


Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B23004841	12/13/2023
Description of Work		
SFD/ INSTALL (1) ONE 500 GALLON UNDERGROUND PROPANE TANK		

[check spelling](#)

Address * (This section is required.)

Search	Reset	Clear	Get Parcel & Owner
Street #	Street Name	Street Type	
2620	MULLINIX MILL	RD	✓
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--	✓	-77.14536	39.2987
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes ✓

Approved 12/19/23


Parcel * (This section is required.)

Search	Reset	Clear	Get Address & Owner			
GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
904327	72	3.04	205300	205300	0	RURAL
Legal Description						
LOT 3 3.042 A[]MULLINIX MILL RD[]MCALISTER PROP						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	3	604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404341996						
Section	Area	Tax Map					
		12					
Grid	Zoning District	ADC Map					
12-17	RC-DEO	4810-G3					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
5023			Yes	✓			
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-04	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner * (This section is required.)

Search	Reset	Clear
--------	-------	-------

Name *

GAUNT DAVID N

Address Line 1

1307 MARIAN WAY

Address Line 2

Address Line 3

Mail City
MOUNTY AIRY
Phone
410-239-9515
E-mail

Mail State
MD
Primary
Yes

Mail Zip Code
21771

Cell Number

Fax Number

Professionals (This section is not required.)

License # *
20020089549
License Type *
Plumb/Gas
Primary
Yes

Business Name
MODERN COMFORT SYSTEMS LLC

First Name
FRANK
Address Line 1
P.O. BOX 26
Address Line 2

Middle Name
E

Last Name
HENSLEY

City
WESTMINSTER
State
MD
ZIP Code
21157-0000

Phone 1
4432777364
Phone 2

E-mail
FHENSLEY@MODERNCOMFORTSYSTEMS.COM

Fax

Applicant (This section is not required.)

Search **As Owner** **As Lic. Prof** **As Contact**

Type *
Applicant
Relationship
Applicant
Primary
Yes

First Name
MICHELLE
MI

Last Name
CLANCY

Full Name
MICHELLE CLANCY

Organization Name
APPLIED & APPROVED PERMITS LLC

Street Address
P.O. BOX 310
Address Line 2

City
PERRY HALL
State
MD
Zip Code
21128

Phone
443-340-1229
Cell

E-mail *
MICHELLE@APPLIEDANDAPPROVED.COM

Fax

Addtl Info

Est Construction Cost *
800
Housing Units *
0
Number of Buildings *
0
Public Owned
No

Construction Type
--Select--

TANK INFORMATION**RESIDENTIAL TANK INFORMATION**

Capital Project-No Fee * **Capital Project Number** **Fee Exempt *** **Roadside Tree Project Permit *** **Roadside Tree Permit #**

☐ Yes ☒ No ☐ Yes ☐ No ☐ Yes ☒ No


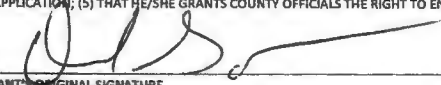
Existing Use * **Number of Tanks Installed *** **Number of Tanks Removed ***

SFD 1 0

Water Supply **Sewage Disposal** **Expiration Date** **Relocate Existing Tank ***

PERMIT NUMBER: B 21004597

DATE ACCEPTED:

 RESIDENTIAL BUILDING PERMIT APPLICATION HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4					
BUILDING SITE ADDRESS REQUIRED					
Street Address: 2620 Mullinix Mill Rd.					Unit:
City: Mt. Airy			State: MD		Zip Code: 21771
Subdivision/Village/Complex Name: 1002					SDP/WP/BA #:
Lot: 3	Tax Map: 0012		Parcel: 0072	Grading Permit #:	
DESCRIPTION OF WORK REQUIRED					
Existing Use: Residential		Proposed Use: Principle Residence		Estimated Cost: \$350,000.00	
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					
Clean Air Heating & Air Conditioning Co., Inc., Caffrey Electric Co., Inc., Gaunt Plumbing Services, LLC.					
<i>Not SFD</i>					
PROPERTY OWNER INFORMATION REQUIRED					
Owner(s) Name(s) (As it appears on tax records): David N. Gaunt Vicki T. Gaunt					Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 1307 Marian Way					
City: Mt. Airy			State: MD		Zip Code: 21771
Phone: (240) 440-9611			Email: gauntps@comcast.net		
APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION					
Business Name: David Gaunt			Contact Name: David Gaunt		
Street Address: 1307 Marian Way					
City: Mt. Airy			State: MD		Zip Code: 21771
Phone: (240) 440-9611			Email: gauntps@comcast.net		
CONTRACTOR INFORMATION REQUIRED					
Business Name: To Be Built By Homeowner					
Licensee's Name: David Gaunt			License #:		
Street Address: 1307 Marian Way					
City: Mt. Airy			State: MD		Zip Code: 21771
Phone: (240) 440-9611			Email:		
ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE					
Business Name: Jonathan Rivera Architecture			Name: Jonathan Rivera		
Street Address: 3226 Huntersworth					
City: Glenwood			State: MD		Zip Code: 21738
Phone: (443) 226-5745			Email: jrivera@jonathanrivera.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)		Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:			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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac		
ADDITIONAL INFORMATION (PLEASE SELECT COMPLETE ALL THAT APPLY)					
Model Name & Options: Custom					
# of Bedrooms (SF): 4		# of efficiency units (MF*):		# of 1 BR (MF*):	
# of 2 BR (MF*):		# of 3 BR (MF*):		# of 4 BR (MF*):	
# Rooms:		# Full Baths: 4		# Half Baths: 1	
# Fireplaces: 2					
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 checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input checked="" 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 checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 10,057 sq ft		Occupiable Area: 9,357 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					11-24-2021 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"/> EDED	<input checked="" type="checkbox"/> Health DBernard	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: \$ 100.00		PAYMENT: ck # 103		ACCEPTED BY:	

Name of Requestor: David Gaunt
Street Address: 3908 CHARCON CT
City, State, Zip: Monrovia MD 21770
Date: 11-03-2022

Amendment, Permit # B21004597

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

Dear Ms. Whalen:

I am requesting to amend Permit # B21004597 at

2620 MULLINIX MILL RD MOUNT AIRY MD 21771 to
(Site Address)

2 STORY CUSTOM WITH UNFINISHED BASEMENT, 4 BEDROOMS
3 1/2 BATHROOMS, ATTACHED ^{3 car} GARAGE, SLAB ON GRADE BASEMENT
6 ROOMS, 1 FIREPLACE
1ST FLOOR WIDTH 79.8' DEPTH 62' 2ND FLOOR WIDTH 63'-3 1/2" DEPTH 44"
SQUARE FOOTAGE Garage 1,118 Basement 2,357 1ST FLOOR 2,547 2ND 976
Enclosed: BONUS SPACE 550

✓ Fee: \$0.00 check
____ Plot Plans
____ Sets of Construction Drawings
____ Other: _____

RECEIVED

NOV 03 2022

LICENSES & PERMITS
DIVISION

If there is anything we can do to assist you, please let me know.

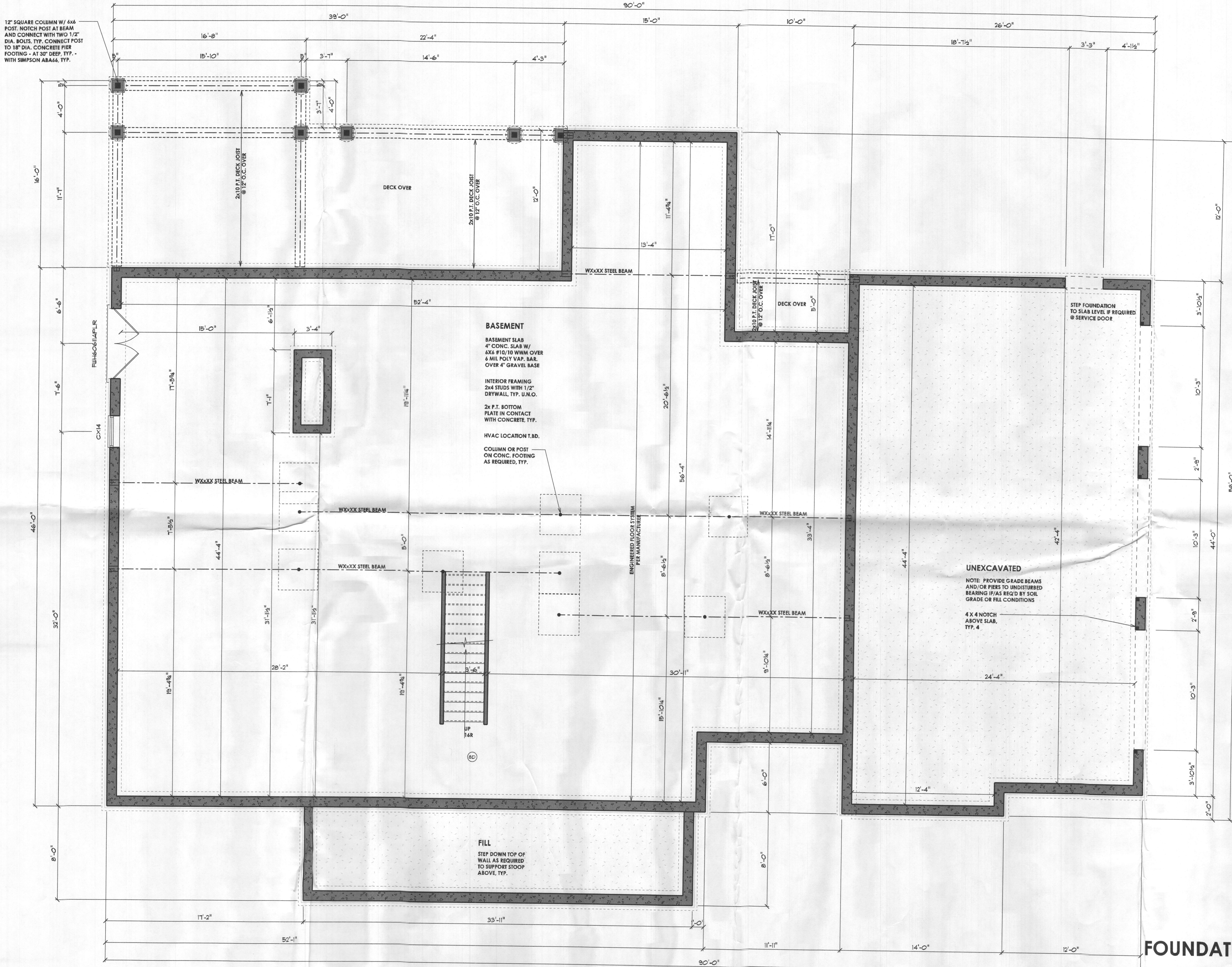
Sincerely, [Signature]

Name: DAVID GAUNT

Title: HOME OWNER

Phone and/or Email: 240-440-9611 GAUNT.PS@COMCAST.NET

Mary Brudley
91703
62537
1437



TYPICAL 9'-0" HOUSE BOX FOUNDATION WALL

MIN. 10" REINFORCED CONCRETE FOUNDATION WALL (THICKNESS & REINFORCING PER SOIL & GRADE CONDITIONS & CODE)
MIN. 10"x20" CONTINUOUS FOOTING

FOUNDATION NOTES

- 1) 2000 PSF MIN SOIL BEARING CAPACITY ASSUMED
- 2) BEAMS, JOISTS, HEADERS & RAFTERS TO BE SPF #1/#2 OR EQ. TYP. THRUOUT U.N.O.
- 3) BASEMENT WINDOW AND DOOR LOCATIONS TO BE DETERMINED AT PRECON.
- 4) ALL LOCATIONS FOR HVAC, SUMP PUMPS, ROUGH-INS, H/W/H, A/H AND OTHER FEATURES ARE SUBJECT TO BUILDER DISCRETION ON SITE
- 5) FOUNDATION WALL MIN. THICKNESS 8" OR 10" WHERE STEM WALL AT BRICK LEDGE EXCEEDS 12" HIGH
- 6) VERIFY SIZE AND LOCATION OF WINDOWS PER GRADE & BUILDER
- 7) MIN. 1/2" HOOKED ANCHOR BOLTS EMBEDDED A MIN. 7" INTO CONC. SHALL BE SPACED AT 4' O.C. AND LOCATED 4" TO 12" FROM EACH END OF ALL SILL PLATE PIECES.
- 8) REFER TO WALL SECTION(S) FOR FOUNDATION WALL DETAILS.

PROFESSIONAL CERTIFICATION
I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.
License Number #14678
Expiration Date: 6/30/2022

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PROPOSED RESIDENCE

GAUNT RESIDENCE

2620 Mullintx Mill Road
Mount Airy, Maryland 21771

ARCHITECT
Jonathan Rivera AIA, NCARB
Howard County, Maryland

443.226.5745
jrvera@jonathanrivera.com

BUILDER

STRUCTURAL ENGINEER
Robert Wyatt
Awesome PE

717-504-8407
rwyatt@midatl-se.com

ISSUE DATE

1	7-16-20	PERMIT SET
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SCALE: 1/4" = 1'-0"

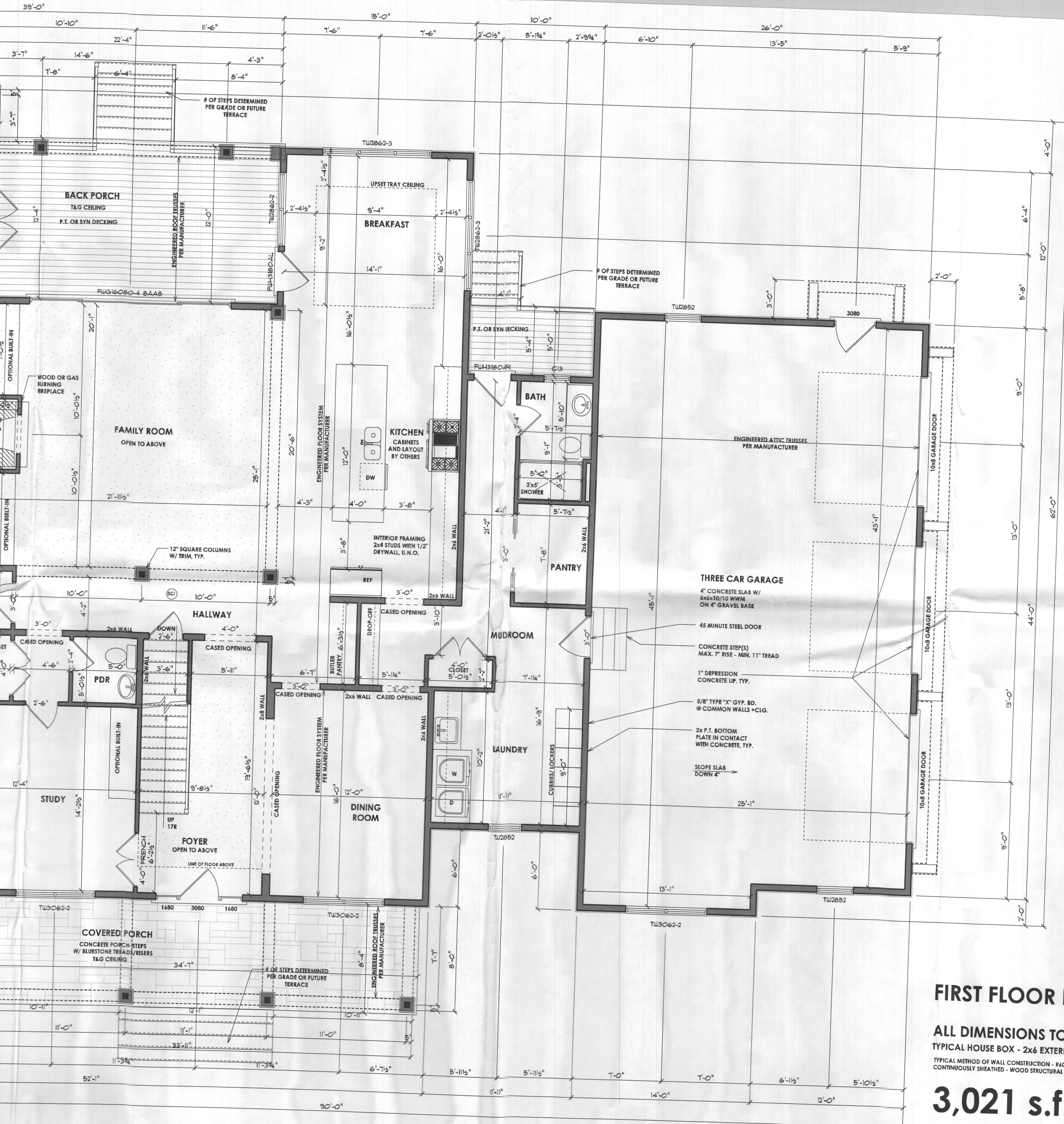
FOUNDATION

2.01

PRINT DATE:
Wednesday, November 3, 2021

FOUNDATION PLAN

ALL DIMENSIONS TO BE VERIFIED IN FIELD



FIRST FLOOR PLAN

ALL DIMENSIONS TO BE VERIFIED IN FIELD
TYPICAL HOUSE BOX - 2x6 EXTERIOR WALL

TYPICAL METHOD OF WALL CONSTRUCTION - R602.10.5
CONTINUOUSLY SHEATHED - WOOD STRUCTURAL PANEL

3,021 s.f.

JON RIVERA
(443) 226-5745
JONATHAN RIVERA

PROFESSIONAL
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Robert Wyatt
Awesome PE

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rwyatt@midatl-se.com

ISSUE DATE

1	7-16-20
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SCALE: 1/8" = 1'-0"

FIRST FLOOR

3.0

PRINT DATE: Wednesday, November 11, 2020

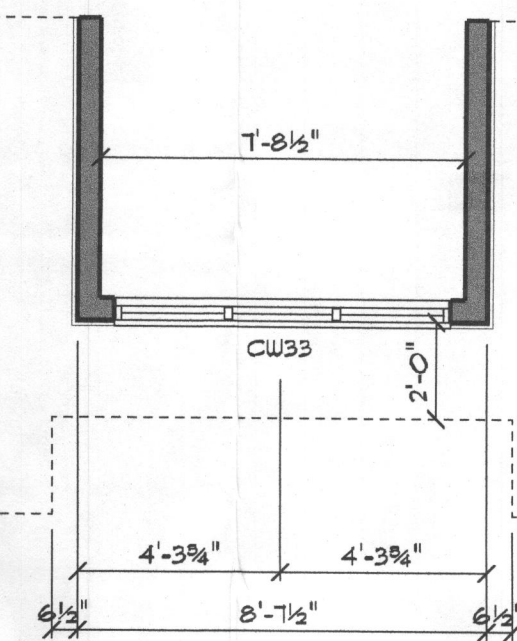


ALL DIMENSIONS TO BE VERIFIED IN FIELD
TYPICAL HOUSE BOX - 2x6 EXTERIOR WALL
TYPICAL METHOD OF WALL CONSTRUCTION - #602.10.5
CONTINUOUSLY SHEATHED - WOOD STRUCTURAL PANEL

1,025 s.f.
1,141 s.f. BONUS

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TYPICAL HOUSE BOX - 2x6 EXTERIOR WALL
TYPICAL METHOD OF WALL CONSTRUCTION - #602.10.5
CONTINUOUSLY SHEATHED - WOOD STRUCTURAL PANEL

THIRD FLOOR PLAN



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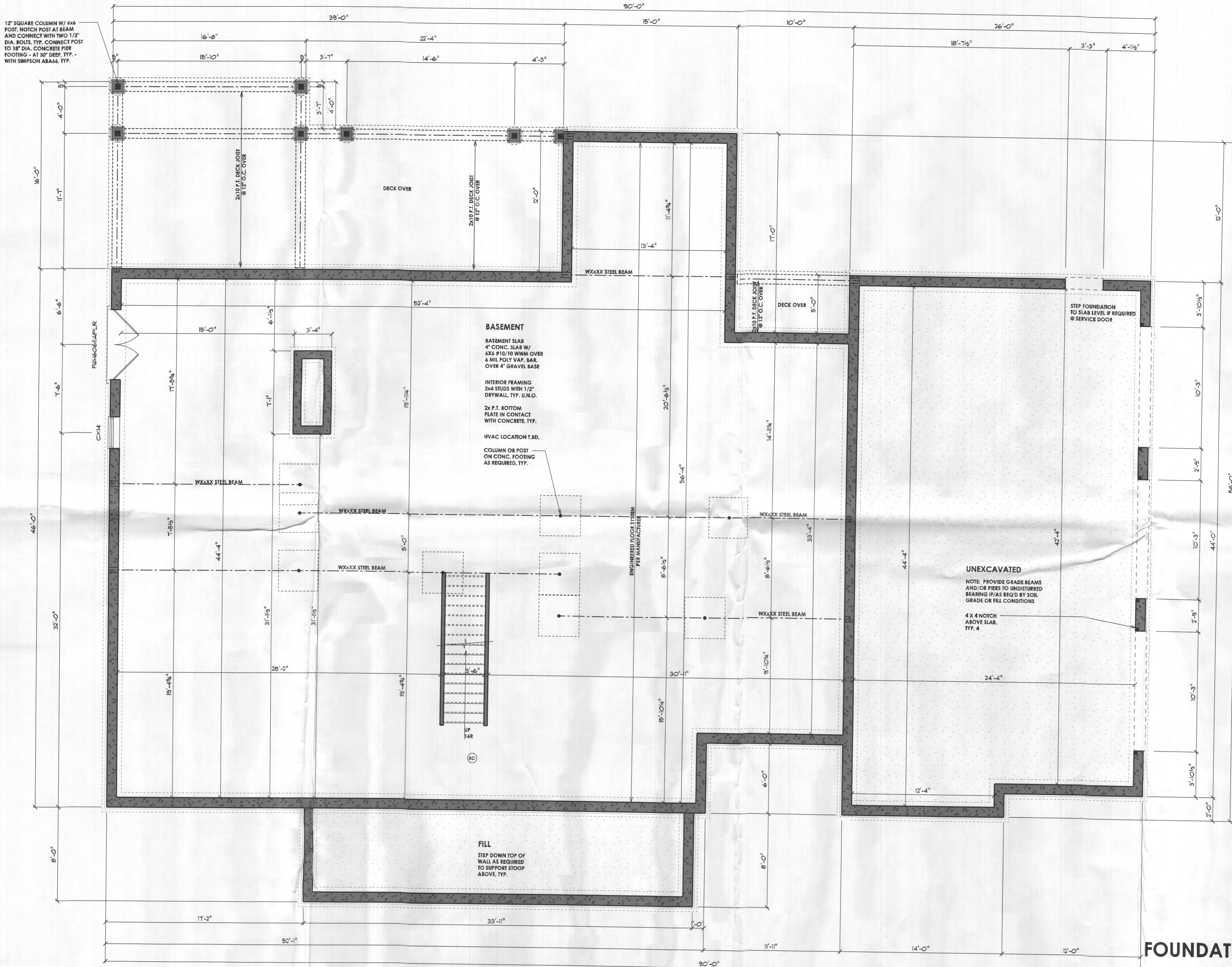
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SECOND/THIRD

3.02

PRINT DATE :
Wednesday, November 3, 2021

LICENSES & PERMITS
DIVISION



TYPICAL 9'-0"
HOUSE BOX
FOUNDATION WALL

MIN. 10" REINFORCED CONCRETE
FOUNDATION WALL (THICKNESS &
REINFORCING PER SOIL & GRADE
CONDITIONS & CODE)
MIN. 10"x20" CONTINUOUS FOOTING

FOUNDATION NOTES

- 1) 2000 PSF MIN SOIL BEARING CAPACITY ASSUMED
- 2) BEAMS, JOISTS, HEADERS & RAFTERS TO BE SPF #1/#2 OR EQ. TYP. THRUOUT U.N.O.
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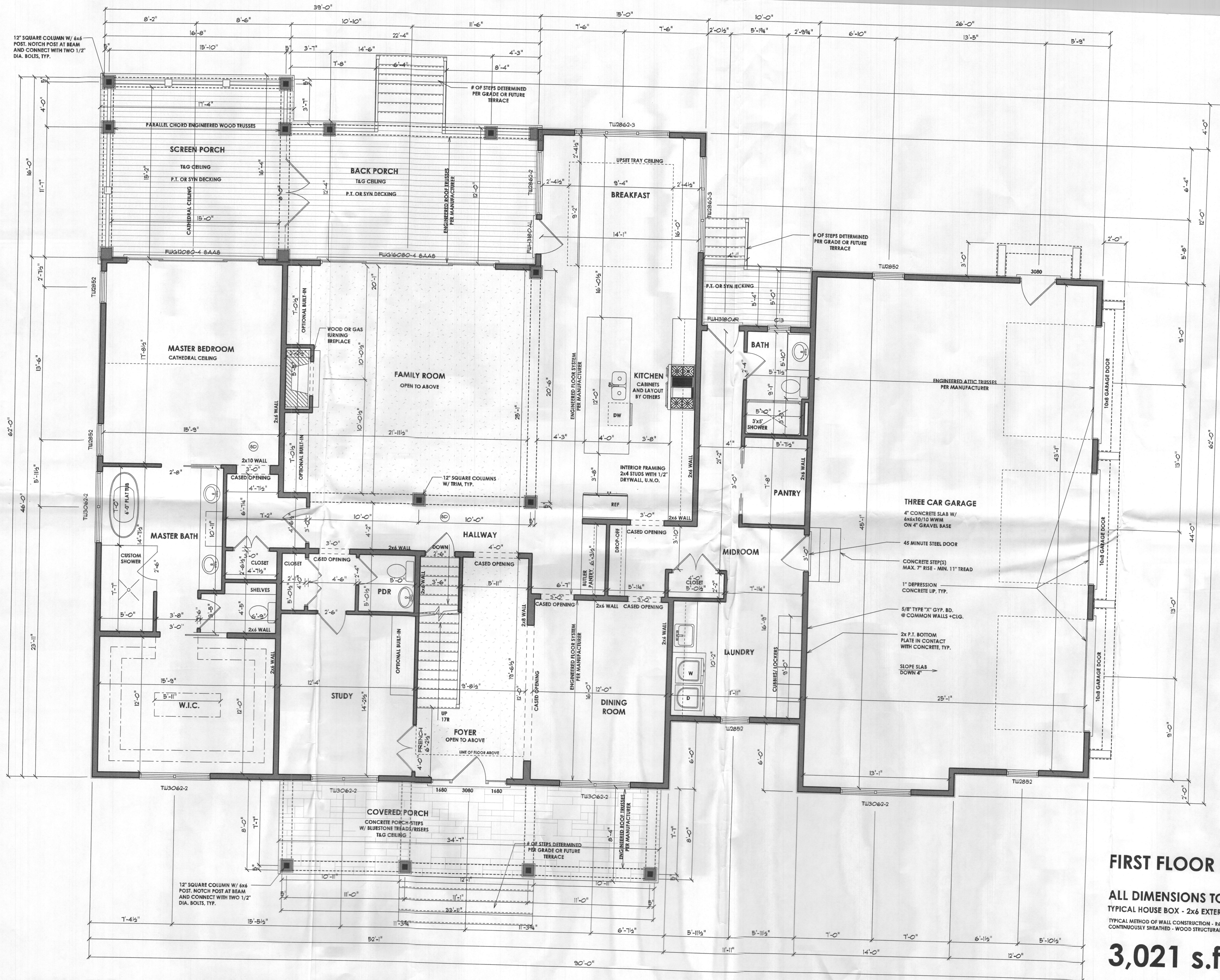
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FOUNDATION

2.01
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FOUNDATION PLAN

ALL DIMENSIONS TO BE VERIFIED IN FIELD



FIRST FLOOR PLAN

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TYPICAL HOUSE BOX - 2x6 EXTERIOR WALL

TYPICAL METHOD OF WALL CONSTRUCTION - R402.10.5
CONTINUOUSLY SHEATHED - WOOD STRUCTURAL PANEL

3,021 s.f.

ARCHITECTURE
JONATHAN RIVERA
Every detail matters.
(413) 226-5745
JONATHANRIVERA.COM

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ISSUE DATE

1 7-16-20 PERMIT SET

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FIRST FLOOR

3.01

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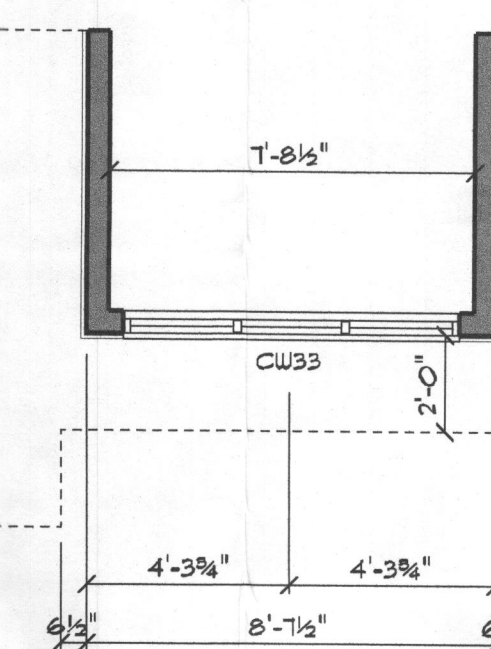


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THIRD FLOOR PLAN



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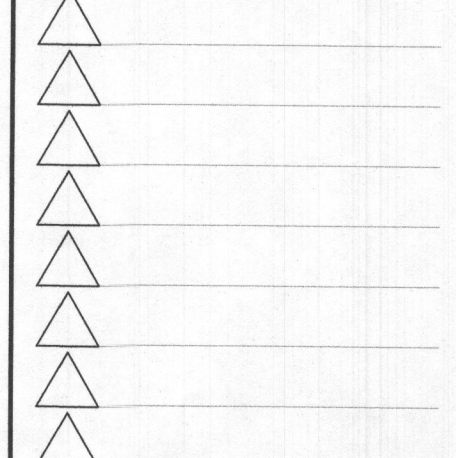
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ISSUE DATE
1 7-16-20 PERMIT SET



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SECOND/THIRD

3.02

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