



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: 1/11/18

Permit No.: B18000068

Building Address: 2914 WINTERHAZEL CT
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: CAREY STERN
 Address: 2914 WINTERHAZEL CT
 City: WOODBINE State: MD Zip Code: 21797
 Phone: 908-421-9551 Fax: _____
 Email: CAREY.STERN@GE.COM

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ 50,000
 Description of Work: BASEMENT REMODELING AREA, EXERCISE ROOM, LAUNDRY ROOM, GYM ROOM DEN FULL BATH WET BAR 1,800 SF NEW EGRESS WINDOW, STORAGE UNFINISHED
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact 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: SOMAT REMODELING SERVICES
 Contact Person: RENZO VELIZ
 Address: 1305 HARDING LN
 City: SILVER SPRING State: MD Zip Code: 20905
 License No.: 112229
 Phone: 301-283-1328 Fax: _____
 Email: RENZOVELIZ2112@gmail.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: _____
Use group: _____	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
Construction type:	Multi-family Dwelling
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<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	
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 checked="" type="checkbox"/> Yes <input 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 COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

RENZO VELIZ
 Applicant's Signature
RENZOVELIZ2112@gmail.com
 Email Address
SOMAT REMODELING SERVICES
 Title/Company

RENZO VELIZ
 Print Name
01-10-18
 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	<u>1/11/18</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1/10/18</u>	<u>[Signature]</u>

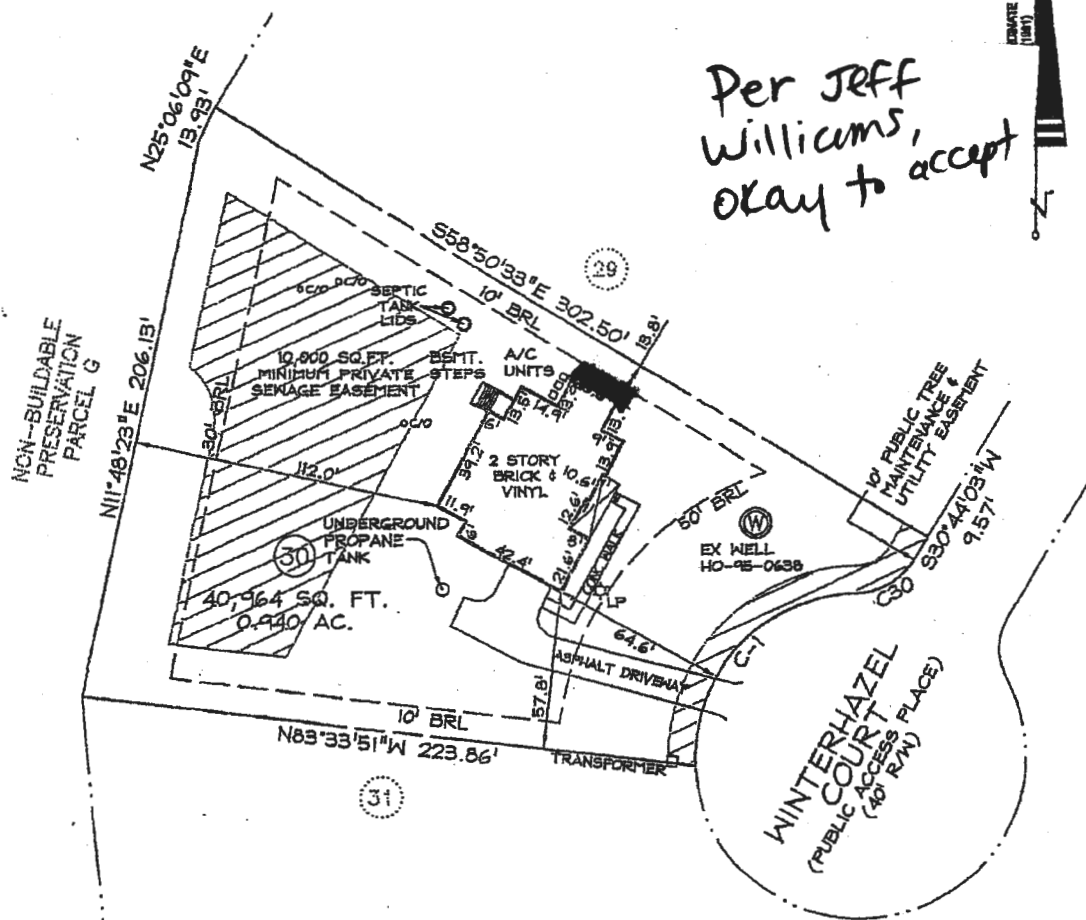
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
 Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? 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	\$ 25
Permit Fee	\$ 100
Tech Fee	\$ 10
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 135.00
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>CASH</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

CURVE TABLE						
CURVE	RADIUS	LENGTH	DELTA	TAN	CHD. BRG.	CHD. DIST.
C-1	60.00'	95.50'	91°11'20"	61.26'	S43°10'26"W	85.73'
C30	25.00'	25.32'	58°02'03"	13.87'	S59°45'04"W	24.25'



Per Jeff Williams, okay to accept

- NOTES:
1. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
 2. THIS PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
 3. THIS PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT THIS IDENTIFICATION MAY NOT BE REQUIRED, FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
 4. THE ACCURACY OF THE APPARENT SETBACK DIMENSIONS FROM THE PROPERTY LINES TO THE IMPROVEMENTS IS WITHIN 1 FOOT OF BEING GREATER THAN OR LESS THAN THE DIMENSIONS SHOWN.
 5. THE BEARINGS SHOWN HEREON ARE BASED ON THE MARYLAND COORDINATE SYSTEM '83 (1991).
 6. THE SUBJECT PROPERTY LIES WITHIN FLOOD ZONE 'C' (AREAS OF MINIMAL FLOODING) AS SHOWN ON FLOOD INSURANCE RATE MAP NO.240044 0014B. DATED 12-4-86.

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY THAT I EITHER PERSONALLY PREPARED OR WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEYING WORK REFLECTED IN IT, AND THAT IT IS IN COMPLIANCE WITH REQUIREMENTS SET FORTH IN REGULATION 12 OF CHAPTER 06, MINIMUM STANDARDS OF PRACTICE, I AM A DULY LICENSED PROPERTY LINE SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 299, EXPIRATION DATE 7/6/16.



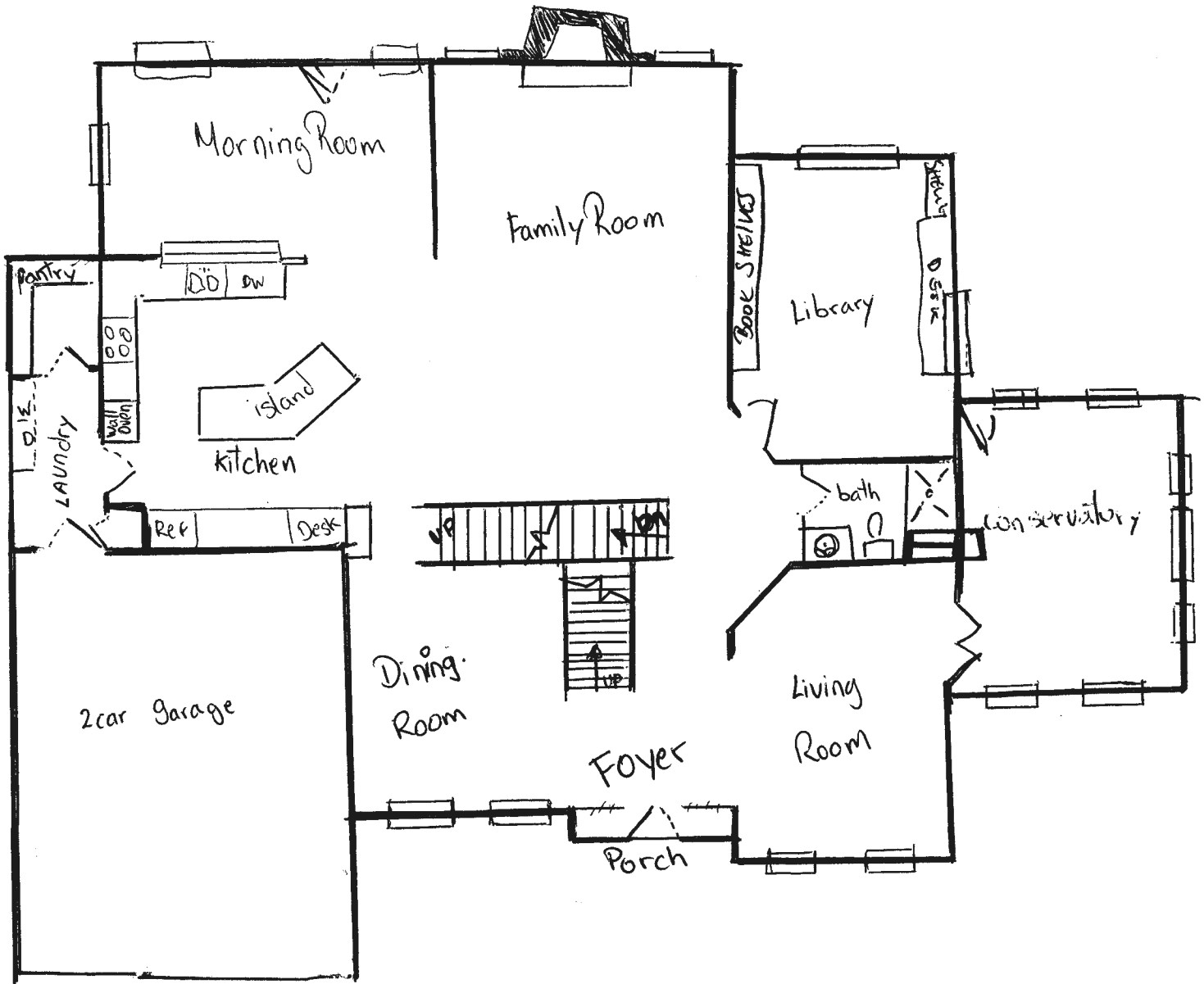
Robert S. Southard 11-23-14

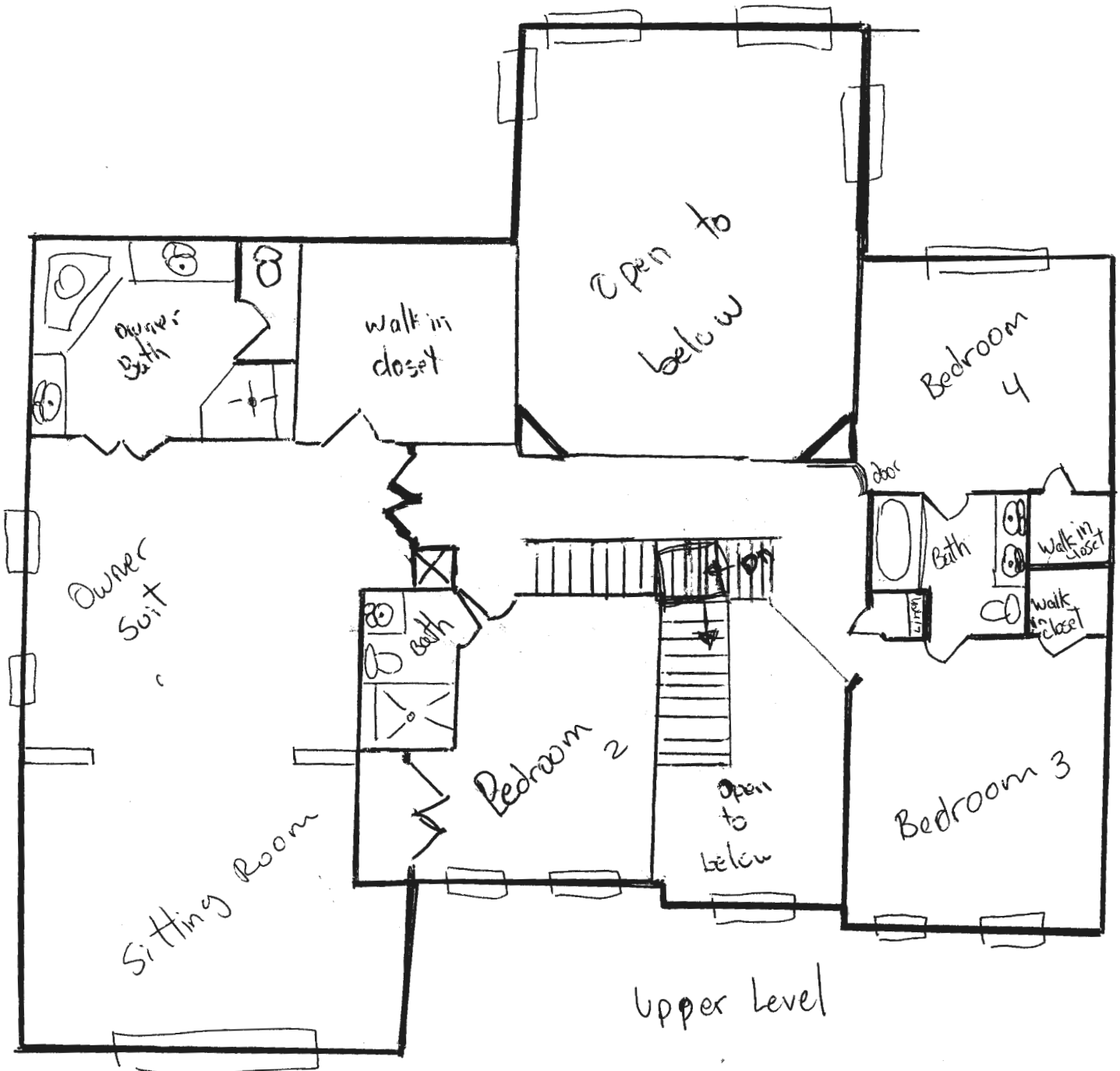


Planners
 Surveyors
 Engineers
 Landscape Architects
 192 East Main Street
 Westminster, MD 21157
 410.386.0560
 410.386.0564 (Fax)
 DDC@DDCinc.us
 www.DDCinc.us

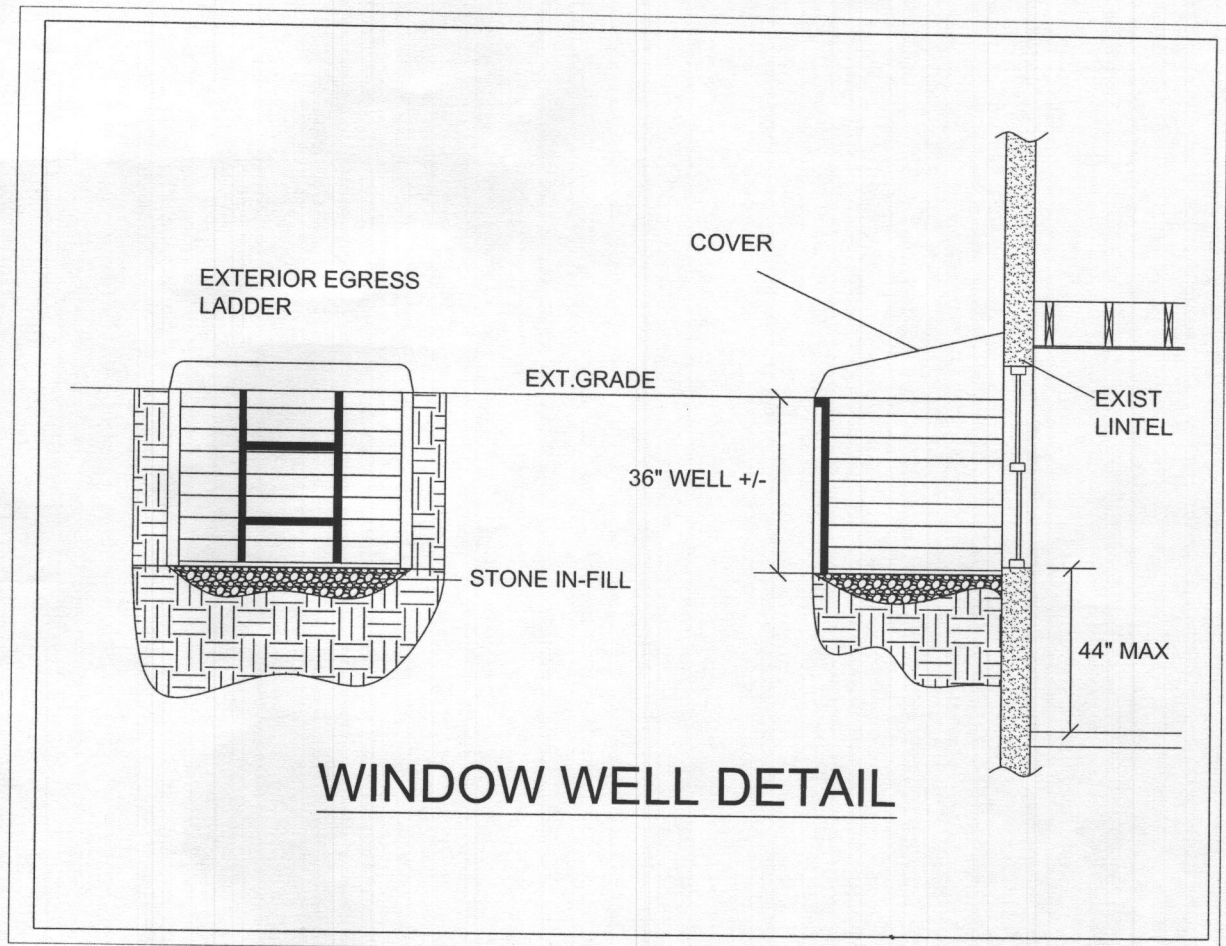
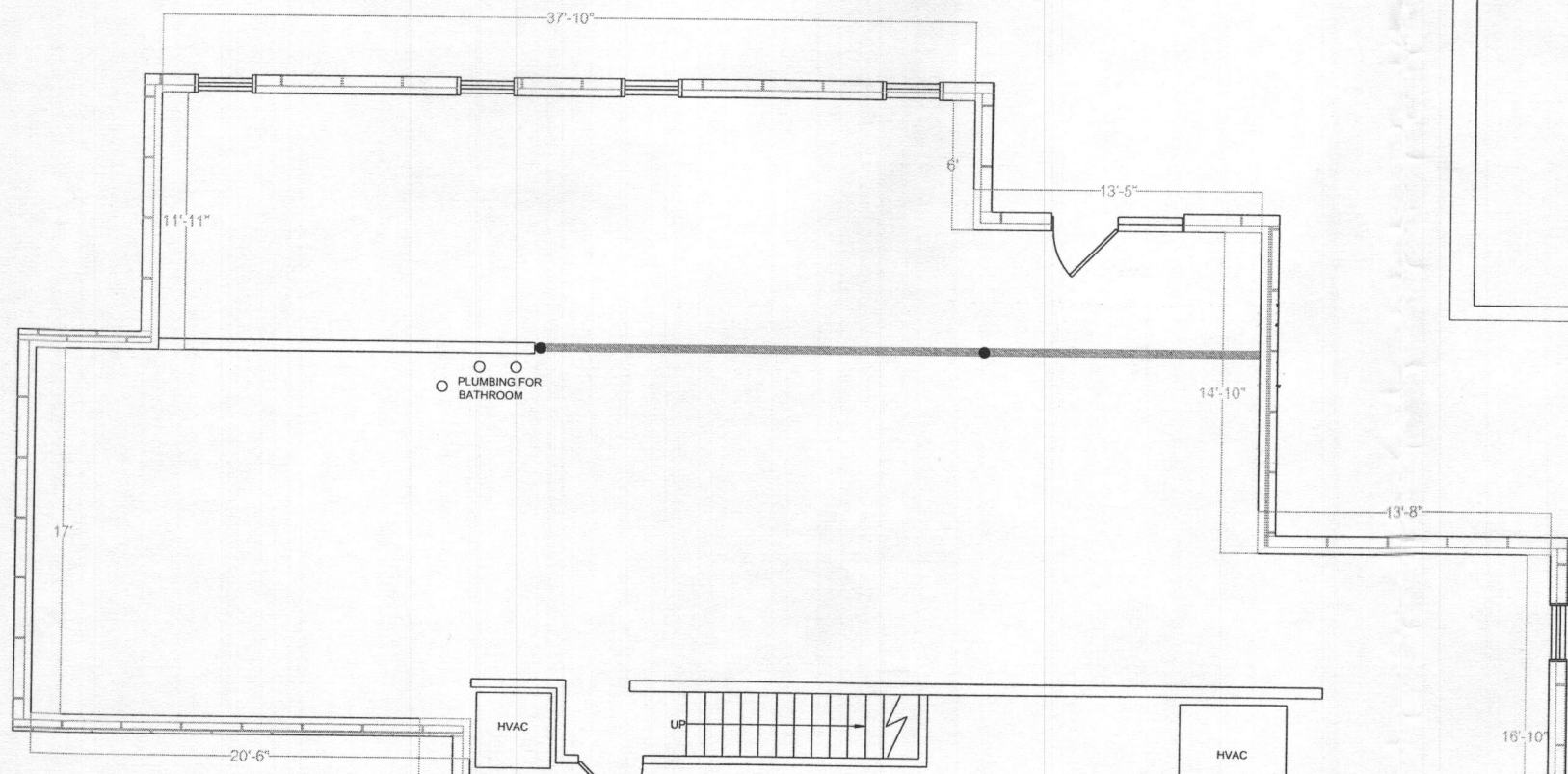
LOCATION DRAWING #2914 WINTERHAZEL COURT LOT 30 BELLE HAVEN ESTATES PLAT NO. 19951	DDC JOB#: 06116.5
	DATE: 10-23-2014
	SCALE: 1"=50'
	DRN. BY: RC
4TH ELECTION DIST. HOWARD COUNTY, MD	CHK. BY: RBS

MAIN LEVEL

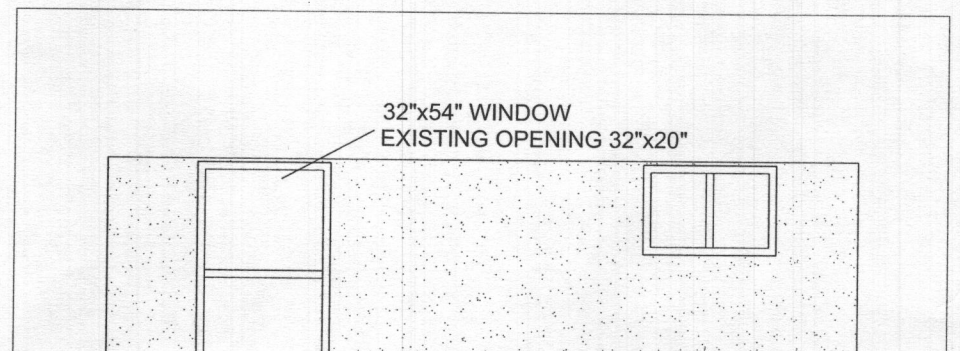




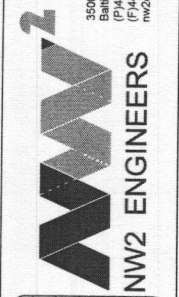
Upper Level



WINDOW WELL DETAIL



3500 Boston St., Suite 228
 Baltimore, MD 21224
 (P) 443.588.1333
 (F) 443.588.1333
 nwe2engineers.com

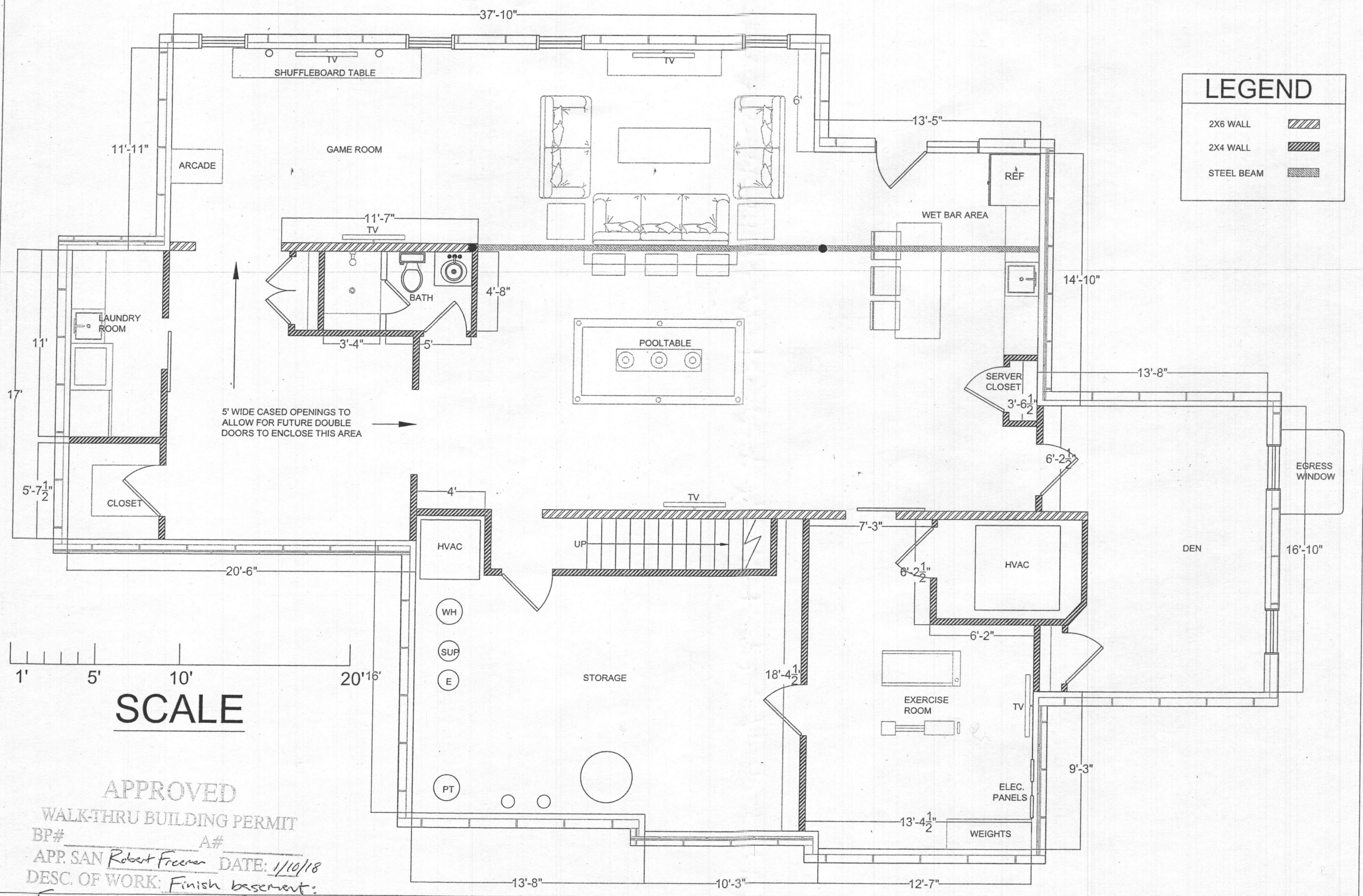


REV	DESCRIPTION	DATE

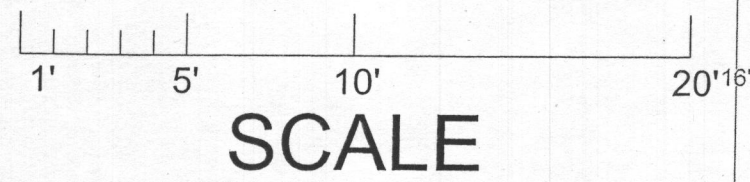
DESIGNED BY: KG	KG
DRAWN BY: KG	KG
REVIEWED BY: JN	JN
DATE: 11/14/2017	11/14/2017
SCALE: 3/16" = 1' 0"	3/16" = 1' 0"

CERTIFICATION

CT
97

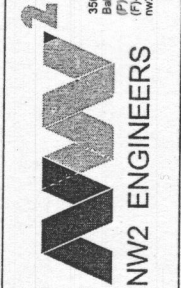


5' WIDE CASSED OPENINGS TO ALLOW FOR FUTURE DOUBLE DOORS TO ENCLOSE THIS AREA



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN Robert Freeman DATE: 1/10/18
 DESC. OF WORK: Finish basement:
 Exercise Room, Laundry Room, Game Room, Den,
 Full bath, Wetbar

3600 Boston St, Suite 226
 Baltimore, MD 21284
 (P) 410.586.1333
 mw2engineers.com



REV	DESCRIPTION	DATE

DESIGNED BY: KG
 DRAWN BY: KG
 REVIEWED BY: JN
 DATE: 11/14/2017
 SCALE: 3/16" = 1' 0"

CERTIFICATION

PROJECT ADDRESS: 2914 WINTERHAZEL CT WOODBINE, MD 21797
 DESCRIPTION: FLOOR PLAN

SHEET NUMBER
A-1
 SHEET 1 OF 2