

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

309 00 2401

Building Address 2524 Jennings Chapel Road  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 604002 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 13 Parcel \_\_\_\_\_ Grid 14  
 Zoning R1 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Jeff and Rhonda Newcomer  
 Address 2524 Jennings Chapel Rd  
 City Woodbury State MD Zip Code 21777  
 Home Phone 410 977-7109 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ 737,000  
 Description of Work \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City Edison State MD Zip Code 21771  
 License No. MTHS# 17111  
 Phone 410-977-7111 Fax 410-977-7111

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
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	

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 \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>10/30/2009</u>		<u>R. Bueker</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1240</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



Bureau of Environmental Health  
7178 Columbia Gateway Drive, Columbia, MD 21046-2147  
(410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
website: www.hchealth.org

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Peter L. Beilenson, M.D., M.P.H., Health Officer

Date: September 29, 2009

To: Jeff and Rhonda Newcomer, owners  
2524 Jennings Chapel Road  
Woodbine, MD 21797

RE: BP090002401, 25-ft x 42-ft addition to detached garage

Dear Mr. and Mrs. Newcomer,

I have reviewed your Building Permit application to construct a 23 ft. by 37 ft. attached garage and 6' x 24' breezeway at 2524 Jennings Chapel Road. I have found that a Percolation Certification Plan will be required (Howard County Code 3.805), supported by current data, to move forward with this project.

Reasons for the requiring a Percolation Certification Plan are as follows:

- 1) there is no Percolation Certification Plan for this parcel,
- 2) there is no record of soil profile descriptions and percolation test data.

All parcels or lots in Howard County are required to have a septic easement large enough to accommodate an initial drainfield plus two repairs [3.805.A(2)(X)].

During this process, both the locations and conditions of the existing septic system and the existing well will be observed and evaluated by current code requirements. As a result, a determination may be made to require repair, replacement, or upgrade, or no action at all.

I have enclosed excerpts from Howard County Code concerning required content of Percolation Certification Plans and the regulated setback distances related to well and septic system locations

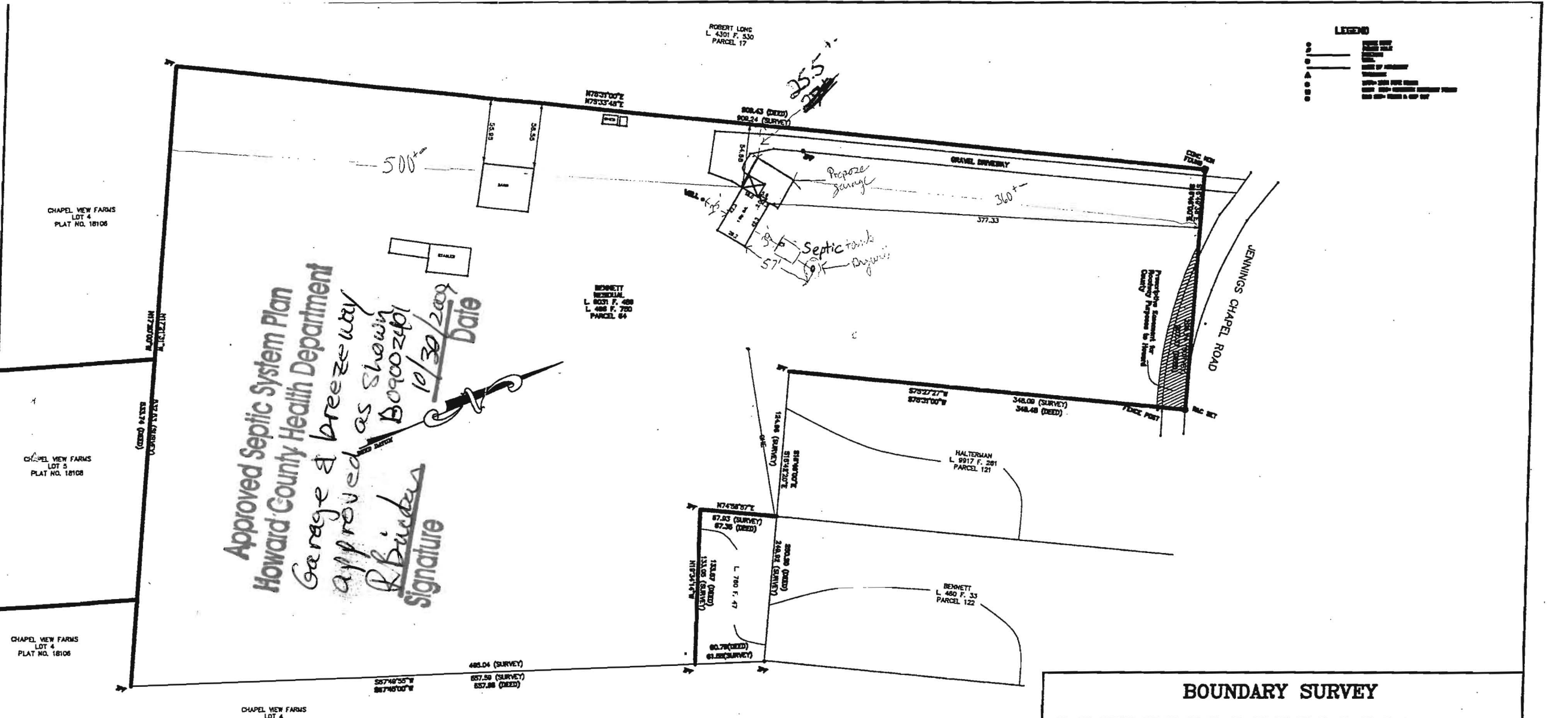
If you wish to move forward with this project, please contact me at the Bureau of Environmental Health, phone 410-313-1771.

Respectfully,

A handwritten signature in black ink, appearing to read 'Robert Bricker'.

Robert Bricker, R.S.  
Environmental Sanitarian Supervisor  
Well and Septic Program

RB  
Copy      Beard Brothers Construction  
file



Approved Septic System Plan  
 Howard County Health Department  
 Garage & breezeway  
 approved as shown  
 B09002401  
 R. Bieders  
 Signature  
 10/30/2008  
 Date

I HEREBY CERTIFY THAT THE SURVEY SHOWN HEREON IS CORRECT, THAT IT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION. NO TITLE REPORT WAS FURNISHED TO THE SURVEYOR.

NOVEMBER 4, 2008

DATE

MERIDIAN SURVEYS, INC.  
 STEPHEN WENTHOLD  
 PROFESSIONAL LAND SURVEYOR  
 MARYLAND REG. NO. 10767

BOUNDARY SURVEY			
BENNETT PROPERTY 2524 JENNINGS CHAPEL ROAD WOODBINE, MARYLAND HOWARD COUNTY, MARYLAND			
SCALE:	1" = 100'	DWN. BY:	RC
DATE:	NOVEMBER, 2008	CHKD. BY:	SJW

PREPARED BY:  
MERIDIAN SURVEYS, INC.  
 811 RUSSELL AVENUE  
 SUITE 303  
 GAITHERSBURG, MARYLAND 20879  
 (301) 721-9400  
 (301) 840-0334 FAX  
 E-MAIL: surveyor@meridiansurveys.com  
 MSI NO. 08-2392



# 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: 2/28/13

Permit No.: B300694

Building Address: 2524 Jennings Chapel Rd  
 City: Woodbine State: MD Zip Code: 21797  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 13 Parcel: 64 Grid: 14  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: Backe  
 Existing Use: SF Dwelling  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 260,000  
 Description of Work: Dormer + Front porch to existing house and Addition.  
total sq. ft. 1492  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Jeffrey + Rhonda Newcomer  
 Address: 2524 Jennings Chapel Rd  
 City: Woodbine State: MD Zip Code: 21797  
 Phone: 410-489-7309 Fax: \_\_\_\_\_  
 Email: newcomer5@verizon.net  
 Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Contractor Company: J + D Construction Co  
 Contact Person: James L. Perry  
 Address: 5540 Woodbine Rd  
 City: Woodbine State: MD Zip Code: 21797  
 License No.: 10034  
 Phone: 410-795-6123 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 <sup>st</sup> floor: <u>49 ft</u>	<u>31 ft</u>
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement: <u>49 ft</u>	<u>31 ft</u>
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	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:	
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<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 type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input checked="" type="checkbox"/> Other: <u>Ground Source Heat Pump</u>	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input checked="" 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.

Rhonda Newcomer  
 Applicant's Signature  
newcomer5@verizon.net  
 Email Address  
 \_\_\_\_\_  
 Title/Company

RHONDA NEWCOMER  
 Print Name  
28 Feb 2013  
 Date  
**RECEIVED**  
FEB 28 2013  
 LICENSES & PERMITS DIVISION

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		<u>[Signature]</u>

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

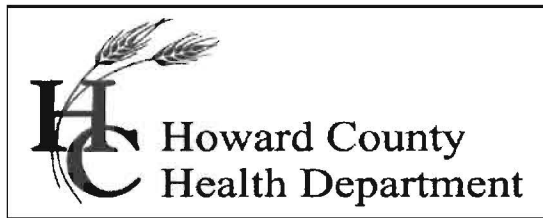
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot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

Filing Fee	\$ <u>25.00</u>
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 # 1144 Gold: SHA

WALK-THRU





## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Health Officer**

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March 25, 2013

To: Jeff and Rhonda Newcomer, owners/applicant  
Newcomer5@verizon.net

From: Robert Bricker, REHS/R.S.  
Environmental Health Specialist  
Well and Septic Program

RE: 2524 Jennings Chapel Road, B13000696, Health Dept. comment

The referenced application is 'On Hold' by the Health Department. A septic system upgrade is required. The upgrade must be completed and approved by the attending Environmental Health Specialist prior to approval of the building permit.

The system upgrade will consist of a 2000-gallon septic tank and 125 linear feet of trench per Health Department specifications (Inlet at 4 feet depth and Trench Bottom at 8 feet). The trenches are to be installed in the uppermost area of the septic reserve. If gravity flow cannot be achieved for effluent to reach the upper area of the septic reserve, a (1000-gallon) pump tank will be required. The dry well must be abandoned prior to approval of the installation permit.

If you have questions regarding these requirements you may contact me by 'Reply' or by calling 410-313-2691.

RB

Copy: file

Well Permit # HO-14-0049

DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1850	<b>HOWARD COUNTY                  RESIDENTIAL                  HEATING-VENTILATION-AIR                  CONDITIONING AND                  REFRIGERATION PERMIT                  APPLICATION</b>	HVACR PERMIT # <u>M14000984</u> BUILDING PERMIT # <u>B13000690</u>
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BUILDING ADDRESS: SUITE/APT: <u>2524 JENNINGS CHAPEL ROAD</u> SUBDIVISION: CENSUS TRACT: SECTION: AREA: LOT: TAX MAP: PARCEL: BLOCK: ZONE: PROPERTY ID: MAP COORDINATES: TYPE OF IMPROVEMENTS: USE:	OWNERS NAME: <u>JEFF + Rhonda Newcomer</u> ADDRESS: <u>2524 JENNINGS CHAPEL ROAD</u> CITY: <u>WOODBINE</u> STATE: <u>MARYLAND</u> ZIP CODE: <u>21797</u> HOME PHONE: <u>410 489 7309</u> WORK PHONE:
--	--

CHECK ONE	HOW MANY	COMPANY NAME: <u>HARVEY W HOTTEL</u>
SINGLE FAMILY DWELLING <input checked="" type="checkbox"/>	<u>1</u> ZONES	LICENSEE NAME: <u>Michael Roelands</u>
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES	ADDRESS: <u>18900 WOODFIELD RD</u>
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS	CITY: <u>GAITHERSBURG</u>
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS	STATE: <u>MD</u> ZIP CODE: <u>20879</u> PHONE: <u>301 921 9599</u> HVACR LICENSE NO: <u>6087</u>

*10/20/2014 approved*

**New**

Heating and Air Conditioning  Heating System Only  Other Work (Describe):

Geo Thermal System  Ductless Mini Splits  Thru The Wall Systems

**Replacement**

Heating  Air Conditioning  Heating and Air Conditioning

**Additions and Alterations**

Heating  Air Conditioning  Heating and Air Conditioning

*WATER FURNACE  
 NDV064-230/60/11 heat pump  
 20KW AUX ELECTRIC heat*

\*\*\*\*Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required\*\*\*\*

<b>Zones</b> Permit Fee = # of Zones x \$40 = <u>40</u> Technology Fee (10% of Permit Fee) = <u>4</u> Plus Application Fee <u>\$50.00</u> Total Fees Due = <u>94</u>	<b>Rooms</b> Permit Fee = # of Rooms x \$80 = _____ Technology Fee (10% of Permit Fee) = _____ Plus Application Fee \$50 <u>\$50.00</u> Total Fees Due = _____
--	--

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

Michael Roelands 10/2/14  
 SIGNATURE OF LICENSEE DATE

Michael Roelands  
 PRINT NAME OF LICENSEE

Rnelson@harveyhottel.com  
 Email Address

<b>Validation</b>
Check Number: <u>10498</u>
Cash: _____
Receipt Number: <u>378219</u>

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

Word doc: T:\Updated Forms\hvac application  
 Rev:10.2009

STATE BOARD OF HVACR CONTRACTORS

05 01 6087  
MESSAGE(S):

MICHAEL JOSEPH ROELANDS

6066 09-04-2014



LICENSE \* REGISTRATION \* CERTIFICATION \* PERMIT

STATE OF MARYLAND

DEPARTMENT OF LABOR, LICENSING AND REGULATION

Martin O'Malley  
Governor  
Anthony G. Brown  
Lt. Governor  
Leonard J. Howie, III  
Secretary

STATE BOARD OF HVACR CONTRACTORS

CERTIFIES THAT:

MICHAEL JOSEPH ROELANDS

INSURED TO CONTRACT WORK

18900 WOODFIELD ROAD  
GAITHERSBURG

MD 20879

IS AN AUTHORIZED:

**01 - MASTER LICENSE**

LIC/REG/CERT  
6087

EXPIRATION  
10-23-2016

EFFECTIVE  
N/A

CONTROL NO  
4594281

Signature of Bearer

Secretary DLLR

WHERE REQUIRED BY LAW THIS MUST BE CONSPICUOUSLY DISPLAYED IN OFFICE TO WHICH IT APPLIES

05 01 6087

4,594,281

05 01 6087

STATE BOARD OF HVACR CONTRACTORS  
500 N. CALVERT STREET  
BALTIMORE, MD 21202-3651

MICHAEL JOSEPH ROELANDS  
INSURED TO CONTRACT WORK

18900 WOODFIELD ROAD  
GAITHERSBURG

MD 20879



LICENSE \* REGISTRATION \* CERTIFICATION \* PERMIT  
STATE OF MARYLAND  
DEPARTMENT OF LABOR, LICENSING AND REGULATION

Martin O'Malley  
Governor  
Anthony G. Brown  
Lt. Governor  
Leonard J. Howie, III  
Secretary

STATE BOARD OF HVACR CONTRACTORS

CERTIFIES THAT:

MICHAEL JOSEPH ROELANDS

INSURED TO CONTRACT WORK

IS AN AUTHORIZED: 01 - MASTER LICENSE

LIC/REG/CERT  
6087

EXPIRATION  
10-23-2016

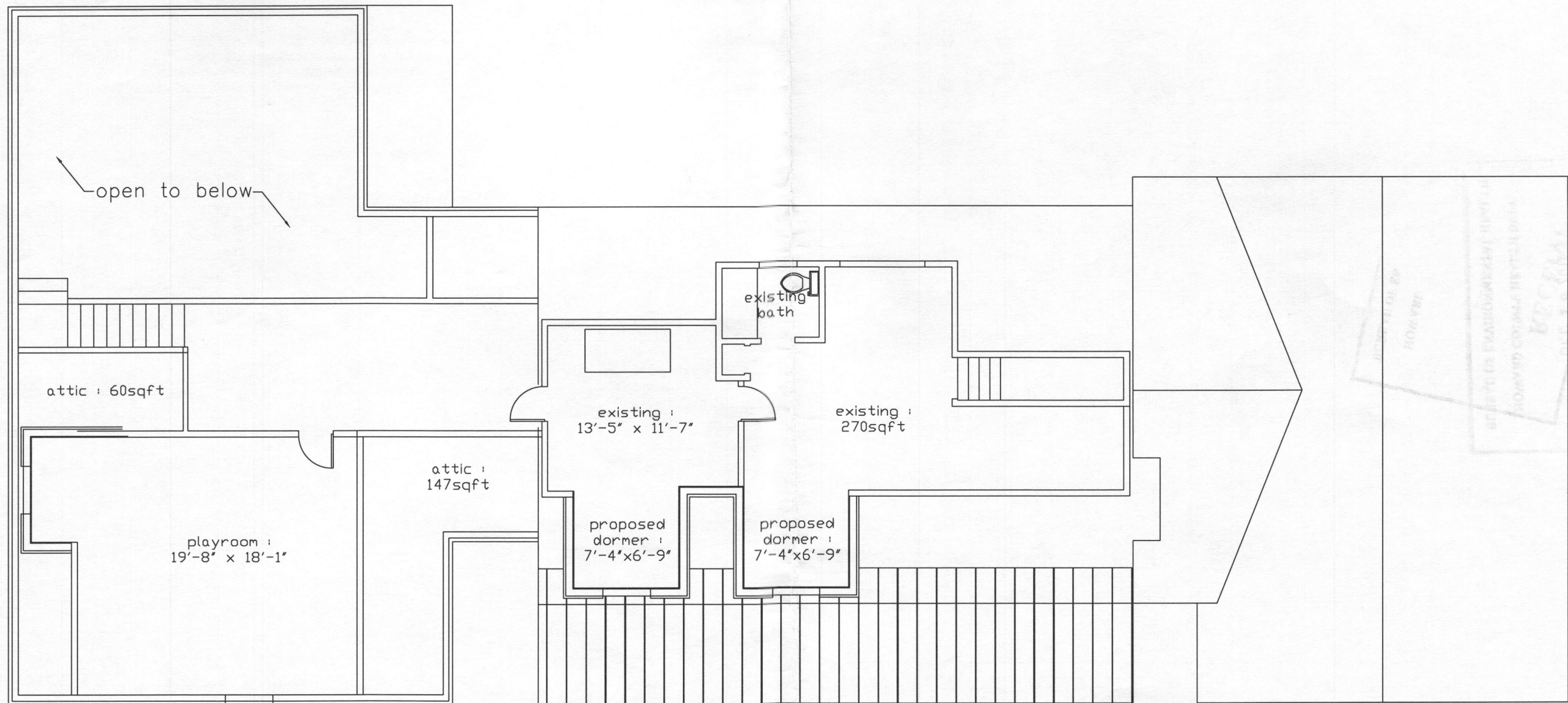
EFFECTIVE  
N/A

CONTROL NO  
4594281

Signature of Bearer

Secretary DLLR

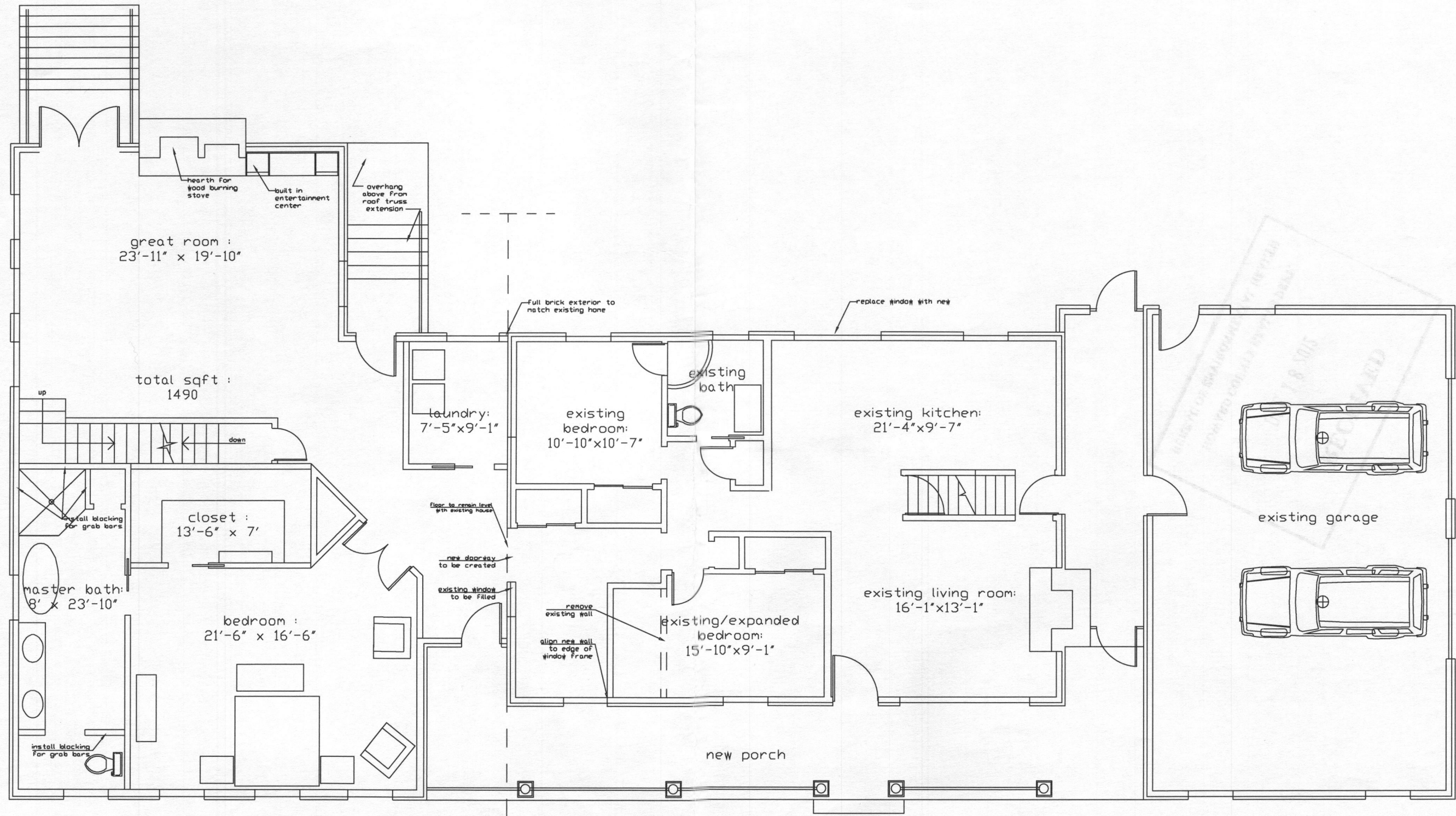




2524 Jennings Chapel Road  
Woodbine, MD 21797

Schematic Design Final : Addition

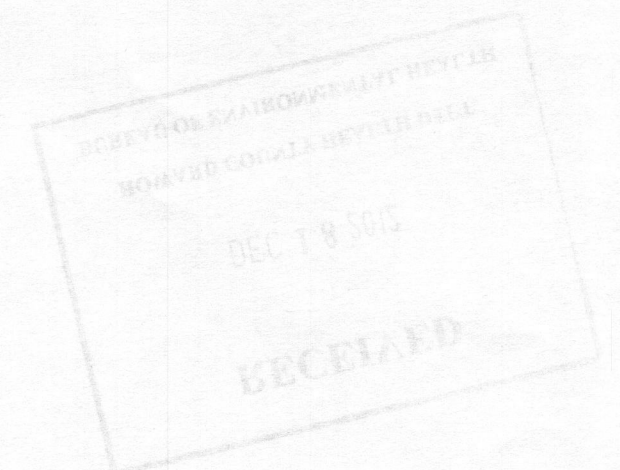
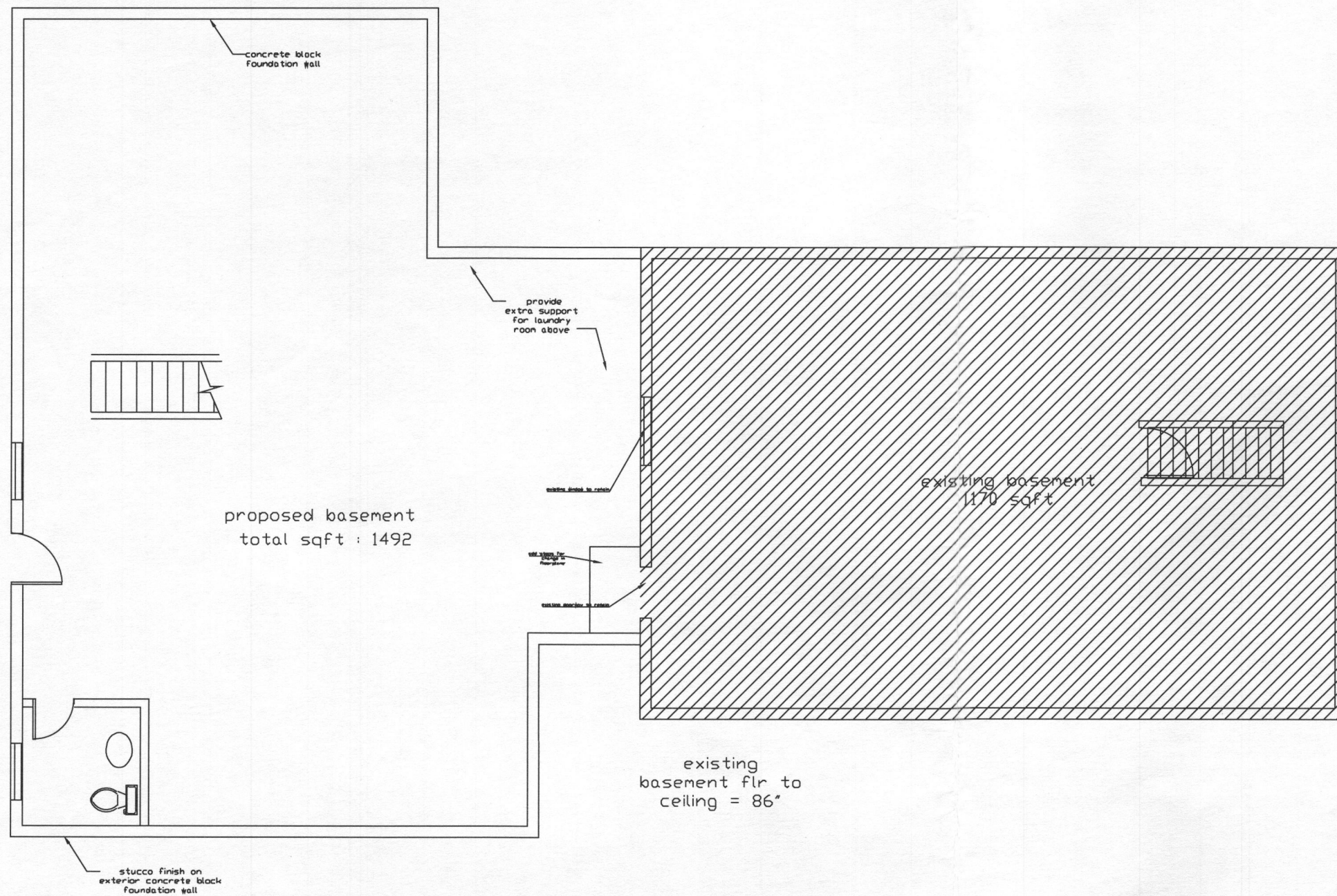




proposed addition ——— existing house/garage

2524 Jennings Chapel Road  
Woodbine, MD 21797

Schematic Design Final : Addition



2524 Jennings Chapel Road  
 Woodbine, MD 21797

Schematic Design Final : Addition