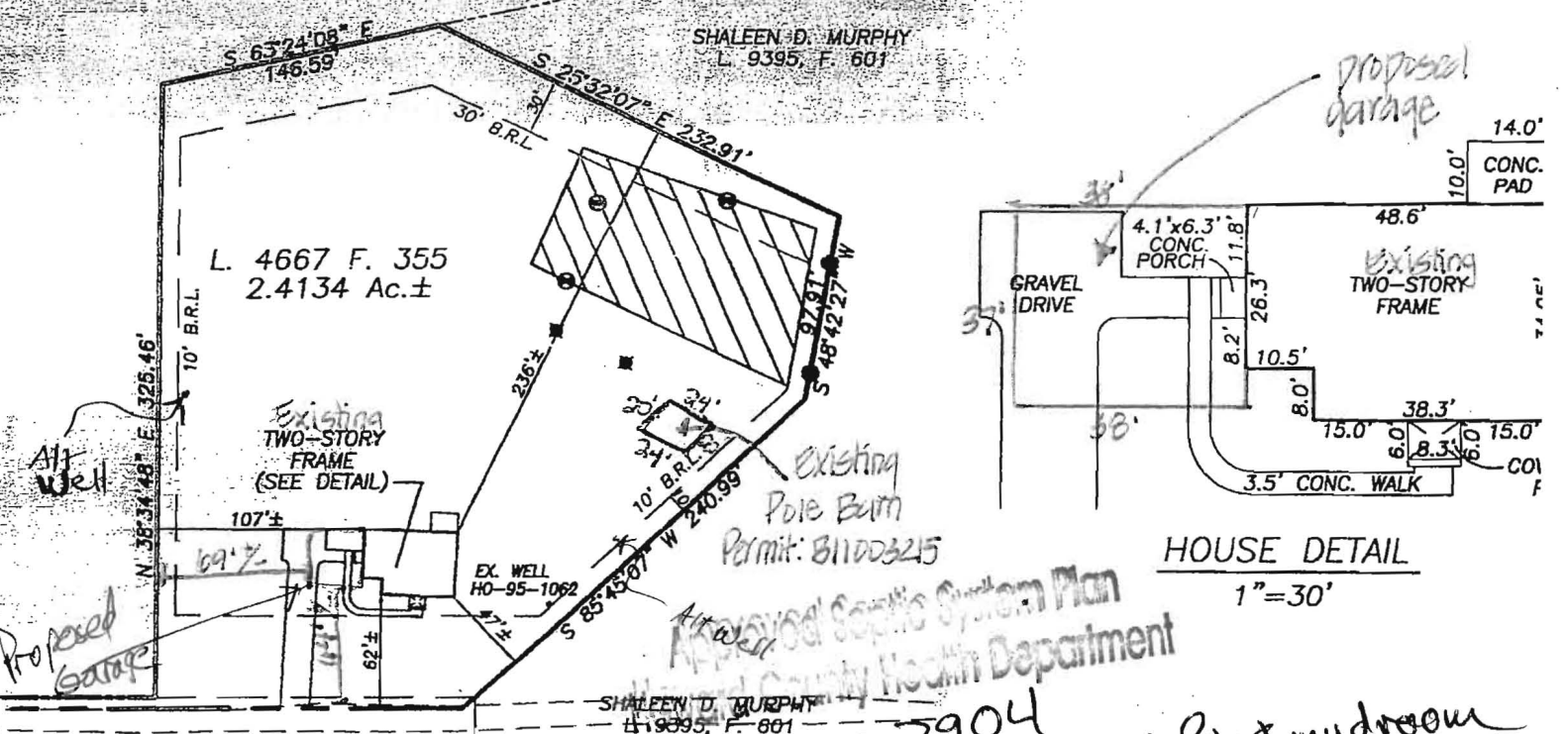
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No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

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>1907</u>

- COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
- THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
- THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
- THIS PROPERTY IS NOT LOCATED WITHIN A FLOOD HAZARD AREA ACCORDING TO THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP COMMUNITY PANEL NUMBER 240044 0002B.
- THE EXISTING WELL(S) SHOWN ON THIS PLAN HO-95-1062 HAS BEEN FIELD LOCATED BY VANMAR ASSOCIATES, INC., PROFESSIONAL LAND SURVEYORS AND ACCURATELY SHOWN.

WAGON WHEEL RANCH, LLC  
L 7103, F. 461

SHALEEN D. MURPHY  
L 9395, F. 601



HOUSE DETAIL  
1"=30'

Approved Septic System Plan  
Harris County Health Department

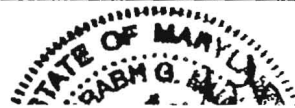
Signature: *[Handwritten Signature]*  
Date: 8/29/2017  
667 West Watersville Rd

DATE	REVISIONS

# HOUSE LOCATION DRAWING SHARP PROPERTY

LIBER 4667 FOLIO 355

#667 WEST WATERSVILLE ROAD  
ELECTION DISTRICT No. 4



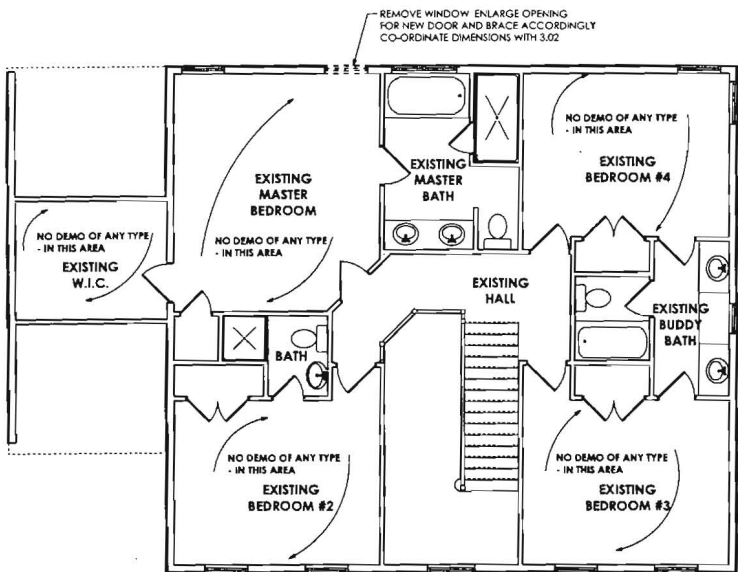
7/30/2017 Garage Addition



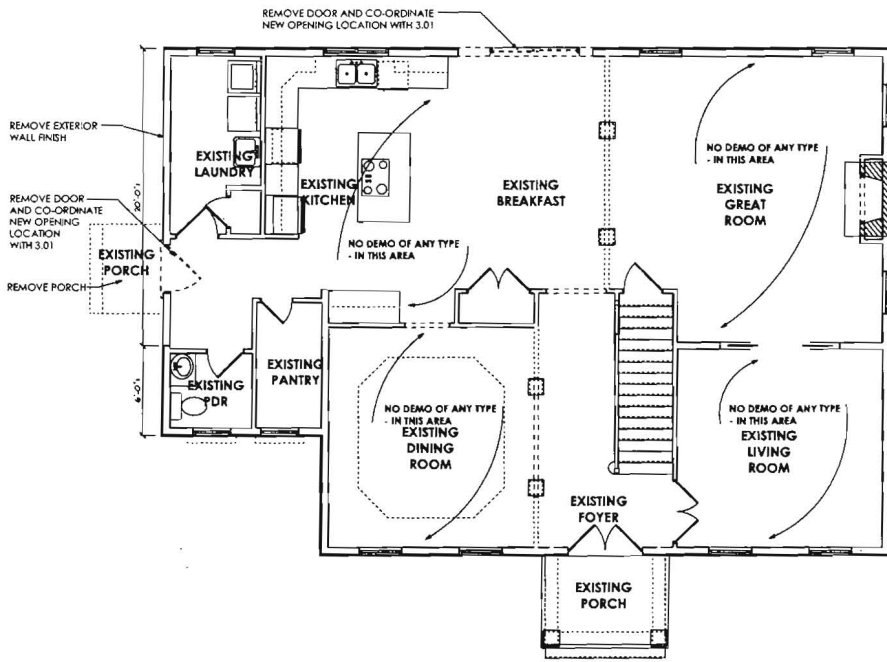
OK  
RB

PROFESSIONAL CERTIFICATION  
 I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.  
 License Number: #14678  
 Expiration Date: 4/30/2018

**Winters Residence**  
 PROPOSED ADDITION  
 667 West Watersville Road, Mount Airy, Maryland 21771



**EXISTING SECOND FLOOR**



**EXISTING FIRST FLOOR**

REVISIONS

▲	04-05-17	REV
▲		
▲		
▲		
▲		
▲		
▲		
▲		
▲		
▲		

ISSUE DATES:

04-05-17	REV

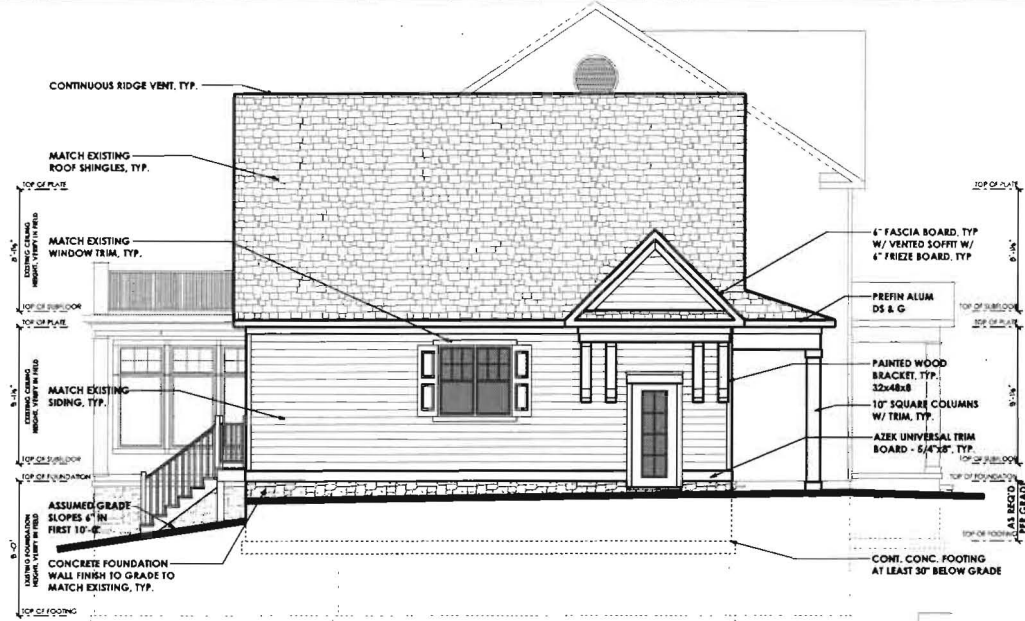
SCALE: 1/4" = 1'-0"  
 DEMO-PLANS  
**0.51**  
 PRINT DATE:  
 Monday, May 29, 2017

**Winters Residence**  
 PROPOSED ADDITION  
 667 West Watersville Road, Mount Airy, Maryland 21771

REVISIONS

NO.	DATE	REVISION
1	04-05-17	REVIEW
2		
3		
4		
5		
6		
7		
8		
9		
10		

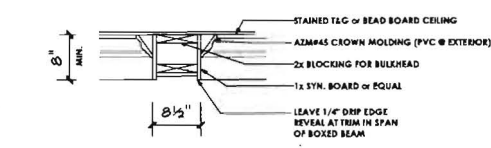
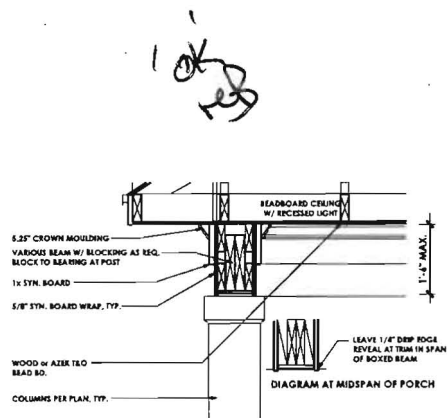
ISSUE DATES:  
 04-05-17 REVIEW  
 SCALE: 1/4" = 1'-0"  
 ELEVATIONS  
**1.01**  
 PRINT DATE:  
 Monday, May 29, 2017



**LEFT ELEVATION**

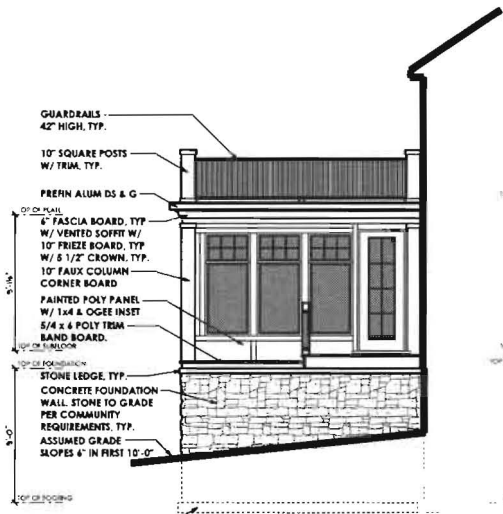


**FRONT ELEVATION**



**RECEIVED**  
 AUG 15 2017  
 HOWARD COUNTY HEALTH DEPT.  
 BUREAU OF ENVIRONMENTAL HEALTH

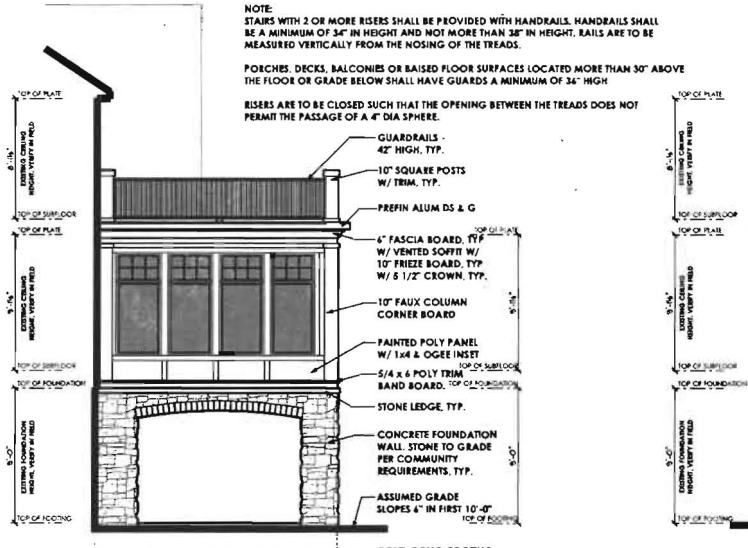
**JONATHAN RIVERA**  
 ARCHITECT  
 PROFESSIONAL CERTIFICATION  
 I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland. License Number #14678. Expiration Date: 4/30/2018.



**SUNROOM - LEFT ELEVATION**



**REAR ELEVATION**

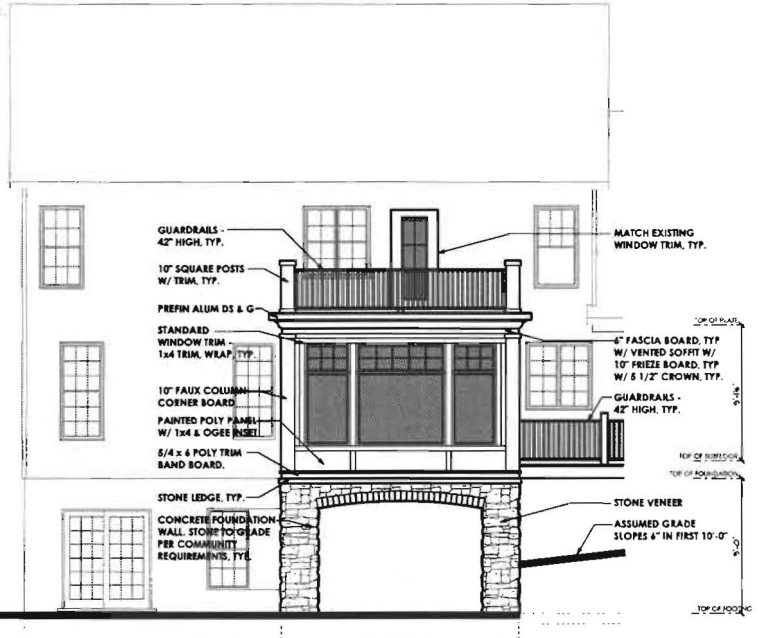


**SUNROOM - RIGHT ELEVATION**

**NOTE:**  
 STAIRS WITH 2 OR MORE RISERS SHALL BE PROVIDED WITH HANDRAILS. HANDRAILS SHALL BE A MINIMUM OF 36\"/>

**POCHES, DECKS, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30\"/>
 THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS A MINIMUM OF 36\"/>

**RISERS ARE TO BE CLOSED SUCH THAT THE OPENING BETWEEN THE TREADS DOES NOT PERMIT THE PASSAGE OF A 4\"/>
 DIA SPHERE.****



**SUNROOM - REAR ELEVATION**

**Winters Residence**  
 PROPOSED ADDITION  
 667 West Watersville Road, Mount Airy, Maryland 21771

**REVISIONS**

▲	04-06-17	REVIEW
▲		
▲		
▲		
▲		

**ISSUE DATES:**  
 04-06-17 REVIEW

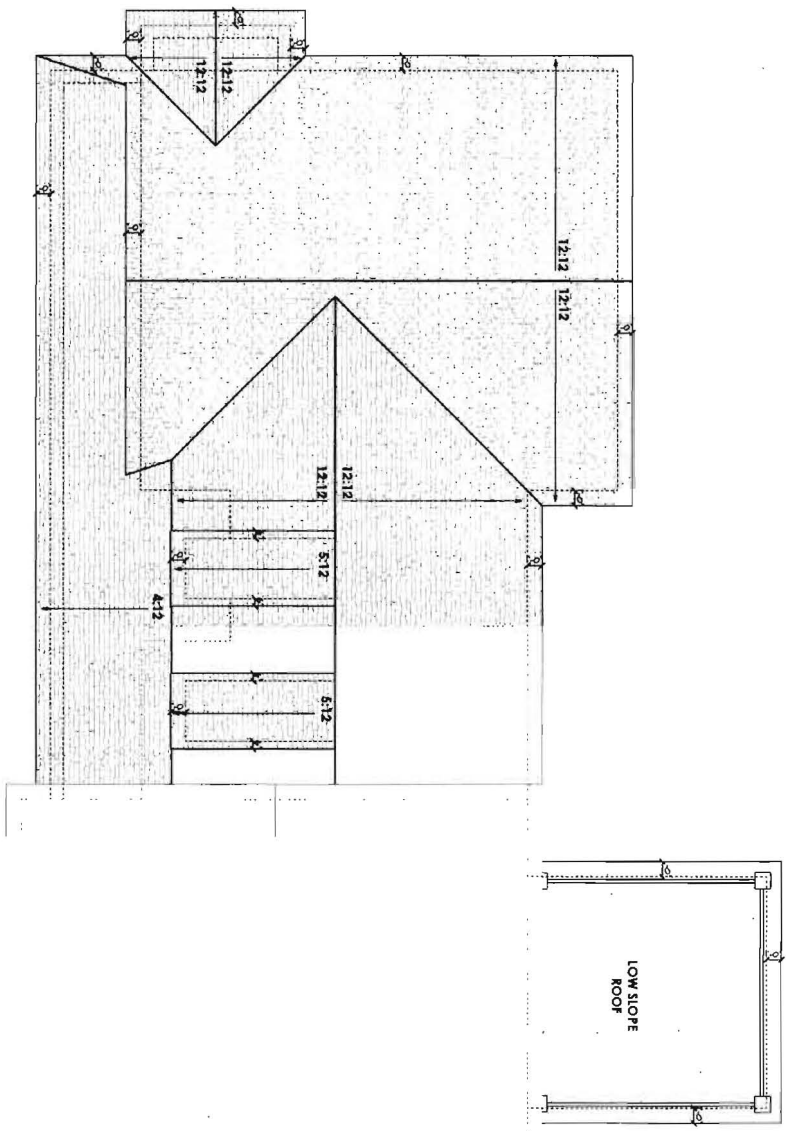
**SCALE:** 1/4" = 1'-0"  
**ELEVATIONS**  
**1.02**  
 PRINT DATE:  
 Monday, May 29, 2017

OK  
 RB









**JONATHAN RIVERA**  
 ARCHITECT  
 1000 226 5 05  
 PROFESSIONAL CERTIFICATION  
 J. Rivera has been determined  
 by the Board of Architects to  
 be qualified to practice in the  
 State of Maryland.  
 License Number: 14777  
 Expiration Date: 12/31/17

# Winters Residence

PROPOSED ADDITION  
 667 West Watersville Road, Mount Airy, Maryland 21771

**REVISIONS**

NO.	DATE	DESCRIPTION
1	06-08-17	ISSUE

**ISSUE DATES:**  
 06-08-17

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

**ROOF PLAN**

**14.01**

PRINT DATE:  
 Monday, May 21, 2017

