



# 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: 4/28/15

Permit No.: B15001550

Building Address: 14550 MACCLINTOCK DR  
 City: ROCKVILLE State: MD Zip Code: 20850  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 33  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: RR Map Coordinates: \_\_\_\_\_ Lot Size: 1.73 ac.

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 Occupant or Tenant: \_\_\_\_\_  
 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 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>28'</u>	<u>40'</u>
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement: <u>None</u>	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input checked="" 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"/> <b>Roadside Tree Project Permit</b>	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	

Property Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: GREG DROEGE  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
 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: \_\_\_\_\_

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 checked="" 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	
Other: <u>N/A</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.

Applicant's Signature: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Title/Company: \_\_\_\_\_

Print Name: GREG DROEGE  
 Date: April 16, 2015

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

I WILL PAY FILING FEE PRIOR TO ISSUANCE

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>5/27/15</u>	<u>H. Oswald</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?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  No  
 Lot Coverage for New Town Zone: \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

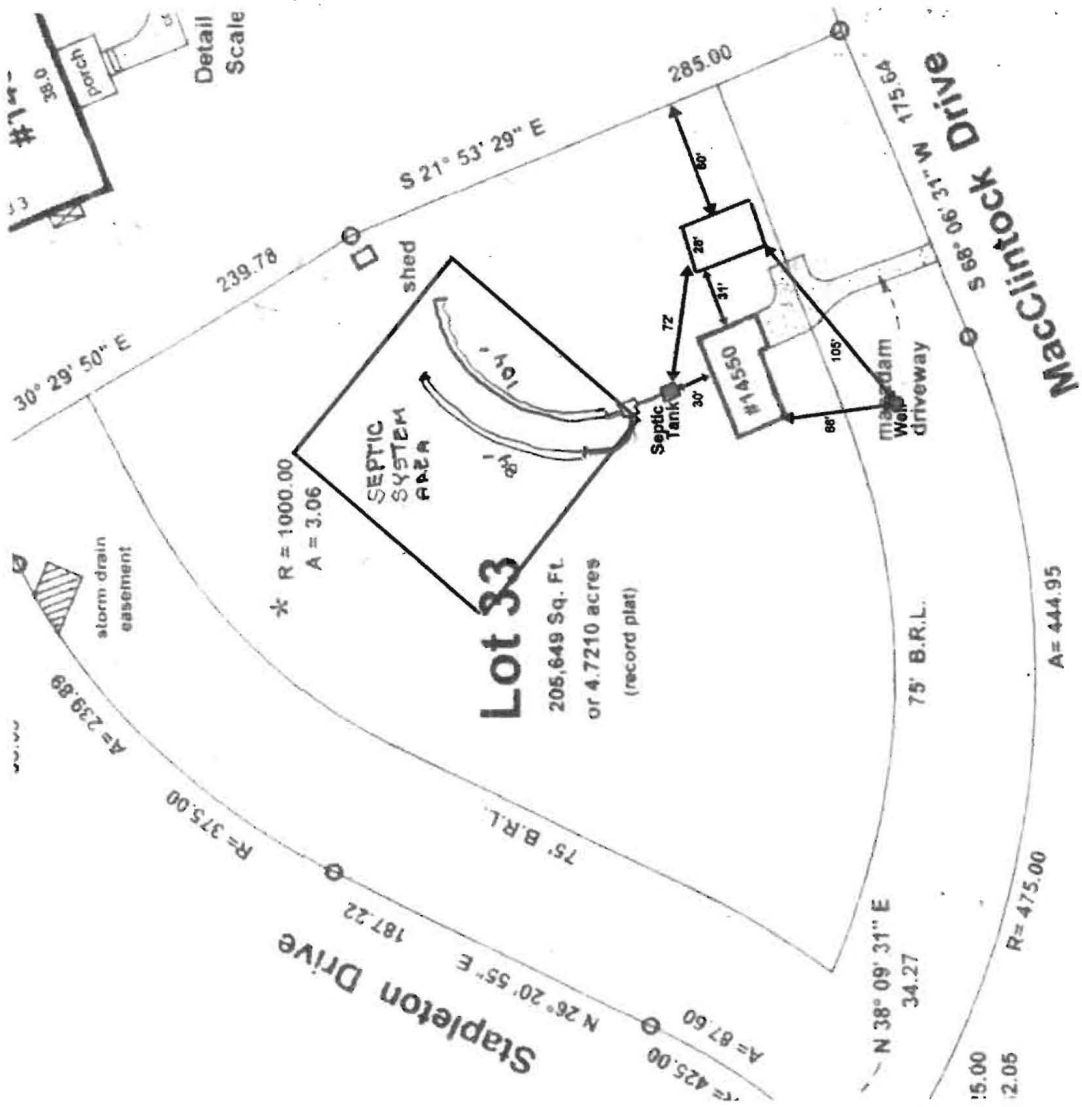
Filing Fee	\$ <u>25.00*</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

PROPOSED 3 CAR GARAGE (DETACHED)

DISTANCES TO WELL & SEPTIC SYSTEM

NEW



5/27/15-

Site plan approved as shown for B15001550 (detached garage) - H. Oswald

REVISED

Date: 5/21/15

Comments: B15001550

PER HEALTH - WELL + SEPTIC LOCATIONS + DISTANCES SHOWN

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

Date: 5/21/15

To: DAN SWINDEN / HANK OSWALD  
(Person's Name and Division)

From: GREG DROEGE (443) 799-4783  
(Your Name, Company Name and Telephone Number)

Subject: Project name 3 CAR DETACHED GARAGE  
Project site address 14550 MACCLINTOCK DR. GLENWOOD MD  
Permit # B15001550 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

**RECEIVED**  
MAY 21 2015  
LICENSES & PERMITS  
DIVISION

*Health*

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

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of \_\_\_\_\_ (be specific).
- \_\_\_\_\_ Health Department Request \_\_\_\_\_ DPZ/ DED Request \_\_\_\_\_ Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

**Contact Person Information: (Required)**

GREG DROEGE  
Please Print Name

Telephone No: 443-799-4783

E-Mail Address: GDRUEGE@ICLOUD.C

***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 REQUIRE 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 QUESTION AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-243 PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.***

Received by AKH

*PER DAN / HEALTH*

Health

**Additional Plan Submission**

For Building Permit: B15001550  
14550 MacClintock Drive  
Glenwood, Maryland

RECEIVED

MAY 21 2015

LICENSES & PERMITS  
DIVISION

**Per request of:**

Hank Oswald  
Howard County Health Department  
Well & Septic Program

1. Additional Site Plan to show existing well and septic system, and distances to the proposed detached 3 car garage.
2. Copy of floor plan confirming there is no living space or plumbing in the proposed detached garage and 2<sup>nd</sup> story attic storage area.

## Oswald, Hank

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**From:** Oswald, Hank  
**Sent:** Monday, May 11, 2015 9:38 AM  
**To:** 'GDROEGE@ICLOUD.COM'  
**Subject:** B15001550\_14550 MacClintock Drive  
**Attachments:** W and S Setback Requirements.pdf; A33248\_04-336887\_14550  
\_MACCLINTOCK\_DRIVE.pdf

GREG DROEGE:

This letter is in response to building permit B15001550. The BP application describes construction of a 40' X 28' DETACHED 3-CAR GARAGE W/ATTIC STORAGE ABOVE. Upon review of the submittal, the site plan did not include all of the components of the septic system (i.e. septic tank or trench and septic reserve area) or well. This information is required on the plan to ensure all set back requirements are being met. Please see attachment for setback requirements.

We will also need a copy of the floor plans for the garage to confirm the presence or absence of living space and plumbing.

Please revise your plan to show septic components using the "As Built" drawing attached and include a copy of the garage floor plan with the submittal.

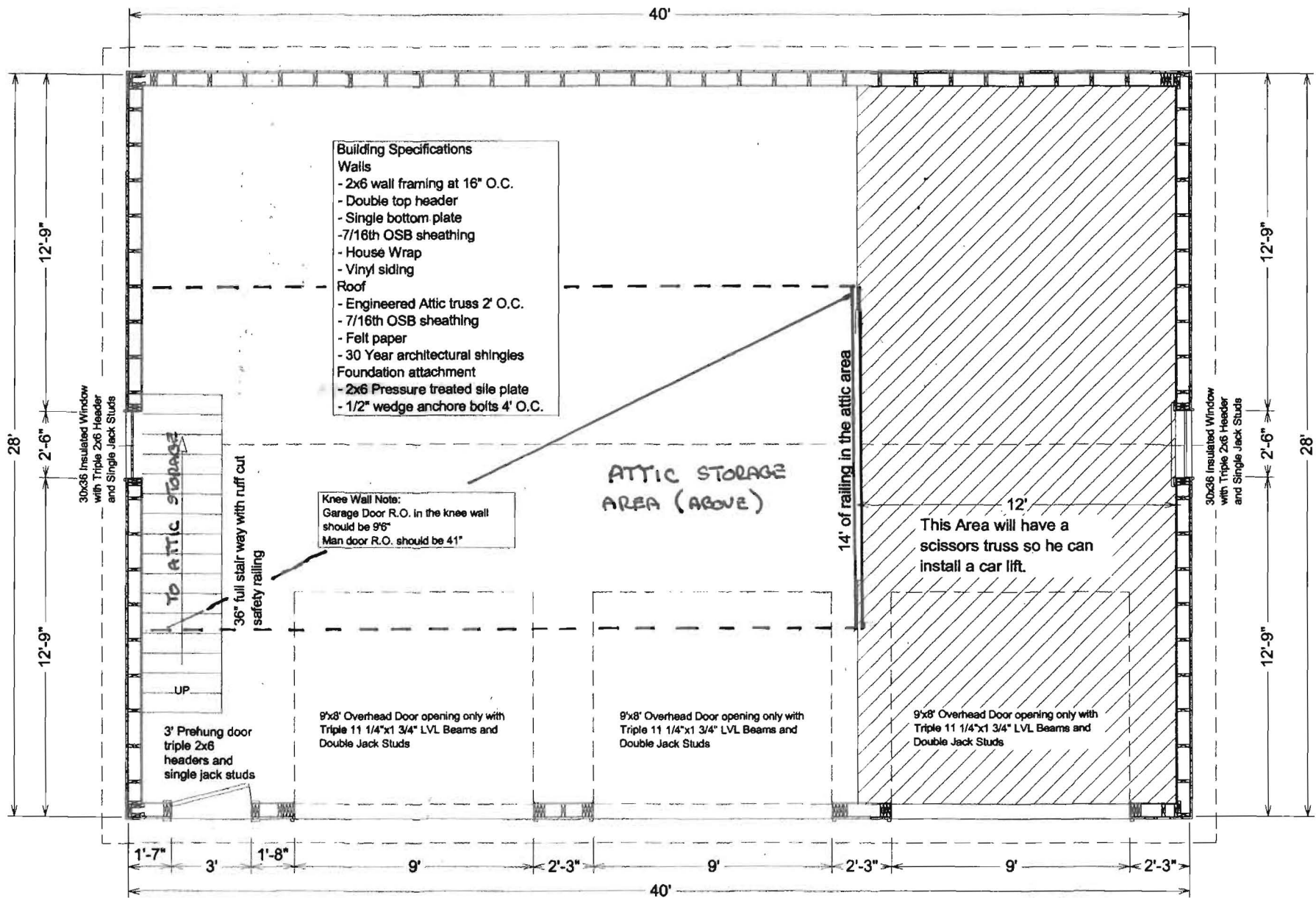
Building permit approval is being placed on hold until a revised site plan and floor plan has been forwarded to the Health Department.

Should you have any questions, please don't hesitate to ask.

Respectfully,

*Hank Oswald*

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
410.313.1786



Sheds Unlimited  
281 White Horse Road  
Gap, PA 17527  
Phone: 717-442-3281  
office@shedsunlimited.net

Customer:  
Greg Droege  
14550 Macclintock Dr  
Glenwood MD 21738

Drawing  
Floorplan  
Scale  
3/16" to 1'

Revisions

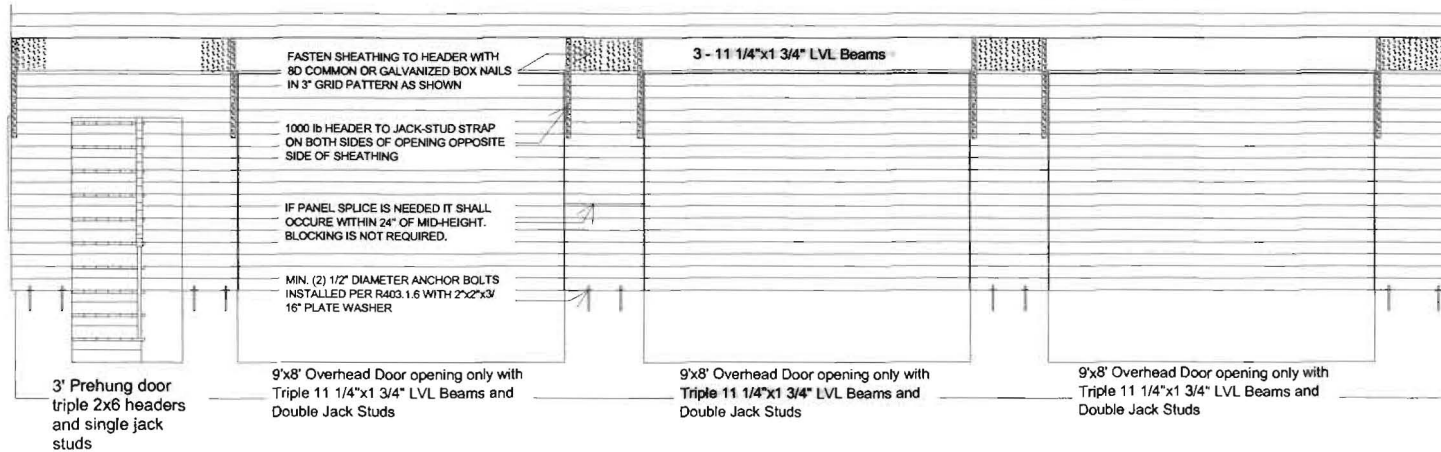
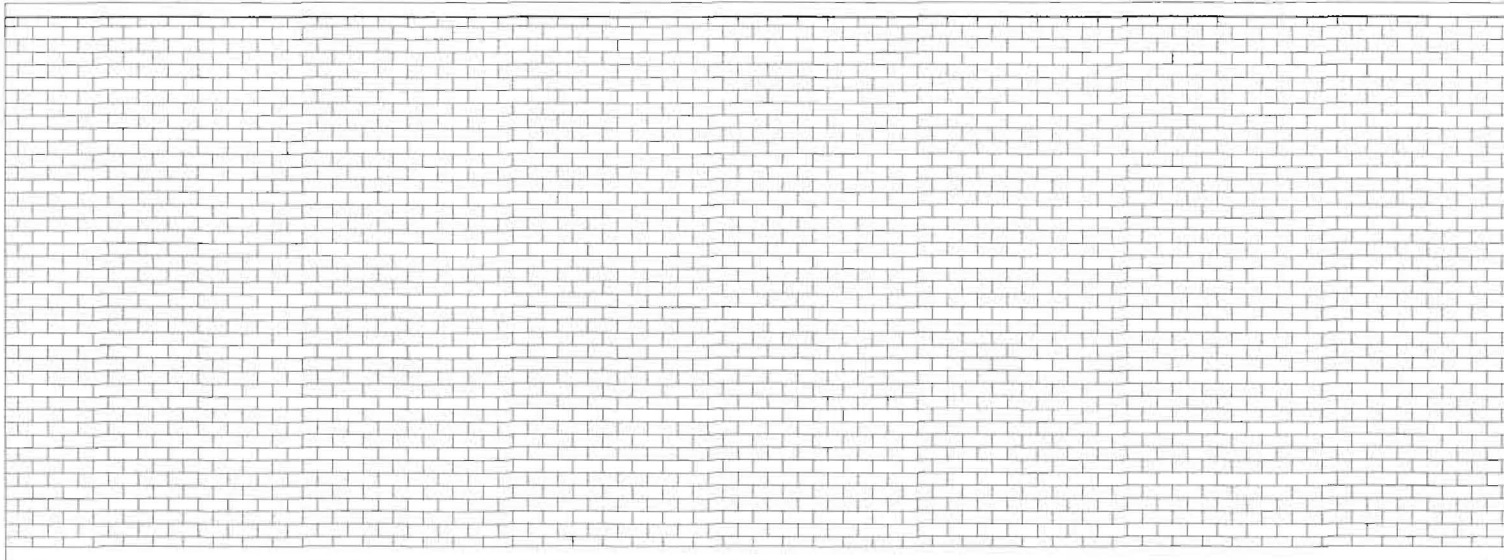
Drawn By:  
Delmar Stoltzfoos  
Date:  
1/16/2014

Page No:

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28x40 Attic Workshop Garage

Engineered Attic Trusses 2' O.C. - 7/16 OSB Sheathing - 15 IBS felt paper - 30 Year Architectural Shingles



APA Narrow Wall Bracing

Sheds Unlimited  
281 White Horse Road  
Gap, PA 17527  
Phone: 717-442-3281  
office@shedsunlimited.net

Customer:  
Greg Droege  
14550 Macclintock Dr  
Glenwood MD 21738

Drawing  
Frontview  
Scale  
3/16" to 1'

Revisions

Drawn By:  
Delmar Stoltzfoos  
Date:  
1/16/2014

Page No:

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28x40 Attic Workshop Garage