



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: 01/08/2019
Permit No.: B20000078

Building Address: 1735 UNDERWOOD RD
 City: York State: MD Zip Code: 21784
 Suite/Apt. #: SDP/WP/BA #:
 Subdivision:
 Lot: 4 Tax Map: Parcel:
 Existing Use:
 Proposed Use:
 Estimated Construction Cost: \$
 Description of Work:
 Occupant/Tenant Name:
 Was tenant space previously occupied? Yes No
 Contact Name:
 Address:
 City: State: Zip Code:
 Phone: Fax:
 Email:

Property Owner's Name:
 Address:
 City: State: Zip Code:
 Phone: 713-103-3258 Fax:
 Email:
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name:
 Address:
 City: State: Zip Code:
 Phone: 443-465-1532 Fax:
 Email:
 Contractor Company:
 Contact Person:
 Address:
 City: State: Zip Code:
 License No.:
 Phone: 248-705-0406 Fax:
 Email:
 Engineer/Architect Company:
 Responsible Design Prof.:
 Address:
 City: State: Zip Code:
 Phone: 240-508-3200 Fax:
 Email:

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1st floor: (48x264) - 2314 sq ft	
Area of construction (sq. ft.):	2nd floor: (48x100) - 2112 sq ft	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: 5	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input checked="" type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	
<input checked="" type="checkbox"/> Roadside Tree Project Permit <input type="checkbox"/> Yes <input type="checkbox"/> No		
Roadside Tree Project Permit #		

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input 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 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: 62300011	
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.

Applicant's Signature: [Signature] Print Name: Summitline LLC
 Email Address: Summitline1231@comcast.net Date: 12/3/2019
 Title/Company: LAND SERVICES, INC

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

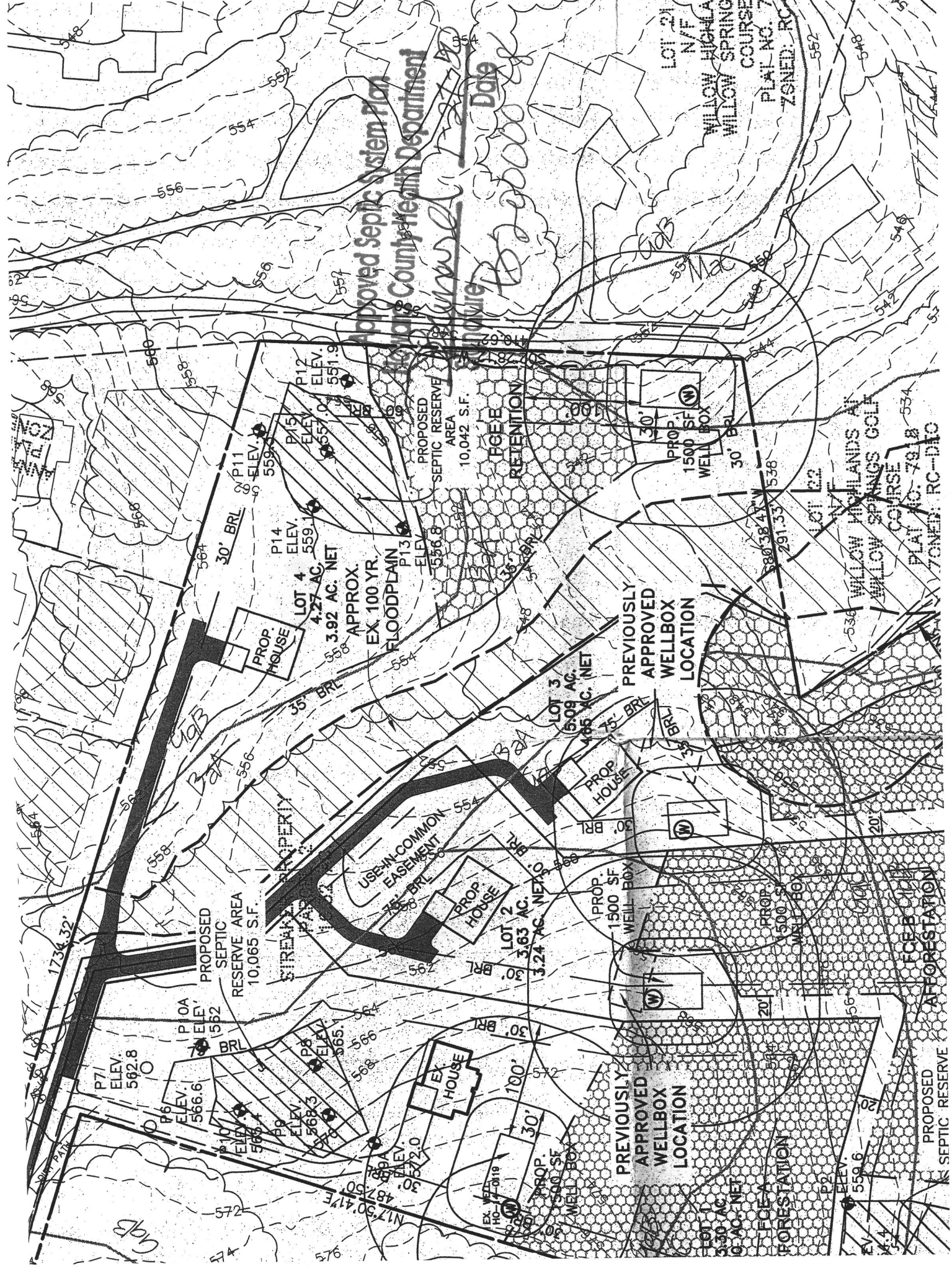
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>[Signature]</u>

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

DPZ SETBACK INFORMATION	
Front:	60/17
Rear:	60/17
Side:	30/12
Side St.:	
All minimum setbacks met?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# 10099

Approved Septic System Plan Hempstead County Health Department



11/11/19

LOT 21
N/F
WILLOW HIGHLANDS AT
WILLOW SPRINGS
GOLF COURSE
PLAY NO. 7
ZONED: RC

LOT 22
N/F
WILLOW HIGHLANDS AT
WILLOW SPRINGS GOLF
COURSE
PLAY NO. 791B
ZONED: RC-D10

PROPOSED
SEPTIC RESERVE

PREVIOUSLY
APPROVED
WELLBOX
LOCATION

PREVIOUSLY
APPROVED
WELLBOX
LOCATION

PROP. HOUSE

PROP. HOUSE

PROP. HOUSE

EX. HOUSE

PROPOSED
SEPTIC
RESERVE AREA
10,065 S.F.

PROPOSED
SEPTIC RESERVE
AREA
10,042 S.F.

PROP.
1500 SF
WELL BOX

PROP.
1500 SF
WELL BOX

PROP.
1500 SF
WELL BOX

PROP.
1500 SF
WELL BOX

P10A
ELEV.
566.6

P11
ELEV.
559.0

P12
ELEV.
551.9

P13
ELEV.
555.0

P14
ELEV.
559.1

P15
ELEV.
559.0

P71
ELEV.
592.8

P6
ELEV.
566.6

P8
ELEV.
568.3

P9
ELEV.
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P12
ELEV.
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ELEV.
555.0

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ELEV.
559.1

P15
ELEV.
559.0

EX. RESERVE
17,019 S.F.

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Architecture Collaborative, Inc.
 8334 Main Street
 Ellicott City, MD 21043
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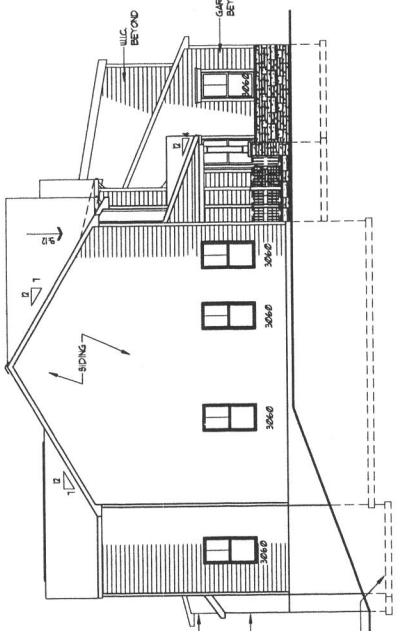
ELEVATION #34
 CARUSO HOMES, INC.
 "KINGSFORT - OSA.0048"
 U.N.O. 17-8 (17/21) 3/34
 U.N.O. 17-8 (17/21) 3/34
 DATE: 2017

DATE	REVISION	BY

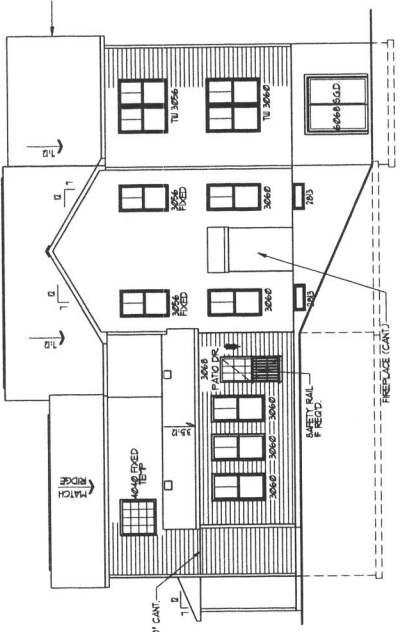
SHEET #
3.34

Professional Certification
 I hereby certify that these documents were prepared or approved by me and that I am a Licensed Architect under the laws of the State of Maryland.
 License number: 6821
 expiration date: 04-03-2020

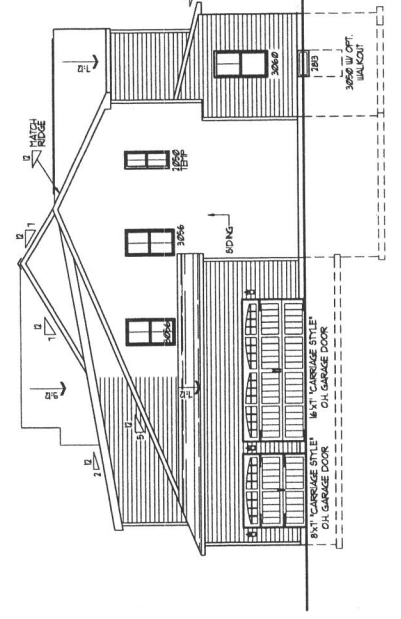
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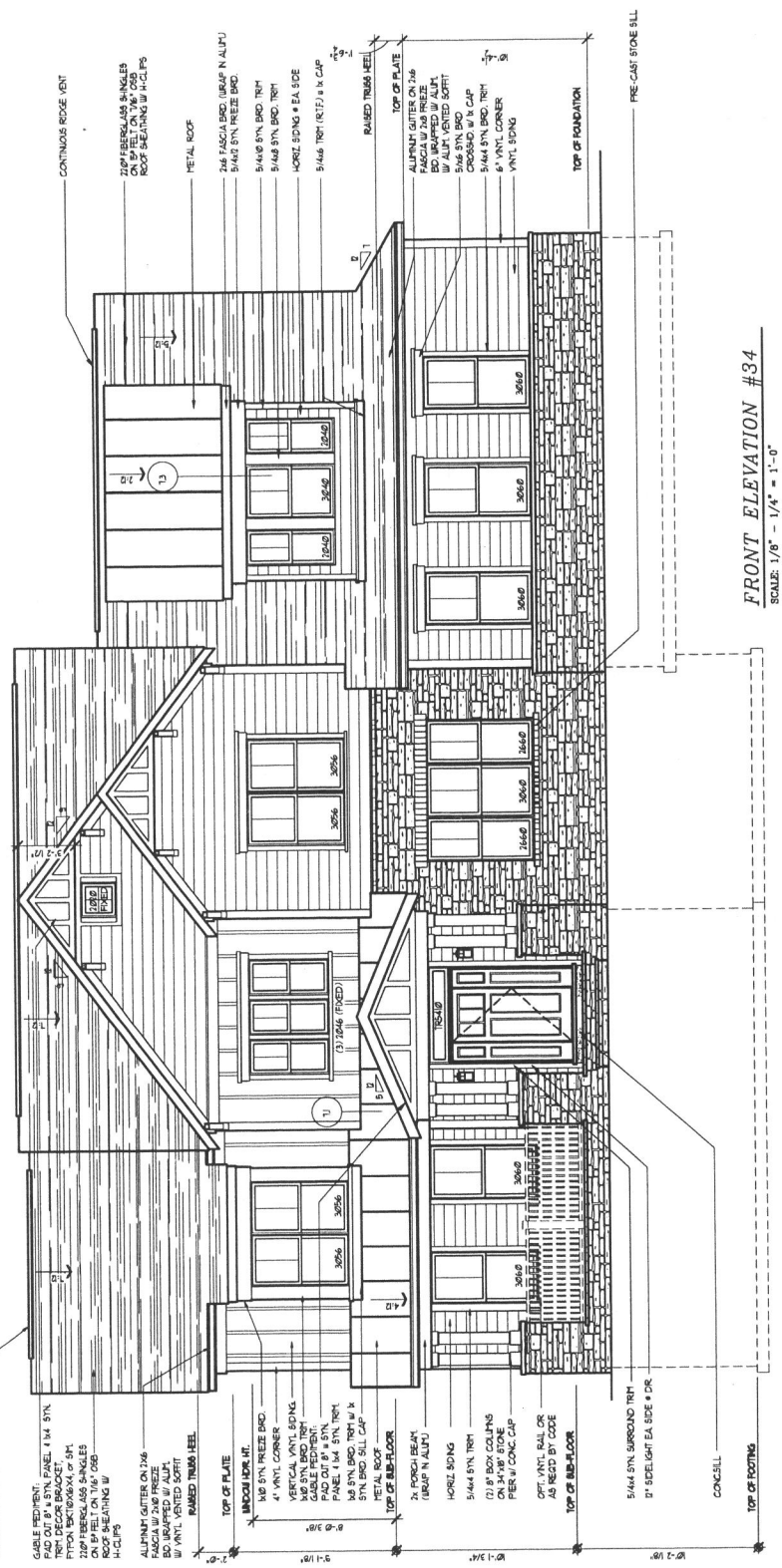
LEFT SIDE ELEVATION
 SCALE: 1/16" = 1/8" = 1'-0"



REAR ELEVATION
 SCALE: 1/16" = 1/8" = 1'-0"



RIGHT SIDE ELEVATION
 SCALE: 1/16" = 1/8" = 1'-0"



FRONT ELEVATION #34
 SCALE: 1/8" = 1/4" = 1'-0"

- CONTINUOUS RIDGE VENT
- GABLE ENDWALL: 6"X12" SYP. PANEL 1/4" SYP. TRIM DECOR BRACKET. 1/2"X1/2"X1/2" SYP. TRIM BRACKET. 1/2"X1/2"X1/2" SYP. TRIM BRACKET. ON EVELL ON THE ORD. ROOF SHEATHING W/ H-CLIPS
- ALUMINUM GUTTER ON 2x6 FASCIA W/ 2x6 FREEZE BOARD W/ 2x6 TRIM W/ VENT. RAISED TRIMMS HEEL
- TOP OF PLATE
- 1x6 SYP. FREEZE BDC.
- 4" VENT. CORNER
- 1/2" SYP. BDC. TRIM
- 1/2" SYP. BDC. TRIM
- GABLE PEDIENT
- FACE ON 1/4" SYP. TRIM
- 1/2" SYP. BDC. TRIM W/ 1/2" SYP. BDC. SILL CAP
- METAL ROOF
- TOP OF 2ND FLOOR
- 2x4 PORCH BEAM (BRAP N. ALPH)
- HORSE SIDING
- 5/4x4 SYP. TRIM
- (2) 2" BOX COLLING ON 2x4x6 STUDS PER 1/2" SYP. CAP
- OPT. VENT. RAIL OR AS REQD BY CODE
- TOP OF 1ST FLOOR
- 5/4x4 SYP. SURROUND TRIM
- 17" SLEIGHT EA SIDE # DR
- CONCRETE
- TOP OF FOOTING
- CONTINUOUS RIDGE VENT
- 20" FEEDBACK SINGLES ROOF SHEATHING W/ H-CLIPS
- METAL ROOF
- 2x6 FASCIA BDC. (BRAP N. ALPH)
- 5/4x4 SYP. FREEZE BDC.
- 5/4x4 SYP. BDC. TRIM
- 5/4x4 SYP. BDC. TRIM
- HORSE SIDING # EA SIDE
- 5/4x6 TRIM (STF) 1/4" CAP
- 5/4x4 SYP. BDC. TRIM
- 4" VENT. CORNER
- VENT. SIDING
- TOP OF PLATE
- ALUMINUM GUTTER ON 2x6 FASCIA W/ 2x6 FREEZE BOARD W/ 2x6 TRIM W/ VENT. RAISED TRIMMS HEEL
- TOP OF FOUNDATION
- PRE-CAST STONE SILL

Professional Certification
 I hereby certify that these documents were prepared or approved by me, and are my original work, and that I am a duly Licensed Professional Architect under the laws of the State of Maryland.
 License number: 04-03-2020
 5821
 expiration date: 04-03-2020

SHEET #
5.1

date	revision	by

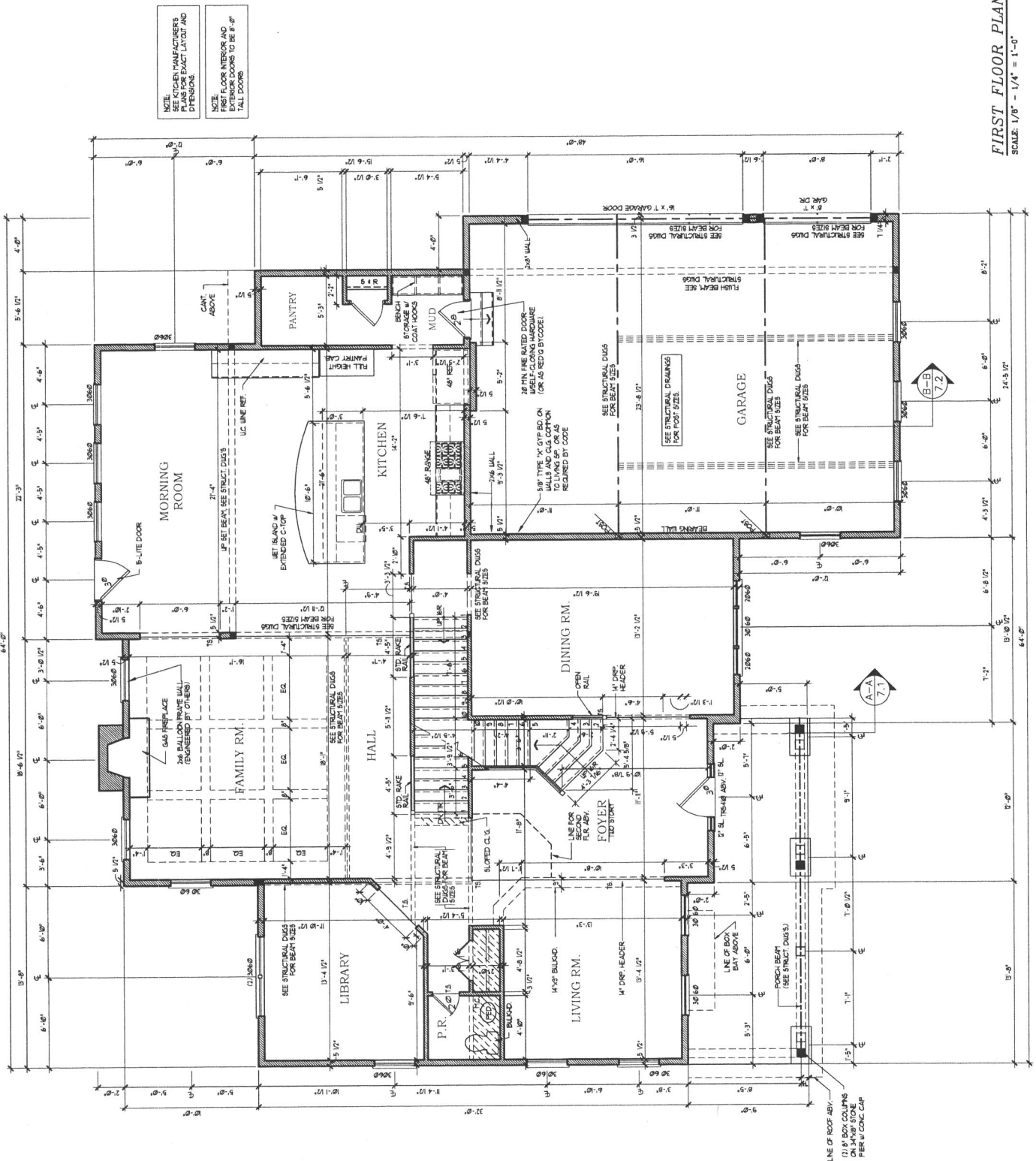
content
FIRST FLOOR PLAN
 U.N.O.: 1"=8' (34222) H.S.:
 U.N.O.: 1"=8' (17211) S.I.:
 DRAWN: ACI Date: 2017
CARUSO HOMES, INC.
 "KINGSPOINT - OSA 0048"

Architecture Collaborative, Inc.
 834 Main Street
 Bellicott City, MD 21043
 www.archcol.com
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 Fax: (410) 465-0903

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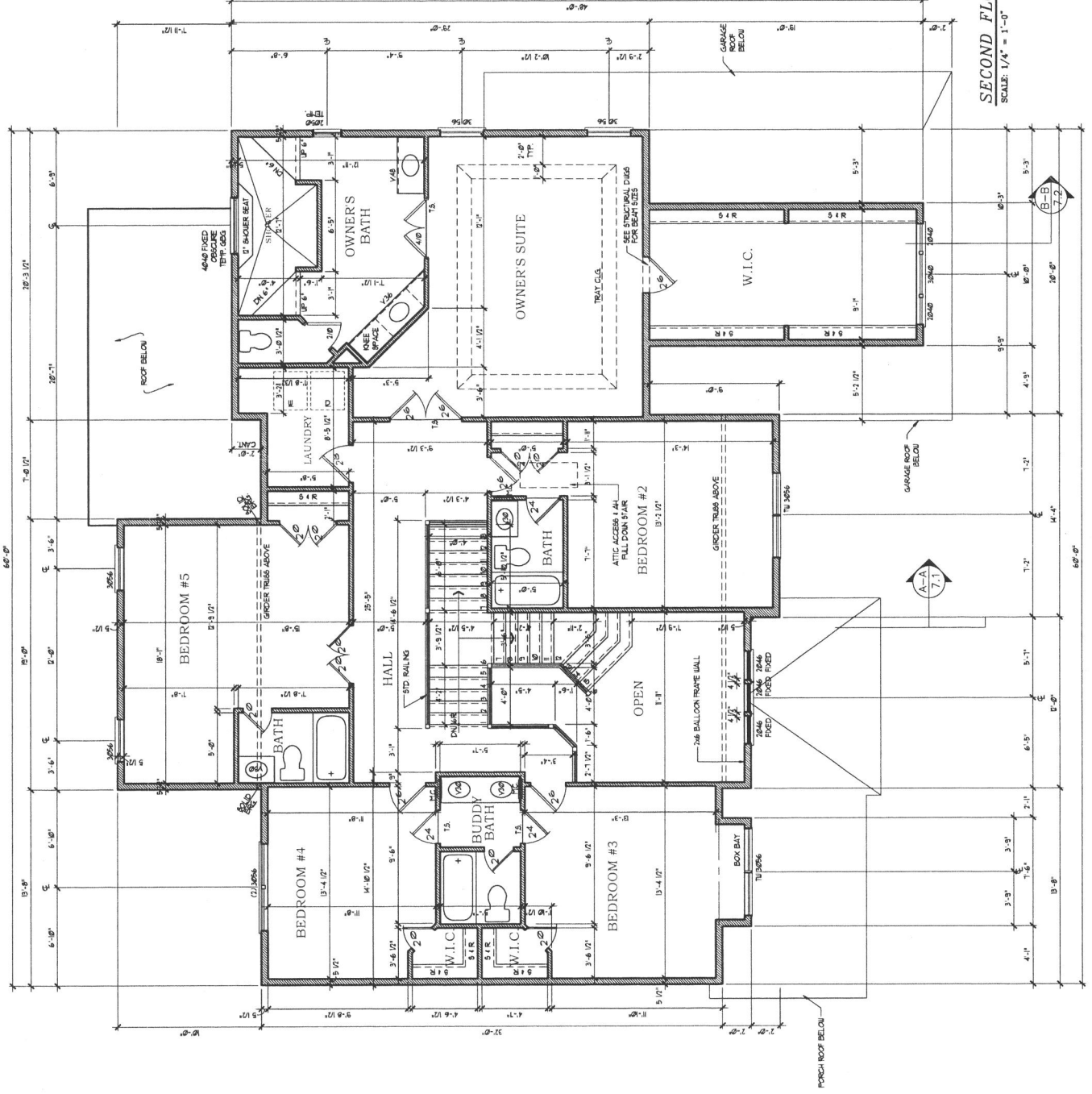
11/11/2019 10:11:55 AM Architecture Collaborative, Inc.
 CODE CYCLE: 2015 IRC Architecture Collaborative, Inc.: 11/11/2019 10:11 AM

FIRST FLOOR PLAN
 SCALE: 1/8" = 1'-0"



NOTE:
 SEE KITCHEN MANUFACTURER'S
 PLANS FOR EXACT LAYOUT AND
 DIMENSIONS.
 NOTE:
 FIRST FLOOR INTERIOR AND
 EXTERIOR DOORS TO BE 8'-0"
 TALL DOORS

SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"



Professional Certification	1. I hereby certify that these documents were prepared or approved by me, and I am a duly Licensed Professional Architect under the laws of the State of Maryland.	2. License number: 04-03-2020	3. Expiration date: 04-03-2020
6.1			
SHEET #			

date	revision	by	content

File: "KINGSFORD - OSA.0048"
CARUSO HOMES, INC.
 SECOND FLOOR PLAN
 U.N.O.: 17-8 (34222) File: 6.1
 Scale: 1/4" = 1'-0" (17x11)
 Date: 2017
 Drawn: ACI
 Checked: [Signature]

Architecture Collaborative, Inc.
 8394 Main Street
 Elkcollt City, MD 21043
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 Fax: (410) 465-0903

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