



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: 1/5/16

Permit No.: B16000101

Building Address: 3014 KITTLEMAN LANE
 City: WEST FRIENDSHIP State: MD Zip Code: 21794
 Suite/Apt. # F-287 SDP/APP/BA #: 03217-97674
 Census Tract: _____ Subdivision: KITTLEMAN PROP
 Section: _____ Area: 1 ACRE Lot: 4
 Tax Map: 15 Parcel: 271 Grid: 15
 Zoning: RC Map Coordinates: _____ Lot Size: 1 ACRE

Existing Use: VACANT LOT
 Proposed Use: NEW SFD
 Estimated Construction Cost: \$ 350,000
 Description of Work: CONSTRUCT NEW 5 BDRM, 2-STORY (w/ FINISHED ATTIC), 4 1/2 BATH, 3-CAR GARAGE, UNFINISHED BASEMENT
 Occupant or Tenant: N/A

Was tenant space previously occupied? Yes No
 Contact Name: CHARLES BYERS - CASTLE ROCK BUILDERS
 Address: 2159 WHITE ST. SUITE 3
 City: YORK State: PA Zip Code: 17404
 Phone: 888-864-4272 X-4 Fax: 717-395-9626
 Email: CBYERS@CASTLEROCKBUILDERS.COM

Property Owner's Name: SAMANTHA REIGEL
 Address: 3000 KITTLEMAN LANE
 City: WEST FRIENDSHIP State: MD Zip Code: 21794
 Phone: 443-603-7507 Fax: _____
 Email: SAMREIGEL@LIVE.COM

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: TOM KOSTRO - CASTLE ROCK BUILDERS
 Address: 2159 WHITE ST. SUITE 3
 City: YORK State: PA Zip Code: 17404
 Phone: 717-870-2911 Fax: 717-395-9626
 Email: TKOSTRO50@GMAIL.COM

Contractor Company: CASTLE ROCK BUILDERS, INC.
 Contact Person: CHARLES BYERS
 Address: 2159 WHITE ST. SUITE 3
 City: YORK State: PA Zip Code: 17404
 License No.: 6259
 Phone: 888-864-4272 X-4 Fax: 717-395-9626
 Email: CBYERS@CASTLEROCKBUILDERS.COM

Engineer/Architect Company: CASTLE ROCK BUILDERS, INC.
 Responsible Design Prof.: CHARLES BYERS
 Address: SAME
 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: <u>50'</u>	<u>55'</u>
Area of construction (sq. ft.):	2 nd floor: <u>50'</u>	<u>55'</u>
Use group:	Basement: <u>41'</u>	<u>55'</u>
	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: <u>5</u>	
<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:	
	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	

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 type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>G16000006</u>
Grading Permit Number: <u>GP 16-038</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.

Applicant's Signature: Thomas Kostro Print Name: Thomas Kostro
 Email Address: TKOSTRO50@gmail.com Date: 12/30/15

Title/Company: _____

RECEIVED
JAN 05 2016

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

LICENSES & PERMITS DIVISION

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		

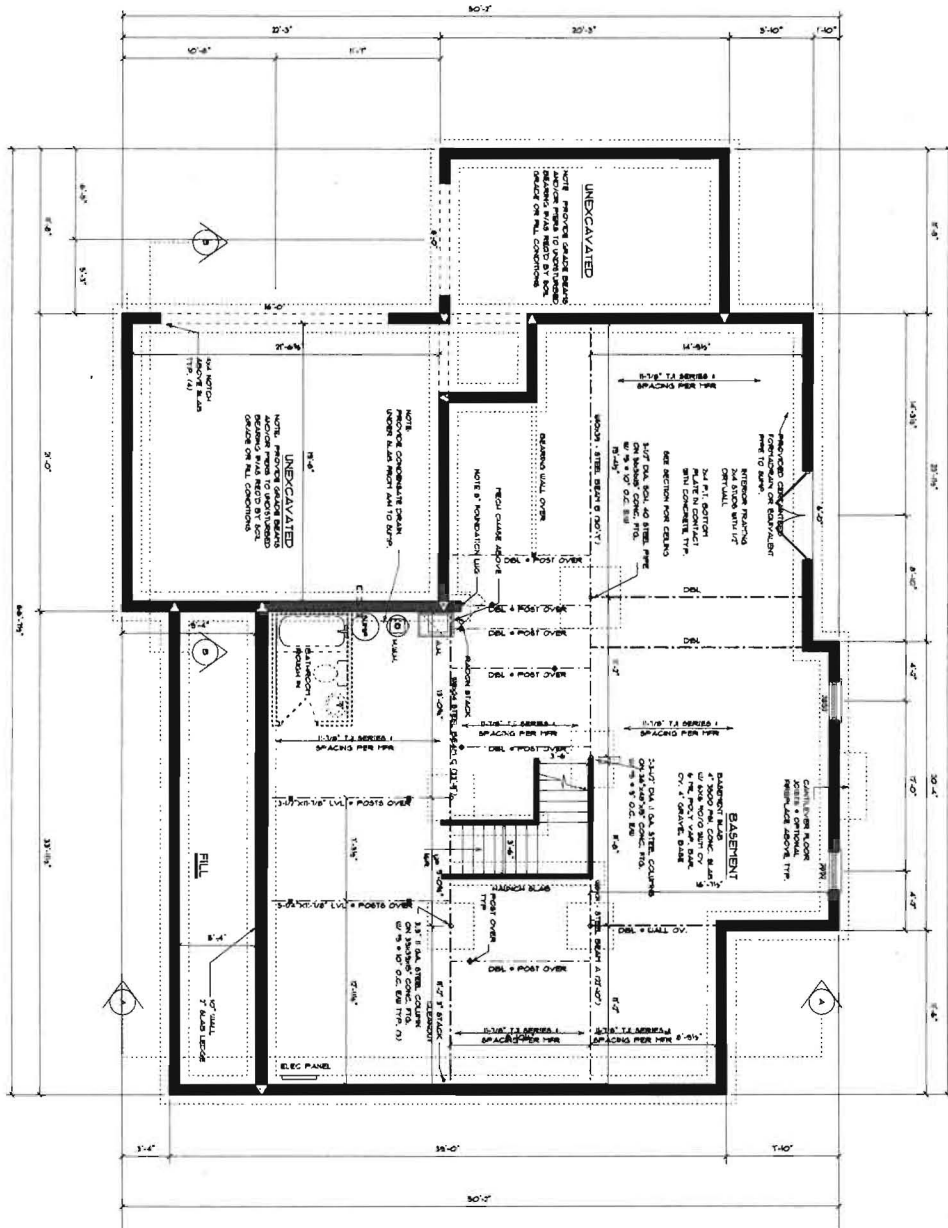
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>5317</u>

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

FOUNDATION PLAN



ITEM NUMBER	QUANTITY	UNIT
BEAM A	16x21	22'-0"
BEAM B	16x24	30'-0"
BEAM C	16x24	33'-0"

- FOUNDATION NOTES**
- 1) 2000 PSI FOR ALL SLABS
 - 2) 4000 PSI FOR ALL BEAMS
 - 3) ALL FOUNDATION WALLS AND BEAMS TO BE CONCRETE
 - 4) ALL FOUNDATION WALLS AND BEAMS TO BE REINFORCED CONCRETE
 - 5) ALL FOUNDATION WALLS AND BEAMS TO BE REINFORCED CONCRETE
 - 6) ALL FOUNDATION WALLS AND BEAMS TO BE REINFORCED CONCRETE
 - 7) ALL FOUNDATION WALLS AND BEAMS TO BE REINFORCED CONCRETE
 - 8) ALL FOUNDATION WALLS AND BEAMS TO BE REINFORCED CONCRETE
 - 9) ALL FOUNDATION WALLS AND BEAMS TO BE REINFORCED CONCRETE
 - 10) ALL FOUNDATION WALLS AND BEAMS TO BE REINFORCED CONCRETE

THESE PLANS AND NOTES ARE THE PROPERTY AND SOLE RESPONSIBILITY OF CASTLE ROCK BUILDERS, INC. USE OF THESE PLANS WITHOUT THE WRITTEN CONSENT OF CASTLE ROCK BUILDERS, INC. IS PROHIBITED.

FOUNDATION PLAN 2.01

BASE WORTHINGTON

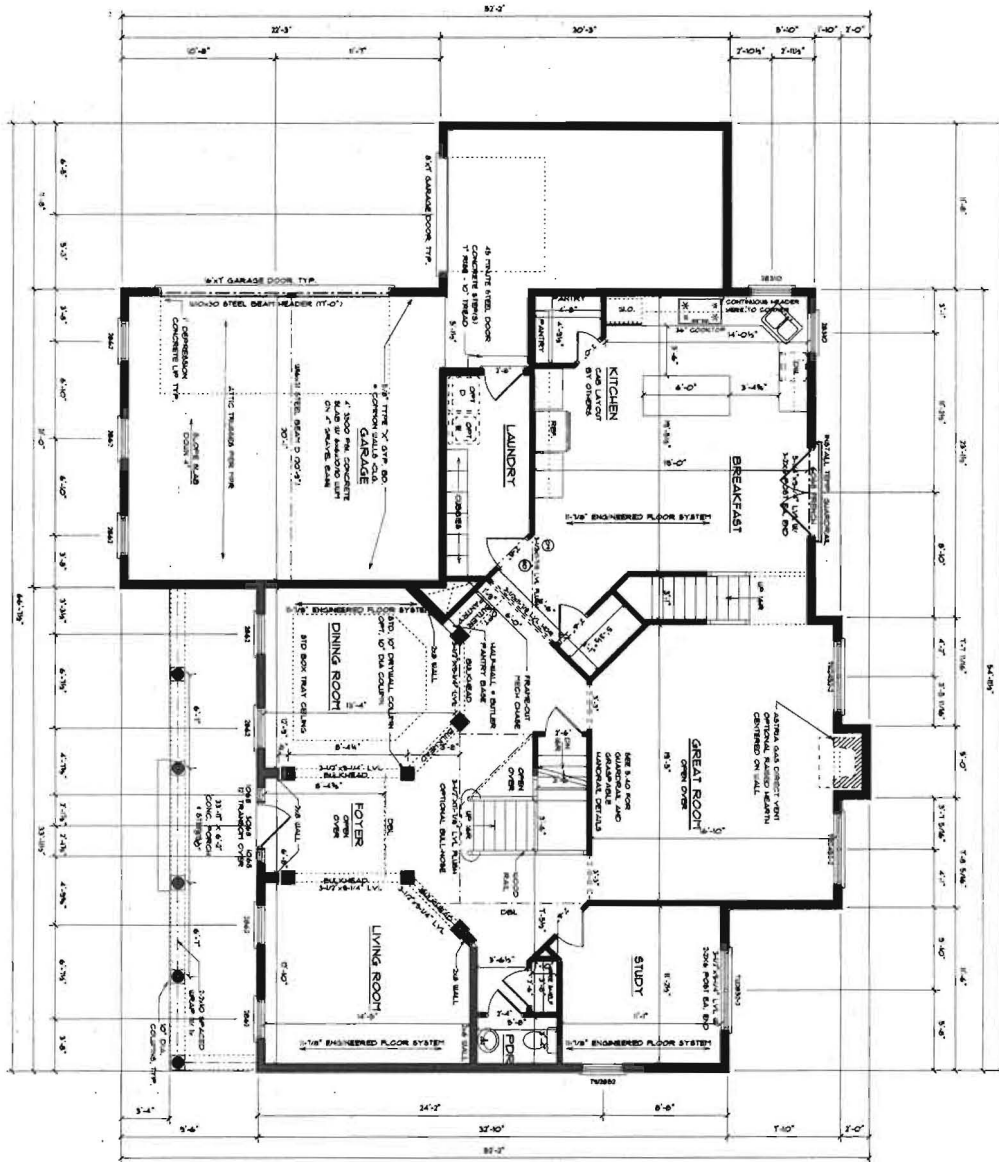
BASE HOUSE PLAN - 8022

SCALE: 1/4" = 1'-0"	APPROVED	SIGNATURE
DATE: December 28, 2015	BUYER 1	
DRAWN BY: LAB-CUB	BUYER 2	

REVISIONS	DESCRIPTION
06-20-06	PRELIMINARY BASE SET
03-28-08	BASE SET - REVISED
03-26-14	BASE SET - REVISED

CASTLE ROCK BUILDERS
www.castlerockbuilders.com

FIRST FLOOR PLAN



TYPICAL METHOD OF HALL CONSTRUCTION - #40X10S
CONTINUOUS STRUCTURAL PANEL SHEATHINGS

STAIR SYMBOL	LENGTH
BEAM D	3'-3" x 3'
BEAM E	1'-0" w/ OPT. SIDE ENTRY

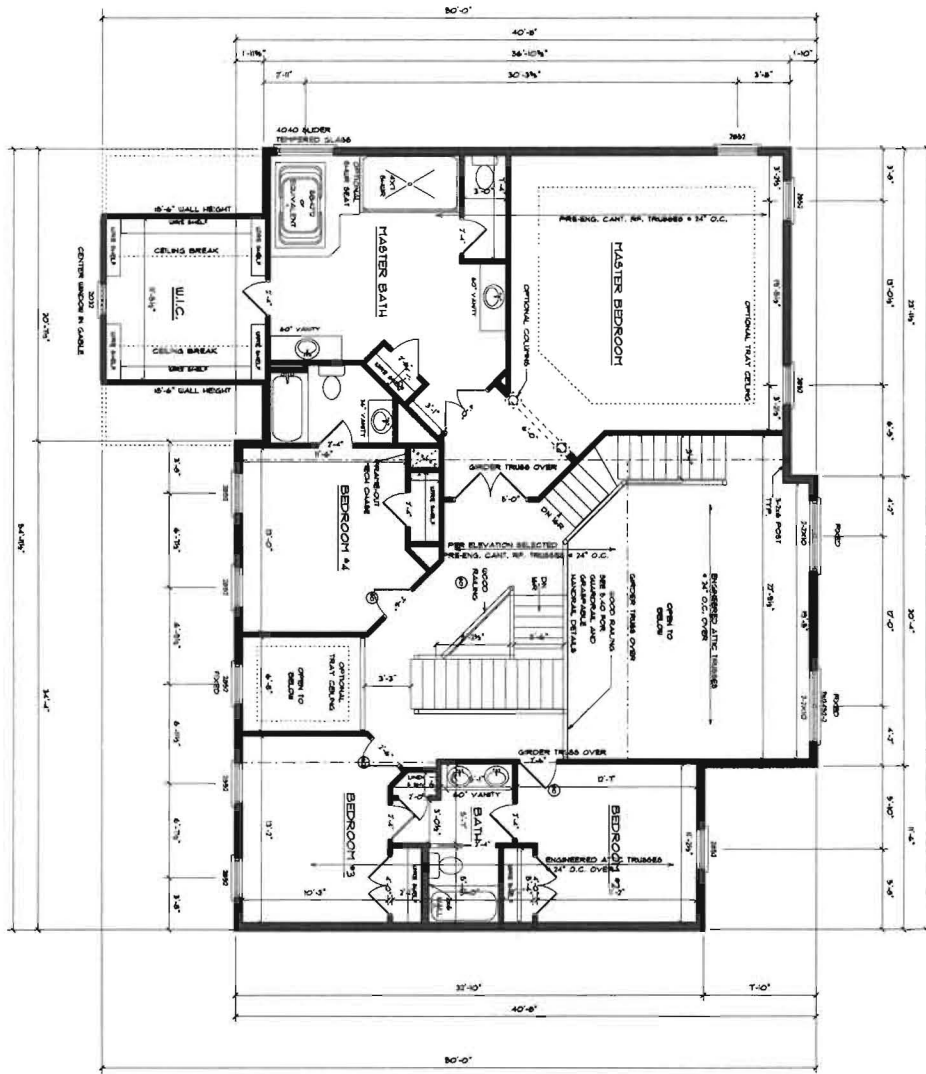
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FIRST FLOOR 3.01	BASE WORTHINGTON		
	BASE HOUSE PLAN - 8020		
	SCALE: 1/4" = 1'-0"	APPROVED	SIGNATURE
	DATE: December 25, 2015	BUYER 1	
	BUYER 2		
	DRAWN BY: LAB-CUB		

REVISIONS	
08-20-06	PRELIMINARY BASE SET
03-28-09	BASE SET - REVISED
03-26-14	BASE SET - REVISED

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SECOND FLOOR PLAN



TYPICAL METHOD OF WALL CONSTRUCTION - #6@16.0
CONTINUOUS STRUCTURAL PANEL SHEATHING

THESE PLANS AND NOTES ARE THE PROPERTY AND SOLE RESPONSIBILITY OF CASTLE ROCK BUILDERS, INC. USE OF THESE PLANS WITHOUT THE WRITTEN CONSENT OF CASTLE ROCK BUILDERS, INC. IS PROHIBITED.

SECOND FLOOR 4.01

BASE WORTHINGTON

BASE HOUSE PLAN - 8020

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

DATE: December 29, 2015

DRAWN BY: LAB-CUB

APPROVED

BUYER 1

BUYER 2

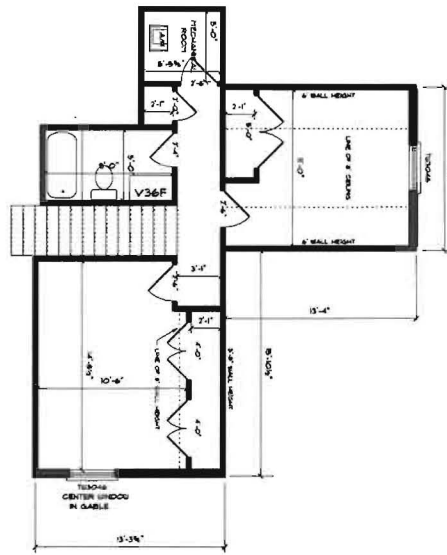
SIGNATURE

REVISIONS

08-20-08	PRELIMINARY BASE SET
03-28-09	BASE SET - REVISED
03-28-14	BASE SET - REVISED

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www.castlerockbuilders.com

ATTIC FLOOR PLAN



TYPICAL METHOD OF WALL CONSTRUCTION - R602.10.5
CONTINUOUS STRUCTURAL PANEL BRACING

THESE PLANS AND NOTES ARE THE PROPERTY AND SOLE RESPONSIBILITY OF CASTLE ROCK BUILDERS, INC. USE OF THESE PLANS WITHOUT THE WRITTEN CONSENT OF CASTLE ROCK BUILDERS, INC. IS PROHIBITED.

ATTIC FLOOR PLAN 4.10	BASE WORTHINGTON BASE HOUSE PLAN - 8020			REVISIONS	
	SCALE: 1/4" = 1'-0"	APPROVED	SIGNATURE	06-20-08	PRELIMINARY BASE SET
	DATE: December 29, 2018	BUYER 1	_____	03-28-09	BASE SET - REVISED
	DRAWN BY: LAB-CMB	BUYER 2	_____	03-26-14	BASE SET - REVISED
			CASTLE ROCK BUILDERS www.castlerockbuilders.com		



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: 6/6/16

Permit No.: B16002513

Building Address: 3014 Riddleman Lane
 City: West Friendship State: MD Zip Code: 21794
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 4
 Tax Map: 0013 Parcel: 0271 Grid: 0015
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: NA
 Proposed Use: Residential
 Estimated Construction Cost: \$ 3500
 Description of Work: Put new kitchen (kitchen) tank and pipe for house
 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 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
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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:
➤ Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: James H. Keigel
 Address: 3000 Killbuck Lane
 City: West Friendship State: MD Zip Code: 21794
 Phone: 410-627-7587 Fax: _____
 Email: _____

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

Contractor Company: Acme Energy
 Contact Person: Ken Strickland
 Address: 230 Linnell Way
 City: Abingdon State: VA Zip Code: 22620
 License No.: 71807
 Phone: 703-577-5787 Fax: _____
 Email: ken@acmeenergy.com

Engineer/Architect Company: _____
 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 type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input 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: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 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	<u>6/21/2016</u>	<u>Robert J. ...</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	\$	
Permit Fee	\$	<u>100.00</u>
Tech Fee	\$	<u>10.00</u>
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	<u>110.00</u>
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>07575</u>

