



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.: B/3003727

Building Address: 14138 Howard Rd
 City: Dayton State: MD Zip Code: 21036
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 3
 Tax Map: 27 Parcel: 31 Grid: 6
 Zoning: _____ Map Coordinates: _____ Lot Size: 9 AC

Existing Use: SFD
 Proposed Use: SFD w/ tank
 Estimated Construction Cost: \$ 6,000
 Description of Work: Install 500 Gal Underground propane tank

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

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

Property Owner's Name: Jonathan Studdard
 Address: 14118 Howard Rd
 City: Dayton State: MD Zip Code: 21036
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Michelle Hege
 Address: PO box 1253
 City: Silksville State: MD Zip Code: 21784
 Phone: 4103401329 Fax: _____
 Email: Michelle@appliedandapproved.com

Contractor Company: TEVIS OIL
 Contact Person: Cherry James
 Address: 1618 N. Main Street
 City: Hamstead State: MD Zip Code: 21074
 License No.: 468
 Phone: _____ Fax: _____
 Email: MAIL TO

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

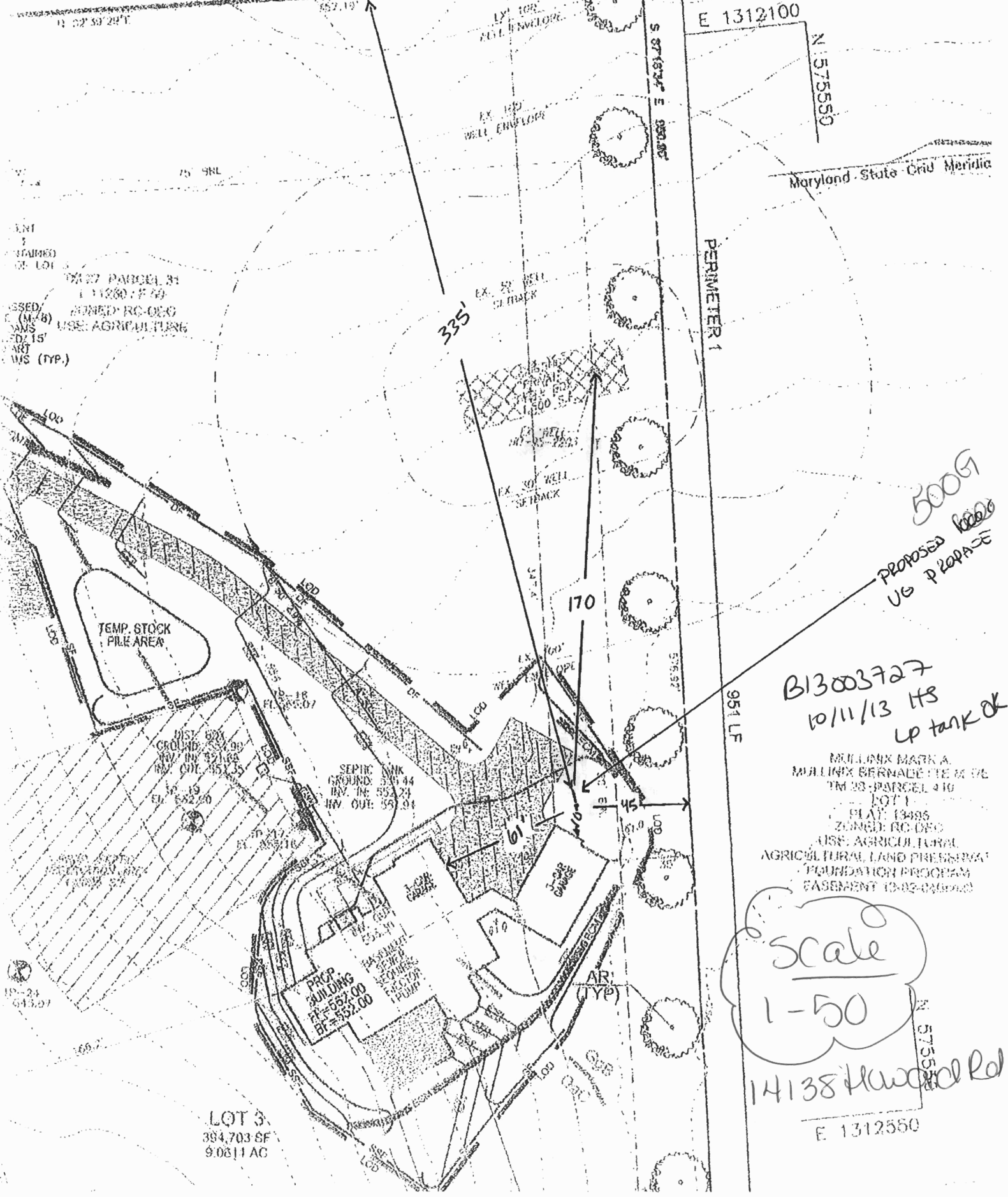
| Utilities |
|---|
| Water Supply |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| Sewage Disposal |
| <input type="checkbox"/> Public |
| <input checked="" type="checkbox"/> Private |
| Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Heating System |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other: |
| Sprinkler System: |
| <input type="checkbox"/> Yes <input type="checkbox"/> 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 Hege Print Name: Michelle Hege
 Email Address: Michelle@appliedandapproved.com Date: 10/11/13

10/11/13 Aerial shot

MATCHLINE SHEET 1 OF 3



LOT 3
 394,703 SF
 9.0811 AC

E 1312100
 N 1575550

Maryland State Grid Meridian

PERIMETER 1

954 LF

B13003727
 10/11/13 HS
 LP tank OK

MULLINX MARK A.
 MULLINX BERNADETTE M DE
 TR 28 - PARCEL 410
 LOT 1
 PLAN 13495
 ZONED RC DEC
 USE: AGRICULTURAL
 AGRICULTURAL LAND PRESERVATION
 FOUNDATION PROGRAM
 EASEMENT 13-02-00000

Scale
 1-50

14138 Howard Rd

E 1312550

50097
 PROPOSED
 US PREPARE

IP-24 643.07

LOT 3
 394,703 SF
 9.0811 AC



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.: _____

Building Address: 14138 Howard Rd
City: Dayton State: MD Zip Code: 21036
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Amy Studdard
Address: 14138 Howard Rd
City: Dayton State: MD Zip Code: 21036
Phone: _____ Fax: _____
Email: _____
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Edward Pacylowski
Address: 13330 Clarksville Pike
City: Highland State: MD Zip Code: 20777
Phone: 301-854-0821 Fax: _____
Email: _____

Existing Use: SF Home
Proposed Use: SF Home w/ Deck
Estimated Construction Cost: \$ 40,000
Description of Work: To build approx 540sqft deck w/ ~~concrete~~ steps to grade

Contractor Company: Pro-Built Construction, Inc.
Contact Person: Edward Pacylowski
Address: 13330 Clarksville Pike
City: Highland State: MD Zip Code: 20777
License No.: 20247
Phone: 301-854-0821 Fax: _____
Email: _____

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

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

| Commercial Building Characteristics | Residential Building Characteristics | |
|--|---|-------|
| Height: | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse | |
| No. of stories: | Depth | Width |
| Gross area, sq. ft./floor: | 1 st floor: | |
| | 2 nd floor: | |
| Area of construction (sq. ft.): | Basement: | |
| | <input type="checkbox"/> Finished Basement | |
| Use group: | <input type="checkbox"/> Unfinished Basement | |
| | <input type="checkbox"/> Crawl Space | |
| | <input type="checkbox"/> Slab on Grade | |
| Construction type: | No. of Bedrooms: | |
| <input type="checkbox"/> Reinforced Concrete | Multi-family Dwelling | |
| <input type="checkbox"/> Structural Steel | No. of efficiency units: | |
| <input type="checkbox"/> Masonry | No. of 1 BR units: | |
| <input type="checkbox"/> Wood Frame | No. of 2 BR units: | |
| <input type="checkbox"/> State Certified Modular | No. of 3 BR units: | |
| | Other Structure: <u>Deck</u> | |
| | Dimensions: <u>15'6" x 5'4"</u> | |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | Footings: <u>concrete</u> | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Roof: | |
| Roadside Tree Project Permit # | <input type="checkbox"/> State Certified Modular | |
| | <input type="checkbox"/> Manufactured Home | |

| Utilities | |
|---|--|
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Electric: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Heating System | |
| <input type="checkbox"/> Electric | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other: | |
| Sprinkler System: | |
| <input type="checkbox"/> Yes | <input type="checkbox"/> 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: _____
Email Address: _____
Title/Company: _____

Edward Pacylowski
Print Name
12/5/13
Date

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 | 12-5-13 | Dona Bernard |

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

| DPZ SETBACK INFORMATION |
|---|
| Front: |
| Rear: |
| Side: |
| Side St.: |
| All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> 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 | # |

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

Scale 1" = 50'

MULLINIX BROTHERS PARTNERSHIP
TM 28 PARCEL 1
L 1075 / F 889
ZONED: RC-DEO

N 575.500
E 1,312.750

8105

S 14° 05' 51" E

296.67'

60' BRL

183.20

LOT 3

394,703 SF
9.0611 AC

35 ENVIRONMENTAL BRL

N79°13'49"E

168.7

90°

SEE DETAIL

112.7

90°

83.41

30' BRL

576.92'

S 87°16'34" E

576.92'

EX. WELL
HO-95-2203

349.45

75' BRL

N 02°39'29"E

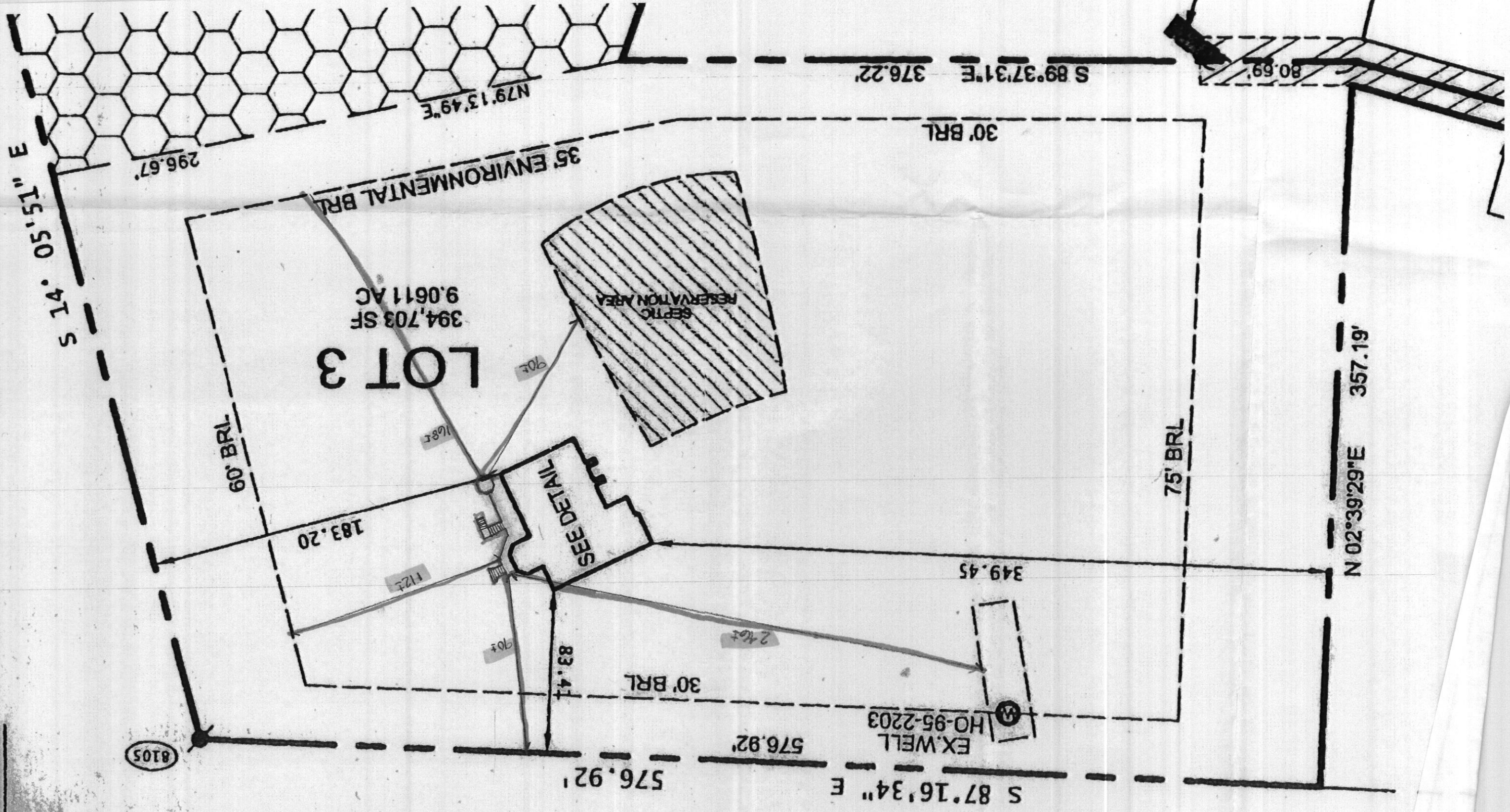
357.19'

30' BRL

S 89°37'31"E

376.22'

80.69'





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: 3-25-13
B13001060
Permit No.: B13001060

Building Address: 2711 UN State: MD Zip Code: 21036
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: STUDDARD PROP
Section: _____ Area: _____ Lot: 3
Tax Map: 27 Parcel: 31 Grid: _____
Zoning: RC-DEO Map Coordinates: _____ Lot Size: 9.06 AC

Existing Use: VACANT LOT
Proposed Use: NEW SFD
Estimated Construction Cost: \$ 600,000
Description of Work: 5 BR, 5 FULL BATH, 1 HALF BATH
2 GAS FIREPLACES, 3 CAR GAR, PARTIAL
FINISH BSMT, OPTIONAL DECK
Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: STUDDARD
Address: 14 S HOWARD ROAD 21036
City: DAYTON State: MD Zip Code: _____
Phone: 443-285-2097 Fax: _____
Email: AMY@NICHESBUILDGR.COM
Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: GREENFIELD HOMES INC
Address: 1818 LIBERTY RD
City: ELDERSBURY State: MD Zip Code: 21784
Phone: 410-365-3702 Fax: _____
Email: RAMINOR@COMCAST.NET

Contractor Company: GREENFIELD HOMES INC
Contact Person: RICK MINOR
Address: 1818 LIBERTY RD
City: ELDERSBURY State: MD Zip Code: 21784
License No.: HBV 361
Phone: 410-365-3702 Fax: _____
Email: RAMINOR@COMCAST.NET

Engineer/Architect Company: MARK BONDY
Responsible Design Prof.: _____
Address: MORANUSIDE DR
City: EMMOTT CITY State: MD Zip Code: 21043
Phone: 410-750-2262 Fax: _____
Email: MSBMODELS@VERIZON.NET

| Commercial Building Characteristics | Residential Building Characteristics |
|---|---|
| Height: _____ | <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse |
| No. of stories: _____ | Depth _____ Width _____ |
| Gross area, sq. ft./floor: _____ | 1 st floor: <u>68'-2" 65'-2"</u> |
| Area of construction (sq. ft.): _____ | 2 nd floor: <u>55'-2" 65'-2"</u> |
| Use group: _____ | Basement: _____ |
| Construction type: _____ | <input checked="" type="checkbox"/> Finished Basement |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Unfinished Basement |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Crawl Space |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Slab on Grade |
| <input type="checkbox"/> Wood Frame | No. of Bedrooms: <u>5</u> |
| <input type="checkbox"/> State Certified Modular | Multi-family Dwelling |
| | 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: _____ |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Roof: _____ |
| Roadside Tree Project Permit # _____ | <input type="checkbox"/> State Certified Modular |
| | <input type="checkbox"/> Manufactured Home |

| Utilities | |
|---|--|
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input checked="" type="checkbox"/> Private | |
| Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| Heating System | |
| <input type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input checked="" type="checkbox"/> Other: <u>GEOTHERMAL</u> | |
| Sprinkler System: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: <u>GP 13-005</u> | |
| 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.

Raminor
Applicant's Signature
RAMINOR@COMCAST.NET
Email Address
Rick Minor
Title/Company

RICK MINOR
Print Name
3-25-13
Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--|----------------|-----------------------|
| <input checked="" type="checkbox"/> State Highways | | |
| <input checked="" type="checkbox"/> Building Officials | | |
| <input checked="" type="checkbox"/> PSZA (Zoning) | | |
| <input checked="" type="checkbox"/> PSZA (Engineering) | | |
| <input checked="" type="checkbox"/> Health | <u>4/10/13</u> | <u>[Signature]</u> |

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

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

| | |
|----------------|---------------|
| Filing Fee | \$ <u>100</u> |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ <u>50</u> |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>4931</u> |

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

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

Date: 4/16/13
To: DIUP
(Person's Name and Division)
From: Robert H. Vogel Engineering Inc 410-461-7666
(Your Name, Company Name and Telephone Number)
Subject: Project name Studdard Property
Project site address 14138 Howard Rd
Permit Number B13001060 SDP # GP-13-005
Other information pertinent to this project _____

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

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification
- Energy conservation calculations
- Certification for _____ (be specific).
- Copies of _____ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

Megan Brett 410, 461-7666
(Person's name) (Telephone number)

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 AKH

cc: DEP
DIUP
Heath

white: Plan Review Division
yellow: Applicant
pink: Permit Division