

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:	
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B14001721 Permit No.:

HOMEWOOD PROPERTIES, LLC Property Owner's Name: HOMEWOOD PROPERTIES L
Address: 6377 TEN OAKS ROAD SUME 150
City: QARKEVILLE State: MD Zip Code: 2102 Building Address: 14290 TRIADBUPHIA ROAD City: 6LENELG State: MD Zip Code: 21737 410-530-8320 Fax: 410-964-5630 5266 More word Interiors . Com 410-530-8330 SDP/WP/BA#: Suite/Apt. #____ Subdivision: Census Tract: Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: OHN 1. (FHMAN)
Address: O888 MINK HOUGH RD
City: HIGHAND State: MD Zip Code: 2017
Phone: 301-854-1109 Fax: 301-854-1012 Lot: Area:___ Section: Tax Map: 21 Parcel: 104 Grid: 18 Zip Code: 2017 Zoning: PC-DEO Map Coordinates: Lot Size: Email: JEhman @ lapc. US Existing Use: VALENT Contractor Company: ALC CONTRACTORS, LLC Proposed Use: Contact Person: ANDKEW LOHMEYER Estimated Construction Cost: \$ 59,000.00 Address: 19632 GUNPOWDER ROAD Description of Work: CONSTRUCT GROUND LEVEL DECK City: MUERS State: MD Zip Code: 21102 License No. : 45869 (450 5-F.) Phone: 443-314-7038 Fax: 443-708-0506
Email: alchemyer @ alccontractors. COM Occupant or Tenant: HOMEWOOD INTERIORES Engineer/Architect Company: LEHMAN ASSOCIATES, P.C. Was tenant space previously occupied? Responsible Design Prof.: JOHN I. LEHMAN, AIA Contact Name: STACIA SMITH Address: 1362 HOMEWSOD ROAD Address: 6888 MNK HOLLOW RD. City: HIGHLAND State: MD Zip Code: 20177 City: ELLCOTT CITY State: MD Zip Code: 21042 Phone: 301-854-1109 Fax: 301-854-1072-Phone: 410-530-8330 Fax: 410-964-5630 Stack C. home wood were or - com Jehman @ lapc. US **Residential Building Characteristics Commercial Building Characteristics** Height: ☐ SF Dwelling ☐ SF Townhouse Water Supply No. of stories: Depth ☐ Public 1st floor: Gross area, sq. ft./floor: Private 2nd floor: Sewage Disposal Area of construction (sq. ft.): 450 Basement: ☐ Public ☐ Finished Basement ☐ Unfinished Basement Private Use group: ☐ Crawl Space Yes Yes □ No Electric: Slab on Grade Construction type: ☐ Yes No No Gas: ☐ Reinforced Concrete No. of Bedrooms: Heatina System ☐ Structural Steel **Multi-family Dwelling** Oil ☐ Electric ☐ Masonry No. of efficiency units: ■ Wood Frame ☐ Natural Gas ☐ Propane Gas No. of 1 BR units: ☐ State Certified Modular No. of 2 BR units: Other: No. of 3 BR units: Sprinkler System: Other Structure: 25No □ Yes Dimensions: **Roadside Tree Project Permit** Footings: **Grading Permit Number:** □Yes □No Roof: Roadside Tree Project Permit # ☐ State Certified Modular **Building Shell Permit Number:** ☐ 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 ON 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 BERMITTED AND POSTING NOTICES.

Applicant specific and acceptance of the purpose of inspecting the work bermitted and posting notices.

Print Name lehman@ 12pc. US Email Address LEHMAN ASSOC., P.C.

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

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60/	4 KBacker
	Ze/j

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 Z	one:	
SDP/Red-line approval date:		

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$.
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 46

Distribution of Copies: White: Building Officials

Green: PSZA.Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA



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: 7-23-14

Permit No.: <u>B14002571</u>

Building Address: 142	90 Tr	paciphia ro	1	П	Property Owner's Name:	icia	Smith_
on: Glenela	State	: <u>MD</u> zip Code: <u>2</u> 77	137	П	Address: 14290 Tradel City: Glen ela State	Mi	Zip Code: 217.37
Suite/Apt. #	sc	P/WP/BA #:		П	City: Glen ela State Phone: 410 \$30 8330 Email: Stacia@ home	Fa.	x 410 964 5630
Census Tract:		Subdivision:		П	Email: Staciae nome	MUCO	interiors com
Section:		ea: Lot:		П	Applicant's Name & Mailing Addre	ess, (If ot	her than stated herein}
Тах Мар:				Ш	Applicant's Name:		
		ates:Lot Size:		Ħ	Address:State	e:	Zip Code:
Zoning:W	ap Coordin	atestot size.		П		Fax:	
Existing Use: Sight	form	N dwelling		11	Email:		
Proposed lise: Fuel S	LOOIV	for Generator		H	Contractor Company: Subu	ban	Propare
Estimated Construction Co.	10	700		П	Contractor Company: SUNUS Contact Person: Bront S	Stul	065
Estimated Construction Co.	st: \$(z)	f angana to t	4 4 4 4	П	Address: 3) Derwood	CVV	
Description of Work: 1712	rias c	of propone tank	any	П	City: ROCKM 11e State:	MD	Zip Code:
INSTALLATION O	t gas	line from to	nk to	П	License No. :	Fa	201 257 0008
generator				11	Email:	Fax:	301 231 0008
Occupant or Tenant:				Ш	Elliali,		
Was tenant space previous	ly occupie	d? □Yes	De	11	Engineer/Architect Company:		
Contact Name:			/-	11	Responsible Design Prof.:		
Address:		T-0.1		11	Address:		Tin Code:
		_State: Zip Code: _		11	City:State:		
Phone:		Fax:		$\ $	Phone:	Fax:	
Email:				П	Email:		
Commercial Building Char	meteristics	Residential Building Cha	encteristics	11	Utilities		1
Height:	octeristics	☐ SF Dwelling ☐ SF Town			Water Supply		Section 1
No. of stories:		Depth	Width	Ш	☐ Public		MERCHANT TO KLAST
Gross area, sq. ft./floor:		1st floor: 2nd floor:			Private		THE PARTY OF THE P
Area of construction (sq. fr	. 1.	Basement:		Н	Sewage Disposal		PROCESS OF THE PROCESS OF
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Use group:		☐ Unfinished Basement		Ш	Private		THE MANAGES OF THE PARTY OF
		☐ Crawl Space			Electric: ☐ Yes ☐ No		通過 1000 1000 1000 1000 1000 1000 1000 10
Construction typ ☐ Reinforced Concrete	e;	☐ Slab on Grade No. of Bedrooms:		Ш	Gas: ☐ Yes ☐ No		
☐ Structural Steel		Multi-family Dwe	fling	Ш	<u>Heating System</u>		
☐ Masonry		No. of efficiency units:		Ш	☐ Electric ☐ Oil		SPRING TO SPRING
☐ Wood Frame		No. of 1 BR units: No. of 2 BR units:			☐ Natural Gas ☐ Propane Gas		Control Temporal
State Certified Modular		No. of 3 BR units:			☐ Other: Sprinkler System:		100 200 100 100 100 100 100 100 100 100
		Other Structure:		Ш	☐ Yes ☐ No		
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	Permit	Footings:		$\ \ $	Grading Permit N	lumber:	CONTROL CONTRO
Roadkide Tree Project	Rerinit #	☐ State Certified Modula	ır	Ш		-	
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WITH ALL REGULATIONS OF HOW THIS APPLICATION (S) THAT HE/S Applicant's Signature	HUNRAINTEC	REES AS FOLLOWS: (1) THAT HE/SHE IS IT WHICH ARE APPLICABLE THERETO; OUNTY OFFICIALS THE RIGHT TO ENTE	(4) THAT HE/SHE V ER ONTO THIS PRO	PER	THIS APPLICATION; (2) THAT THE INFORM PERFORM NO WORK ON THE ABOVE REFER OF THE PURPOSE OF ASSECTING THE WICE ABOVE THE PURPOSE OF ASSECTION THE WICE ABOVE THE PURPOSE OF ASSECTION TO THE PURPOSE OF TH	ATION IS CO ENCED PRÓ ORK PERMIT	Orrect; (3) That He/She will comply Perty not specifically described in Ted and posting notices.
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AGENCY	DATE	SIGNATURE OF APPROVAL	Front:	a R		ermit Fee	\$
State Highways			Rear:			ech Fee	5
Suilding Officials			Side:	_		xcise Tax	5 1
#SZA (Zoning)	-		All minimum		thacks met? Yes No	Suaranty F	und 5
PSZA (Engineering)						Add'I per F	ee 5 \
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Yellow: PSZA,Engineering

Guaranty Fund 3
Add'l per Fee 5
Sub- Total Fees 5
Sub- Total Peld 5
Balanca Due 5
Check 8
17-054439644



Permit No.: B14002571

Building Address: 14290 TM	adelphia rd.	Property Owner's Name: STACI a	Smith
City: Glenela State:	M.D zip Code: 2/737	Address: 14290 Triadelphia	2 17
	P/WP/BA #:	City: Gien eig State! M! Phone: 410530 8330	ax: 410 9104 511.30
Census Tract:		Email: Stacial homewing	linteriars-com
Section: Area		Applicant's Name & Mailing Address, (If o	other than stated bornin)
		Applicant's Name:	ther than stated herein)
Tax Map:Parcel:	Grid:	Address:	
Zoning: Map Coordina	tes: Lot Size:	City: State:	
Codia B. c.	7 . d 17	Phone:Fax:Fax:	
Existing Use: Single foun!			
Proposed Use: Fuel Supply 1	a Generator	Contractor Company: Suburbar	
Estimated Construction Cost: \$ 0,	700	Contact Person: Brant Stu Address: 3) Derwood aw	2005
Description of Work: Bunal 07	f propone tank and	City: POOLM I'E State: MO	7in Code: 20850
	line from tank to	License No. :	Zip code. 200 GO
generator	THE TRUTTE TO	Phone: 301 251 OLOR Fax:	301 251 0408
J		Email:	
Occupant or Tenant:	27		
Was tenant space previously occupied?	Yes 560	Engineer/Architect Company:	
Contact Name:		Responsible Design Prof.:	
Address:		Address:	,
City:	State: Zip Code:	City:State:	Zip Code:
Phone:		Phone: Fax:	
	1 00.		
Email:		Email:	
Commercial Building Characteristics	Residential Building Characteristics	Utilities	
Height:	☐ SF Dwelling ☐ SF Townhouse	Water Supply	
No. of stories:	<u>Depth</u> <u>Width</u>	☐ Public	
Gross area, sq. ft./floor:	1 st floor:	Private	A TOTAL MANAGE STATE OF THE PARTY OF THE PAR
A	2 nd floor: Basement:	Sewage Disposal	
Area of construction (sq. ft.):	Basement: ☐ Finished Basement	Public	
Use group:	☐ Unfinished Basement	Private	
5	☐ Crawl Space	Electric: Yes No	PATENCES AND STATES OF
Construction type:	☐ Slab on Grade	Gas: Yes No	Note that the second second
☐ Reinforced Concrete	No. of Bedrooms:		A STATE OF THE STA
☐ Structural Steel	Multi-family Dwelling	Heating System	
☐ Masonry	No. of efficiency units:	☐ Electric ☐ Oil	and the second second
☐ Wood Frame	No. of 1 BR units:	☐ Natural Gas ☐ Propane Gas	
State Certified Modular	No. of 2 BR units:	☐ Other:	
	No. of 3 BR units:	Sprinkler System:	
	Other Structure:	☐ Yes ☐ No	
Roadside Tree Project Permit	Dimensions:		
Yes SiNo	Footings:	Grading Permit Number:	The state of the s
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Roadside Tree Project Permit#	☐ Manufactured Home	Building Shell Permit Number:	
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Email Address	BUCBANO PROPANE	ite () /	
me, company 2	Checks Payable to: DIRECTOR OF F	INANCE OF HOWARD COUNTY	
	**PLEASE WRITE NEA		

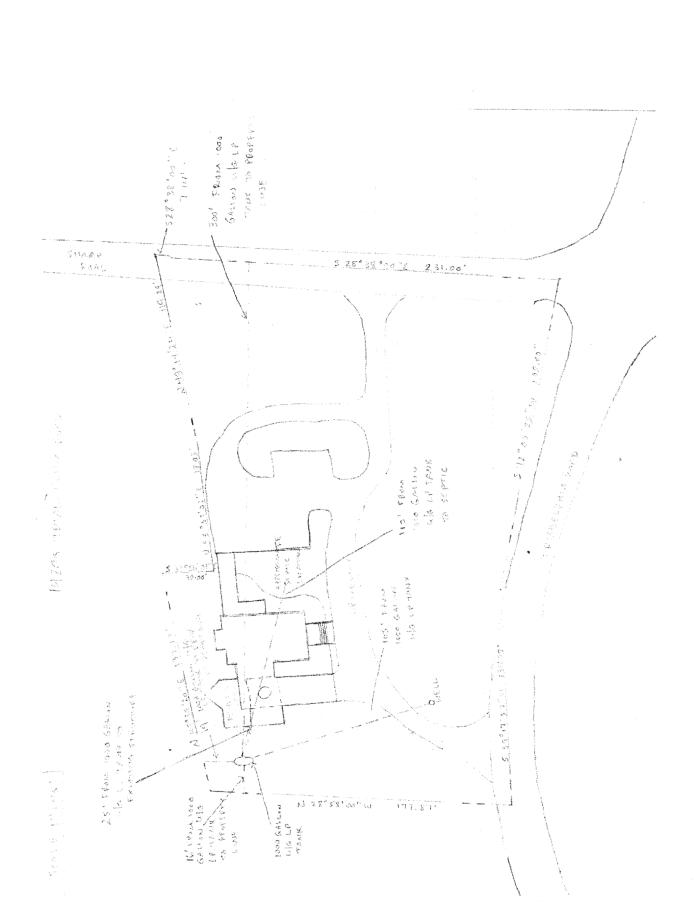
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Suilding Officials		
PSZA (Zoning)		
-PSZA (Engineering)	1.	
Jieff(I):	11414	Alla

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 Z	one:	
SDP/Red-line approval date:		

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	5
Guaranty Fund	\$ 1
Add'I per Fee	5
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

underground properse tank

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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: 5-23-13

Permit No.: B13002038

City: State: Suite/Apt. # SDP/W Census Tract: Section: Tax Map: Parcel: Zoning: Map Coordinates: Existing Use: Proposed Use: Estimated Construction Cost: \$ Description of Work:	IP/BA#: Subdivision: Lot: 35 Grid: 19	Address: \$357 12 5 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	Tip Code: 31035
Census Tract: Section: Area: Tax Map: Parcel: Zoning: Existing Use: Proposed Use: Estimated Construction Cost: \$	Lot: 19 Lot Size: 40,031	Applicant's Name & Mailing Address, (If of Applicant's Name and Applicant's Name and Address: City: State: Phone: Fax:	ther than stated herein)
Census Tract: Section: Area: Tax Map: Parcel: Zoning: Existing Use: Estimated Construction Cost: \$	Lot: 19 Lot Size: 40,031	Applicant's Name & Mailing Address, (If of Applicant's Name) Address: City: State: Phone: Fax:	
Section: Area Tax Map: Parcel: Parcel: Map Coordinates: Existing Use: Proposed Use: Estimated Construction Cost: \$	135 Grid: 19 Lot Size: 40,031	Applicant's Name: Address: City: State: Phone: Fax:	
Tax Map: Parcel: Map Coordinates: Existing Use: Proposed Use: Estimated Construction Cost: \$ 5000	35 Grid: 193 Lot Size: 40,031	Applicant's Name: Address: City: State: Phone: Fax:	
Zoning: Map Coordinates: Existing Use: Resimated Construction Cost: \$ 5000	Lot Size: 40,031	City: State: Fax:	**************************************
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Proposed Use:	A STATE OF THE STA		Zip Code:
Proposed Use:	**************************************		Assert Representation of the second s
Estimated Construction Cost: \$ 505			
		Contractor Company: 195	
A	2 N +1-	Contact Person:	and the second s
DESCRIPTION OF WOLK! WITH \$ 1 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	- Renovation	Address: State:	7in Code:
to Sanctuany	** Office of the Control of the Cont	License No.	
		Phone: Fax:	and the state of t
inced of belasm	202014 05.95.00	Emails	
Occupant or Tenant:		an amphipment of the second	
Vas tenant space previously occupied?	☐Yes ☐No	Engineer/Architect Company: Lehmo	- HSSOC,013 P.C
Contact Name:		Responsible Design Prof.: 3054 L	eh mand
		Address College Minh Ho	Lind Mil
Address		MAN SS	
tity:Stat		City: H'Chla-U State: ThD	Zip Code: OV 1 1
Phone:Fax	S. A. C.	Phone: 301-454 1109 Fax:	
Email:		Email: TLe Hmana	LAPLUS
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No. of stories: Gross area, sq. ft./floor: 1	Depth Width * floor:	☐ Public	
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Building Officials PSZA (Zoning) PSZA (Engineering) Health (21/13 (Accept Is Sediment Control approval required for issuance? — You

CONTINGENCY CONSTRUCTION START

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

Filing Fee	5 25
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
	. 377 / 37

State Highways

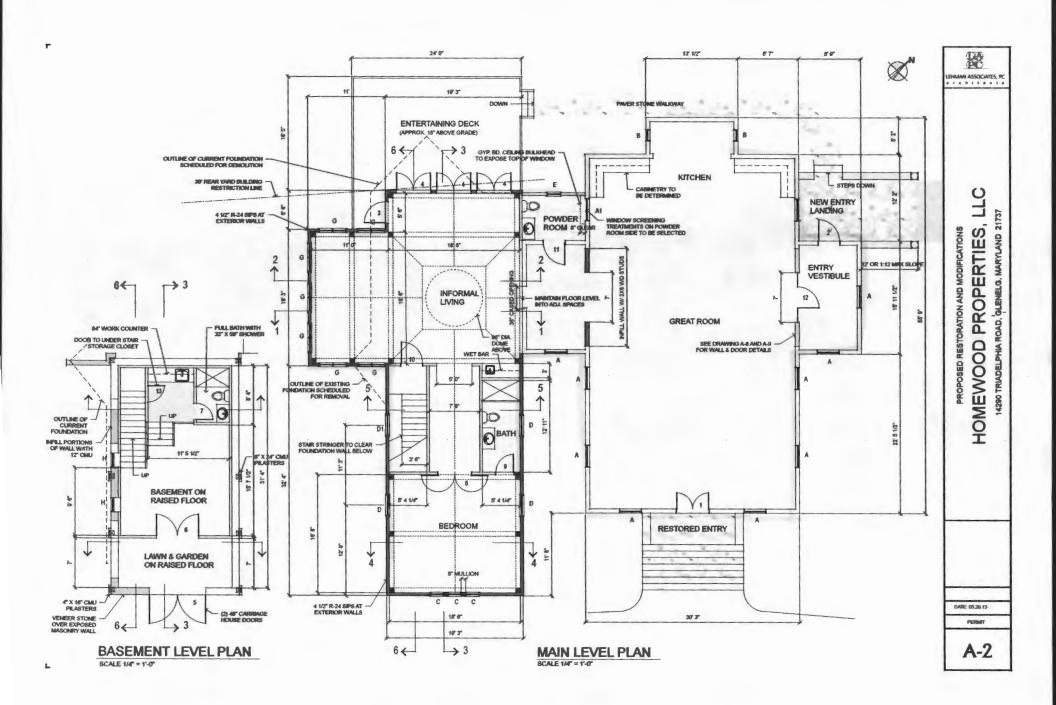
White: Building Officials

OR per CHI KS
Green: PSZA,Zoning Yello Green: PSZA,Zoning · Vellow: PSZA,Engineering Pint

Dan Said put un as residential

Front:

Gold: SHA





LEHMAN ASSOCIATES, PC

architects

NOV 1 5 2013

LICENSES & PERMITS DIVISION

LOOD BEGLECTION PROCEAM HOWARD COUNTY HEALTH DEPT.

NOV 18 2013

MECEIVED

RECEIVED

NOV 1 5 2013

PLAN REVIEW DIVISION

November 15, 2013

Mr. Don Mock, PE, Head of Plans Review **Howard County Government** Department of Inspections, Licenses and Permits 3430 Courthouse Drive Ellicott City, MD 21043

RE:

Modification to Existing Permit Homewood Properties, LLC 14290 Triadelphia Road Glenelg, MD 21737 PERMIT NO: B13002038

Dear Mr. Mock.

Per your request, I am submitting a proposed ground level deck design which is a modification request for the deck shown on the approved permit documents. Generally, the deck has changes shapes from a rectangle to a pointed shape which mimics the 12:12 roof pitch of the immediately adjacent structure. The overall size will increase from 412 sq. ft. to 464/sq. ft. The deck as before will be approximately 18 inches above grade and will have a built-in bench as well as a 36 inch high cable rail railing around the perimeter.

The attached drawing should provide you with all of the details necessary for a thorough review.

Please let us know at your decision at your earliest convenience as we would like to begin construction as soon as possible.

We thank you for your consideration.

Sincerely,

John I. Lehman, AIA

Pringipal and Architect of Record

cc: Ms. Stacia Smith **Gregory Phillips**

Was on old Church Now a resident. Sport to John Lehman

6888 Mink Hollow Road Highland, MD 20777-9766

301.854.1109 t 301.854.1072 f

www.lapc.us

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

Date:	11-16-13	NOV 18 2013	RECEIVED
To:	(Person's Name and Division)		
From:	LOHN 1. LEHMAN LEHMAN	A 500 PC 300 1954 1109	NOV 1 5 2013
i iom.	(Your Name, Company Name and Teleph		PLAN REVIEW DECISION
Subjec	: Project name HDMEWOOD	PROPERTIES, LLC	C. nor to
	Project site address 14290	TRIADELPHIA ROAD, GLEN	ELG, MID 21737
		52038 SDP#	
	Other information pertinent to this pro	oject	
✓ Plea	se check the attachments below that you are sub	omitting with this transmittal:	
	Letter of response to Howard County plan revi	iew code letter	* .
\checkmark	Revised plans and/or revised details: When sul	bmitting for a complete re-review, duplicate	sets shall be submitted
	Structural steel certification		
	Energy conservation calculations)) r () () ()
	Certification for	_ (be specific).	101,401/13
	Copies of	_ (be specific).	10/1/20
	Two sets of single family dwelling model plan	•	and/or #
	Other		
	Is there anyone else that should be contacted re	egarding this project if there are questions?	
	If so, please list that person's name and telepl	hone number below:	
	JOHN 1. LEHMAN, ALA	(301) 854-1109	
	(Person's name)	(Telephone number)	
PLEAS	SE ASSURE ALL DOCUMENTS AND/OR	REVISIONS ARE APPROPRIATELY SIG	NED AND SEALED IF
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	TY THE APPROPRIATE CONTACT PERSON		
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MININ	<u>IUM OF FIVE (5) WORKING DAYS</u> FOR A	NY PLAN SUBMITTALS TO BE REVIEW	ED. THANK YOU.
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	INV		ellow: Applicant ink: Permit Division
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