

Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455

www.howardcountymd.gov

ri.	DIL	P	2018	APR	6	PHICA).	
Da	te Re	CE	eived:	4			

Permit No.: B/800////

Address:
Phone:
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: Phone: Fax: Email: City: State: Zip Code: City: State: State: Zip Code: City: State: City: State: Zip Code: City: State:
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: Engineer/Architect Company: Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: Utilities Electric: / Yes No Gas: Yes PNo
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: Engineer/Architect Company: Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: Utilities Electric: / Yes No Gas: Yes PNo
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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: Utilities Electric: Yes No Gas: Yes PNo
Contact Person: Address: City:State:Zip Code: Phone:Fax: Email:
Address: City: State: Zip Code: License No.: Phone: Fax: Email: Engineer/Architect Company: Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: Email: Utilities Electric: Yes No Gas: Yes PNo
City:State:Zip Code:
Phone: Fax: Email: Fax: Fax
Phone:Fax:
Email: Engineer/Architect Company: Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: Utilities Electric:
Engineer/Architect Company: Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: Utilities Electric: Yes No Gas: Yes PNo
Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: Utilities Electric: Yes No Gas: Yes PNo
Responsible Design Prof.: Address: City: State: Zip Code: Phone: Fax: Email: Utilities Electric: Yes No Gas: Yes PNo
Address: City: State: Zip Code: Phone: Fax: Email: Utilities Electric: Yes No Gas: Yes PNo
City:
Phone: Fax:
Utilities Electric: ,□ Yes □ No Gas: □ Yes □ No
Utilities Electric: ,□ Yes □ No Gas: □ Yes □ No
Utilities Electric: ,□ Yes □ No Gas: □ Yes □ No
Electric: , Yes No Gas: Yes PNo
Gas: ☐ Yes ☐ No
Matar Cumply
Water Supply
Public
Private
(Sewage Disposal
□ Public
□'Private
Heating System
□ Electric □ Oil
□ Natural Gas □ Propane Gas
☐ Other:
Sprinkler System:
☐ Yes ☐ No
1
Grading Permit Number:
Building Shell Permit Number:

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	65/	8 KBueler
Is Sadiment Control and	royal require	od foriesuance? [Ves [] No

☐ CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION		***
Front:		14
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 Z	one:	
SDP/Red-line approval date:		

Filing Fee	\$ /
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ ','
Add'I per Fee	\$
Total Fees	\$
Sub- Total Paid	\$ / .
Balance Due	\$
Check	# 1 ' ;

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

Date:	5/24/18
To:	Spends Freemove (Person's Name and Division)
From:	(Your Name, Company Name and Telephone Number)
Subject:	Project name Westland Farms Lot 6
	Project site address 12532 Westland G., Fulton, MS 20759
	Permit # 8/800//// SDP #
	Other information pertinent to this project
✓ Please	check the attachments below that you are submitting with this transmittal:
I	Letter of response to address plan review comment letter
	Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
1	Letter Summarizing Changes
	Energy conservation calculations
(Copies of architetural (be specific).
	Health Department Request DPZ/ DED Request Applicant's Request
	Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #
(Other
	Contact Person Information: (Required)
	Telephone No:
ī	Please Print Name
	E-Mail Address:
NECESS INFORM OF INST ONCE I SIGNAT WILL N INQUIR AND PL	E ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPPOPRIATELY SIGNED AND SEALED, IF SARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT MATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT PECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED FORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS WIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS LAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. E ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. TYOU.
	11.0 -

White-Plan Review / Yellow-Applicant / Pink-Permit Division t:\Operations\Updated forms\transmit.frm - Rev. 04/2014



Bureau of Environmental Health 8930 Stanford Blvd | Columbia, MD 21045 410.313.2640 - Voice/Relay 410.313.2648 - Fax 1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO:

Marina Morris, Williamsburg Group LLC

λQ FROM:

Robert Bricker, REHS/RS, LE.H.S.

Well & Septic Program

RE:

12532 Westland Court, Potential Basement Bedroom

DATE:

April 27, 2018

I have reviewed the floor plans in support of Building Permit **B18001111** for a new home at **12532 Westland Court** and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing *four (4)* bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

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

DEPAR.	INIEN, I OF INSPECTIONS, LICENSES AND PERMITS COUNTER:
Date:	6/5/18
To:	ROBERT BRICKER, HEALTH (Person's Name and Division)
From:	(Person's Name and Division) STEP HANIE TUITE FC 419 4-61-2855 (Your Name, Company Name and Telephone Number)
Subject:	Project name (A/F-ST (AMI))
	Project site address 12537 WESTLAND COURT
	Permit # <u>B18001111</u> SDP # <u>N/A</u>
	Other information pertinent to this project
✓ Please checl	k the attachments below that you are submitting with this transmittal:
Letter	of response to address plan review comment letter
Revise	ed plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
Letter	Summarizing Changes AURPOSE TO COSSER
Energy	Summarizing Changes y conservation calculations s of FERMIT PLA (be specific). Health Department Request DPZ/ DED Request Applicate sets shall be submitted.
Copies	s of JERMIT PLA (be specific). A130VB SEPTIC
	Health Department Request DPZ/ DED Request Applicant's Request
Two se	ets of single family dwelling model plans to be placed on permanent file: Model name and/or #
Other	
~7	act Person Information: (Required)
27	Print Name E-Mail Address: 57EPHANIE@
Please	Print Name E-Mail Address: STEPHANIER
	FICE-ENG, Con
NECESSARY, INFORMATIO OF INSPECT ONCE THE B SIGNATORY WILL NOTIF INQUIRIES S AND PLAN B	GURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT ON MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT HONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION BY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. OW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED.
Received by	iew / Yellow-Applicant / Pink-Permit Division Approved US / B DILP 2018 JUN 5 PM2:50
	iew / Yellow-Applicant / Pink-Permit Division Appload US/18 t.frm - Rev. 04/2014

The Wellington

Williamsburg Group, LLC 5485 Harpers Farm Rd. #200 Columbia, MD 21044 (410) 997- 8800

COV	ER SHEET	T	
DI	WALL SECTIONS	5A	PARTIAL PLANS ELEV. 1-BRICE
D2	AREAWAY DETAILS	5B	PARTIAL PLANS ELEV.2
D3	GENERAL REQUIREMENTS	5C	PARTIAL PLANS ELEV. 2-BRICE
D4	SHEAR WALL DETAILS &	5D	PARTIAL PLANS ELEV.3
	LOCATIONS	-	
1A	ELEV. 1 STANDARD- SIDING	6	SECTION A
1B	ELEV. 1 STANDARD -STONE	7	SECTION B
1C	ELEV. 1 STANDARD- BRICK		SECTION S
1D	ELEV. 2- SIDING	8A	TWO STORY ADDITION
1E	ELEV. 2- STONE	8B	MORNING RM.
1F	ELEV. 2- BRICK	8C	CONSERVATORY
1G	ELEV. 3- STONE AND SIDING	8D	OPT. SECOND FL. FAMILY RM.
1H	ELEV.3- BRICK	8E	OPT. ELEVATOR
		8F	OPT. WALL OF WINDOWS
2A	BASEMENT/FOUNDATION PLAN	8G	GRADE BEAM DETAILS
2B	FINISHED BASEMENT PLAN	8H	DET. GARAGE ELEVS
3A	FIRST FLOOR PLAN	81	DET, GARAGE PLANS
4A	SECOND FLOOR PLAN		

CONSTRUCTION:		
GROUND FLOOR	CONCRETE	
FIRST FLOOR	WOOD	
SECOND FLOOR ROOF	WOOD WOOD	
WALLS	WOOD	
BUILDING AREA:		
FIRST FLOOR:	2950 SQ. FT.	
SECOND FLOOR:	2700 SQ. FT.	
TOTAL:	5650 SQ. FT.	

	STATE AND LOCAL AMENDMENTS. CONSTRUCTION CLASSIFICATION TYPE: 5B (UN		
	DDE COMPLIANCE		NG DATA
CODE SECTION	STANDARD (MINIMUM)	CLIMATE & GEOGRA	APHIC DESIGN CRITERIA
R301.1 CLIMATE ZONE R401.2 COMPLIANCE METHOD R402.1.1 VAPOR RETARDER:	4A MANDATORY AND PRESCRIPTIVE PROVISIONS WALL ASSEMBLIES IN THE THERMAL ENVELOPE SHALL COMPLY WITH VAPOR RETARDER REQUIRENHENTS OF SECTION R702.7 OF THE IRC 2015	FLOOR LIVE LOAD ROOF LIVE LOAD WIND SPEED ULTIMATE ATTICS W/O STORAGE	40 PSF 30 PSF 115 MPH,EXPOSE C 10 PSF
R402.1.2 ATTIC INSULATION-	R-49, R-38 WILL SATISFY THE REQUIREMENT IF FULL OVERTHE TOP PLATE @ EAVES (REQUIRES RAISED HEEL TRUSS).	ATTICS W/ STORAGE HABITABLE ATTICS STAIRS	20 PSF 30 PSF 40 PSF
R402.1.2 WOOD FRAME WALL R402.1.2 BASEMENT WALL INSULATION:	R-20 OR R13 + R5 CONTINUOS INSULATION. R-10 FOIL FACED CONTINUOUS, UNINTERRUPTED BATTS FULL HGHT.R-13 IN CAVITY IF FINISHED.	DECKS & BALCONIES(EXT) GUARD & HANDRAILS	40 PSF 200# (CONT.)
R402.1.2 CRAWL SPACE WALL INSULATION:	R-10 FOIL FACED CONTINUOUS BATTS FULL HGHT. EXTENDING FROM FLOOR ABOVE TO FINISH GRADE LEVEL AND THEN VERTICALLY OR HORIZONTALLY AN ADDITIONAL 2'-0".	SEISMIC CATEGORY CONCRETE WEATHERING	B LIGHT FRAME STRUCTURAL W/ SHEAR WALLS SEVERE
R402.1.2 FLOOR INSULATION OVER UNCONDITIONED SPACE:	R-19 BATT INSULATION	TERMITE DECAY PROBABILITY ICE UNDERLAYMENT	MODERATE TO HEAVY MODERATE YES
R402.1.2 WINDOW U-VALUE/ SHGC R402.1.10 SLAB ON GRADE FLOORS	0.35 (U-VALUE) & 0.40 (SHGC)	FROST DEPTH NOTE: MINIMUM VALUES SH OFFICIAL PRIOR TO CONSTR	32" HOWN- CONFIRM WITH LOCAL CODE
LESS THAN 12" BELOW GRADE: R402.2.4 ATTIC ACCESS:	R-10 RIGID FOAM BOARD UNDER SLAB EXTENDING EITHER 2-0" HORIZANTALLY OR VERTICALLY. ATTIC ACCESS SCUTTLE WILL BE WEATHERSTRIPPED AND INSULATED		AL NOTES
	R-49.	GENERA	AL NOTES
R402.4.1.2 BUILDING THERMAL ENVELOPE (AIR LEAKAGE)	EXTERIOR WALLS AND PENETRATIONS WILL BE SEALED PER THIS SECTION OF THE 2015 IECC WITH CAULK, GASKETS, WEATHERSTRIPPING OR AN AIR BARRIER OR SUITABLE MATERIAL	GENERAL NOTES ARE ACKN ADHERED TO DURING THE C	NOWLEDGED AND SHALL BE CONSTRUCTION
R402.4.1.2 BUILDING ENVELOPE TEST OPTION:	ON TWIND BY SELD OF SOURCE IT THE RANK OF THE AS HAVING AN ARL LEAKAGE RATE OF NOT EXCEEDING 3 AR CHANGES FER HOUR. TESTING SHALL BE CONDUCTED IN ACCORDANCE WITH ASTH E. TO JO OR STHE 1827 W/ BLOWER DOOR AT A PRESSURE OF 2.	MISC. NOTES: 1. ALL WORK INCLUDING ALL STRUCTURAL, HVAC, ELECTRIC AND OTHER SHALL BE PERFORMED IN ACCORDANCE WITH APPLICABLE NATIONAL, STATE AND LOCAL CODES AND	
	INCHES W.G. TESTING SHALL BE CONDUCTED BY AN APPROVED THIRD PARTY.	REGULATIONS.	
R402.4.2 FIREPLACES	NEW WOODBURNING FIREPLACES SHALL HAVE TIGHT FITTING FLUE DAMPERS AND OUTDOOR COMBUSTION AIR.	2-CONTRACTOR TO VERIFY / CONDITIONS AND DIMENSIO	
R402.4.4 FUEL-BURNING APPLIANCES	ROOMS CONTAINING FUEL BURNING APPLIANCES WHERE OPEN COMBUSTION AIR DUCTS PROVIDE COMBUSTION AIR TO OPEN COMBUSTION FUEL BURNING APPLIANCES, THE APPLIANCES AND COMBUSTION AIR SHALL BE LOCATED OUTSIDE THE BUILDING THERMAL ENVELOPE OR ENCLOSED IN A ROOM ISOLATED FROM INSIDE THE THERMAL ENVELOPE EXCEPTIONS: I. DIRECT VENT APPLIANCES WITH BOTH INTAKE AND EXHAUST PIPES INSTALLED CONTINUOUS TO THE OUTSIDE. REPLACES AND STOVES COMPLYING WITH SECTION RACO 4.2 AND SECTION RIGOGS OF THE RC.	REPORTED TO ARCHITECTURE GROUP IMMEDIATELY. 3- ALL PRE-ENGINEERED MATERIALS, EQUIPMENT, PRITURES AND ETC. SHALL BE INSTALLED PER MANUFACTURERS INSTRUCTIONS AND REQUIREMENTS. 4-PRE-ENGINEERED WOOD ROOF TRUSSES AND FLOOR JOB SHALL BE DESIGNED FOR THE LOAD INDICATED BY A PROFESSIONAL ENGINEER LICENSED TO PRACTICE IN THE STATE OF MARTLAND. SHOP DRAWINGS SHALL BE SUBHITT	
2402.4.5 RECESSED LIGHTING	RECESSED LUMINAIRES INSTALLED IN THE BUILDING THERMAL ENVELOPE SHALL BE SEALED TO LIMIT AIR LEAKAGE.		EWER FOR APPROVAL PRIOR TO
R403.1.1 THERMOSTAT	ALL DWELLING UNITS WILL HAVE AT LEAST (I) PROGRAMMABLE THERMOSTAT FOR EACH SEPERATE HEATING AND COOLING SYSTEM.		
2403.1.2 HEAT PUMP SUPPLEMENTARY HEAT	WHERE A HEAT PUMP SYSTEM HAVING SUPPLEMENTARY ELECTRIC RESISTANCE HEAT IS USED THE THERMOSTAT SHALL PREVENT THE HEAT FROM COMING ON WHEN HEAT PUMP CAN MEET HEATING LOAD.		
2403.3.1 MECHANICAL DUCT INSULATION	SUPPLY & RETURN DUCTS IN ATTIC R-8 MIN. SUPPLY DUCTS OUTSIDE OF CONDITIONED SPACE R-8 MIN. ALL OTHER DUCTS EXCEPT THOSE LOCATED INSIDE THE BUILDING THERMAL ENVELOPE R-6 MIN. DUCTS LOCATED UNDER CONCRETE SLABS		
2403.3.2 DUCT SEALING	MUST BE R-6 MIN. ALL DUCTS, AIR HANDLERS AND FILTER BOXES WILL BE SEALED. JOINTS AND SEAMS WILL COMPLY WITH SECTION MIGO1.4.1 OF		
	THE RC. A DUCT TIGHTNESS TEST (DUCT BLASTER LEAKAGE TEST) WILL BE PERFORMED ON ALL HOMES AND SHALL BE VERIFIED BY EITHER A POST CONS. TEST OR A ROUGH IN TEST. DUCT TIGHTNESS TEST IS NOT RECID. IF AIR HANDLER AND ALL DUCTS ARE LOCATED WITHIN CONDITIONED		
2403.6 MECHANICAL VENTILATION	SPACE. OUTDOOR AIR WILL BE BROUGHT INTO THE HOME THRU A DUCT WITH AN AUTOMATIC OR GRAVITY DAMPER.		
03.6.1 WHOLE HOUSE MECH.VENT SYSTEM FAN EFFICIENCY	TO COMPLY WITH TABLE R403.6.1.		
403.7 EQUIPMENT SIZING 404.1 LIGHTING EQUIPMENT WATER HEATER MECHANICAL TESTING	SHALL COMPLY WITH RAO3.7 A MIN. OF 75% O'TH RAO3.7 A MIN. OF 75% O'TH RAO3.7 HIN EFFICIENCY ESTABLISHED BY NAECA. ALL MECH. TESTING TO BE PERFORMED		
	BY APPROVED THIRD PARTY. THIS CONTRACTOR ALSO RESPONSIBLE FOR GENERATING CERTIFICATE OF COMPLIANCE AND AFFIXING TO ELECTRICAL PANEL.		

ID TWO FAMILY DWELLINGS &

NG DATA
PHIC DESIGN CRITERIA

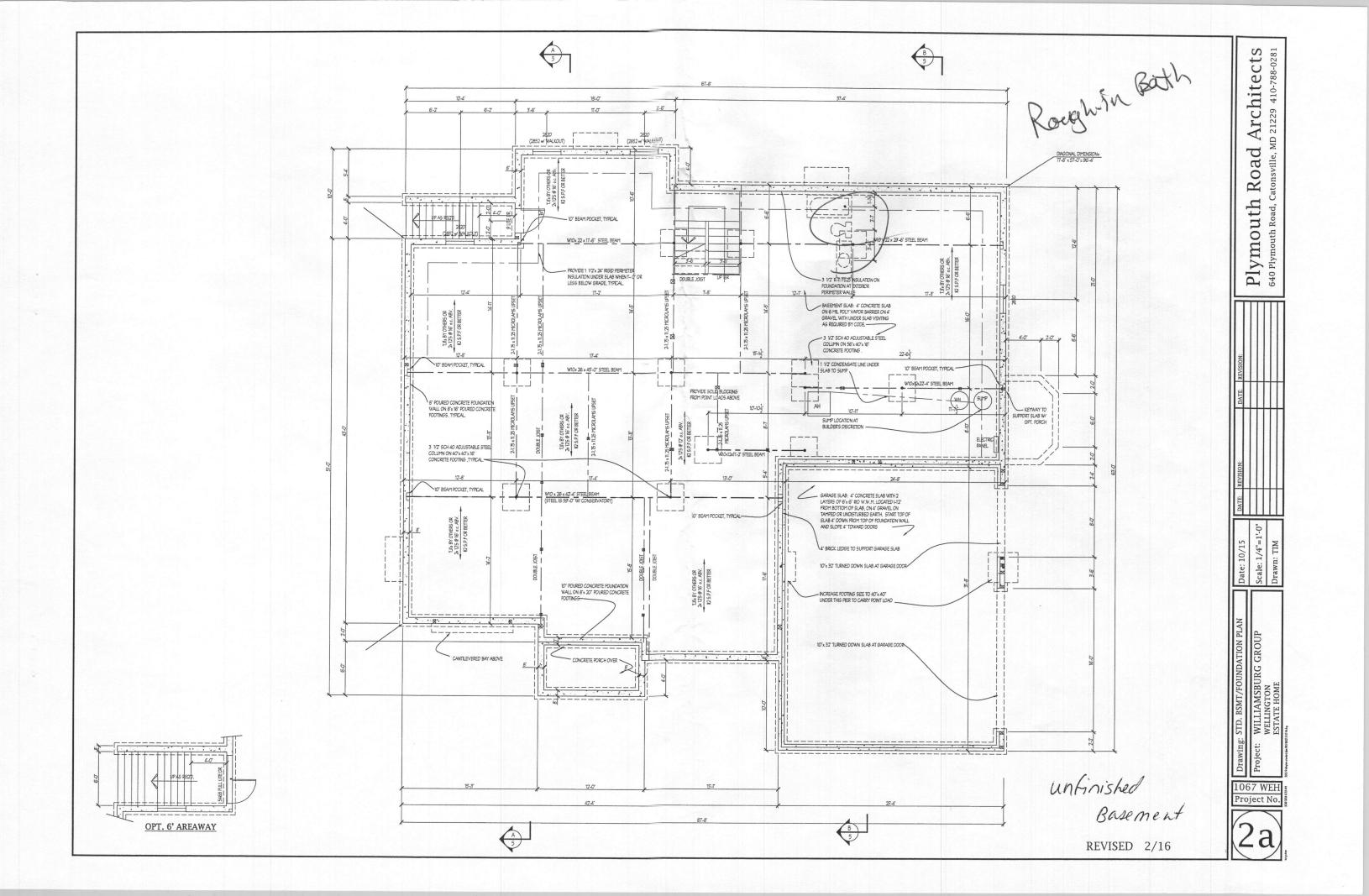
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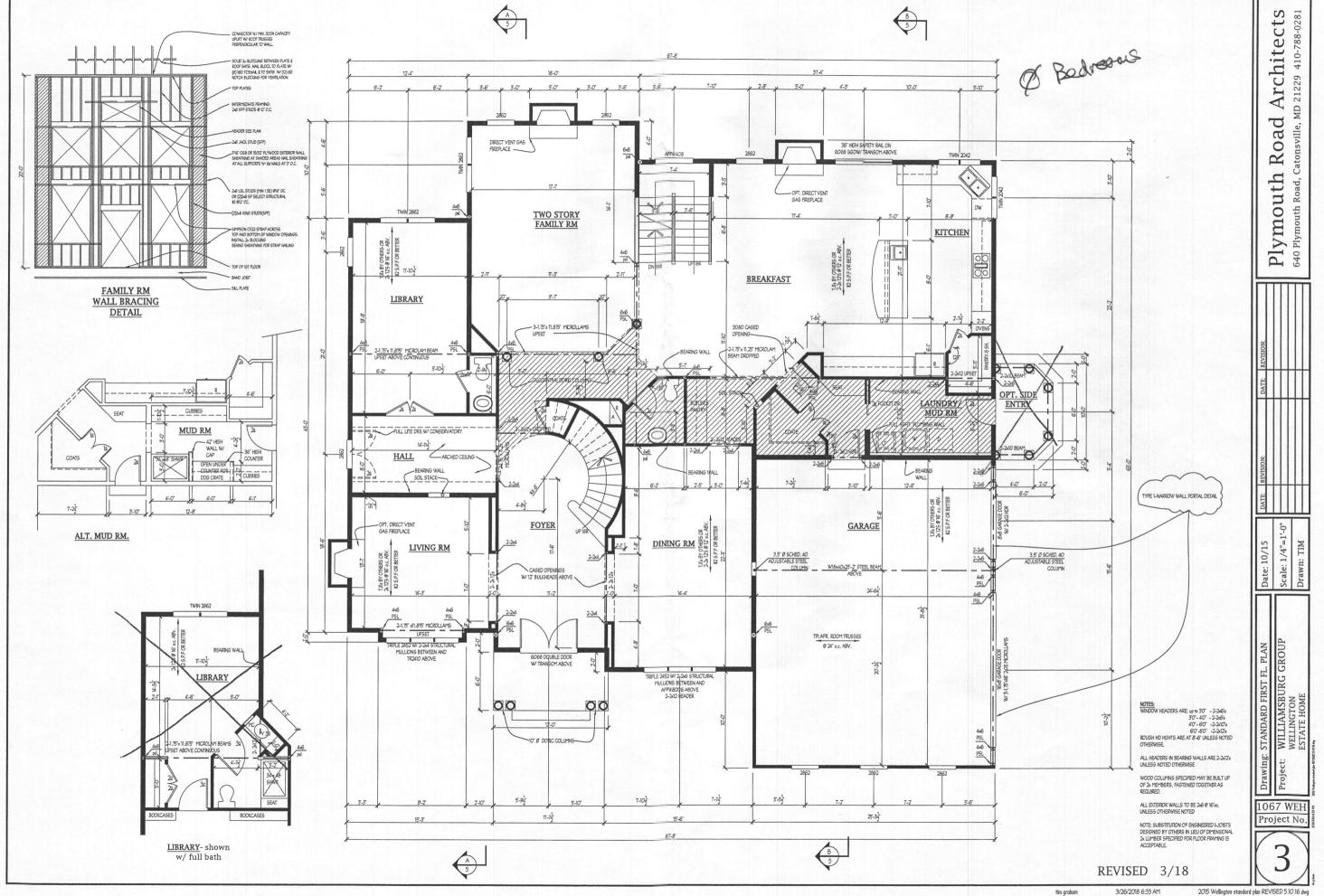
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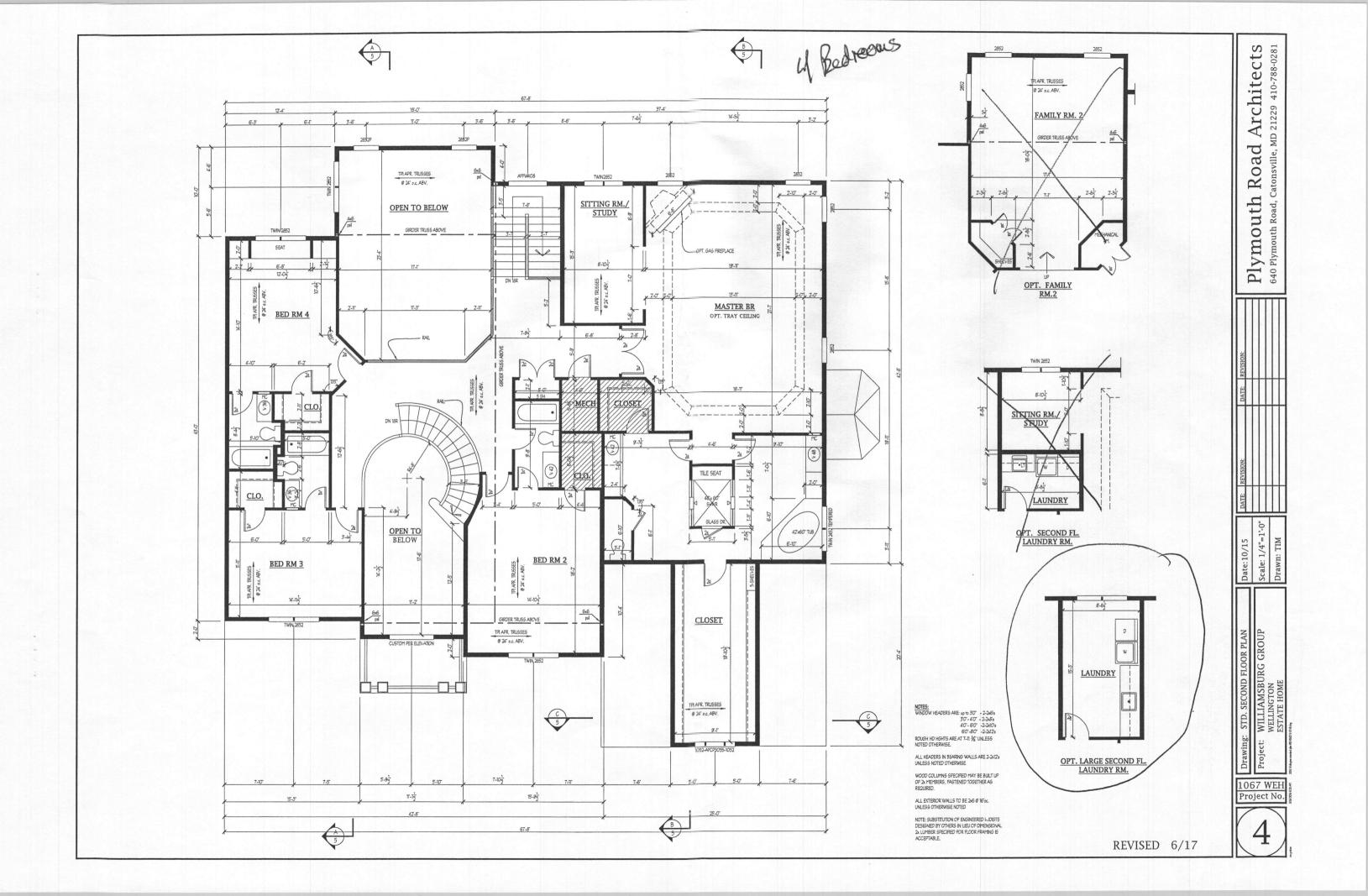
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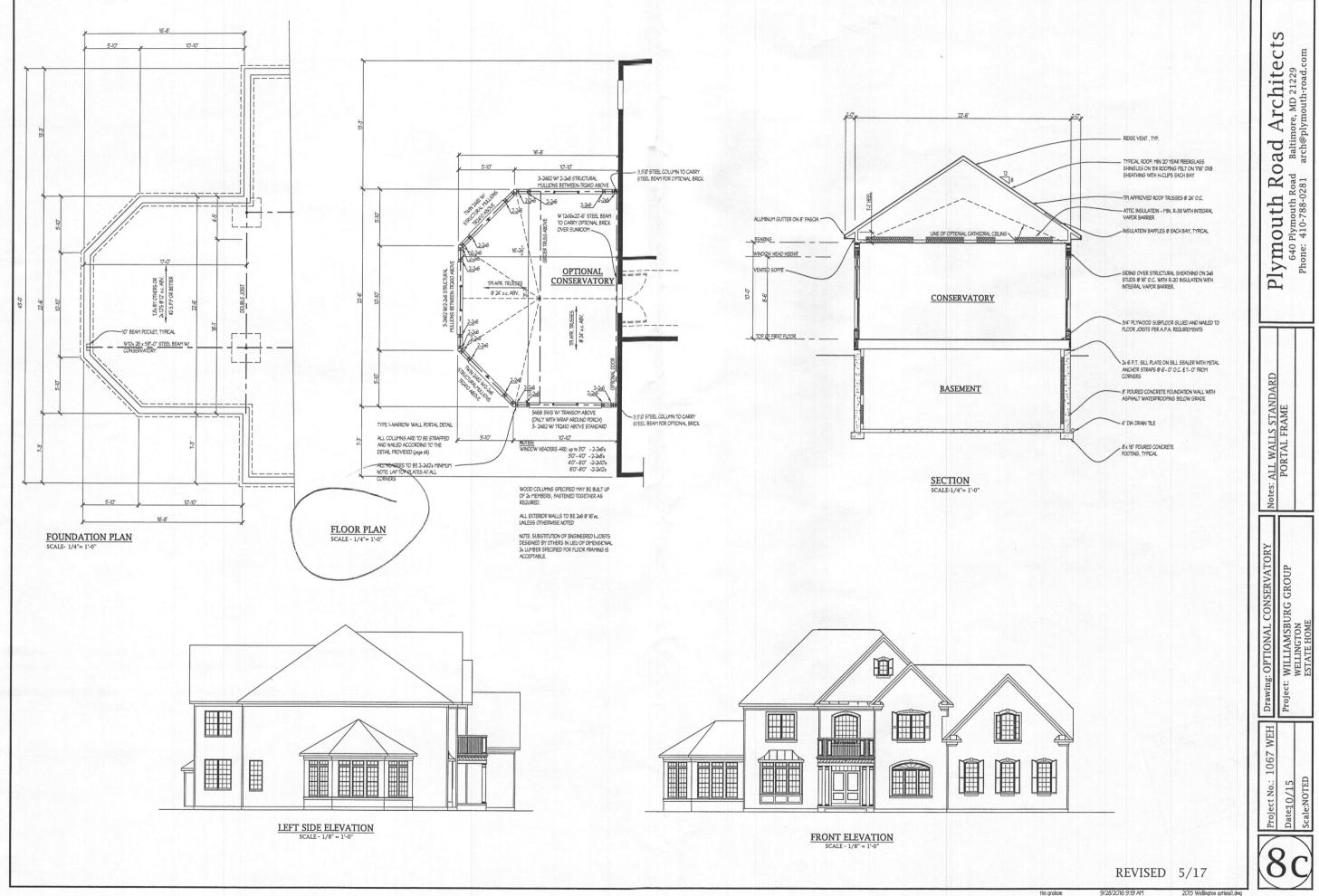
REVISED 6/17













Building Permit Application Howard County Maryland

Department of Inspections, Licenses and Permits 3430 Court House Drive Permits: 410-313-2455

Date Received: 8/9/18

Permit No.: 818002809

www.howardcountymd.gov

Building Address: 12532 WEST	LAND COURT		Property:Owner's Name: WBG	WESTLAND FARM LLC
City: FULTON State:	MDZip Code:	20759	Address: 5485 HARPERS F. City: COLUMBIA State:	ARM ROAD STE 200
Suite/Apt. #SDP/			Phone:	
Census Tract:	Subdivision: WEST	LAND FARM	Email:	
Section: Area	:Lot:	6	Applicant's Name & Mailing Addres	ss, (if other than stated herein)
Tax Map: 45 Parcel:			Applicant's Name: MICHELLI Address: PO BOX 310	E CLANCY
Zoning: Map Coordinate	es: Lot Si	ze: <u>3 AC</u> .	City: PFRRY HALL State:	
Existing Use: SFD			Phone: 443-610-7514 F Email: MICHELLE@APPLIE	EDANDAPPROVED.COM
	W/PROPANE TA	NK	Contractor Company: TECH A	AIR
Estimated Construction Cost: \$ 4,		_	Contact Person: DENNIS FEA	LGA
Description of Work:			Address: 1560 A-D CATON	
INSTALL 1000 GAL UNDER	CROUND PROP	ANFTANK	City: BALTIMORE_State: N	
THO PIECE TOO GITE ON DE	CORO OTTO TROT	711412 1711410	License No.: 81215 Phone: 410-984-5681	
	·		Email:	
Occupant/Tenant Name:	WNEK			
Was tenant space previously occupied?	□Yes	. □No	Engineer/Architect Company:	CONTRACTOR
Contact Name:	t		Responsible Design Prof.:	
Address:			Address:	
City: S		e:	2.1	Zip Code:
Phone:				
		*		Fax:
Email:	•		Email:	
Commercial Building Characteristics	Residential Building	Characteristics	<u> Utilities</u>	
Height:	SF Dwelling SFT		Electric: Yes X No	
No. of stories:	Depth	Width	Gas:	
Gross area, sq. ft./floor:	1 st floor:		Water Supply	(4)
Area of construction (sq. ft.);	2 nd floor: Basement:		☐ Public,	RECEIVED
Area or construction (34, 1c.).	☐ Finished Basement	-	Private	
Use group:	□ Unfinished Baseme		Sewage Disposal	AUG 0 9 2018
-	Crawl Space	*	. 🗆 Public i	
Construction type:	☐ Slab on Grade		√ Private	LICENSES & PERMITS
Reinforced Concrete Structural Steel	No. of Bedrooms:	S W	Heating System	DIVISION
☐ Masonry	Multi-family E No. of efficiency units		· 🗆 Electric 🗀 Oil	Apprent of the second
☐ Wood Frame	No. of 1 BR units:		☐ Natural Gas ☐ Propane Gas	7.7
☐ State Certified Modular	No. of 2 BR units:		Other:	
	No. of 3 BR units:		Sprinkler System:	Albert 1990 Block (MARCHES)
	Other Structure:		☐ Yes ☐ No	
	Dimensions:		1	
➤ Roadside Tree Project Permit ☐Yes	Footings: Roof:		Grading Permit Num	
Yes Дімо Roadside Tree Project Permit #	State Certified Mod	dular	\$ 000 TO	-
Stodeware tree-bioless teministers	☐ Manufactured Hon		Building Shell Permit No	ımber:
				1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
THE UNDERSIGNED HEREBY CERTIFIES AND AGRE WITH ALL REGULATIONS OF HOWARD COUNTY VITHS APPLICATION; (S) THAT HE/SHE GRANTS COL	WHICH ARE APPLICABLE THERE	TQ; (4) THAT HE/SHE WI ENTER ONTO THIS PROP	IL PERFORM NO WORK ON THE ABOVE REFERE ERTY FOR THE PURPOSE OF INSPECTING THE WOI MICHELLE, CLANCY	NCED PROPERTY NOT SPECIFICALLY DESCRIBED
Applicant's Signature		- 1	nt Name	
MICHELLE@APPLIEDANI Email Address	DAPPROVED.CO	M	te X LL/18	
PERMITS		<u></u>		
Title/Company			* *	
	Checks Payab	le to: DIRECTOR OF F	NANCE OF HOWARD COUNTY	·

-FOR OFFICE USE ONLY-

DPZ SETBACK INFORMATION SIGNATURE OF APPROVAL Front: Rear: Side St.: Historic District?

Health Health | 128 | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | | 18 | |

White: Building Officials

DATE

CONTINGENCY CONSTRUCTION START

AGENCY

State Highways

Building Officials

PSZA (Zoning)

Distribution of Capies:

PSZA (Engineering)

Green: PSZA,Zoning

Yellow: PSZA, Engineering

Lot Coverage for New Town Zone: SDP/Red-line approval date:

☐ Yes ☐No

Filing Fee \$ 100 Permit Fee Tech Fee Excise Tax PSFS **Guaranty Fund** Add'l per Fee 110.00 **Total Fees** Sub-Total Paid Balance Due Check 73W

Pink: Health

Gold: SHA

