

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

Date: 5/8/14 Per Health Dept Request
To: Health / Robert Bricker
From: Michael McGinnis (410) 409 8248
(Person's Name and Division) (Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 1930 Woodstock Road Woodstock MD
Permit Number B14000996 SDP # _____
Other information pertinent to this project _____

RECEIVED

21163

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

MAY 08 2014

- 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
- Energy conservation calculations
- Certification for _____ (be specific). Basement Bedroom #5
- Copies of _____ (be specific). stays Bedroom
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # Exercise Room not a
- Other Bedroom doors removed
- Outdoor Shower connected to septic

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:

Michael McGinnis (410) 409 8248
(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

AKH

PER HEALTH DEPT

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



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



REAR ELEVATION
SCALE: 1/4"=1'-0"

THE MCGINNIS RESIDENCE

REVISED: 4/30/2014

SCALE: 3/16"=1'-0"

DATE: 3/20/14

SHEET NO.: 1 OF 12

GBL CUSTOM HOME
DESIGN INC.
PO BOX 237 FINKSBURG, MD 21048
PHONE: 410-833-8320

REVISED: 4/30/2014



LEFT SIDE ELEVATION
SCALE: 3/16"=1'-0"



RIGHT SIDE ELEVATION
SCALE: 3/16"=1'-0"

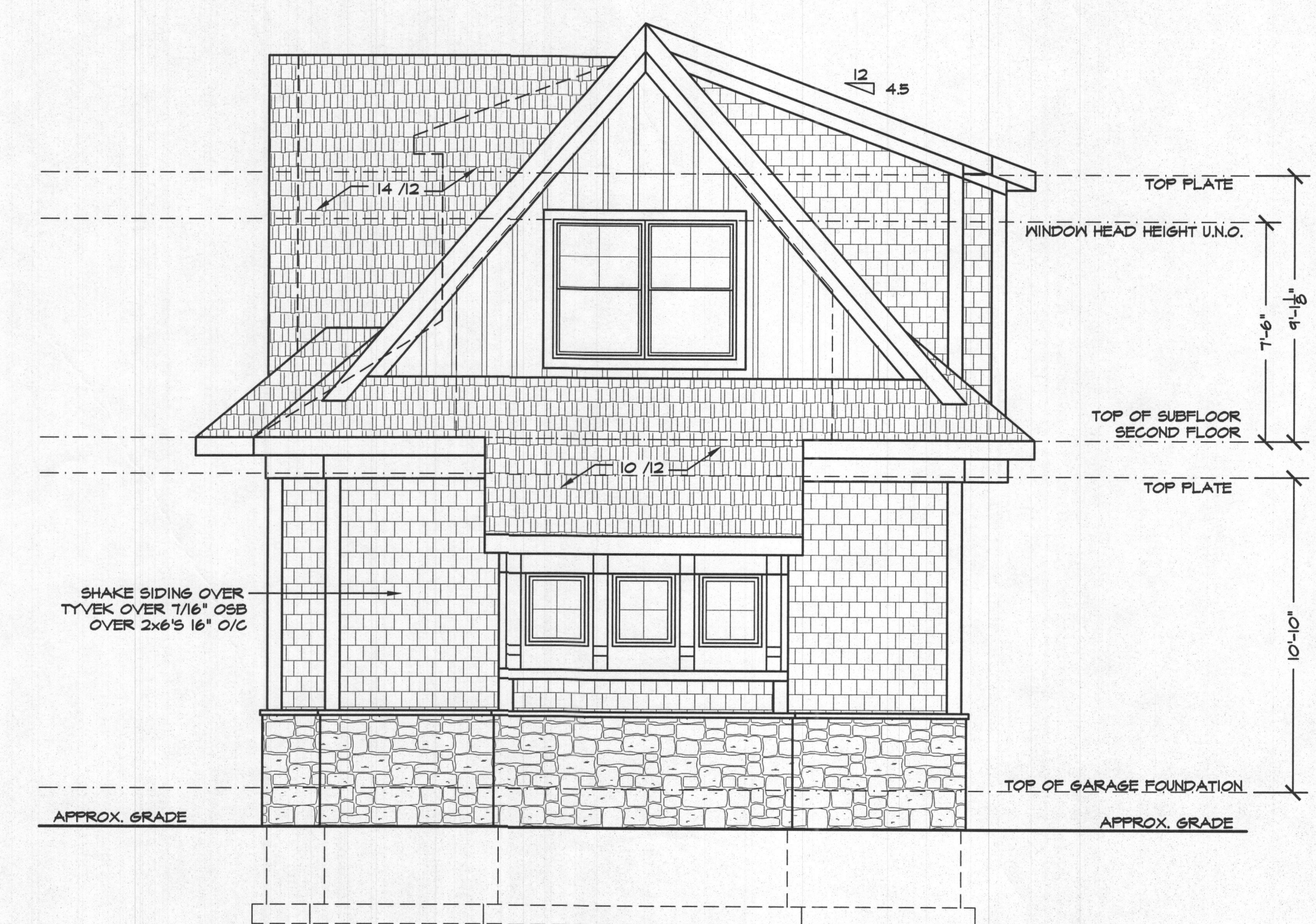
THE MCGINNIS RESIDENCE

REVISED: 4/30/2014		
	GBL CUSTOM HOME DESIGN INC. PO BOX 237 FINNSBURG, MD 21048 PHONE 410-833-8320	
SCALE: 3/16"=1'-0"	2 OF 12	
DATE: 3/2014		
SHEET NO.:		

FILE: MCGINNIS.DWG



GARAGE LEFT SIDE ELEVATION
SCALE: 1/4"=1'-0"

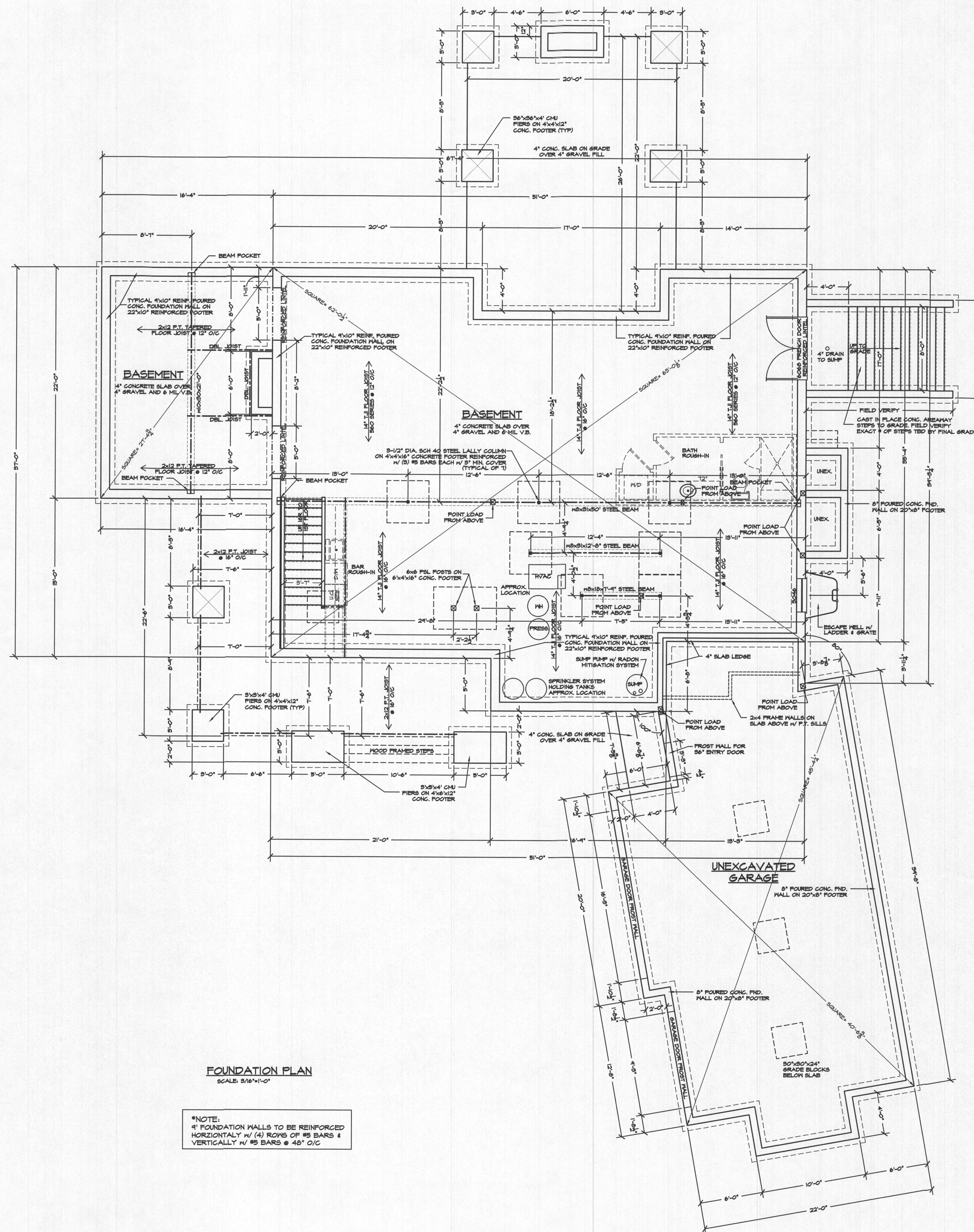


GARAGE FRONT ELEVATION
SCALE: 1/4"=1'-0"

THE MCGINNIS RESIDENCE

REVISED: 4/30/2014		
SCALE: 1/4"=1'-0"	GBL CUSTOM HOME DESIGN INC. PO BOX 237 FINKSBURG, MD 21048 PHONE 410-833-8320	
DATE: 3/20/14		
SHEET NO: 3 OF 12		

RECEIVED
APR 1 3 2014
THE MCGINNIS RESIDENCE



FOUNDATION PLAN
SCALE: 3/16"=1'-0"

*NOTE:
4" FOUNDATION WALLS TO BE REINFORCED
HORIZONTALLY W/ (4) ROWS OF #5 BARS &
VERTICALLY W/ #5 BARS @ 48" O/C

THE MCGINNIS RESIDENCE

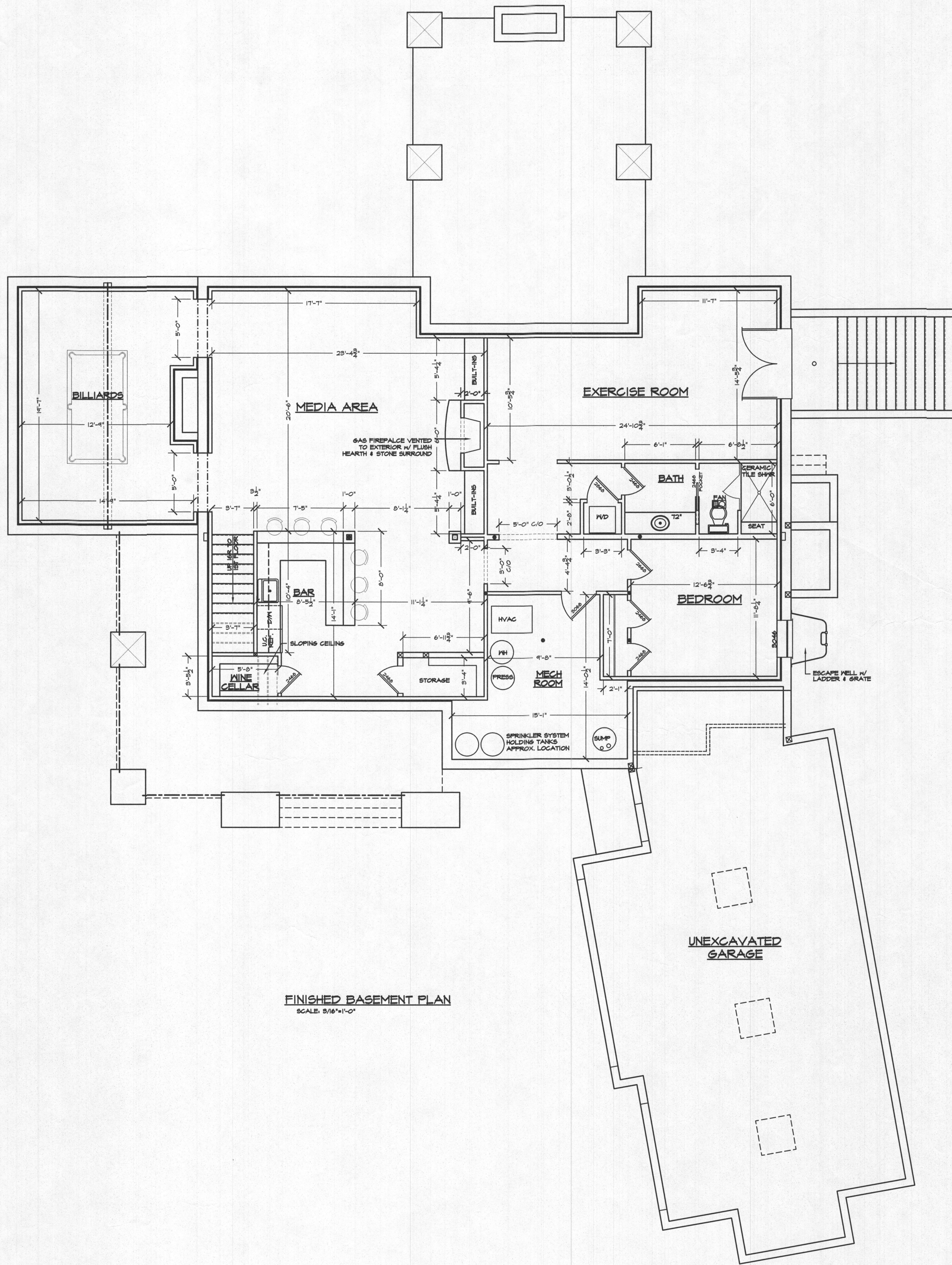
REVISED: 4/30/2014

SCALE: 3/16"=1'-0"

DATE: 3/20/14

SHEET NO.: 4 OF 12

**GBL CUSTOM HOME
DESIGN INC.**
PO BOX 237 FINKSBURG, MD 21048
PHONE 410-833-8320



FINISHED BASEMENT PLAN
SCALE: 3/16"=1'-0"

THE MCGINNIS RESIDENCE

REVISED: 4/30/2014		GBL CUSTOM HOME DESIGN INC. PO BOX 237 FINKSBURG, MD 21048 PHONE 410-833-8320
SCALE: 3/16"=1'-0"		
DATE: 3/20/14		
SHEET NO.: 5 OF 12		