



Building Address: 13719 Tergo Dr.
City: Westfield State: MD Zip Code: 21794
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 3
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
Proposed Use: SFD W/PROPANE TANK
Estimated Construction Cost: \$ 4,000
Description of Work: INSTALL 1000 GAL UNDERGROUND PROPANE TANK

Occupant/Tenant Name: OWNER
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

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

Property Owner's Name: NR
Address: 11700 Plaza America Dr
City: Keister State: MD Zip Code: 20190
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: MICHELLE CLANCY
Address: PO BOX 310
City: PERRY HALL State: MD Zip Code: 21128
Phone: 443-610-7514 Fax: _____
Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: AIR GAS
Contact Person: DENNIS FEAGA
Address: 6750 MACLEAN DRIVE STE B
City: GLEN BURNIE State: MD Zip Code: 21060
License No.: 81215
Phone: 410-984-5681 Fax: _____
Email: _____

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

Utilities
Electric: ☐ Yes ☒ No
Gas: ☒ Yes ☐ No
Water Supply
☐ Public
☒ Private
Sewage Disposal
☒ Public
☒ Private
Heating System
☐ Electric ☐ Oil
☐ Natural Gas ☐ Propane Gas
☐ Other:
Sprinkler System:
☐ Yes ☐ 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.

Applicant's Signature

MICHELLE@APPLIEDANDAPPROVED.COM
Email Address

PERMITS

Title/Company

Print Name MICHELLE CLANCY

Date 2/7/2020

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	2/25/20	PET

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

tribution of Copies: White: Building Officials

Green: PSZA,Zoning

Yellow: PSZA,Engineering

Pink: Health

Gold: SHA

STORMWATER MANAGEMENT NOTES:

STORMWATER MANAGEMENT FOR LOT 3 IS BEING PROVIDED BY A COMBINATION OF NON-ROOFTOP DISCONNECTIONS (N-2) FOR THE DRIVEWAY AREA AND 1 ROOFTOP DISCONNECTION (N-1) & 4 DRYWELLS (N-5), FOR THE ROOF AREAS OF THE PROPOSED HOUSE.

294 S.F.	294 S.F.	100 S.F.	203 S.F.	223 S.F.
308 S.F.	301 S.F.	301 S.F.	154 S.F.	154 S.F.

HOUSE DOWNSPOUT DRAINAGE AREAS

SCALE: 1"=30'

Approved for UPT
B20000456
NL 2/25/20

OWNER/DEVELOPER

HW ROSES
9720 PATRICK WOODS DRIVE
COLUMBIA, MD 21046
410-374-5955

NOTE: NO GRAVITY SEWER SERVICE FOR BASMENT.

PERMIT SITE PLAN BELVEDERE ESTATES LOT 3

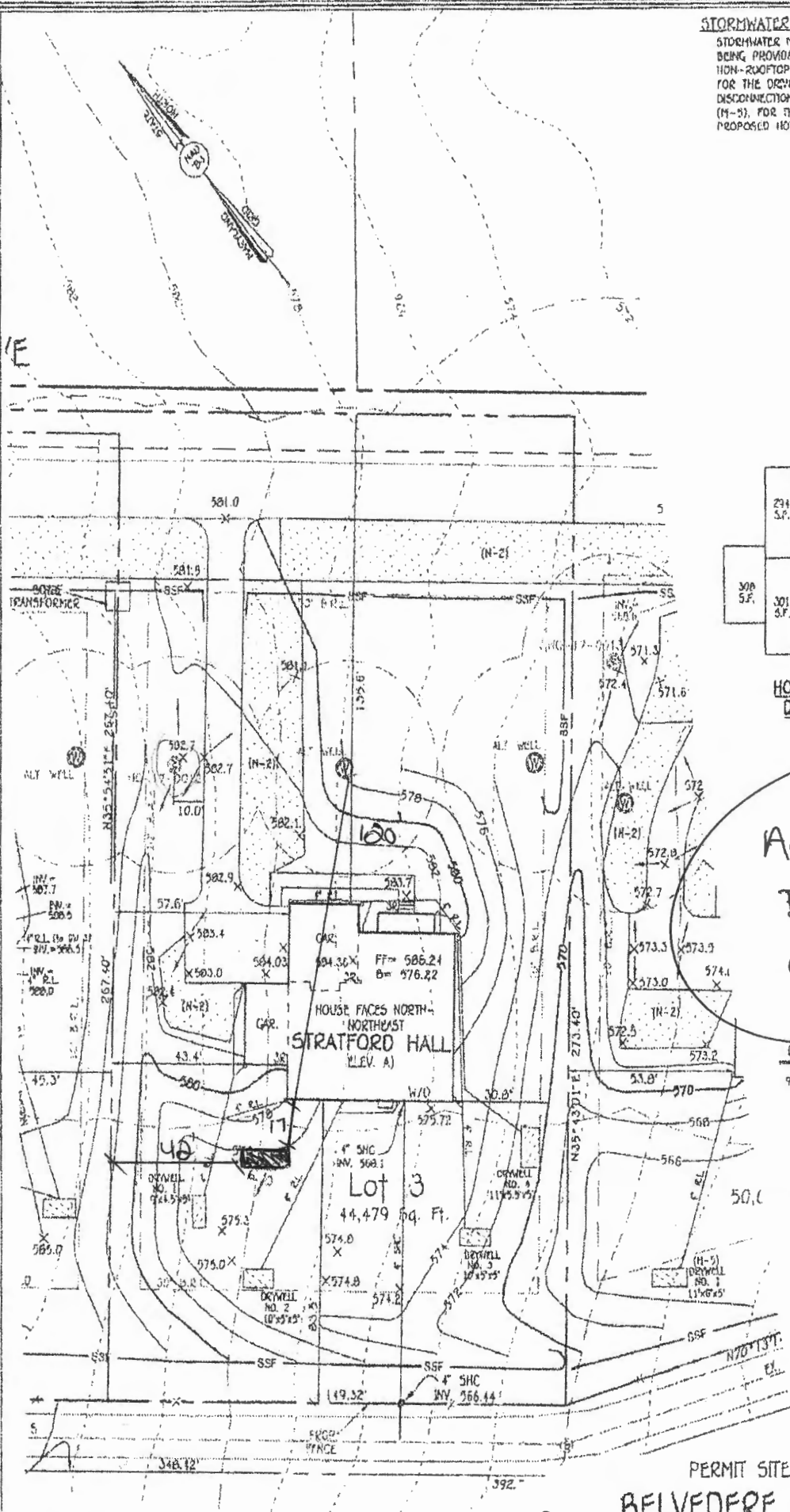
13719 TERGED DRIVE

ZONED: RC-DEO

TAX MAP NO.: 22 GRID NO.: 8 PARCELS NO.: 116 AND PLO 7
THIRD ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: AS SHOWN DATE: JAN. 8, 2020

SHEET 1 OF 1



NOTE: THE EXISTING WELL SHOWN ON THIS PLAN, NO-17-0012, HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

FISHER, COLLINS & CARTER, INC.
1300 WILSON AVENUE, SUITE 100
BETHESDA, MD 20814
(301) 441-1955

PLAN

SCALE: 1" = 30'



Building Permit Application
Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2019 DEC 30 PM 4:00

Date Received: _____

Permit No.: B19004383

Building Address: 13719 Tergeo Dr
City: West Friendship MD State: MD Zip Code: 21794
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: Belvedere Estates
Lot: 3 Tax Map: _____ Parcel: _____

Existing Use: Vacant lot
Proposed Use: Single family home
Estimated Construction Cost: \$ 210,000

Description of Work: New 2 story "Stratford Hall" on "A" with 2 car side load garage, 1 car side attached garage, and finished lower level (Rec Room and Bathroom)
11 Rooms, 6 Full Baths, 1 1/2 Bath, 5 Bedrooms

Occupant/Tenant Name: _____
Was tenant space previously occupied? ☐ Yes ☐ No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	☒ SF Dwelling ☐ SF Townhouse
No. of stories: <u>2</u>	Depth Width
Gross area, sq. ft./floor: <u>6824</u>	1st floor: <u>54</u> x <u>68</u>
<u>OG SF 6824</u>	2nd floor: <u>48</u> x <u>54</u>
Area of construction (sq. ft.): _____	Basement: <u>54</u> x <u>54</u>
Use group: <u>Performance Method</u>	☒ Finished Basement
Construction type: _____	☐ Unfinished Basement
☐ Reinforced Concrete	☐ Crawl Space
☐ Structural Steel	☐ Slab on Grade
☐ Masonry	No. of Bedrooms: <u>5</u>
☐ Wood Frame	Multi-family Dwelling
☐ State Certified Modular	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
☒ Roadside Tree Project Permit	Footings: _____
☐ Yes ☒ No	Roof: _____
Roadside Tree Project Permit # _____	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: NVR Inc.
Address: 9720 Patuxent Woods Dr
City: Columbia MD State: MD Zip Code: 21046
Phone: 410-379-5956 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Decatur Building Services
Address: PO Box 552
City: Woodbine MD State: MD Zip Code: 21797
Phone: 443-309-7792 Fax: _____
Email: jim@decaturbuildingservices.com
Contractor Company: NK Homes
Contact Person: Clint Cagle
Address: 9720 Patuxent Woods Dr
City: Columbia MD State: MD Zip Code: 21046
License No.: 56
Phone: 410-379-5956 Fax: _____
Email: ccagle@nvrinc.com

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

Utilities
Electric: ☒ Yes ☐ No
Gas: ☒ Yes ☐ No
Water Supply
☐ Public
☒ Private
Sewage Disposal
☐ Public
☒ Private
Heating System
☒ Electric ☐ Oil
☐ Natural Gas ☒ Propane Gas
☐ Other: _____
Sprinkler System:
☒ Yes ☐ 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.

Applicant's Signature: Jim Keavin Print Name: Jim Keavin
Email Address: jim@decaturbuildingservices.com Date: 12/24/2019
Agent/Company: NV Homes
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	1/13/2020	H. Oswald

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	\$	150.00
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	308824

Oswald, Hank

From: Oswald, Hank
Sent: Monday, January 13, 2020 2:13 PM
To: Dave Harward, III
Subject: RE: Site Plan_Belvedere Estates Lot 3

Dave:

I will strike a line through the note and approve the building permit.

Thanks,

Hank

From: Dave Harward, III <DaveH@fcc-eng.com>
Sent: Monday, January 13, 2020 2:11 PM
To: Oswald, Hank <hoswald@howardcountymd.gov>
Subject: RE: Site Plan_Belvedere Estates Lot 3

[Note: This email originated from outside of the organization. Please only click on links or attachments if you know the sender.]

Hank,

You are correct, it certainly does have gravity sewer service for the basement. Can you simply strike a line through that note on your copy? I will send new plans to NV and make sure they understand that is the case (NV probably realizes it, but I'll make sure that they do). It's not like this is of any concern to anyone else, so sending new copies through DILP shouldn't be necessary (unless you want us to).

Thanks for pointing this out !
Dave.



From: Oswald, Hank <hoswald@howardcountymd.gov>
Sent: Monday, January 13, 2020 2:05 PM
To: Dave Harward, III <DaveH@fcc-eng.com>
Subject: Site Plan_Belvedere Estates Lot 3

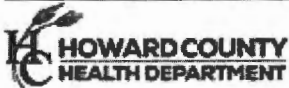
Hi Dave:

I'm getting ready to approve the building permit for Belvedere Estates, Lot 3. The site plan has a note about no gravity sewer service from basement, but the invert elevations on the plan seem to suggest otherwise. Is this note accurate?

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov



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Oswald, Hank

From: Oswald, Hank
Sent: Wednesday, January 08, 2020 11:12 AM
To: Dave Harward, III (DaveH@fcc-eng.com)
Subject: Site Plan_B19004383_13719 Tergeo Drive_Belvedere Estates Lot 3

Hi Dave:

The site plan for 13719 Tergeo Drive (Belvedere Estates, Lot 3) shows the existing well less than 10 feet from the driveway. Please note, I measure from the center of the well symbol to the line. Please have the site plan adjusted accordingly.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov



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13719 Tergeo Drive
LOT 3

STRATFORD HALL Health

BY: CONNELL-UNIT
MDE-BV-0003
CONTRACT
SHELDON ESTATES - 0000
STREET ADDRESS
10TH TERGEO DRIVE
CITY
PREST FREDERICK
STATE
MD
ZIP
21704



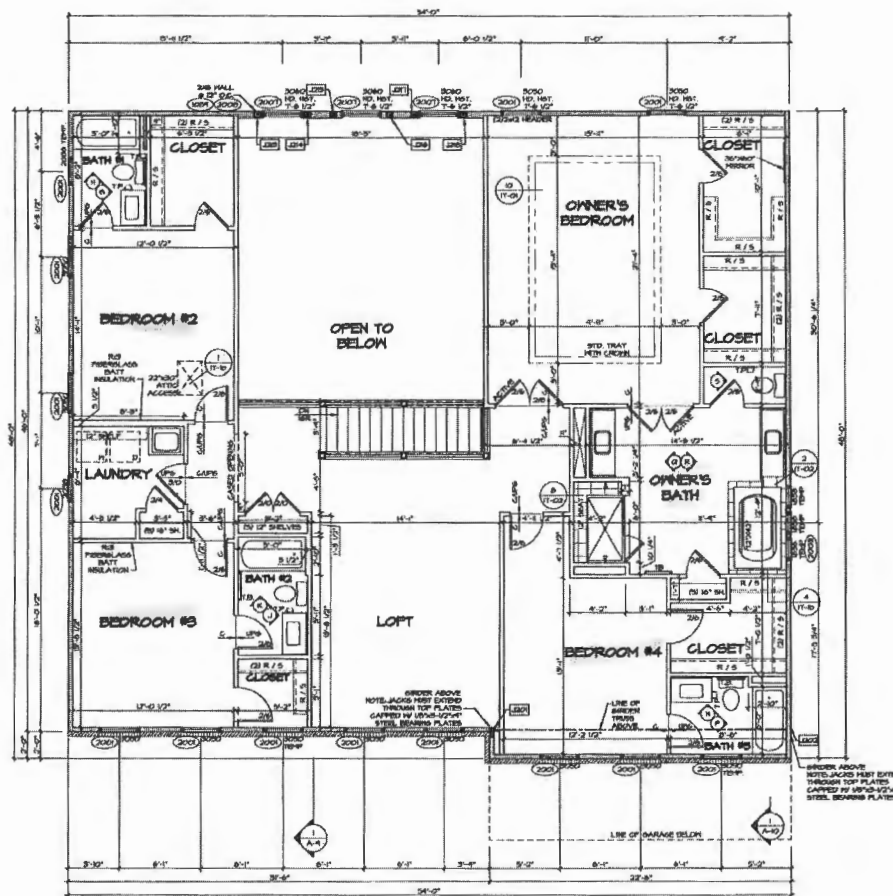
NVR, Inc.
5285 Westview Drive, Suite 100
Frederick, MD 21703

	SHEET NO.	FULL BASEMENT																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	

FIRST FLOOR SQUARE FOOTAGE	
DESCRIPTION	TOTAL SQ. FT.
1ST FLOOR (BASE SF)	250 SF
	250 SF
SECOND FLOOR SQUARE FOOTAGE	
DESCRIPTION	TOTAL SQ. FT.
2ND FLOOR (BASE SF)	250 SF
	250 SF
GARAGE SQUARE FOOTAGE	
DESCRIPTION	TOTAL SQ. FT.
2ND CAR GARAGE (ELEV. 14' OR 15' OR 16')	500 SF
ONE CAR SIDE ATTACHED GARAGE (ADD. SF)	500 SF
	500 SF
BASEMENT SQUARE FOOTAGE	
DESCRIPTION	TOTAL SQ. FT.
FINISHED BASEMENT	521 SF
	521 SF
UNFINISHED SQUARE FOOTAGE	
DESCRIPTION	TOTAL SQ. FT.
UNFINISHED STORAGE	500 SF
MECHANICAL ROOM	250 SF
	500 SF
TOTAL FINISHED SQUARE FOOTAGE	
DESCRIPTION	TOTAL SQ. FT.
1ST FLOOR (BASE SF)	250 SF
2ND FLOOR (BASE SF)	250 SF
FINISHED BASEMENT	521 SF
	500 SF

SET - VERSION
11900 - 01 CS-1

B19004383



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

FLOOR PLAN NOTES

1. ALL HEADERS ARE (2) 2x4 W/ 2x4 HALLS OR (2) 2x6 W/ 2x6 HALLS, UNLESS OTHERWISE NOTED.
2. ALL HEADERS TO HAVE 5/8" OR 3/4" JACK EACH END, UNLESS OTHERWISE NOTED.
3. ALL EXTERIOR WALLS TO BE 4" AND ALL INTERIOR WALLS TO BE 5 1/2". UNLESS OTHERWISE NOTED.
4. UNFINISHED AREAS INDICATED DROPPED CEILING. ALL DROPPED CEILING ARE 12' ALBES. UNLESS OTHERWISE NOTED.
5. SEE TRIMMED HALL PANELS, DETAIL SHEET FOR SPECIAL WALL FINISHING LOCATIONS AND HEADERS, ETC. IF APPLICABLE.
6. SEE STANDARD DETAIL, CATEGORY "T" SHEETS FOR INTERIOR TRIM DETAILS.
7. SEE ARCHITECTURAL DETAIL, SHEET "A-1" FOR HOME SPECIFIC INTERIOR HIGH OPTION TABLE.
8. ALL HEADERS HAVE 7'-0" HGT HEADERS UNLESS OTHERWISE NOTED.
9. ALL CAVED OPENINGS AT YU, UNLESS OTHERWISE NOTED.

LEGEND

- BEARING WALL
 - NON-BEARING WALL
 - RECALCULATED BEARING FROM POINT LOAD ABOVE
 - JACK
 - END HEADER
 - PAD FOOTING
 - STAIR COLUMN
 - PORCH FRAME
 - JOIST/TRUSS
 - LVL
 - ENGINEERING FRAME NUMBER
- SEE PL DETAILS FOR FINISHING CONNECTIONS

SECOND FLOOR JACK SCHEDULE

DESCRIPTION	DESCRIPTION	OPTIONS	END HKT	REMARKS
2007	JACK - (N) 2x6 SPS		2008	
2008	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2009	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2010	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2011	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2012	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2013	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2014	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2015	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2016	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2017	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS
2018	JACK - (N) 2x6 SPS		2007	FULL HEIGHT STUDS

100% COMPLETED
MDE-BV-0008

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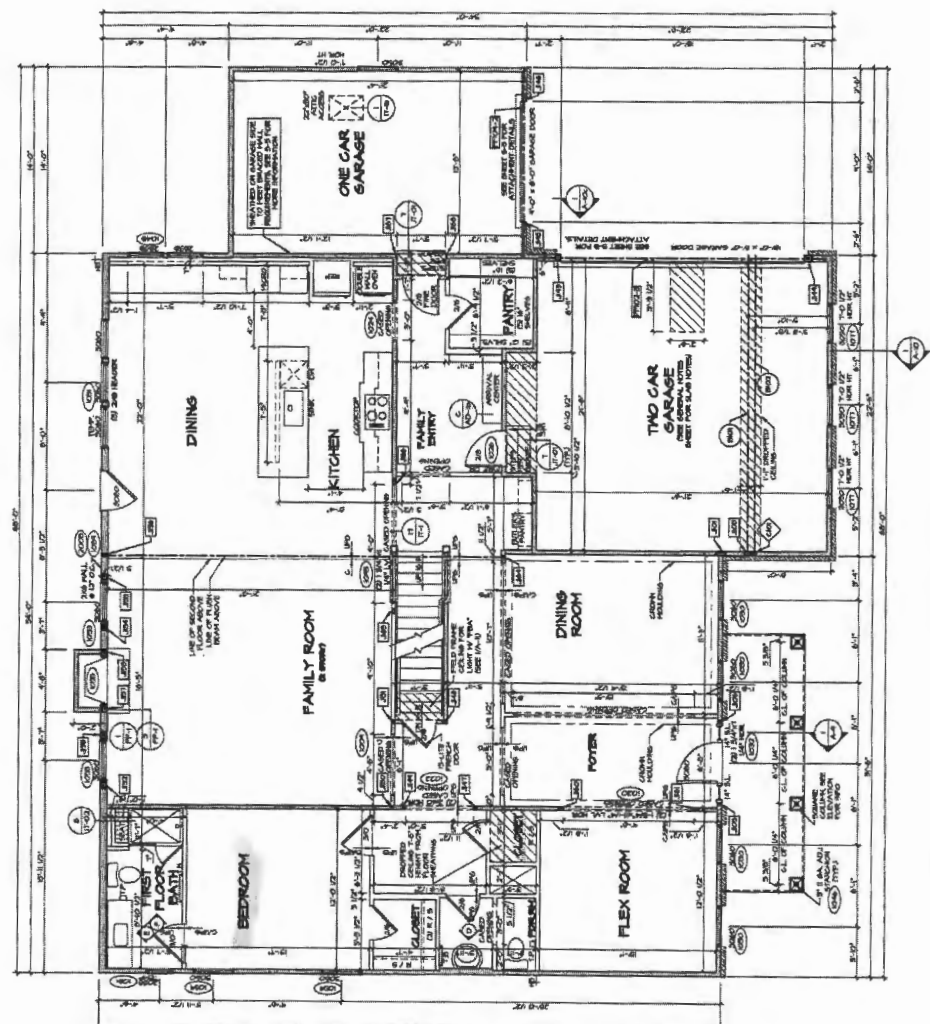
100% COMPLETED
MDE-BV-0008

100% COMPLETED
MDE-BV-0008

100% COMPLETED
MDE-BV-0008



SHEET NO. A-7 STRATFORD HALL FIRST FLOOR PLAN	DATE: 4/26/18 DRAWN BY: JCH CHECKED BY: JCH SCALE: AS SHOWN	NVR 1825 Riverside Drive, Suite 100 Northbrook, IL 60062 (847) 486-1100 www.nvr.com	PROJECT: 1825 RIVERSIDE DRIVE CLIENT: JCH PROJECT NO.: 1825 RIVERSIDE DRIVE PROJECT NAME: 1825 RIVERSIDE DRIVE PROJECT ADDRESS: 1825 RIVERSIDE DRIVE PROJECT CITY: NORTHBROOK, IL 60062 PROJECT STATE: ILLINOIS PROJECT ZIP: 60062	DATE: 4/26/18 DRAWN BY: JCH CHECKED BY: JCH SCALE: AS SHOWN
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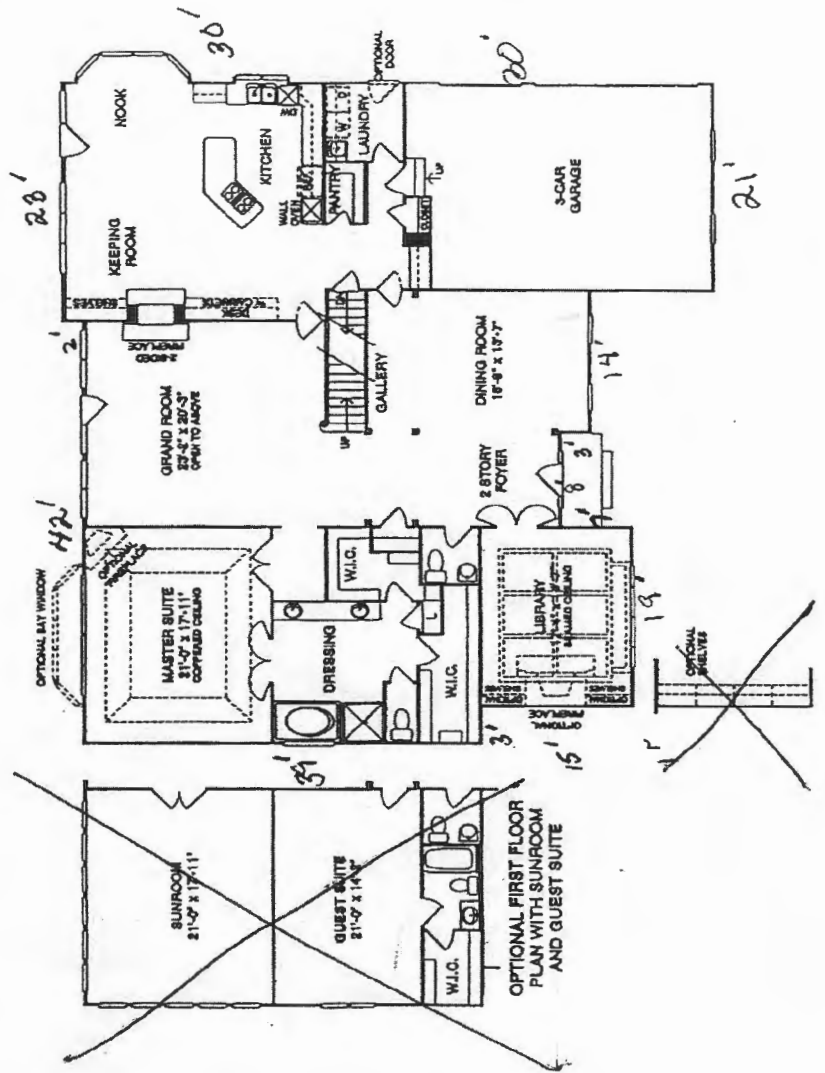
FIRST FLOOR PLAN

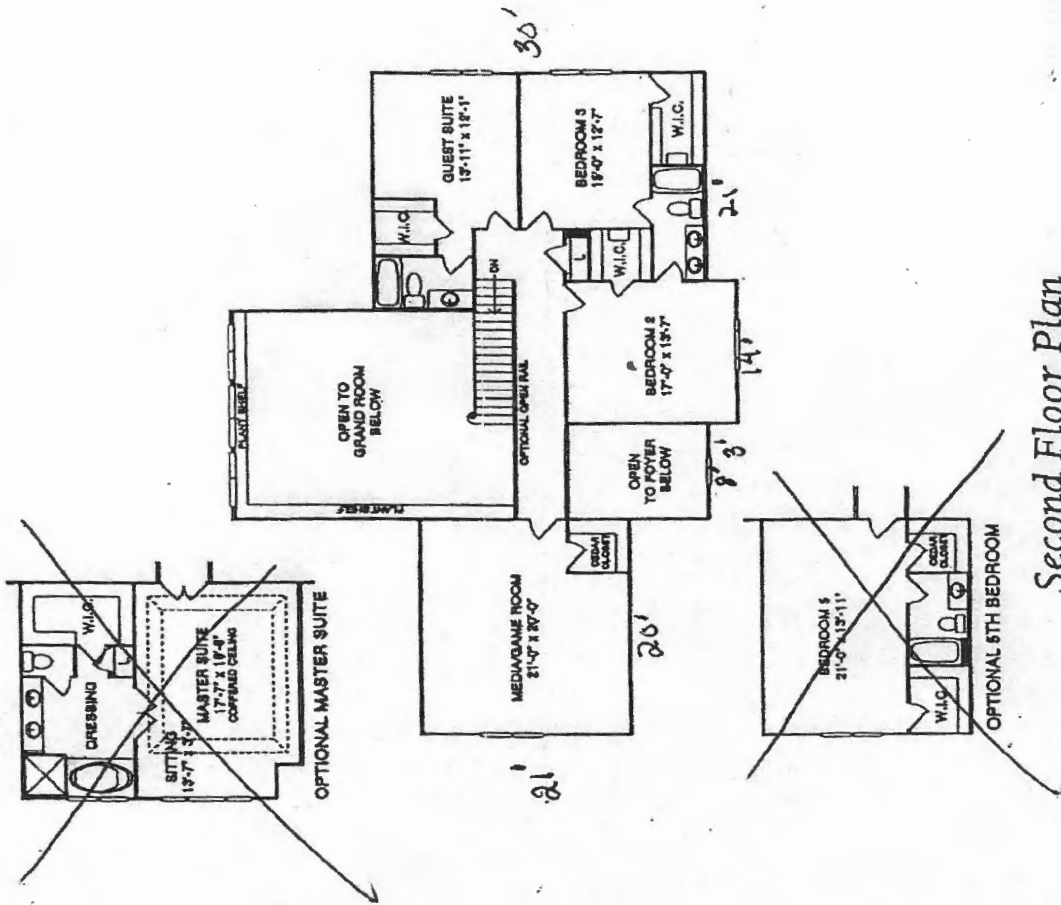
FOR NOTES AND SCHEDULES SEE PAGE A-7b

B19C04383

HEALTH DEPT

Compton





Second Floor Plan

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

Date: 1/10/20

To: DILP# Health Dept (Per Hank Oswald, Health Dept.) Added dimension of
(Person's Name and Division) Driveway to Well.

From: Dave Harward, Fisher, Collins & Carter, Inc. (410) 461-2855
(Your Name, Company Name and Telephone Number)

Subject: Project name Belvedere Estates: Lot 3
Project site address 13719 Tergeo Drive
Permit # B19004383 SDP # N/A
Other information pertinent to this project _____

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

- ____ Letter of response to address plan review comment letter
- ____ Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- ____ Letter Summarizing Changes
- ____ Energy conservation calculations
- 6 Copies of Permit (Plot) Plan (be specific). (For Lot 3) Per Health Dept., Dimension added from Well to Driveway edge.
- ____ Health Department Request ____ DPZ/ DED Request ____ Applicant's Request
- ____ Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- ____ Other _____

Contact Person Information: (Required)

Please Print Name

Telephone No:

E-Mail Address:

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 [Signature]