

PERMIT NUMBER: B 20004401

DATE ACCEPTED:

DEC 11 2020

RESIDENTIAL BUILDING PERMIT APPLICATION

LICENSES & PERMITS
DIVISION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 18431 Hidden Creek Way		Unit:
City: Mount Airy	State: MD	Zip Code: 21771
Subdivision/Village/Complex Name: Windsor Forest Knolls		SDP/WP/BA #:
Lot: 11	Tax Map: 6, Grid 16	Parcel: 57
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant unimproved lot	Proposed Use: SFD	Estimated Cost: \$445,425.00
Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None		

Residential New Single Family Dwelling (Detached)

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Sonshine MD, LP		Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 227 Granite Run Drive, Suite 100		
City: Lancaster	State: PA	Zip Code: 17601
Phone: (717) 464-9060	Email: billb@keystonecustomhome.com	

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Keystone Custom Homes		Contact Name: Gregg Reinsmith
Street Address: 227 Granite Run Drive, Suite 100		
City: Lancaster	State: PA	Zip Code: 17601
Phone: (717) 719-1362	Email: greinsmith@keystonecustomhome.com	

CONTRACTOR INFORMATION REQUIRED

Business Name: Keystone Custom Homes	
Licensee's Name:	License #: MHBR# 2937 (exp 12/01/2021)
Street Address: 227 Granite Run Drive, Suite 100	
City: Lancaster	State: PA
Phone: (717) 719-1362	Email: greinsmith@keystonecustomhome.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Paul B. Elser, P.E.	Name: Paul Elser
Street Address: 227 Granite Run Drive, Suite 100	
City: Lancaster	State: PA
Phone: (717) 719-1370	Email: pelser@keystonecustomhome.com

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #	
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: Covington Vintage					
# of Bedrooms (SF): 5	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 24	# Full Baths: 3	# Half Baths: 1	# Fireplaces: 1		
Garage/Carport Info: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial					
1st Fl Width: 52	1st Fl Depth: 69	2nd Fl Width: 50	2nd Fl Depth: 50	Bsmt Width: 52	Bsmt Depth: 69
Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 7,522 sq ft		Occupiable Area: 7,395 sq ft	

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE

12/2/2020

DATE SIGNED

FOR OFFICE USE ONLY


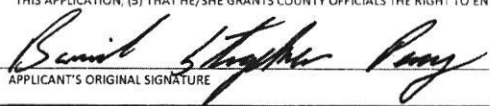
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input checked="" type="checkbox"/> SHA	<input checked="" type="checkbox"/> CID
SUBMITTAL FEES: \$150.00		PAYMENT: CK# 2301		ACCEPTED BY: MAIL	

PERMIT NUMBER: B 21001992

DATE ACCEPTED:

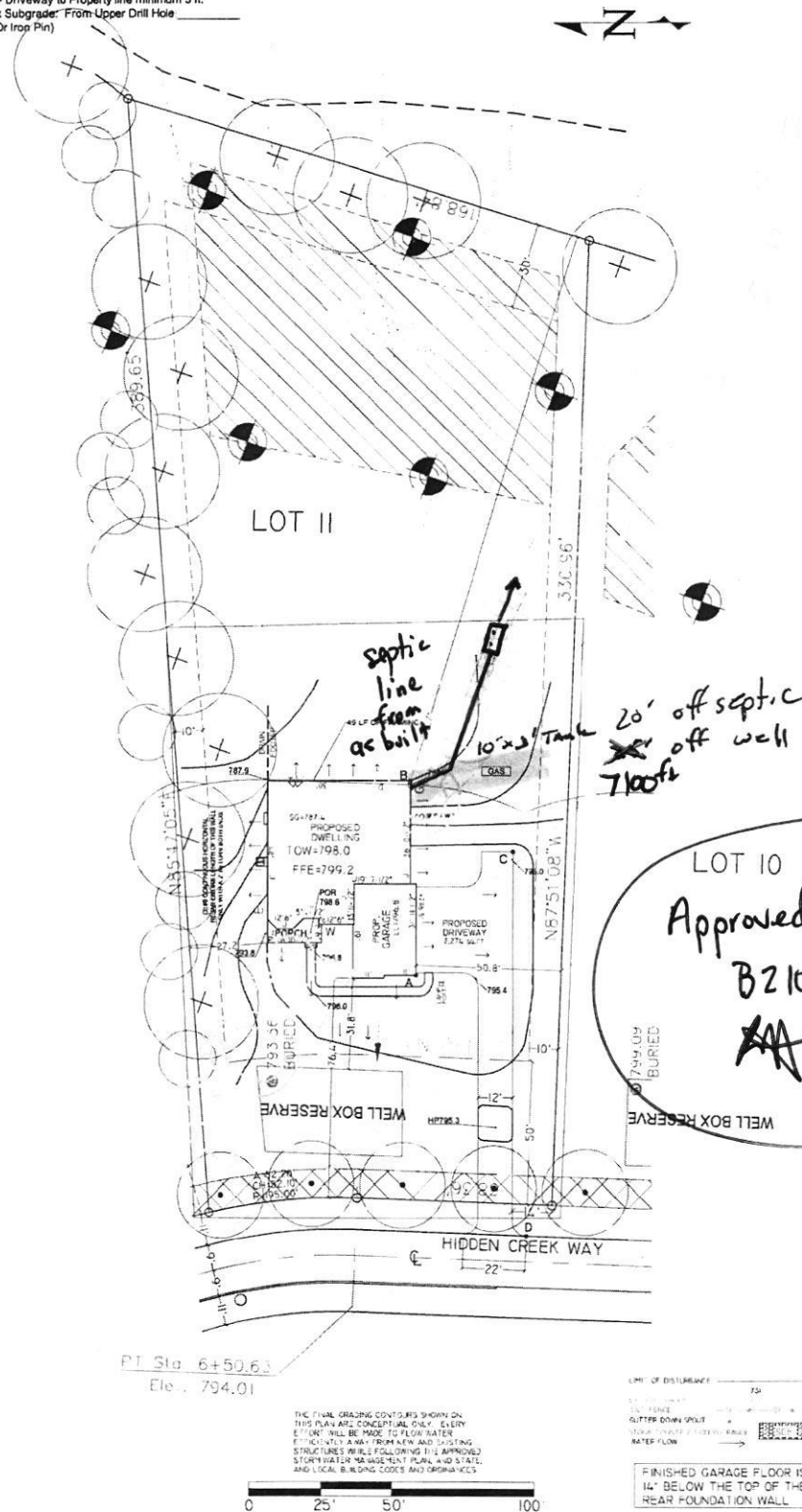
 RESIDENTIAL BUILDING PERMIT APPLICATION HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 2430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4 www.howardcountymd.gov	
BUILDING SITE ADDRESS REQUIRED	
Street Address: 18431 Hidden Creek Way	Unit:
City: Mt Airy	State: MD
Subdivision/Village/Complex Name: Enclave at Glenede	SDP/WP/BA #:
Lot: 11	Tax Map:
Parcel:	Grading Permit #:
DESCRIPTION OF WORK REQUIRED	
Existing Use:	Proposed Use:
Estimated Cost: \$ 4281.00	
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input checked="" type="checkbox"/> None	
Install 66500 Propane tank run line to house	
PROPERTY OWNER INFORMATION REQUIRED	
Owner(s) Name(s) (As it appears on tax records): Nicole Burger	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 18431 Hidden Creek Way	
City: Mt Airy	State: MD
Phone:	Zip Code: 21771
Email:	
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION	
Business Name: Dixie Land Energy	Contact Name: Ronnie Blankenbuckler
Street Address: 281 E Main St	
City: Rising Sun	State: MD
Phone:	Zip Code: 21911
Email:	
CONTRACTOR INFORMATION REQUIRED	
Business Name: Dixie Land Energy	
Licensee's Name: Basil Stephen Perry	License #: 201000100429
Street Address: 281 E Main St	
City: Rising Sun	State: MD
Phone: 888-517-3680	Zip Code: 21911
Email: lbarker@dixielandenergy.com	
ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE	
Business Name:	Name:
Street Address:	
City:	State:
Phone:	Zip Code:
Email:	
BUILDING CHARACTERISTICS REQUIRED	
Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input checked="" type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane <input type="checkbox"/> Other:	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac	
ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)	
Model Name & Options:	
# of Bedrooms (SF):	# of efficiency units (MF*):
# of 1 BR (MF*):	# of 2 BR (MF*):
# of 3 BR (MF*):	
# Rooms:	# Full Baths:
# Half Baths:	# Fireplaces:
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None	
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial	
1 st Fl Width:	1 st Fl Depth:
2 nd Fl Width:	2 nd Fl Depth:
Bsmt Width:	Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI	Gross Area: sq ft
Occupiable Area: sq ft	
AGREEMENT/ DISCALIMER REQUIRED	
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 ORIGINAL SIGNATURE	
3-2-21 DATE SIGNED	
FOR OFFICE USE ONLY	
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY	
AGENCIES REQUIRED/APPROVALS:	
<input type="checkbox"/> PR	<input type="checkbox"/> DPZ
<input type="checkbox"/> DED	<input type="checkbox"/> Health
<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES:	PAYMENT:
ACCEPTED BY:	

NOTES:

- 1- Basement Walkout
- 2- Minimum distance between water & sewer connect.
- 3- Driveway requirements:
- 4- All location dimensions shown here are subject to change due to field conditions.
- 5- Easement notices: (various' wide) Well Box Sanitary Sewer
- 6- 10' Porch Walls, 4' Garage Walls B-C0.0,G-F4.1
- 7- Foundation walls: 10' Poured walls - (7' B.T.W.)
- 8- Nothing should be placed, planted or erected in the easement areas.
- 9- Not used
- 10- Howard County - Driveway to Property line minimum 3 ft.
- 11- Cut to Basement Subgrade: From Upper Drill Hole
(Or Iron Pin)

Job Number

EAs011



DRIVEWAY

POINT "C"	DISTANCE
A to C	54.8'
B to C	43.8'
POINT "D"	
A to D	98.7'
B to D	163.9'

CHAD & NICOLE BURGER
SITE ADDRESS
18431 HIDDEN CREEK WAY
Subdivision: ENCLAVE AT GLENELG
Municipality: HOWARD COUNTY
Tax Map No.: 8.1A
Bldg. Cover (SQ. FT.): 5,389 SQ. FT.
Cov. 16.4%
Dw. - 80



KEYSTONE CUSTOM HOMES, INC.
227 GRANITE RUN DRIVE, SUITE 100
LANCASTER, PENNSYLVANIA 17601
PHONE: (717) 464-9080 FAX: (717) 735-2034

"Building Dreams Together"

www.keystonecustomhome.com

1 Time Winner of NAR's "America's Best Builder" Award

DATE	HISTORY	REVISION BY
00/00/00	XXXXXXXXXX	XXX
00/00/00	XXXXXXXXXX	XXX
00/00/00	XXXXXXXXXX	XXX
08/27/20	HFOPILOT	PBE
08/19/20	HFOPILOT	PBE
TITLE	SCALE	DATE
PLOT PLAN	1"=40'	PBE
ANHT0	EAS011.dwg	

PLEASE MAKE CHECKS PAYABLE TO "DIRECTOR OF FINANCE OF HOWARD COUNTY"

HEALTH DEPT

B2000 4401



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



"Professional Certification: I have certified that these documents were prepared or designed by me and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 85478, Expiration Date 09-30-2022"

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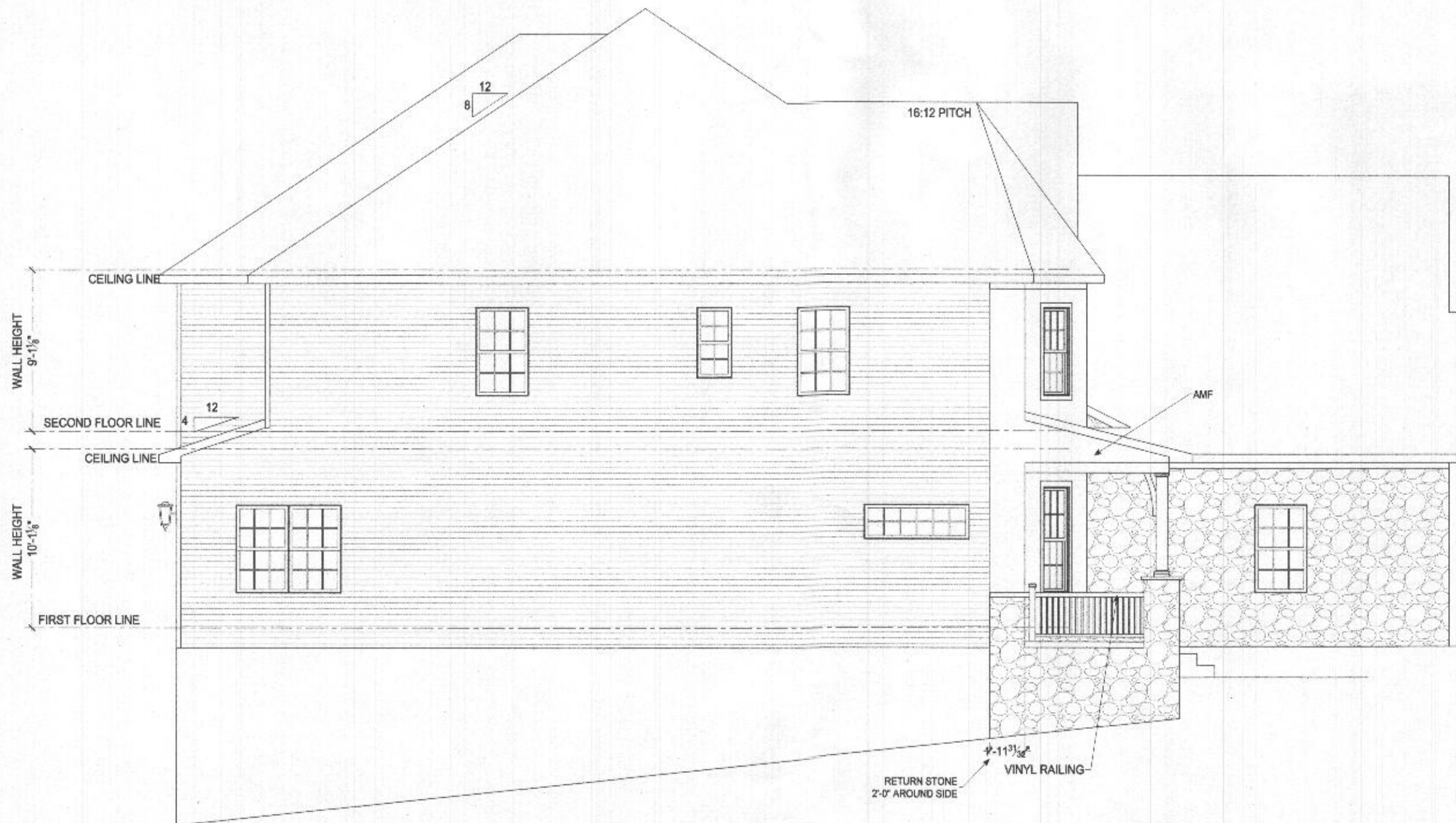
227 GRANITE RUN DRIVE, SUITE 100
LANCASTER, PENNSYLVANIA 17601
PH: (717) 464-9060 • FAX: (717) 464-9046
www.keystonecustomhomes.com



KEYSTONE CUSTOM HOMES, INC.

PROJECT DESCRIPTION	FRONT ELEVATION
DATE	DEC 8 2020
DESIGNED BY	AS NOTED
DRAWN BY	N. DEPEO
CHECKED BY	AL.O
APPROVED BY	anh 70

18431 HIDDEN CREEK WAY
MOUNT AIRY, MD 21771



LIVING SIDE ELEVATION
SCALE 1/4" = 1'-0"



"Professional Certification I provide hereby that these drawings were prepared or approved by me and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 95478, Expiration Date 05-15-2022."

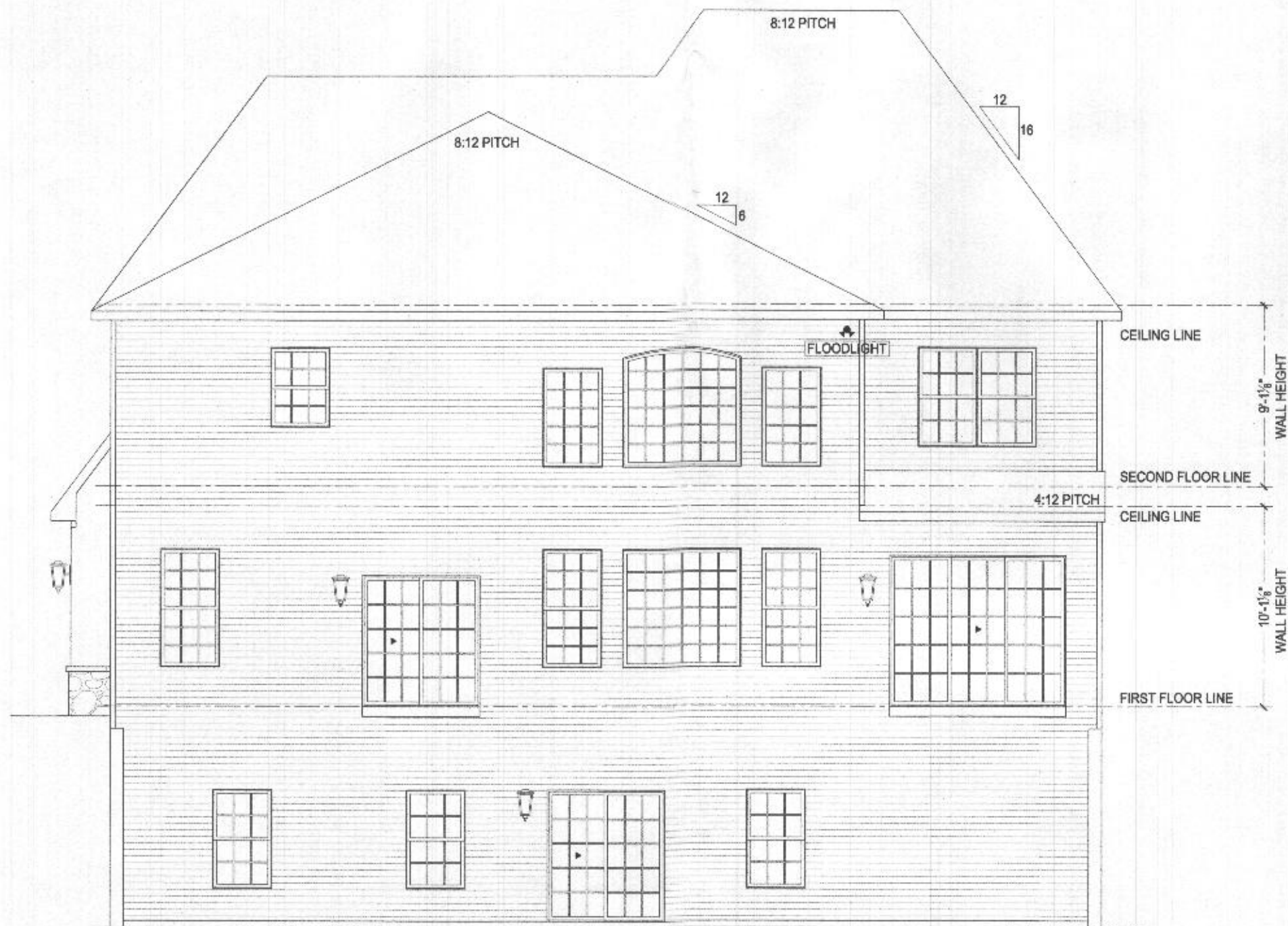
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LANCASTER, PENNSYLVANIA 17601
PH: (717) 464-9060 • FAX: (717) 464-9046
www.keystonecustomhomes.com



KEYSTONE CUSTOM HOMES, INC.

PROJECT DESCRIPTION	LIVING SIDE ELEVATION
DATE	DEC 8 2020
SCALE	AS NOTED
DRAWN BY	N DEFO
CHECKED BY	A1.1
DATE	anh 70



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



"Professional Certification: I hereby certify that these documents were prepared or approved by me and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 35473, Expiration Date 12-15-2022"

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LANCASTER, PENNSYLVANIA 17601
PH: (717) 464-9060 • FAX: (717) 464-9046
www.keystonecustomhomes.com



KEYSTONE CUSTOM HOMES, INC.

PROJECT DESCRIPTION:	REAR ELEVATION
DATE:	EA011
BY:	BURGER
DATE:	DEC 9 2020
SCALE:	AS NOTED
DRAWN BY:	N.D.F.F.E.O.
SHEET NO.:	A1.2
PLANT:	anh70