

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

312001671

Building Address: 2741 Woodridge Ct
 Suite/Apt. # _____ SDP/WP/BA #: W
 Census Tract: _____ Subdivision: Wynfield
 Section: 3 Area: _____ Lot: 13
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.87ac

Property Owner's Name: Robert Kraeuter
 Address: 2741 Woodridge Ct
 City: West Friendship State: MD Zip Code: 21794
 Home Phone: 410-416-1263 Work Phone: 410-916-3076
 Applicant's Name & Mailing Address, (If other than stated herein):
Same
 Phone: 410-916-3076 Fax: _____
 Email: triumphbob@gmail.com

Existing Use: Single Family Home
 Proposed Use: Same
 Estimated Construction Cost: \$30,000
 Description of Work: Add detached garage
30'x20'

Contractor Company: None
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: Bob Kraeuter
 Address: 2741 Woodridge Ct
 City: West Friendship State: MD Zip Code: 21794
 Phone: 410-916-3076 Fax: _____
 Email: triumphbob@gmail.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<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
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 st floor: <u>30'</u> <u>83'</u>	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>3</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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: [Signature]
 Print Name: Robert Kraeuter
 Email Address: triumphbob@gmail.com
 Date: 5/10/2012
 Title/Company: _____

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

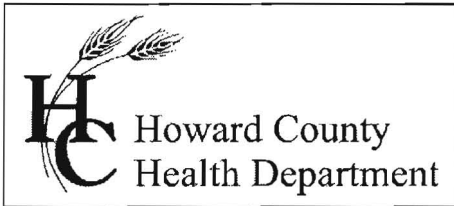
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>[Signature]</u>
Fire Protection		

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

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>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$



7178 Columbia Gateway Drive, Columbia MD 21046
Phone (410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

June 7, 2012

TO: Robert Kraeuter
Via-e-mail: triumphbob@gmail.com

RE: **Building Permit # B12001671**
2741 Woodridge Court
West Friendship, Maryland 21794
Building Site Plan

Mr. Kerwin,

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- ✦ Need revised building plan. Plan not to scale. Entire plan must be to scale.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

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

RECEIVED

Date: 6/14/2012
To: Health Dept
(Person's Name and Division)
From: Bob Kraeuter (410) 916 3076
(Your Name, Company Name and Telephone Number) **LICENSES & PERMITS
DIVISION**
Subject: Project name Kraeuter Garage
Project site address 2741 Woodridge Ct, West Friendship, MD
Permit Number B12001671 SDP # _____
Other information pertinent to this project _____

JUN 14 2012

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification (plot plans)
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by cha

white: Plan Review Division
yellow: Applicant
pink: Permit Division

DB

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

Date: 6/26/12
To: Dana Bernard
(Person's Name and Division)
From: Bob Krauter (410) 916 3070
(Your Name, Company Name and Telephone Number)
Subject: Project name Krauter - Garage
Project site address 2741 Woodridge Ct
Permit Number B12001671 SDP # _____
Other information pertinent to this project _____

RECEIVED
JUN 26 2012
LICENSES & PERMITS
DIVISION

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- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other Health Dept Request

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

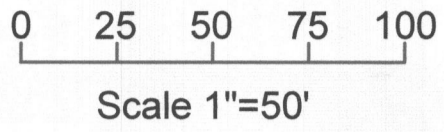
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Received by AKH

cc: Bldg
Zoning
DET

white: Plan Review Division
yellow: Applicant
pink: Permit Division



358.53'

355.00'

30'

BRL

WELL

115'

123'

HOUSE

30' 355.03'

BRL

GARAGE

131'

21'

SEPTIC TANK

30' BRL

Approved Septic System Plan
Howard County Health Department

Dana Bernard 7-17-12
Signature Date

Approved as shown

BP# B12 001671

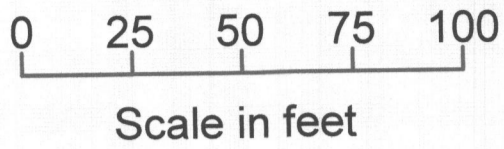
813.85'

BRL

60'

414.58'

Krauter - Garage
2741 Woodridge Ct
West Friendship, MD 21794
410-916-3076



358.53'

355.00'

30'

BRL

WELL

115'

128'

HOUSE

30' 355.03'

BRL

GARAGE

125'

SEPTIC TANK

30' BRL

813.85'

BRL

60'

414.58'

B12001671

Kraeuter - Garage
2741 Woodridge Ct
West Friendship, MD 21794
410-916-3076