Menu Save Reset Cancel Help

Record Detail * *(This section is required.)*

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B25000993	03/18/2025

Description of Work

SFD/ CONSTRUCT (2) STORY 24' X 14' ADDITION TO BE A KITCHEN ON THE FIRST FLOOR, AND A BEDROOM AND PLAYROOM ON THE SECOND FLOOR, 2 STORY, Slab on Grade, 3R, 1FB, 0HB, 0FP, OTHER STRUCTURE = None, 1BR, PORCH/DECK = N/A, ENERGY METHOD = Performance Method,

Online BP.
gd 3/25/25

check spelling

Address * *(This section is required.)*

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type
1676	WOODBINE	RD

Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.08201	39.329

City	State	Zip Code	Primary
WOODBINE	MD	21797	Yes

Kayla.skowron@gmail.com

Parcel * *(This section is required.)*

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
905266	125	1.46	204600	362800	150400	RURAL

Legal Description

1.465 A [ ]1676 WOODBINE RD [ ]WOODBINE

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		604001	5				

Plan Area	State Tax Id	Subdivision Name
	1404317270	

Section	Area	Tax Map
		7

Grid	Zoning District	ADC Map
7-17	RC-DEO	4691-G8

SDP No.	Final Plan No.	WP File No.

Record Plat No.	WS Contract No.	FDP No.	Primary
			Yes

Owner Occupied	Year Built	Historic District
○ Yes ○ No	1948	○ Yes ◉ No

Historic District Registry No.	Stat Area	Flood Plain
	4-05	○ Yes ◉ No

Building No

Owner *(This section is not required.)*

Search Reset Clear

Name *
VERDA
Address Line 1
1676 WOODBINE RD
Address Line 2
Address Line 3
Mail City
WOODBINE
Mail State
MD
Mail Zip Code
21797
Phone
631-707-2100
Primary
Yes
E-mail

Cell Number **Fax Number**

Professionals *(This section is not required.)*

License # *
08010088399
License Type *
MHIC Ind
Primary
Yes
Business Name
MARYLANDS BEST REMODELING LLC
First Name **Middle Name** **Last Name**
MICHAEL BRADFORD CRIDDLE
Address Line 1
1806 SPARROWS DRIVE
Address Line 2
City **State** **ZIP Code**
WOODBINE MD 21797-0000
Phone 1 **Phone 2** **Fax**
4434747899
E-mail
MIKE@MARYLANDSBEST.COM

Applicant *(This section is not required.)*

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

Type *
Applicant
Relationship
Applicant
Primary
No
First Name **MI** **Last Name**
Michael Criddle
Full Name
MELISSA ZARHLOUL
Organization Name
MARYLAND'S BEST REMODELING
Street Address
1806 SPARROWS DRIVE
Address Line 2
City **State** **Zip Code**
WOODBINE MD 21797
Phone **Cell** **Fax**
443-474-7899
E-mail *
mike@marylandsbest.com

Contact *(This section is not required.)*

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

Type
Contact
Relationship
Applicant
Primary
Yes
First Name **MI** **Last Name**
Mike criddle
Full Name
MELISSA ZARHLOUL
Organization Name
MARYLAND'S BEST REMODELING
Street Address
1806 SPARROWS DRIVE
Address Line 2
City **State** **Zip Code**
WOODBINE MD 21797
Phone **Cell** **Fax**
443-474-7899
E-mail
mike@marylandsbest.com

Addtl Info

Est Construction Cost * **Housing Units** * **Number of Buildings** * **Public Owned**
200000 0 0 No
Construction Type
434 - Additions, Alterations and Conversions - Residential

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *
○ Yes ◉ No

Capital Project Number
(Text)

Fee Exempt *
○ Yes ◉ No

Roadside Tree Project Permit
○ Yes ◉ No

Roadside Tree Pr

No of Stories *	Foundation *	Basement *	No of Rooms *	Full Baths *	Ha
2 (Text)	Slab on Grade	N/A	3 (Text)	1 (Number)	0

Model *

SFD/ CONSTRUCT (2) STORY 24' X 14' ADDITION TO BE A KITCHEN ON THE FIRST FLOOR, AND A BEDROOM AND PLAYROOM ON THE

check spelling

Other Structure *	Bedrooms *	Porch Deck *	No of Fireplaces *	Type of Fireplace
None	1 (Number)	N/A	0 (Number)	--Select--

W & S Fees Paid	Water *	Sewage *	Utilities *	Heating System *	Sprinkler System *
○ Yes ○ No	Private	Private	Electric	Electric	None

1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth	Height
FT (Number)	FT (Number)	FT (Number)	FT (Number)	FT (Number)	FT (Number)	

Total Square Footage *	Occupiable Square Footage *	Affordable Housing Funding *	Foundation Measurement
672 SQFT (Number)	0 SQFT (Number)	N/A	(Text)

Walls	Roof	Change In Use	Grading Permit No	Senior Housing	MIHU Outside Downtown Columbia
(Text)	(Text)	○ Yes ◉ No	(Text)	○ Yes ◉ No	○ Yes ◉ No

Additional Description Info

Expiration Date

9/20/2025

MIHU Required Units

0 (Num

check spelling

GREEN INFORMATION

Goal Level	Actual Level	Leed Registration Number	Date of Leed Certification
--Select--	--Select--	(Text)	

STORM WATER MANAGEMENT

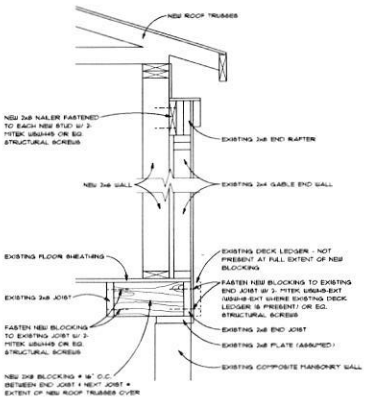
Green Roofs A1	Permeable Pavements A2	Reinforced Turf A3	Disconnection of Rooftop Runoff N1
○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	(Number)

Sheetflow to Conservation Areas N3	Rainwater Harvesting M1	Submerged Gravel Wetlands M2	Landscape Infiltratior
○ Yes ○ No	(Number)	(Number)	

Dry Wells M5	Micro Bioretention M6	Rain Gardens M7	Swales M8
(Number)	(Number)	(Number)	(Number)

PSWM Certification Received in CID on

Submit Cancel

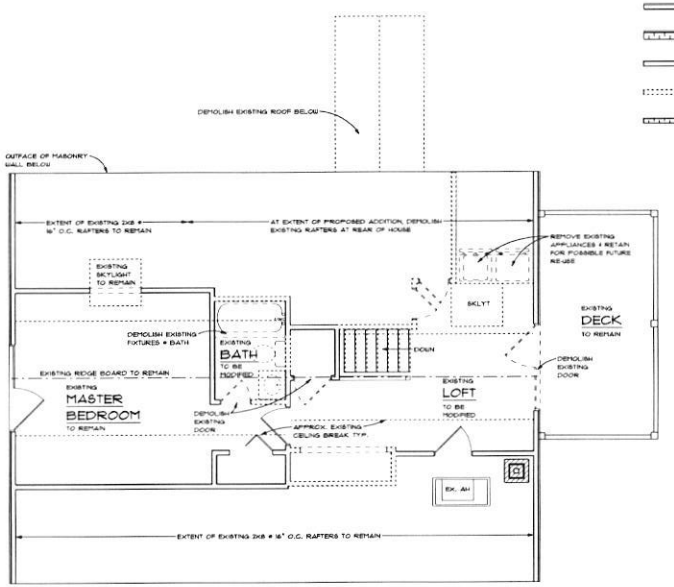


Detail Section B

SCALE: 1" = 1'-0"

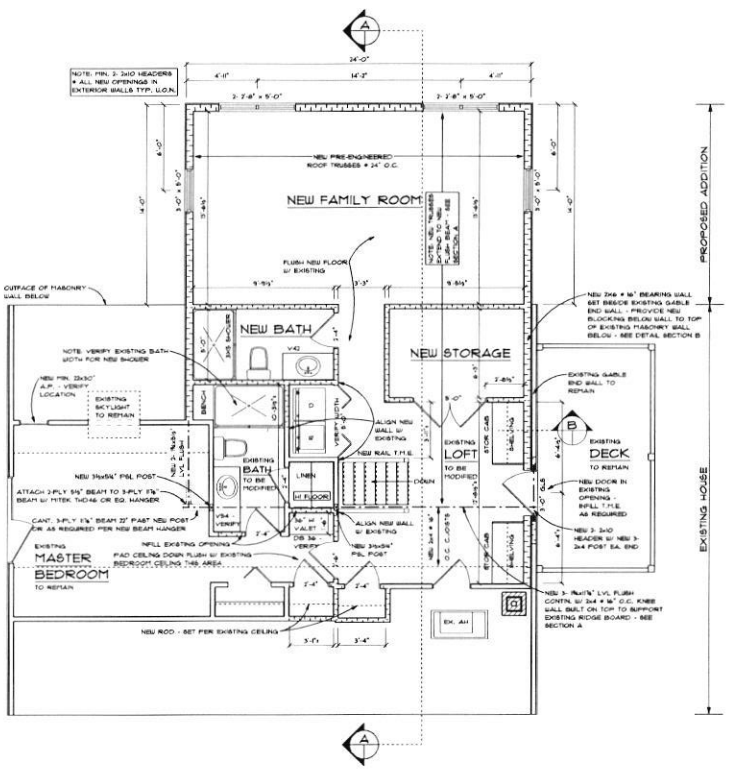
Wall Key

- EXISTING COMPOSITE MASONRY EXTERIOR WALL W/ INTERIOR FURRING TO REMAIN
- EXISTING COMPOSITE MASONRY EXTERIOR WALL W/ INTERIOR FURRING TO BE DEMOLISHED
- EXISTING FRAME/SIDING EXTERIOR WALL TO REMAIN
- NEW 2x6 @ 16" O.C. FRAME / SIDING EXTERIOR WALL
- EXISTING FRAME INTERIOR WALL TO REMAIN
- EXISTING FRAME INTERIOR WALL TO BE DEMOLISHED
- NEW 2x4 /2x6 WHERE NOTED * @ 16" O.C. FRAME INTERIOR WALL



Existing/Demolition Second Floor Plan

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



Proposed Second Floor Plan

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

Maryland's Best Remodeling LLC
1806 Sparrows Drive
Woodbine, MD 21797

Proposed Addition and Alterations for the

Skowron Residence

1676 Woodbine Rd, Woodbine, Maryland 21797

REVISIONS

DATE 03 · 07 · 2025

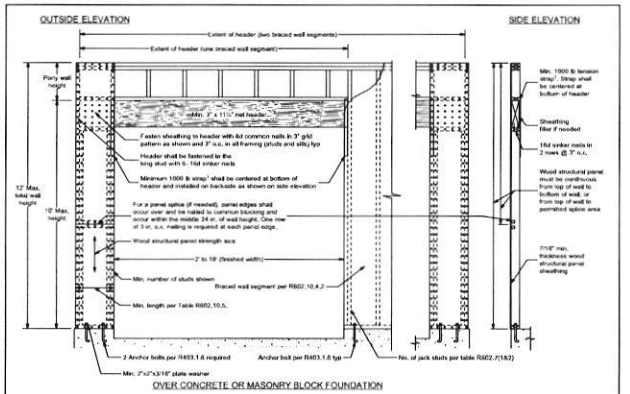
SHEET NO. A-5

NOTES

Methods WSP & CS-WSP: Min. 7/16" OSB Wood Structural Panel sheathing attached to framing with 6d at 6" o.c. at panel edges and 12" o.c. at intermediate framing members.
Note: At Braced Wall Lines incorporating Continuously Sheathed bracing methods (CS-WSP & CS-PF), all exterior walls along the Braced Wall Line must be fully sheathed with min 7/16" OSB Wood Structural Panel sheathing fastened per IRC 2018 Tables R602.3(1), R602.3(2), and R602.3(3).

Method GB: Min. ½" gypsum board applied to each side of framing with adhesive and Type S or W screws or nails per IRC 2018 Table R702.3.5 @ 7" o.c. at panel edges and all intermediate framing members.

Method LIB: Simpson WB/WBC straps installed in an "X" pattern on one face of wall; fasten with 2- 16d nails at top and bottom plates and 1- 8d nail per stud. 8' tall walls to use either WB106/WB106C installed at 60° from horizontal (4'-8" linear wall length) or WB126/WB126C installed at 45° from horizontal (8'-1" linear wall length); 9' tall walls to use WB126/WB126C installed at 53° from horizontal (6'-10" linear wall length); 10' tall walls to use WB143C installed at 45° from horizontal (10'-1" linear wall length).



[1]Tension Strap Capacity Required for Method CS-PF

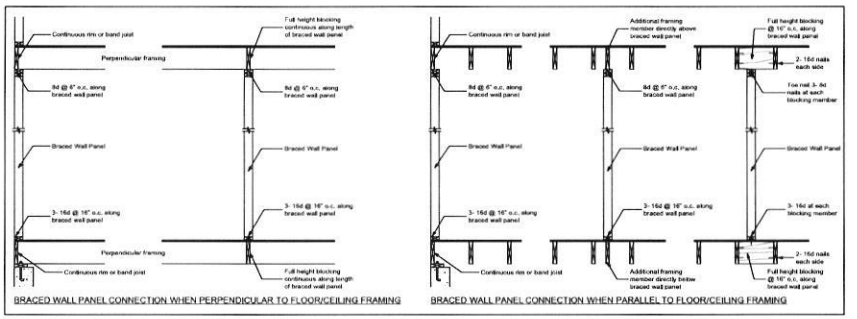
Minimum Wall Stud Framing Nominal Size and Grade	Maximum Pony Wall Height (feet)	Maximum Total Wall Height (feet)	Maximum Opening Width (feet)	Wind Exposure B Tension strap capacity required (lbf)	Wind Exposure C Tension strap capacity required (lbf)
2x4 No. 2 Grade	0	10	16	1000	1000
	1	10	9	1000	1000
			16	1025	2500
			18	1275	2650
	2	10	9	1000	1875
			16	2175	4125
			18	2500	DR
	2	12	9	1500	3175
			16	3375	DR
			18	3875	DR
	4	12	9	2750	DR
			12	3775	DR
2x6 Stud Grade	2	12	9	1000	2025
			16	2150	3875
			18	2550	DR
	4	12	9	1750	3125
			16	2400	DR
			18	3800	DR

Notes: 1. Ultimate Design Wind Speed of 115mph. For other Basic Wind Speeds, see IRC 2018 Table R602.10.6.4
2. DR = Design Required

CS-PF

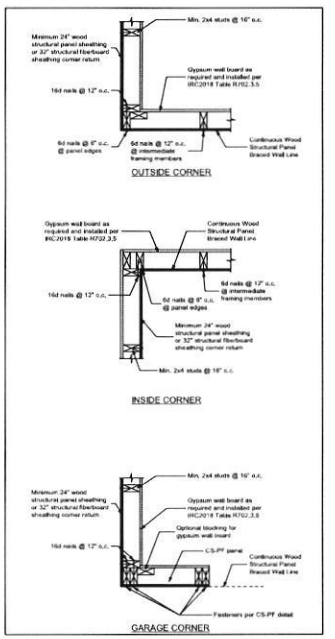
Continuous Portal Frame

NOT TO SCALE



Braced Wall Panel Connections to Floor and Ceiling Framing

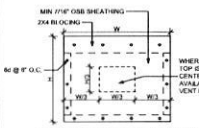
NOT TO SCALE

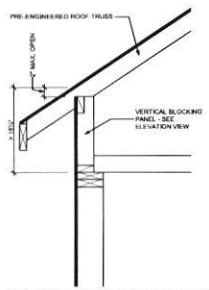


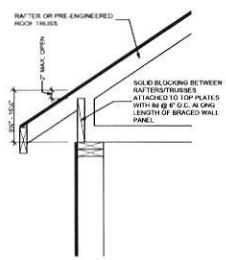
Corner Framing Details

NOT TO SCALE

NOTES:
1. WHERE RAFTER OR TRUSS HEEL HEIGHT IS ≤ 9¼", NO BLOCKING IS REQUIRED.
2. WHERE RAFTER OR TRUSS HEEL IS > 9¼" AND ≤ 15¼", BLOCKING PER SOLID BLOCKING DETAIL SHALL BE PROVIDED ABOVE ALL BRACED PANELS, SEE BRACING PLANS FOR LOCATIONS.
3. WHERE TRUSS HEEL IS > 15¼", BLOCKING PER VERTICAL BLOCKING PANEL DETAIL SHALL BE PROVIDED ABOVE ALL BRACED PANELS; SEE BRACING PLANS FOR LOCATIONS.







Roof Blocking Details

NOT TO SCALE

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS
11407 BARLEY FIELD WAY
MARRIOTTSVILLE, MD 21104 • 410-442-3667

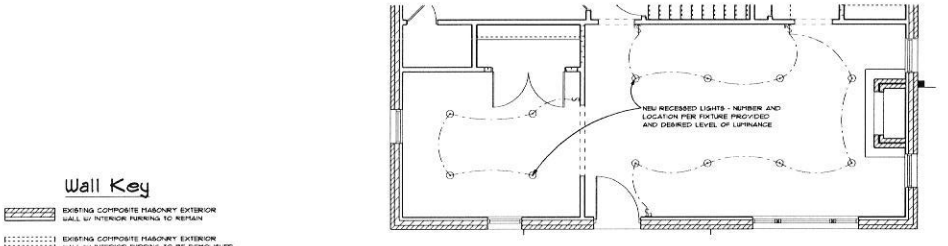
PROFESSIONAL CERTIFICATION

Standard Wall Bracing Details

REVISIONS

DATE 07/12/2024

SHEET NO. S-1

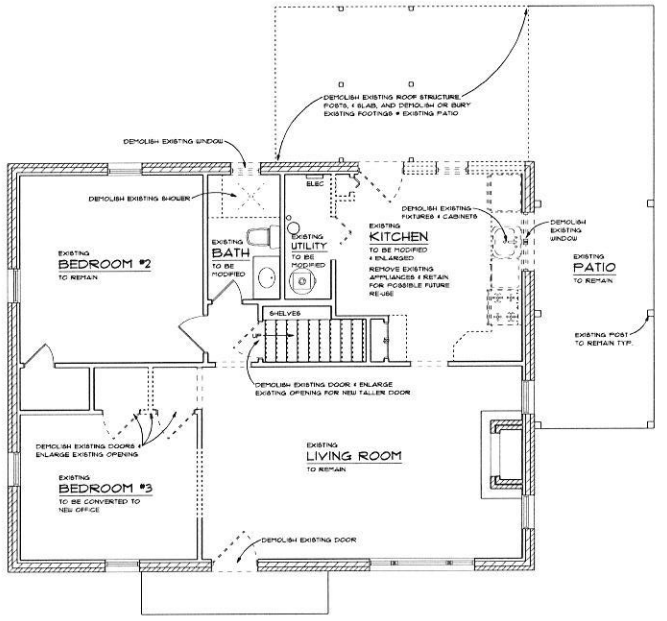


Lighting Plan at Living Room & Office

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

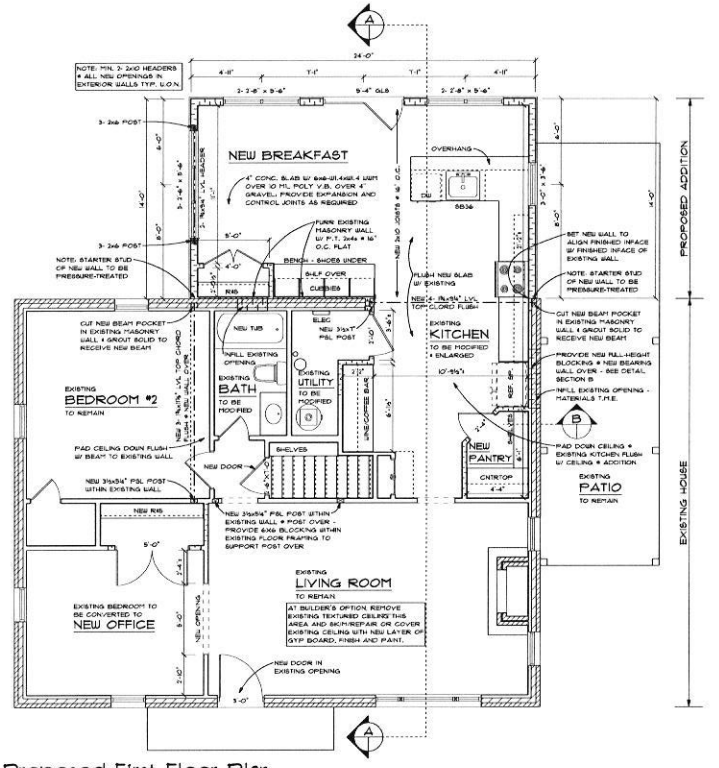
Wall Key

- EXISTING COMPOSITE MASONRY EXTERIOR WALL W/ INTERIOR FURRING TO REMAIN
- EXISTING COMPOSITE MASONRY EXTERIOR WALL W/ INTERIOR FURRING TO BE DEMOLISHED
- EXISTING FRAME/SIDING EXTERIOR WALL TO REMAIN
- NEW 2x6 @ 16" O.C. FRAME / SIDING EXTERIOR WALL
- EXISTING FRAME INTERIOR WALL TO REMAIN
- EXISTING FRAME INTERIOR WALL TO BE DEMOLISHED
- NEW 2x4 (2x6 WHERE NOTED) @ 16" O.C. FRAME INTERIOR WALL



Existing/Demolition First Floor Plan

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



Proposed First Floor Plan

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

Maryland's Best Remodeling LLC
1806 Sparrows Drive
Woodbine, MD 21797

Proposed Addition and Alterations for the

Skowron Residence

1676 Woodbine Rd, Woodbine, Maryland 21797

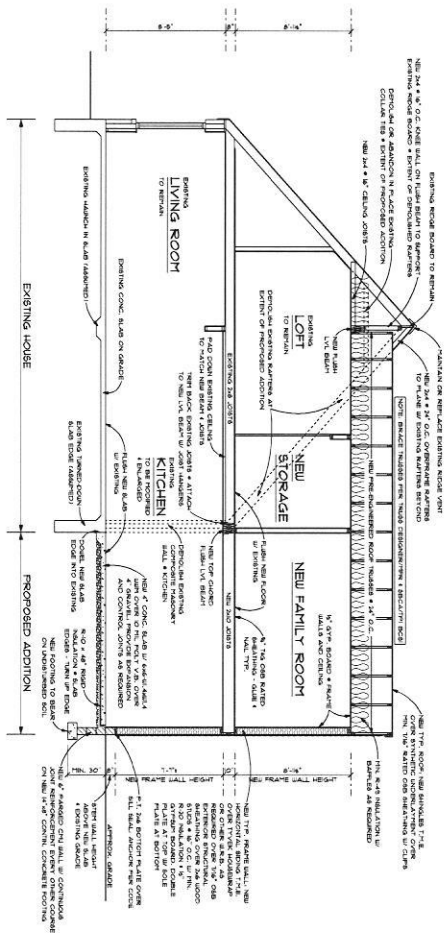
REVISIONS

DATE 03-07-2025

SHEET NO. A-4

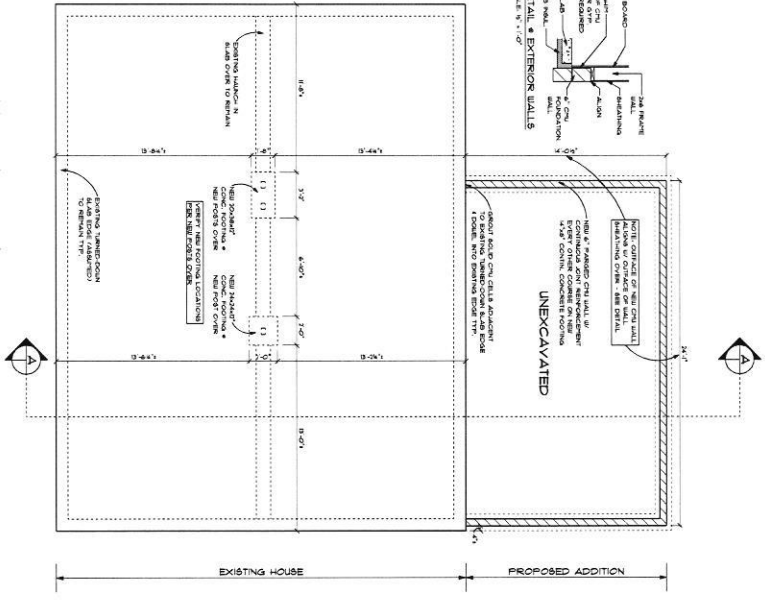
Section A

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



Proposed Foundation Plan

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



Proposed Addition and Alterations for the

Skowron Residence

1676 Woodbine Rd, Woodbine, Maryland 21797

Maryland's Best Remodeling LLC

1806 Sparrows Drive
Woodbine, MD 21797

REVISIONS	DATE	SHEET NO.
	03-07-2025	A-3

Proposed Right Elevation

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

Proposed Left Elevation

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

Front Elevation

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

SHEET NO: A-2

DATE: 03-07-2025

REVISIONS

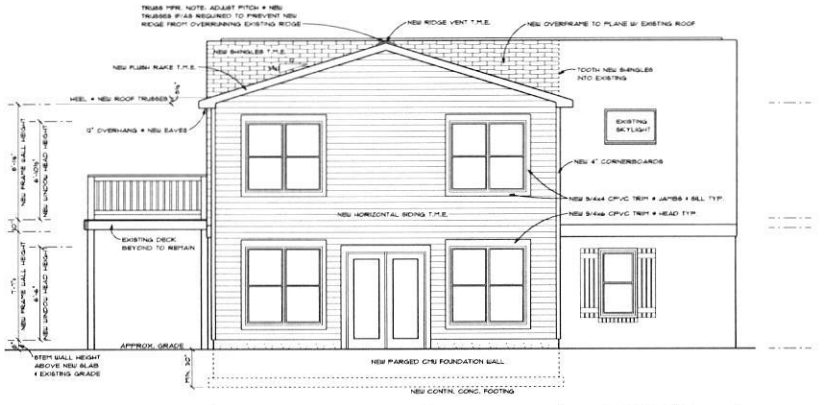
Proposed Addition and Alterations for the

Skowron Residence

1676 Woodbine Rd, Woodbine, Maryland 21797

Maryland's Best Remodeling LLC

1806 Sparrows Drive
Woodbine, MD 21797



Proposed Rear Elevation

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

BUILDING AREAS

FIRST FLOOR
APPROX. 304 SQ. FT. ALTERED
APPROX. 136 SQ. FT. PROPOSED

SECOND FLOOR
APPROX. 288 SQ. FT. ALTERED
APPROX. 936 SQ. FT. PROPOSED

ADDITIONAL ENERGY EFFICIENCY PACKAGE

PER 2021 IECC, AS AMENDED BY MARYLAND, THE BUILDING SHALL CONFORM TO R804.3 VIA THE FOLLOWING METHOD:

FEATURE #9, HIGH PERFORMANCE HEAT PUMP SYSTEM (≥ 10 HSPF / 18 SEER AIR SOURCE HEAT PUMP), 6%

APPLICABLE CODE: 2021 IRC AS AMENDED BY HOWARD COUNTY AND 2021 IECC AS AMENDED BY MARYLAND

NOTES

1.0 GENERAL

1.01 THE BUILDER SHALL BE RESPONSIBLE AND LIABLE FOR FULL COMPLIANCE WITH ALL APPLICABLE BUILDING CODES, ORDINANCES, REGULATIONS AND AMENDMENTS, AND ALL OTHER AUTHORITIES HAVING JURISDICTION, WHETHER OR NOT SUCH CODES AND REQUIREMENTS ARE EXPLICITLY DOCUMENTED IN THESE DRAWINGS. CONSTRUCTION SHALL COMPLY WITH THE INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY. USE OF THESE DRAWINGS TO OBTAIN A BUILDING PERMIT OR TO CONSTRUCT THE STRUCTURE DOCUMENTED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THESE CONDITIONS BY THE BUILDER.

1.02 IN THE EVENT OF A DISCREPANCY BETWEEN THE ARCHITECTURAL PLANS OR SPECIFICATIONS AND THE STRUCTURAL DRAWINGS, THE STRUCTURAL DRAWINGS SHALL TAKE PRECEDENCE.

1.03 DESIGN LOADS:

TYPE	LIVE LOAD (PSF)	DEAD LOAD (PSF)
ROOF	40	15
SLEEPING ROOMS	30	10
OTHER LIVING AREAS	40	15
GARAGE FLOORS	50	50
DECKS	40	10
EXTERIOR BALCONIES	40	10

2.0 SITE WORK

2.01 SITE WORK IS NOT ADDRESSED IN THESE DOCUMENTS. 2000 PSF SOIL BEARING CAPACITY ASSUMED.

3.0 CONCRETE/FOUNDATIONS

3.01 ALL REINFORCED CONCRETE WORK SHALL BE IN ACCORDANCE WITH THE AMERICAN CONCRETE INSTITUTE ACI 318, CURRENT EDITION. ALL PLAIN CONCRETE SHALL CONFORM TO ACI 318.1 AND ACI 332R GUIDE TO RESIDENTIAL CAST-IN PLACE CONCRETE CONSTRUCTION.

3.02 MINIMUM SPECIFIED COMPRESSIVE STRENGTH @ 28 DAYS:

LOCATION OF CONCRETE	f'c (PSI)
BASEMENT WALLS AND FOUNDATIONS NOT EXPOSED TO WEATHER	2500
BASEMENT SLABS AND INTERIOR SLABS ON GRADE	2500
BASEMENT WALLS, EXTERIOR FOUNDATION WALLS AND OTHER WORK EXPOSED TO WEATHER	3000
DRIVEWAYS, CURBS, WALKS, PATIOS, PORCHES, STEPS/STAIRS AND UNHEATED GARAGE SLABS EXPOSED TO WEATHER	3500

3.03 THICKNESS AND REINFORCING OF CONCRETE FOUNDATION WALLS SHALL CONFORM TO 2021 IRC TABLE R404.1.2(3-4), OR WITH SEALED STRUCTURAL DRAWINGS SPECIFIC TO THE SITE SOIL AND GRADE CONDITIONS.

4.0 MASONRY

4.01 ALL MASONRY WORK SHALL CONFORM THE THE APPLICABLE REQUIREMENTS OF THE BIA AND NCMA "SPECIFICATION FOR CONCRETE MASONRY CONSTRUCTION."

4.02 BRICK VENEER WALLS SHALL HAVE NON-CORROSIVE METAL TIES AT MINIMUM 16" O.C. VERTICALLY AND HORIZONTALLY, AND WEEP HOLES AT 24" O.C. AT BASE FLASHING AND CAVITY INTERRUPTIONS.

5.0 METALS

5.01 FOUNDATION ANCHOR BOLTS SHALL BE PROVIDED AT MAXIMUM 6'-0" O.C. AND 12" FROM THE END OF EACH PLATE SECTION, WITH MINIMUM TWO (2) ANCHORS PER SECTION OF PLATE. ANCHOR STRAPS SPACED TO ACHIEVE EQUIVALENT CAPACITY MAY BE SUBSTITUTED FOR ANCHOR BOLTS.

5.02 ALL METAL ANCHORS, FASTENERS, HANGERS ETC. SHALL BE GALVANIZED. ALL STRUCTURAL STEEL WIDE-FLANGE BEAMS SHALL CONFORM TO ASTM A-992 WITH MINIMUM STRENGTH Fy = 50 KSI. ALL STRUCTURAL STEEL CHANNELS, ANGLES, RODS AND BAR STOCK SHALL CONFORM TO ASTM A-36 WITH MINIMUM STRENGTH Fy = 36 KSI.

5.03 ADJUSTABLE STEEL COLUMNS SHALL BE MINIMUM 11 GAUGE, ASTM A513 OR BETTER, AND SHALL MEET OR EXCEED AISA PUBLISHED ALLOWABLE LOAD CAPACITY. STEEL PIPE COLUMNS SHALL CONFORM TO ASTM A53 GRADE B WITH MINIMUM STRENGTH Fy = 35 KSI. COLUMNS SHALL HAVE A MINIMUM 8"X4"X1/4" BEARING PLATE. SCREW JACK SHALL BE ENCASED IN CONCRETE OR TACK WELDED AFTER INSTALLATION.

6.0 WOOD

6.01 SILL PLATES AND ALL WOOD IN CONTACT WITH MASONRY OR CONCRETE, AND ALL EXPOSED EXTERIOR LUMBER, SHALL BE PRESSURE TREATED TO MEET AWPI STANDARDS.

6.02 MOISTURE CONTENT OF ALL LUMBER SHALL NOT EXCEED 19%.

6.03 WOOD BEAMS, JOISTS, HEADERS AND RAFTERS SHALL BE MINIMUM S-P-F #1/#2 OR EQUAL UNLESS OTHERWISE NOTED.

6.04 LVL MEMBERS SHALL BE 1-3/4" WIDE, DEPTH PER PLANS, GANGED PER MANUFACTURER'S SPECIFICATIONS, WITH THE FOLLOWING MINIMUM PROPERTIES: Fb=2,600 PSI; Fc⊥ =750 PSI; Fc // =2,510 PSI; Fv=285 PSI; E=2,000,000 PSI.

6.05 PSL MEMBERS SHALL BE SIZED PER PLANS, WITH THE FOLLOWING MINIMUM PROPERTIES: Fb=2,900 PSI; Fc⊥ =750 PSI; Fc // =2,900 PSI; Fv=290 PSI; E=2,000,000 PSI.

6.06 PREFABRICATED FLOOR JOISTS OR FLOOR TRUSSES SHALL BE DESIGNED TO CARRY ALL IMPOSED LIVE AND DEAD LOADS WITH THE LIVE LOAD DEFLECTION NOT TO EXCEED L/480. ALL LAMINATED BEAMS AND BUILT UP JOISTS TO BE DESIGNED/VERIFIED BY MFR TYPICAL THROUGHOUT. THE MANUFACTURER SHALL PROVIDE ALL REQUIRED HANGERS, SHEAR PANELS, BLOCKING/BRACING AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.

6.07 PRE-ENGINEERED TRUSSES SHALL BE DESIGNED AND FABRICATED IN ACCORDANCE WITH TPI RECOMMENDATIONS TO CARRY ALL IMPOSED LIVE AND DEAD LOADS. THE MANUFACTURER SHALL SUPPLY ALL REQUIRED HANGERS, HOLD-DOWN STRIPS, SHEAR PANELS AND OTHER REQUIRED COMPONENTS. THE MANUFACTURER SHALL ALSO PROVIDE ALL DRAWINGS REQUIRED FOR PERMIT AND ERECTION PURPOSES, SIGNED AND SEALED IF REQUIRED BY A PROFESSIONAL ENGINEER REGISTERED IN THE STATE WHERE THE JOB IS TO BE BUILT.

6.08 JOISTS SHALL BE DOUBLED UNDER PARALLEL WALLS THAT EXCEED ONE THIRD THE JOIST LENGTH. JOISTS SHALL BE SPACED CLOSER UNDER BATH TUBS, CERAMIC OR MARBLE TILE, POTENTIAL WATER BEDS AND SIMILAR ANTICIPATED LOADING CONDITIONS. JOISTS SHALL NOT BE CUT, NOTCHED OR DRILLED EXCEPT AS PERMITTED BY 2021 IRC R502.8 OR OTHER APPLICABLE CODE.

6.09 HEADERS OVER FRAMED OPENINGS IN BEARING WALLS SHALL BE MINIMUM 2- 2X10 UNLESS OTHERWISE NOTED ON DRAWINGS, BUT SHALL IN NO EVENT BE LESS THAN SPECIFIED IN 2021 IRC TABLE R602.7 OR OTHER APPLICABLE CODE

6.10 STAIR TREADS SHALL HAVE A MINIMUM DEPTH OF 10". TREADS SHALL HAVE A PROJECTING NOSING OF MINIMUM ¾", MAXIMUM 1¼", UNLESS TREAD DEPTH IS 11" OR GREATER. STAIR RISERS SHALL HAVE A MAXIMUM HEIGHT OF 7¾".

6.11 STAIR HANDRAILS SHALL BE LOCATED BETWEEN 34" AND 38" ABOVE THE SLOPED PLANE CONNECTING THE NOSINGS OF THE ASSOCIATED STAIR. HANDRAILS SHALL BE PROVIDED ON AT LEAST ONE SIDE OF EACH FLIGHT OF STAIRS OF FOUR OR MORE RISERS AND SHALL BE CONTINUOUS OVER THAT FLIGHT. UNLESS OTHERWISE NOTED IN THESE PLANS, STAIR HANDRAILS SHALL HAVE A GRIP OF TYPE 1: CIRCULAR HANDRAILS SHALL HAVE A DIAMETER OF BETWEEN 1¼" AND 2", NON-CIRCULAR HANDRAILS SHALL HAVE A PERIMETER OF BETWEEN 4" AND 6¼" AND A MAXIMUM CROSS-SECTION WIDTH OF 2¼".

7.0 THERMAL AND MOISTURE PROTECTION

7.01 ½" X 3-½" MIN COMPRESSIBLE SILL SEAL SHALL BE PROVIDED BENEATH ALL EXTERIOR SILL PLATES.

7.02 PROVIDE APPROVED CORROSION RESISTIVE FLASHING AT THE INTERSECTION OF MASONRY AND WOOD FRAME CONSTRUCTION; OVER PROJECTING TRIM; WHERE DECKS, PORCHES, AND THE LIKE ARE ATTACHED TO WOOD FRAME CONSTRUCTION; AT ROOF TO WALL AND ROOF TO CHIMNEY INTERSECTIONS; IN ROOF VALLEYS; AT ALL ROOF PENETRATIONS; AT ALL WALL OPENINGS; AT ALL CAVITY INTERRUPTIONS AT MASONRY VENEER; AND ALL OTHER LOCATIONS REQUIRED TO PREVENT WATER PENETRATION OF THE STRUCTURE.

7.03 PROVIDE EXTERIOR FINISHES AS SHOWN ON DRAWINGS. INSTALL PER MANUFACTURER'S INSTRUCTIONS AND SPECIFICATIONS OVER APPROVED WATER/WEATHER RESISTANT BARRIER.

7.04 PROVIDE SOFFIT VENTS AND RIDGE VENTS AS SHOWN ON THE DRAWINGS, AND SUPPLEMENTAL ROOF VENTS IF/AS REQUIRED TO MAINTAIN MINIMUM 1/300 FREE VENTILATION FOR HORIZONTALLY PROJECTED ROOF AREA. INSTALL PLASTIC OR CARDBOARD BAFFLES IN EACH TRUSS/RAFTER BAY TO MAINTAIN FREE AIR FLOW. ALL REVERSE GABLES SHALL BE OPEN TO MAIN ROOF ATTIC TO ALLOW FREE AIR FLOW.

THE MECHANICAL CONTRACTOR SHALL BE RESPONSIBLE FOR CALCULATING HEATING AND COOLING LOADS, EXTENDING EXISTING SYSTEMS, AND/OR SIZING NEW HVAC UNITS IN FULL COMPLIANCE WITH 2021 IRC M1401.3.

GENERAL CONSTRUCTION NOTES

1. THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS. CONSTRUCTION SHALL BE IN FULL ACCORDANCE WITH ALL LOCAL CODES AND REGULATIONS IN EFFECT AT THE TIME OF PERMIT ISSUANCE.

2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR INITIATING, MAINTAINING AND SUPERVISING ALL SAFETY PROGRAMS AND PRECAUTIONS IN CONNECTION WITH THE WORK. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS AND PROVIDE ALL REASONABLE PROTECTION TO PREVENT DAMAGE, INJURY OR LOSS TO: ALL EMPLOYEES ON THE WORK AND ALL OTHER PERSONS WHO MAY BE AFFECTED THEREBY, INCLUDING THE HOMEOWNER, HIS FAMILY, AND OTHERS WHO MAY BE ON THE PREMISES FROM TIME TO TIME, ALL THE WORK AND ALL MATERIALS AND EQUIPMENT TO BE INCORPORATED THEREIN; AND OTHER PROPERTY AT THE SITE OR ADJACENT THERETO, INCLUDING THE EXISTING RESIDENCE, DRIVEWAYS, LEAD WALKS, OR OTHER STRUCTURES.

3. ANY DAMAGE OR LOSS TO ANY PROPERTY REFERENCED IN ITEM #2 CAUSED IN WHOLE OR IN PART BY THE CONTRACTOR, ANY OF HIS SUBCONTRACTORS, OR BY ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM SHALL BE REMEDIED BY THE CONTRACTOR.

4. IF, WITHIN ONE YEAR AFTER THE WORK HAS BEEN ACCEPTED BY THE OWNER, ANY OF THE WORK IS FOUND TO BE DEFECTIVE OR NOT IN CONFORMANCE WITH THE CONTRACT DOCUMENTS, THE CONTRACTOR SHALL CORRECT IT PROMPTLY UPON RECEIPT OF WRITTEN NOTICE BY THE OWNER TO DO SO, AND SHALL BEAR ALL COSTS FOR SUCH CORRECTION, UNLESS THE OWNER HAS PREVIOUSLY PROVIDED THE CONTRACTOR WRITTEN NOTICE OF ACCEPTANCE OF SUCH CONDITION.

5. ALL PROJECT DEBRIS SHALL BE DISPOSED OF OFF THE SITE BY THE CONTRACTOR.

6. THE CONTRACTOR SHALL PROPERLY EXTEND, TERMINATE, UPGRADE, OR OTHERWISE MODIFY EXISTING UTILITIES, INCLUDING, BUT NOT LIMITED TO, MECHANICAL, ELECTRICAL AND PLUMBING INSTALLATIONS, AS MAY BE REQUIRED.

7. COLORS, MATERIALS AND FINISH DETAILS OF NEW CONSTRUCTION SHALL MATCH EXISTING AS CLOSELY AS POSSIBLE, UNLESS OTHERWISE SPECIFIED. FEATHER OR TOOTH IN NEW FINISHES TO EXISTING, WHERE APPLICABLE, TO MINIMIZE APPEARANCE OF JOINTS.

8. ON-SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR AND HIS SUBCONTRACTORS. CONTRACTOR SHALL VERIFY ADEQUACY OF EXISTING STRUCTURE TO RECEIVE NEW CONSTRUCTION.

9. PROVIDE ACCESS PANELS AS REQUIRED AT ALL VALVES, CLEANOUTS, UTILITY PANELS, GABLE HOME RUNS, AND ALL OTHER LOCATIONS THAT READY ACCESS MAY BE REQUIRED.

NOTE: NO EXHAUSTIVE OR INVASIVE INVESTIGATION OF EXISTING CONDITIONS WAS PERFORMED. CONTRACTOR SHALL FIELD VERIFY ALL CONDITIONS AND DIMENSIONS. IF A SIGNIFICANT DISCREPANCY OR UNANTICIPATED CONDITION IS DISCOVERED, CONTRACTOR SHALL NOTIFY ARCHITECT AND OWNER BEFORE PROCEEDING WITH THE WORK, AND SHALL NOT PROCEED UNTIL A MUTUALLY ACCEPTABLE RESOLUTION IS REACHED.

2021 IECC ENERGY CODE COMPLIANCE REQUIREMENTS

THE BUILDING SHALL CONFORM TO THE FOLLOWING MANDATORY REQUIREMENTS PER THE 2021 INTERNATIONAL ENERGY CONSERVATION CODE:

COMPLIANCE CERTIFICATE	A PERMANENT CERTIFICATE APPROVED BY THE LOCAL JURISDICTION DESCRIBING THE R-VALUES, U-FACTORS, AND SHGC OF THE BUILDING COMPONENTS AND BUILDING AIR LEAKAGE TEST RESULTS SHALL BE AFFIXED TO THE ELECTRICAL DISTRIBUTION PANEL OR ANOTHER LOCATION APPROVED BY THE LOCAL JURISDICTION, PER IECC R401.3 (IRC N1101.14).
MAXIMUM FENESTRATION U-FACTOR AND SHGC	THE MAXIMUM U-FACTOR ALLOWED USING EITHER THE TOTAL UA ALTERNATIVE METHOD PER IECC R402.1.5 (IRC N1102.1.5) OR THE SIMULATED PERFORMANCE ALTERNATIVE PER IECC R405 (IRC N1105) SHALL BE 0.48 FOR VERTICAL FENESTRATION AND 0.75 FOR SKYLIGHTS PER IECC R402.5 (IRC N1102.5).
HVAC CONTROLS	EACH HEATING AND COOLING SYSTEM SHALL HAVE AT LEAST ONE THERMOSTAT PER IECC R403.1 (IRC N1103.1). THE THERMOSTAT CONTROLLING THE PRIMARY HEATING AND COOLING SYSTEM SHALL BE A PROGRAMMABLE THERMOSTAT PER IECC R403.1.1 (IRC N1103.1.1).
HEAT PUMP SUPPLEMENTARY HEAT	HEAT PUMPS WITH SUPPLEMENTARY ELECTRIC RESISTANCE HEAT SHALL HAVE CONTROLS THAT, EXCEPT DURING DEFROST, PREVENT SUPPLEMENTAL HEAT FROM OPERATING WHEN THE HEAT PUMP COMPRESSOR CAN MEET THE HEATING LOAD PER IECC R403.1.2 (IRC N1103.1.2).
DUCT SEALING	WHEN NEW FORCED AIR SYSTEMS ARE PROVIDED, ALL DUCTS, AIR HANDLERS, AND FILTER BOXES SHALL BE SEALED PER IRC M1601.4.1. DUCT TIGHTNESS SHALL BE VERIFIED BY EITHER A ROUGH-IN OR POSTCONSTRUCTION TEST PER IECC R403.3.3 (IRC N1103.3.3) UNLESS DUCTS AND AIR HANDLERS ARE LOCATED ENTIRELY WITHIN THE BUILDING THERMAL ENVELOPE.
BUILDING CAVITIES AS DUCTS OR PLENUMS	BUILDING FRAMING CAVITIES SHALL NOT BE USED AS DUCTS OR PLENUMS PER IECC R403.3.5 (IRC N1103.3.5).
MECHANICAL SYSTEM PIPING INSULATION	MECHANICAL SYSTEM PIPING CAPABLE OF CARRYING FLUIDS ABOVE 105°F OR BELOW 55°F SHALL BE INSULATED TO R-3 MINIMUM PER IECC R403.4 (IRC N1103.4). PIPING INSULATION EXPOSED TO WEATHER SHALL BE PROTECTED FROM DEGRADATION AND DECAY PER IECC R403.4.1 (IRC N1103.4.1).
CIRCULATING HOT WATER SYSTEMS	CIRCULATING HOT WATER SYSTEMS SHALL BE PROVIDED WITH AN AUTOMATIC OR READILY ACCESSIBLE MANUAL SWITCH TO TURN OFF THE CIRCULATING PUMP WHEN THE SYSTEM IS NOT IN USE PER IECC R403.5.1 (IRC N1103.5.1).
MECHANICAL VENTILATION	THE BUILDING SHALL BE PROVIDED WITH VENTILATION PER IRC M1505 OR OTHER APPROVED MEANS OF VENTILATION PER IECC R403.6 (IRC N1103.6). WHOLE-HOUSE VENTILATION FANS SHALL MEET EFFICIENCY STANDARDS PER IECC TABLE R403.6.1 (IRC TABLE N1103.6.1).
EQUIPMENT SIZING	HEATING AND COOLING EQUIPMENT SHALL BE SIZED IN ACCORDANCE WITH ACCA MANUAL S BASED ON BUILDING LOADS CALCULATED IN ACCORDANCE WITH ACCA MANUAL J OR OTHER APPROVED HEATING AND COOLING CALCULATION METHODOLOGIES PER IECC R403.7 (IRC N1103.7).
SYSTEMS SERVING MULTIPLE DWELLING UNITS	SYSTEMS SERVING MULTIPLE DWELLING UNITS SHALL CONFORM TO IECC SECTIONS C403 AND C404.
SNOW MELT SYSTEMS CONTROLS	SNOW AND ICE MELT SYSTEMS SUPPLIED THROUGH ENERGY SERVICE TO THE BUILDING SHALL INCLUDE AUTOMATIC CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE PAVEMENT TEMPERATURE IS ABOVE 50°F AND NO PRECIPITATION IS FALLING, AND AUTOMATIC OR MANUAL CONTROLS CAPABLE OF SHUTTING OFF THE SYSTEM WHEN THE OUTDOOR TEMPERATURE IS ABOVE 40°F PER IECC R403.9 (IRC N1103.9).
POOLS AND INGROUND PERMANENTLY INSTALLED SPAS	POOLS AND INGROUND SPA HEATERS SHALL HAVE AN ACCESSIBLE ON-OFF SWITCH MOUNTED ON THE OUTSIDE OF THE HEATER THAT ALLOWS SHUT-OFF WITHOUT AFFECTING THE THERMOSTAT SETTING PER IECC R403.10.1 (IRC N1103.10.1); GAS-FIRED HEATERS SHALL NOT HAVE CONSTANT BURNING PILOT LIGHTS. HEATERS SHALL HAVE TIME SWITCHES OR OTHER CONTROL METHODS TO AUTOMATICALLY TURN ON AND OFF PER A PRESET SCHEDULE PER IECC R403.10.2 (IRC N1103.10.2). HEATED POOLS AND INGROUND SPAS SHALL BE PROVIDED WITH A VAPOR-RETARDANT COVER PER IECC R403.10.3 (IRC N1103.10.3).
LIGHTING EQUIPMENT	A MINIMUM OF 90% OF THE LAMPS IN PERMANENTLY INSTALLED LIGHTING FIXTURES SHALL BE HIGH-EFFICACY LAMPS PER IECC R404.1 (IRC N1104.1).
FUEL GAS LIGHTING EQUIPMENT	FUEL GAS SYSTEMS SHALL NOT HAVE CONTINUOUSLY BURNING PILOT LIGHT SYSTEMS PER IECC R404.1.1 (IRC N1104.1.1).

THE BUILDING SHALL ALSO CONFORM TO THE FOLLOWING PRESCRIPTIVE REQUIREMENTS:

THE BUILDING CONFORMS TO THE PRESCRIPTIVE REQUIREMENTS DETAILED IN THE CHART BELOW PER IECC R402.1.2 & R402.1.3 (IRC N1102.1.2 & N1102.1.3). EQUIVALENT U-FACTORS MAY BE SUBSTITUTED FOR REQUIRED R-VALUES PER IECC R402.1.4 (IRC N1102.1.4). THE BUILDING SHALL ALSO CONFORM TO THE DETAILED REQUIREMENTS OF IECC R402.2 (IRC N1102.2).

COMPONENT	REQUIRED VALUE
CEILING/ROOF	R-49 (COMPRESSED OVER WALL TOP PLATE AT EAVES) OR R-38 (UNCOMPRESSED OVER WALL TOP PLATE AT EAVES)
WALLS	R-20 CAVITY OR R-13 CAVITY PLUS R-5 CONTINUOUS
BASEMENT WALLS	R-10 CONTINUOUS OR R-13 CAVITY
SLAB	R-10, 4' DEPTH
CRAWL SPACE WALLS	R-10 CONTINUOUS OR R-13 CAVITY
FLOORS OVER UNCONDITIONED SPACE	R-19
DUCTS OUTSIDE CONDITIONED SPACE	R-8 FOR SUPPLY DUCTS IN ATTICS R-6 FOR ALL OTHER DUCTS
HOT WATER PIPES	R-3 UNLESS OTHERWISE ALLOWED BY IECC R403.5.3 (IRC N1103.5.3)
FENESTRATION	U-FACTOR = 0.32 MAX; SHGC = 0.40 MAX
SKYLIGHTS	U-FACTOR = 0.55 MAX; SHGC = 0.40 MAX

Maryland's Best Remodeling LLC
1806 Sparrows Drive
Woodbine, MD 21797

Proposed Addition and Alterations for the

Skowron Residence

1676 Woodbine Rd, Woodbine, Maryland 21797

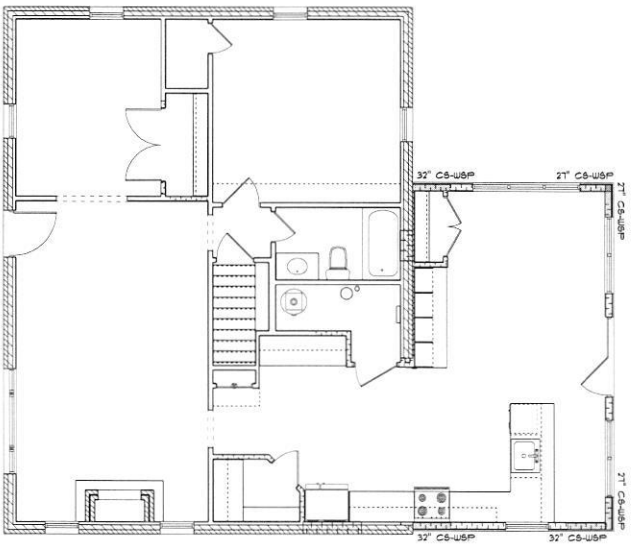
REVISIONS

DATE 03-07-2025

SHEET NO. A-1

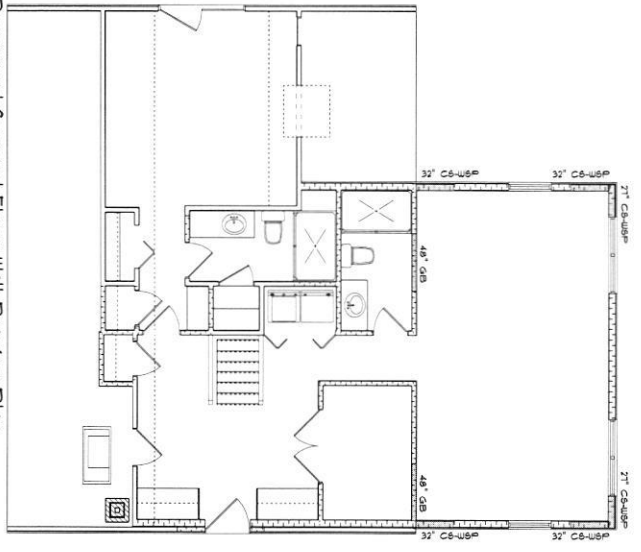
Proposed First Floor Wall Bracing Plan

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



Proposed Second Floor Wall Bracing Plan

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



S-2

SHEET NO.

03-07-2025

DATE

REVISIONS

Proposed Addition and Alterations for the

Skowron Residence

1676 Woodbine Rd, Woodbine, Maryland 21797

Maryland's Best
Remodeling LLC

1806 Sparrows Drive
Woodbine, MD 21797

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3600

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 1676 Woodbine Rd.
Woodbine, Md. 21797
Suite/Apt. #: N/A SDP/WP/Petition #:
Census Tract Subdivision
Section Area Lot
Tax Map 7 Parcel 125 Grid 17
Zoning Map Coordinates Lot size

Property Owner's Name THOMAS TWIGG
Address 1676 Woodbine Rd.
City Woodbine State MD Zip Code 21797
Phone 240-876-1111 Phone
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone Fax 410-489-6757

Existing Use FRONT PORCH
Proposed Use FRONT PORCH W/ ROOF
Estimated Construction Cost $
Description of Work Expand existing FRONT PORCH WITH NEW Concrete SLAB ON GRADE AND ROOF. 7'x 36' = 252 SQ FT.

Contractor Company
Contact Person
Address
City State Zip Code
License No.
Phone Fax

Occupant or Tenant THOMAS TWIGG
Contact Name TOM TWIGG
Address 1676 Woodbine Rd.
City Woodbine State MD. Zip Code 21797
Phone 240-876-7111 Fax

Engineer or Architect Company
Contact Person
Address
City State Zip Code
Phone Fax

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

Height:
No. of stories:
Gross area, sq. ft. per floor:
Use group:
Construction type:
_____ Reinforced Concrete
_____ Structural Steel
_____ Masonry
_____ Wood Frame
_____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes ☐ No ☐
Gas Yes ☐ No ☐
Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐
Depth Width
1st floor: 28.7 34.6
2nd floor:
Basement:
Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☒
No. of Bedrooms
Height:
Multi-family dwellings:
No. of efficiency units:
No. of 1 BR units:
No. of 2 BR units:
No. of 3 BR units:
Other Structure:
Dimensions:
Footings:
Roof Height:
_____ State Certified Modular
_____ Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private
Sewage Disposal:
____ Public
✓ Private
Electric Yes ☒ No ☐
Gas Yes ☐ No ☒
Heating System:
Electric ☒ Oil ☐
Natural Gas ☐
Propane Gas ☐
Sprinkler system: N/A ☒
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

Thomas P. Twigg
Applicant's Signature

THOMAS P. TWIGG
Print Name

Title/Company

7/2/08
Date

Checks payable to: ***DIRECTOR OF FINANCE OF HOWARD COUNTY***
** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	7/2/08	RBuich
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐

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 NewTown Zone
SDP/Red-line approval date

PROPERTY ID#:

Filing fee	$
Permit fee	$
Excise tax	$
Add'l per. fee	$
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	#
Validation	#

Accepted by

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

T:\forms\PERMIT.FRM

Rev. 11/4/04

Health Walk-Thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

B09001966
PERMIT NUMBER

Building Address 1676 Woodbine Rd. Woodbine, MD. 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 7 Parcel 125 Grid 17

Zoning _____ Map Coordinates _____ Lot Size 1.33

Existing Use Detached Accessory Building
Proposed Use Accessory Building
Estimated Construction Cost $ 11,000.00

Description of Work Assembly of a 30'x40' Pole Barn.

Occupant or Tenant Tom Twigg

Contact Name _____

Address 1676 Woodbine Rd.

City Woodbine State MD. Zip Code 21797

Phone 240-876-1111 Fax 410-489-6757

Property Owner's Name Tom Twigg
Address 1676 Woodbine Rd.
City Woodbine State MD. Zip Code 21797
Phone 240-876-1111 Phone _____
Applicant's Name & Mailing Address, (if other than stated herein):

Phone 240-876-1111 Fax 410-489-6757

Contractor Company Home owner
Contact Person _____
Address _____
City _____ State ____ Zip Code ____
License No. _____
Phone Fax

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State ____ Zip Code ____

Phone Fax

BUILDING DESCRIPTION – *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION – *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

Depth Width

1st floor:
2nd floor:
Basement:

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: ACCESURY
Dimensions: 30'x40'
Footings: 18x18
Roof Height: 14.6

____ State Certified Modular Manufactured Home

Utilities

Water Supply:
____ Public
✓ Private
Sewage Disposal:
____ Public
✓ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System: NO
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☑
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

Thomas P. Twigg
Applicant's Signature

THOMAS P. TWIGG
Print Name

Title/Company

7/29/09
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
PLEASE WRITE NEATLY AND LEGIBLY.
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
✓ Land Development, DPZ		
✓ State Highways		
✓ Building Official's		
✓ Dept. Engineering, DPZ		
✓ Health	8-6-09	Kim Burt
✓ Fire Protection		

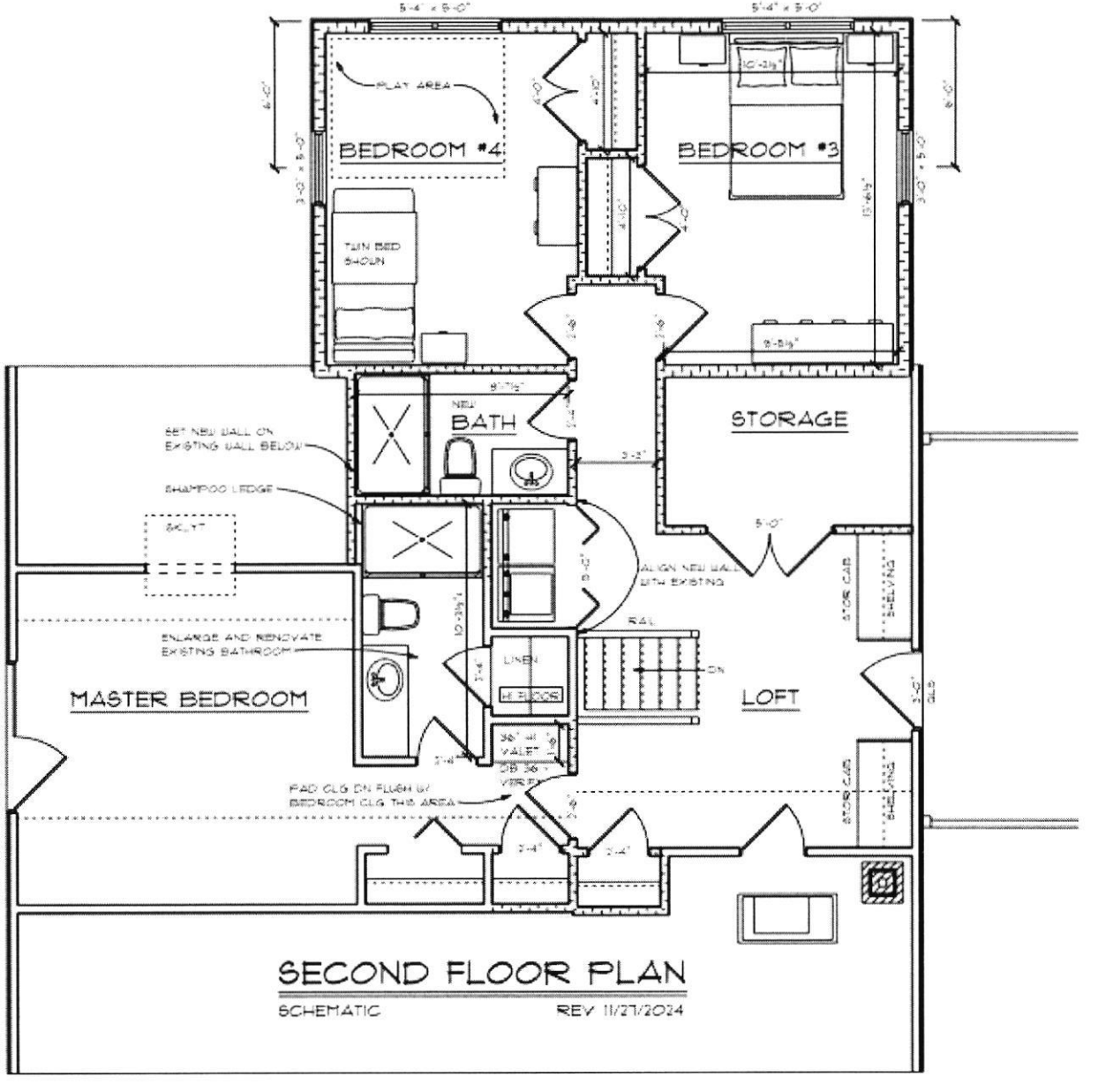
Is Sediment Control approval required prior to issuance? YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP ☐

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 _____

PROPERTY ID #
Filing fee $ 25.00
Permit fee $ _____
Excise tax $ _____
Add'l per fee $ _____
TOTAL FEES $ _____
Sub-total paid $ _____
Balance due $ _____
Check # 24690
Validation # _____
Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:forms/buildingpermitapplication
REV 10/28/04



SECOND FLOOR PLAN

SCHEMATIC REV 11/27/2024

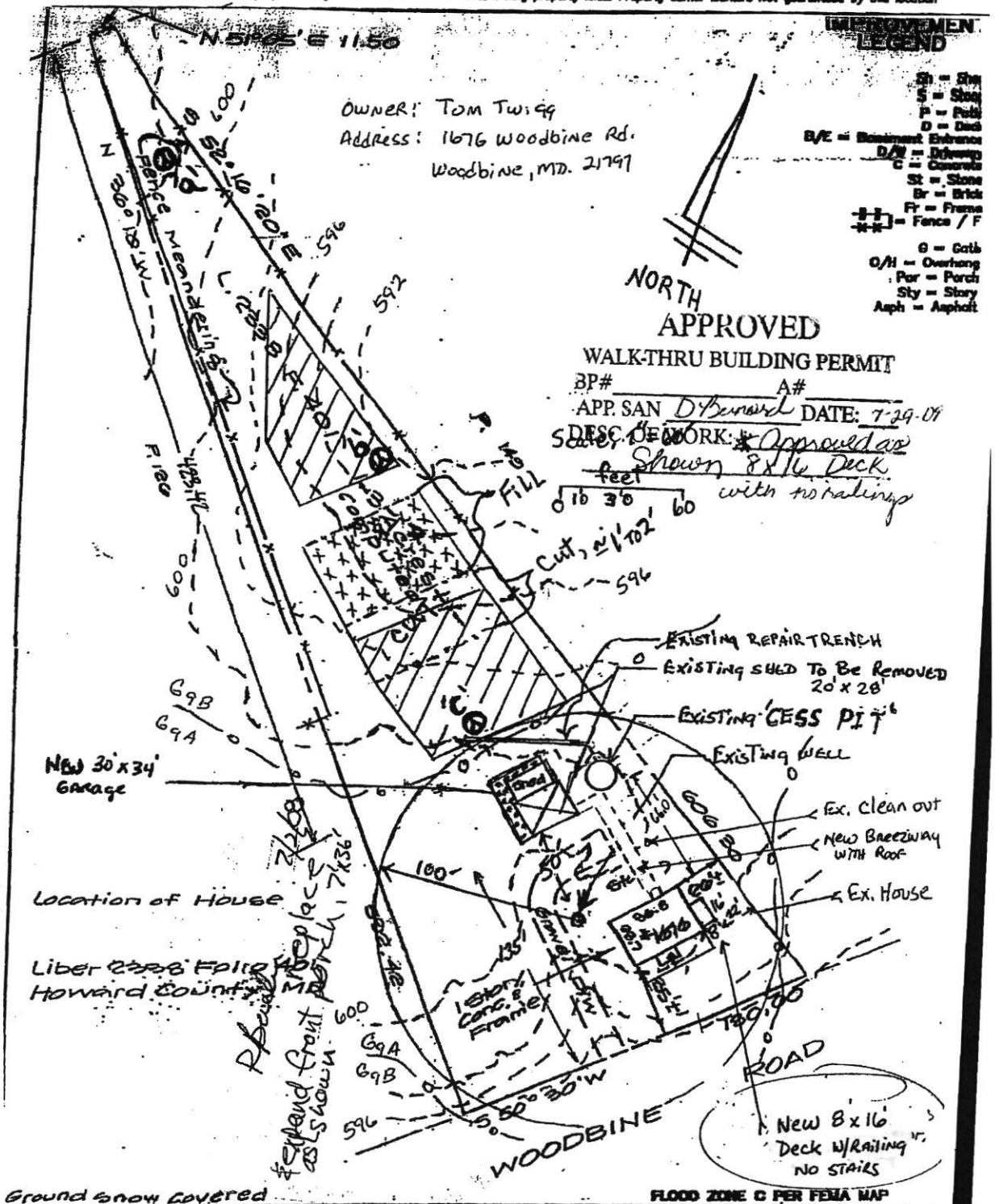
GR;

This location drawing was prepared under the direct review and supervision of David L. Haller-MD Reg. No.240

CASE NO.

NOTE : THIS LOCATION IS VALID FOR 180 DAYS FROM THE DATE ON THE PLAN.

NOTE: This location for title purposes only – not to be used for determining property lines. Property corner Markers Not guaranteed by this location



Ground Snow Covered

FLOOD ZONE C PER FEMA MAP

CERTIFICATE

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOCATION.

DAVID L. HALLER
MARYLAND R P L S No. 240

REFERENCES	
PLAT BK	
PLAT NO	
LIBER 2338	
FOLIO 401	

HALLER–BLANCHARD & ASSOCIATES
P.O. BOX 1774
FREDERICK, MARYLAND 21702
(301)228-2288 FAX: (301)228-2248

DATE OF PLANS	SCALE: 1" = 60'
WALL CHECK:	DRAWN BY: BB
HSE. LOC.: 2-28-07	JOB NO.: 07-293
BOUNDARY:	

THIS LOCATION FOR MORTGAGE PURPOSES FOR Settlement Only

Walk-Thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

B09001927
PERMIT NUMBER

Building Address 1676 Woodbine Rd. Woodbine, MD. 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 7 Parcel 125 Grid 17

Zoning _____ Map Coordinates _____ Lot Size 1.33

Existing Use Residential
Proposed Use Deck
Estimated Construction Cost $ 750.00

Description of Work ATTACHED Deck To upper floor.

Occupant or Tenant Tom Twigg

Contact Name _____

Address 1676 woodbine Rd.

City Woodbine State Md. Zip Code 21797

Phone 240-876-1111 Fax 410-489-6757

Property Owner's Name Tom Twigg
Address 1676 Woodbine Rd.
City Woodbine State MD. Zip Code 21797
Phone _____ Phone _____
Applicant's Name & Mailing Address, (if other than stated herein):

Phone 240-876-1111 Fax 410-489-6757

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION – *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group:

Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame

____ State Certified Modular

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
____ Full
____ Partial
____ Other Suppression
____ # of Heads

BUILDING DESCRIPTION – *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

Depth Width

1st floor:
2nd floor:
Basement:

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: Deck,
Dimensions: 8' x 16'
Footings: 18"x18"
Roof Height: _____

____ State Certified Modular Manufactured Home

Utilities

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system N/A ☐
____ NFPA #13D
____ NFPA #13R
____ Other:

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.

Thomas P. Twigg
Applicant's Signature

THOMAS P. TWIGG
Print Name

_____
Title/Company

_____
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
PLEASE WRITE NEATLY AND LEGIBLY.
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Officials		
Dev. Engineering, DPZ		
Health	7-27-09	Donna Pruitt
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES ☐ NO ☐

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP ☐

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side 90:
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 _____

PROPERTY ID #
Filing fee $ _____
Permit fee $ _____
Excise tax $ _____
Add'l per fee $ _____
TOTAL FEES $ _____
Sub-total paid $ _____
Balance due $ _____
Check # _____
Validation # _____

Accepted by _____

Distribution of Copies: White: Building Official Canary: DED, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:\form\buildingpermitapplication
REV 10/28/04

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: _____

Permit No.: B15004746

Building Address: 1676 Woodbine Rd.
City: Woodbine State: MD. Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: 604001 Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 7 Parcel: _____ Grid: 7-17
Zoning: RC-DEO Map Coordinates: _____ Lot Size: _____

Existing Use: Storage
Proposed Use: Storage Building
Estimated Construction Cost: $ 4500.00
Description of Work: Addition to Existing Garage
540 SQ FT. (1 Story)

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

Property Owner's Name: Thomas P. Twigg
Address: 1676 woodbine rd.
City: Woodbine State: Md. Zip Code: 21797
Phone: 240-876-1111 Fax: 410-489-6757
Email: TomTwigg@yahoo.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Homeowner
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Homeowner
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: /
Responsible Design Prof.: _____
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:	1st floor: 30' / 18'
	2nd floor:
Area of construction (sq. ft.):	Basement: N/A
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☒ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms: N/A
☐ 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

Utilities	
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Electric: ☒ Yes ☐ No	
Gas: ☐ Yes ☐ No	
Heating System	
☒ Electric ☐ Oil	
☐ Natural Gas ☐ Propane Gas	
☐ Other:	
Sprinkler System:	
☐ Yes ☒ No	
Grading Permit Number:	
Building Shell Permit Number:	

RECEIVED
OCT 27 2015
LICENSES & PERMITS DIVISION

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.

Thomas P. Twigg
Applicant's Signature

THOMAS P. Twigg
Print Name

TomTwigg@yahoo.com
Email Address

OCTOBER
Date

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	11/4/15	R Bricker

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	$ 25.00
Permit Fee	$
Tech Fee	$
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$
Sub- Total Paid	$
Balance Due	$
Check	# 182

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Oswald, Hank

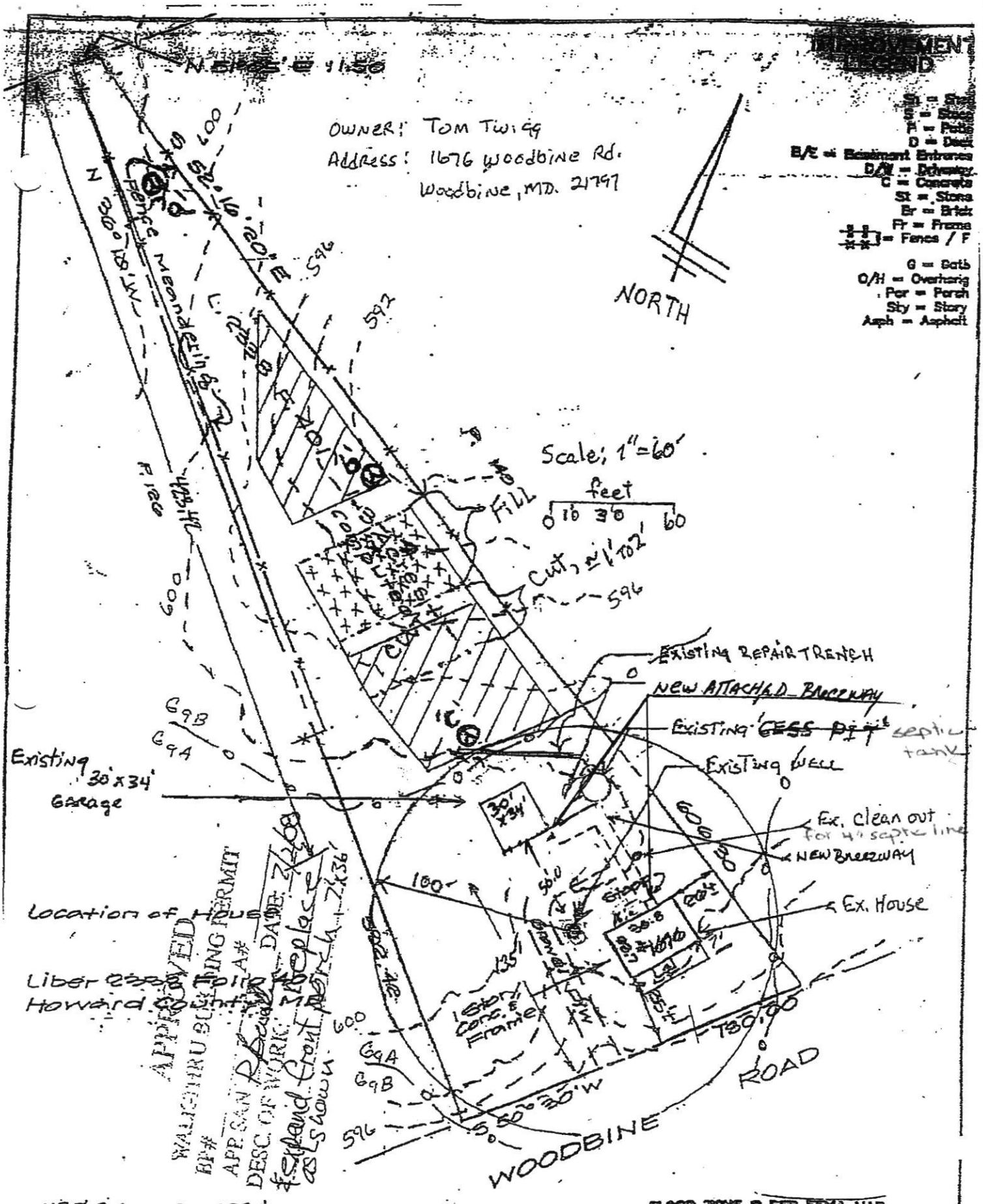
From: Tom Twigg <tomtwigg@yahoo.com>
Sent: Wednesday, February 24, 2016 2:52 PM
To: Oswald, Hank
Subject: Re: B16000492_Breezeway Project

Yes sir this is to replace the damaged breezway

Sent from my iPhone

On Feb 23, 2016, at 8:59 AM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

> Mr. Twigg:
>
> This office is in receipt of a building permit application to construct a breezeway from the house to the garage but did not receive floor plans. Please forward a copy via email at your earliest convenience.
>
> Question – There is a building permit for a breezeway in our records from 2009. Is this a replacement breezeway?
>
> Should you have any concerns or questions, please don't hesitate to ask.
>
> Respectfully,
>
> Hank
>
> Hank Oswald, L.E.H.S.
> Howard County Health Department
> Bureau of Environmental Health
> Well & Septic Program
> 8930 Stanford Boulevard
> Columbia, MD 21045
> 410.313.1786 (Office)
> 410.313.2648 (Fax)



und snow covered

FLOOD ZONE C PER FEMA MAP

CERTIFICATE

I HEREBY CERTIFY THAT THE PROVISION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOCATION.

REFERENCES

PLAT #1

PLAT #2

WALKER-BEARCHARD & ASSOCIATES

P.O. BOX 1774

FREDERICK, MARYLAND 21702

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: _____

Permit No.: B16000492

Building Address: 1676 woodbine rd. (RT 144)
City: Woodbine State: Md. Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: 604001 Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 7 Parcel: _____ Grid: 7-17
Zoning: RC-DEO Map Coordinates: _____ Lot Size: 1.52

Existing Use: WALKWAY Covered
Proposed Use: SAME W/GRAVEL WALKWAY
Estimated Construction Cost: $ 2200.00
Description of Work: Connect to existing Breezway AND Extend to Garage.

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

Property Owner's Name: Thomas Twigg
Address: 1676 woodbine rd.
City: Woodbine State: Md. Zip Code: 21797
Phone: 240-876-1111 Fax: 410-489-6757
Email: Tom Twigg@yahoo.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: SELF
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No. : _____
Phone: _____ Fax: _____
Email: _____

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

Commercial Building Characteristics	*Residential Building Characteristics*
Height:	☒ SF Dwelling ☐ SF Townhouse
No. of stories:	30 Depth 36 Width
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement: NONE
	☐ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☒ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms: 2
☐ 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

RECEIVED
FEB 10 2016
LICENSES & PERMITS DIVISION

Utilities	
Water Supply	
☐ Public	
☒ Private	
Sewage Disposal	
☐ Public	
☒ Private	
Electric: ☒ Yes ☐ No	
Gas: ☐ Yes ☒ No	
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.

Thomas P. Twigg
Applicant's Signature

THomas Twigg
Print Name

Tom Twigg@yahoo.com
Email Address

2/10/16
Date

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	2/26/16	H. Oscanlan

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	$ 25.00
Permit Fee	$
Tech Fee	$
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$
Sub- Total Paid	$
Balance Due	$
Check	# 132

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

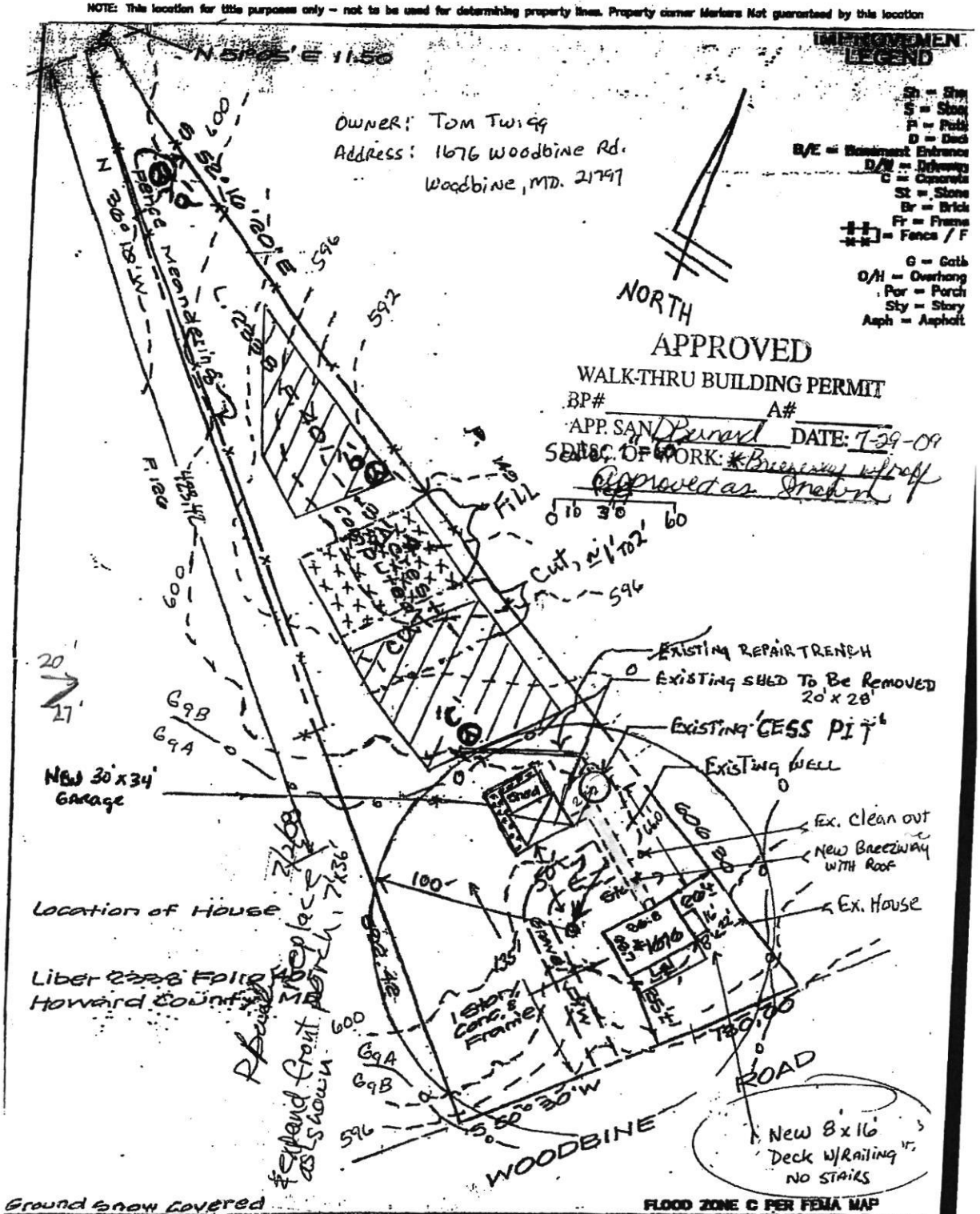
GR

This location drawing was prepared under the direct review and supervision of David L. Haller-MD Reg. No.240

CASE NO.

NOTE : THIS LOCATION IS VALID FOR 180 DAYS FROM THE DATE ON THE PLAN.

NOTE: This location for title purposes only – not to be used for determining property lines. Property corner Markers Not guaranteed by this location



CERTIFICATE	REFERENCES	HALLER–BLANCHARD & ASSOCIATES
I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN ESTABLISHED BY A FIELD LOCATION.	PLAT BK	P.O. BOX 1774 FREDERICK, MARYLAND 21702 (301)228-2268 FAX: (301)228-2248
DAVID L. HALLER MARYLAND R P L S No. 240	PLAT NO	
	LIBER 2338	DATE OF PLANS
	FOLIO 401	WALL CHECK:
		HSE. LOC.: 2-28-07
		BOUNDARY:
		SCALE: 1" = 60
		DRAWN BY: BB
		JOB NO.: 07-293

THIS LOCATION FOR MORTGAGE PURPOSES FOR Settlement Only

Walk - Thru

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

B09001926
PERMIT NUMBER

Building Address 1676 Woodbine Rd. Woodbine, MD. 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 7 Parcel 125 Grid 17

Zoning _____ Map Coordinates _____ Lot Size 1.33

Existing Use Residential
Proposed Use Walkway To Connect House To Garage
Estimated Construction Cost $ 1000.00

Description of Work Install a Covered Walkway from House to Detached Garage. (To make Garage attached)

Occupant or Tenant Tom Twigg

Contact Name _____

Address 1676 Woodbine Rd.

City Woodbine State MD Zip Code 21797

Phone 240-876-1111 Fax 410-489-6757

Property Owner's Name Tom Twigg
Address 1676 Woodbine Rd.
City Woodbine State MD. Zip Code 21797
Phone _____ Phone _____
Applicant's Name & Mailing Address, (if other than stated herein):

Phone 240-876-1111 Fax 410-489-6757

Contractor Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION – *COMMERCIAL*

Building Characteristics

Height:

No. of stories:

Gross area, sq. ft. per floor:

Use group

Construction type:
___ Reinforced Concrete
___ Structural Steel
___ Masonry
___ Wood Frame

___ State Certified Modular

Utilities

Water Supply:
___ Public
___ Private

Sewage Disposal:
___ Public
___ Private

Electric Yes ☐ No ☐
Gas Yes ☐ No ☐

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
___ Full
___ Partial
___ Other Suppression
___ # of Heads

BUILDING DESCRIPTION – *RESIDENTIAL*

Building Characteristics

SF Dwelling ☐ SF Townhouse ☐

Depth	Width
1st floor:	
2nd floor:	
Basement:	

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade ☐

No. of Bedrooms _____

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: Covered Walkway
Dimensions: 4'5" x 8' H
Footings: _____
Roof Height: 10'

___ State Certified Modular Manufactured Home

Utilities

Water Supply:
___ Public
✓ Private

Sewage Disposal:
___ Public
✓ Private

Electric Yes ☐ No ✓
Gas Yes ☐ No ✓

Heating System:
Electric ☐ Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ✓
___ NFPA #13D
___ NFPA #13R
___ Other:

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.

Thomas P. Twigg
Applicant's Signature

Thomas P. Twigg
Print Name

_____
Title/Company

_____
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY AND LEGIBLY.
- FOR OFFICE USE ONLY -

[redacted]

Permit fee $
Excise tax $
Add'l per fee $
TOTAL FEES $
Sub-total paid $
Balance due $
Check #
Validation #

Side S
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
Accepted by

CONTINGENCY CONSTRUCTION START ☐
ONE STOP SHOP ☐

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:forms/buildingpermitapplication
REV 10/28/04

Name: mike criddle

Street Address: 1676 woodbine rd.

City, State, Zip: woodbine, md. 21797

Date: 5-20-26

Amendment, Permit # B25000993

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

Dear Ms. Whalen:

I am requesting to amend **Permit #** B25000993 **at** 1676 woodbine rd., Woodbine, MD. 21797 **to** add a bedroom in the upsatirs "family room per the drawings". We spoke to Spencer and he says upload the new drawings showing the new deviding wall and he will approve.

Enclosed:

- [x] **Fee:** 50
- [x] **Plot Plans**
- [x] **Sets of Construction Drawings**
- [ ] **Other:**

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

Sincerely,

Michael Criddle

Name: Michael Criddle (Maryland'sBest Remo

Title: president

Phone: 443-474-7899

Email: mike@marylandsbest.com