



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: 5/20/19

Permit No.: B19001587

Building Address: 1834 Long Corner Rd
 City: Nt Airy State: MD Zip Code: 21771
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: 6/7 Tax Map: 6 Parcel: 214
 Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ 10,000
 Description of Work:
add 2nd fl deck in
existing 2 bed room
 Occupant/Tenant Name: DAN WALSMAN
 Was tenant space previously occupied? Yes No
 Contact Name: Ralph Hurst, Architect
 Address: PO Box 336
 City: Washgrove State: MD Zip Code: 20880
 Phone: 240.912.9494 Fax: _____
 Email: bughurst@aol.com

Property Owner's Name: DAN WALSMAN
 Address: 25 CLEARWATER CT
 City: DAMASCUS State: MD Zip Code: 20872
 Phone: _____ Fax: _____
 Email: 301-385-7336
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: OWNER (see note)
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____
 Contractor Company: _____
 Contact Person: OWNER
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____
 Engineer/Architect Company: RALPH HURST, ARCHITECT
 Responsible Design Prof.: _____
 Address: PO Box 336
 City: Washgrove State: MD Zip Code: 20880
 Phone: 240.912.9494 Fax: _____
 Email: bughurst@aol.com

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:	1st floor: _____
Area of construction (sq. ft.):	2nd floor: <u>16' x 19' Room</u>
Use group:	Basement: <u>yes</u>
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" 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: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit #	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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 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: Dan Walsman
 Email Address: bughurst@aol.com
 Title/Company: _____

Print Name: DAN WALSMAN
 Date: 5.20.19

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>6/19/19</u>	<u>R. Becker</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

ADDITION PER D. SWINDER

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

Date: 6-14-19 **Revision #1**
6/14/19

To: Dan Swinder
(Person's Name and Division)

From: Ralph Hurst (240) 912-9494

Subject: Project name WALSMAN RESIDENCE
Project site address 1834 ~~WALSMAN RD~~ Long Corner Rd
Permit # B19001587 SDP # _____
Other information pertinent to this project re-submit plans

RECEIVED
JUN 17 2019
PLAN REVIEW DIVISION

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 Revised plans of Game Room switching from FB to HB.

*** PLANS TOO LARGE
TO SCAN**

Contact Person Information: (Required)

Ralph Hurst
Please Print Name

Telephone No: (240) 912-9494

E-Mail Address: bughurst@aol.com

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 LAR

cc: Health **RECEIVED**
JUN 14 2019

1st
Dev.
no
fee

REVISED

Date: 6/14/19
Comments: B19001587

John L. Schneider, P.E.
ENGINEERING & CONSTRUCTION CONSULTANT

100 North Rolling Road
Catonsville, Maryland 21228
(410) 744-1945

June 4, 2019

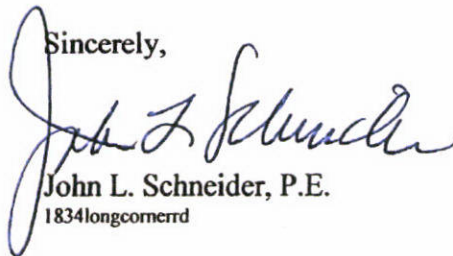
RK Construction LLC.
12432 Fingerboard Road
Monrovia, MD. 21770

Re: Engineer's Inspection Report/recommendations-adding floor over family room
Address: 1834 Long corner road, Mt. Airy, MD.

Mr. Kigin,

At your request, I meet with you earlier today and inspected and discussed the planned addition of living space over the open family room. The support beams seem to be the major problem with the existing being only 9.25" dimension. I recommend adding two beams over the space for the 19 foot dimension, one in the middle will be a five ply 9.5" microlam and the other next to the walkway will be a triple 9.25" microlam. These will bear on the foundation walls below for the first and on columns to the beams in the basement that are to be increased or added to make 4 ply 9.25" microlam that span the 14 feet from foundation to steel beam. The second beam will also need a column at the kitchen down to the basement beam. I am pleased to certify these beam as being proper in this case. I hope this letter meets your needs in this matter, but if there are any questions on this or other projects please contact my office.

Sincerely,


John L. Schneider, P.E.
1834longcornerd



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

Date: JUNE 17th 2019
To: Dan Swinder
From: Daniel Walsman (301) 385 7336
Subject: Project name: Finishing part of a Basement
Project site address: 1834 Long Corner Rd, Mount Airy
Permit #: B19001587
SDP #:
Other information pertinent to this project:

REVISION #2
6/17/19

RECEIVED
JUN 17 2019
PLAN REVIEW DIVISION

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 3 (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 Revised drawing to finish basement to include room office & storage room.

Contact Person Information: (Required)

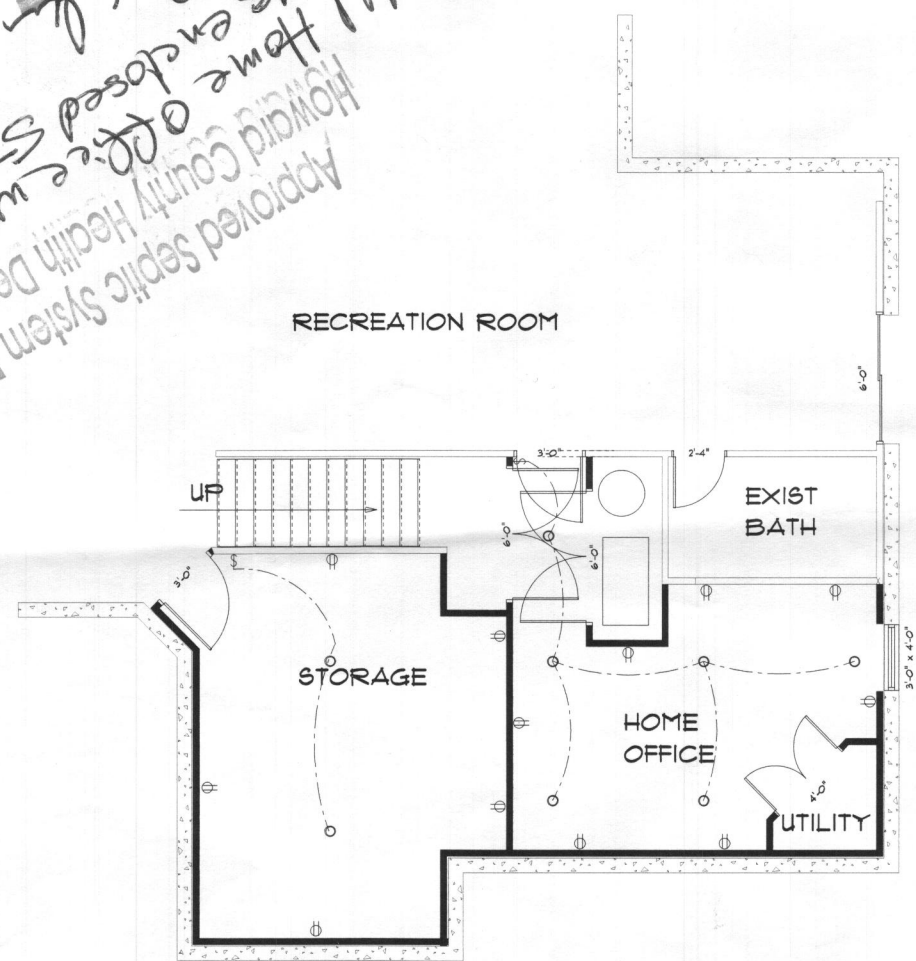
Daniel Walsman
Please Print Name
Telephone No: 301 385 7336
E-Mail Address: dananddionne@gmail.com

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 [Signature]

Revision #2
CC: Health

1834 Long Corner Rd.
 B 19001587
 Home Office, does not have direct access to existing Bath
 Add Home Office w/ utility space
 Add plus enclosed storage
 6/19/2019
 Approved Septic System Plan
 Howard County Health Department



LEGEND

- FLUORESCENT FIXTURE
- HVAC DIFFUSER
- TELEPHONE OUTLET
- ELECTRICAL OUTLET
- GFI ELECTRICAL OUTLET
- RECESSED LIGHT
- SURFACE MTD. LIGHT
- BATHROOM HEAT/LAMP
- CEILING FAN
- CABLE OUTLET
- SWITCH LOCATION
- 3 WAY SWITCH LOCATION
- TYPICAL PARTITION: 1/2" DRYWALL BOTH SIDES ON 2X4s @ 16" O.C.
- TYPICAL 3'-0" X 6'-8" DOOR W/ DOOR SWING SHOWN
- SMOKE DETECTOR
- CARBON MONOXIDE DETECTOR
- CHANDELIER

RECEIVED
 JUN 18 2019
 HOWARD COUNTY HEALTH DEPT.
 FOOD PROTECTION PROGRAM

PARTIAL BASEMENT FLOOR PLAN
 SCALE: 1/4" = 1'-0"
 NO STRUCTURAL ALTERATIONS

REVISED
 Date: 6-17-19
 Comments: Revised floor plan to finish basement
 Rooms to include office, + storage room

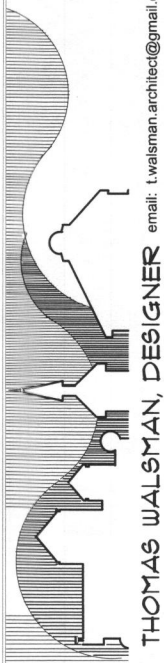
RECEIVED
 JUN 17 2019

PLAN REVIEW DIVISION

REMODELING OF THE RESIDENCE OF
 DAN AND DIONNE WALSMAN
 1834 LONG CORNER RD. MT. AIRY, MD

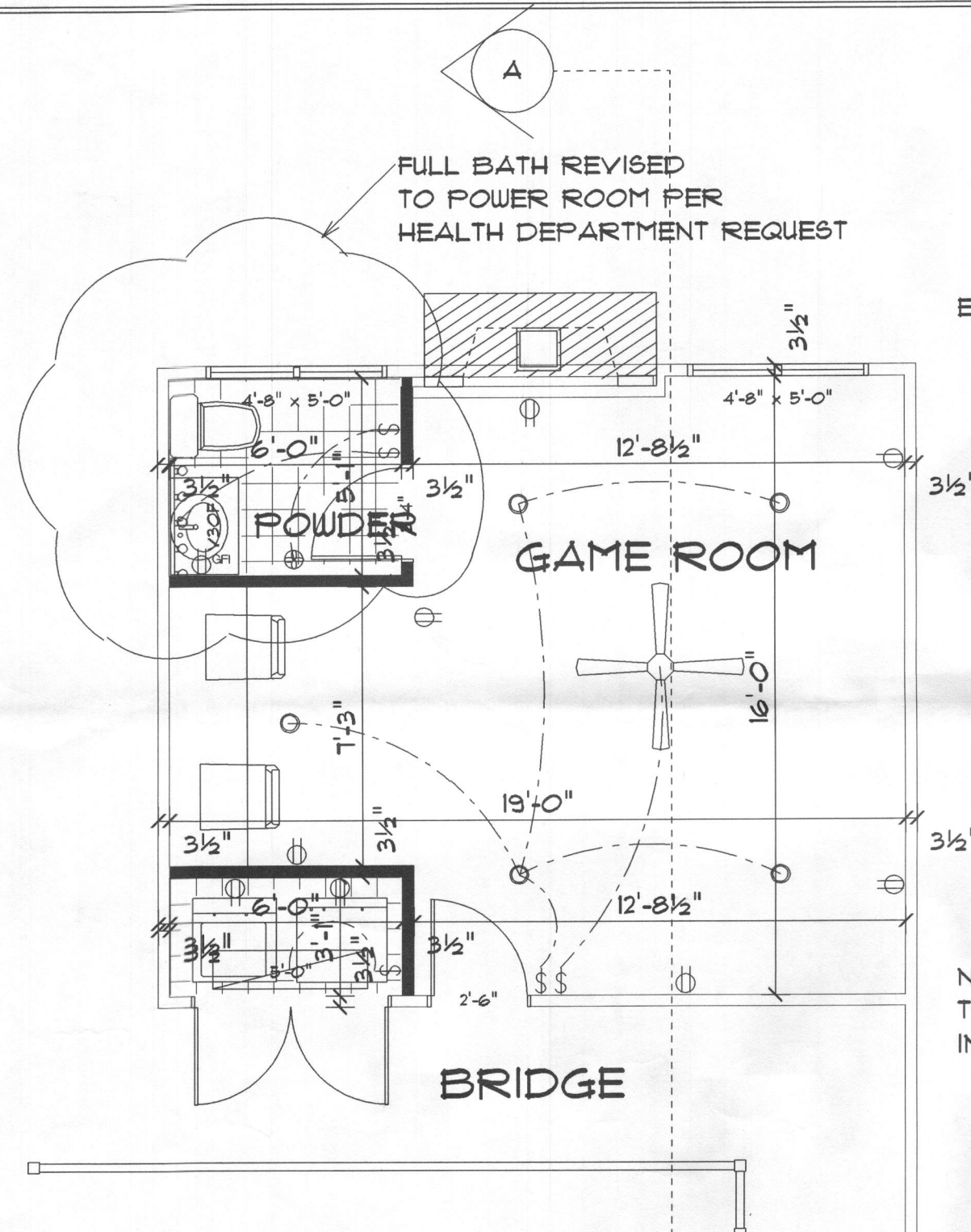
PARTIAL BASEMENT FLOOR PLAN

I. THOMAS WALSMAN, DESIGNER email: L.walsman.architect@gmail.com cell phone: (240) 888-9417

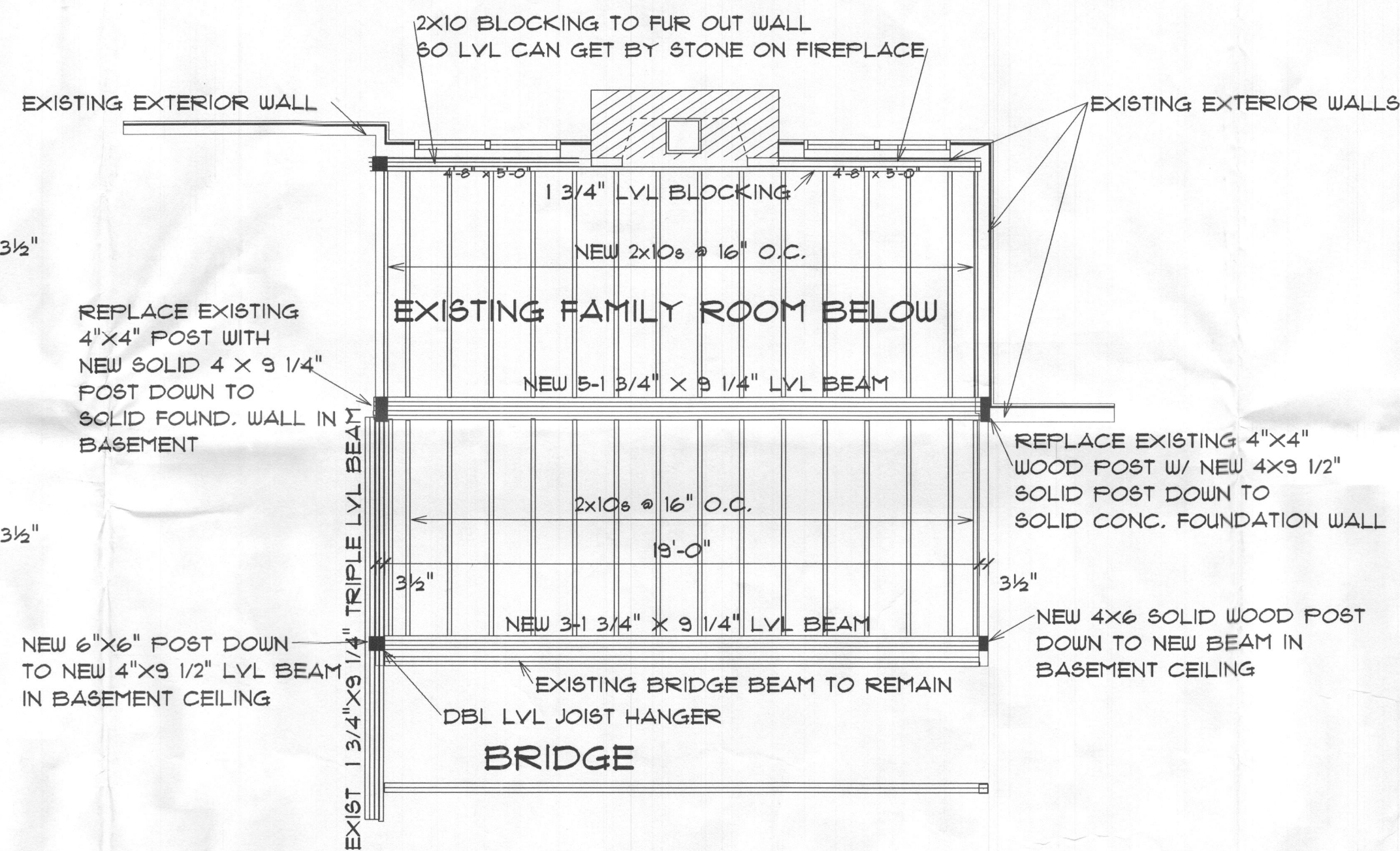


REV 6-11-2019

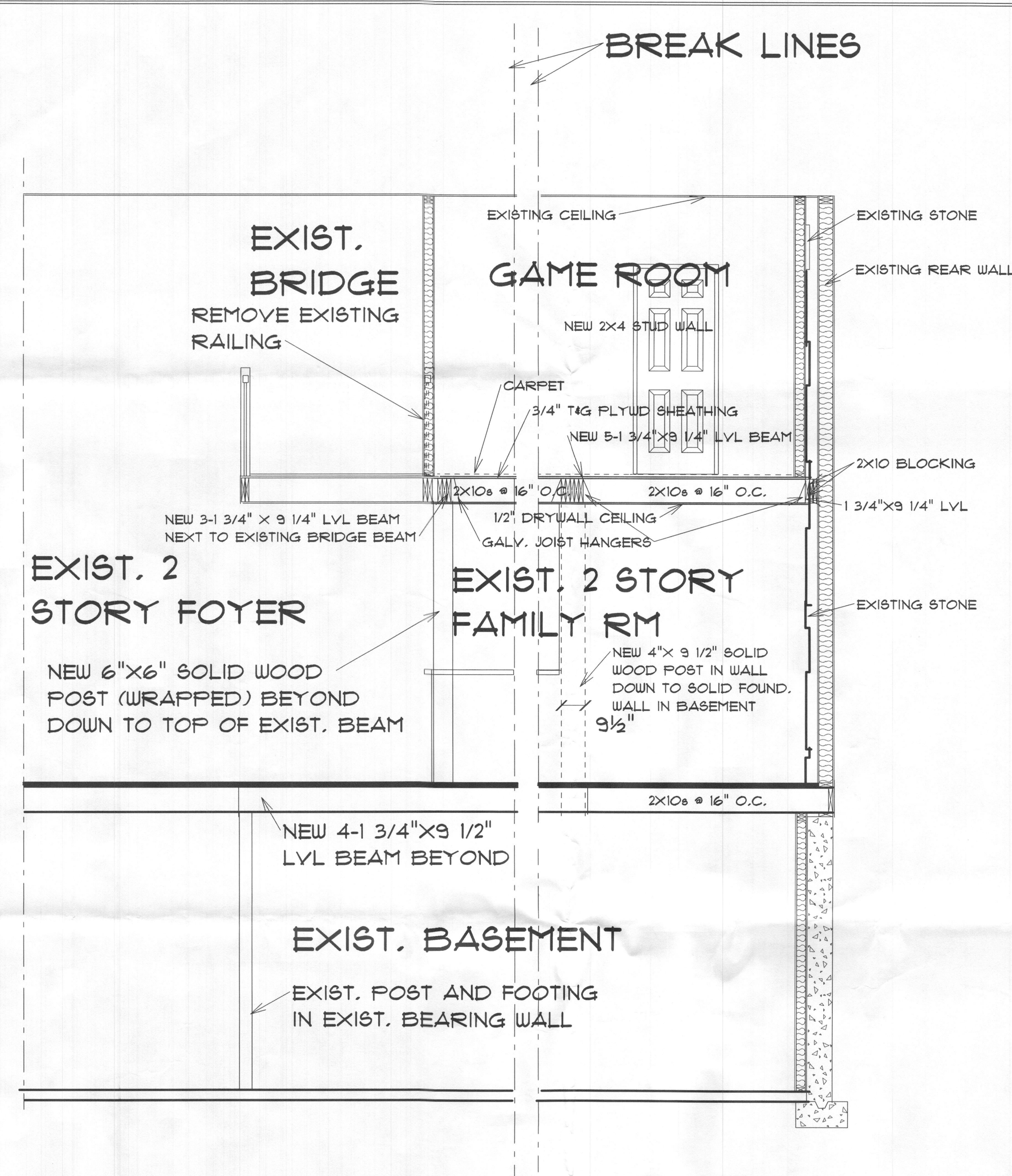
A-2 OF TWO



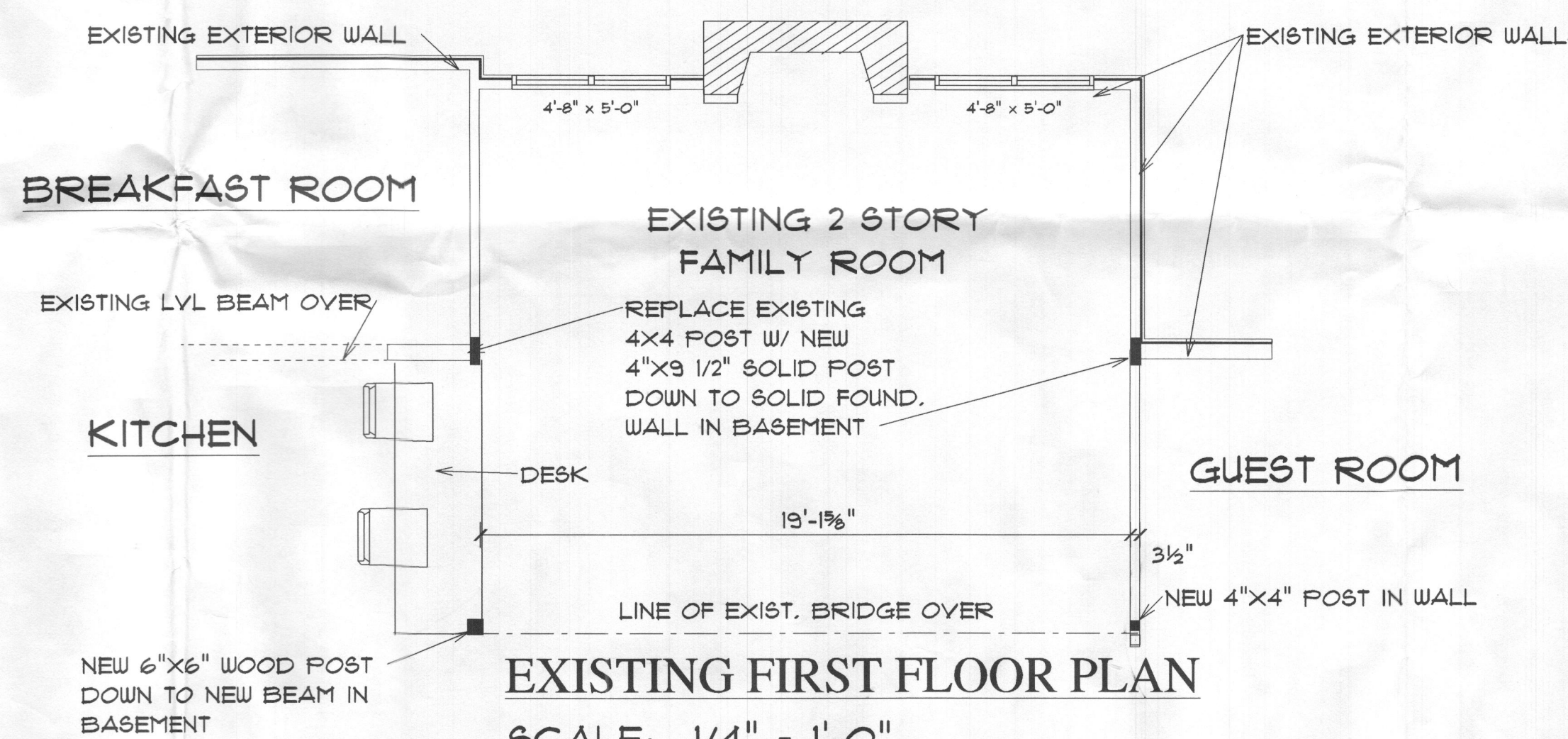
SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"



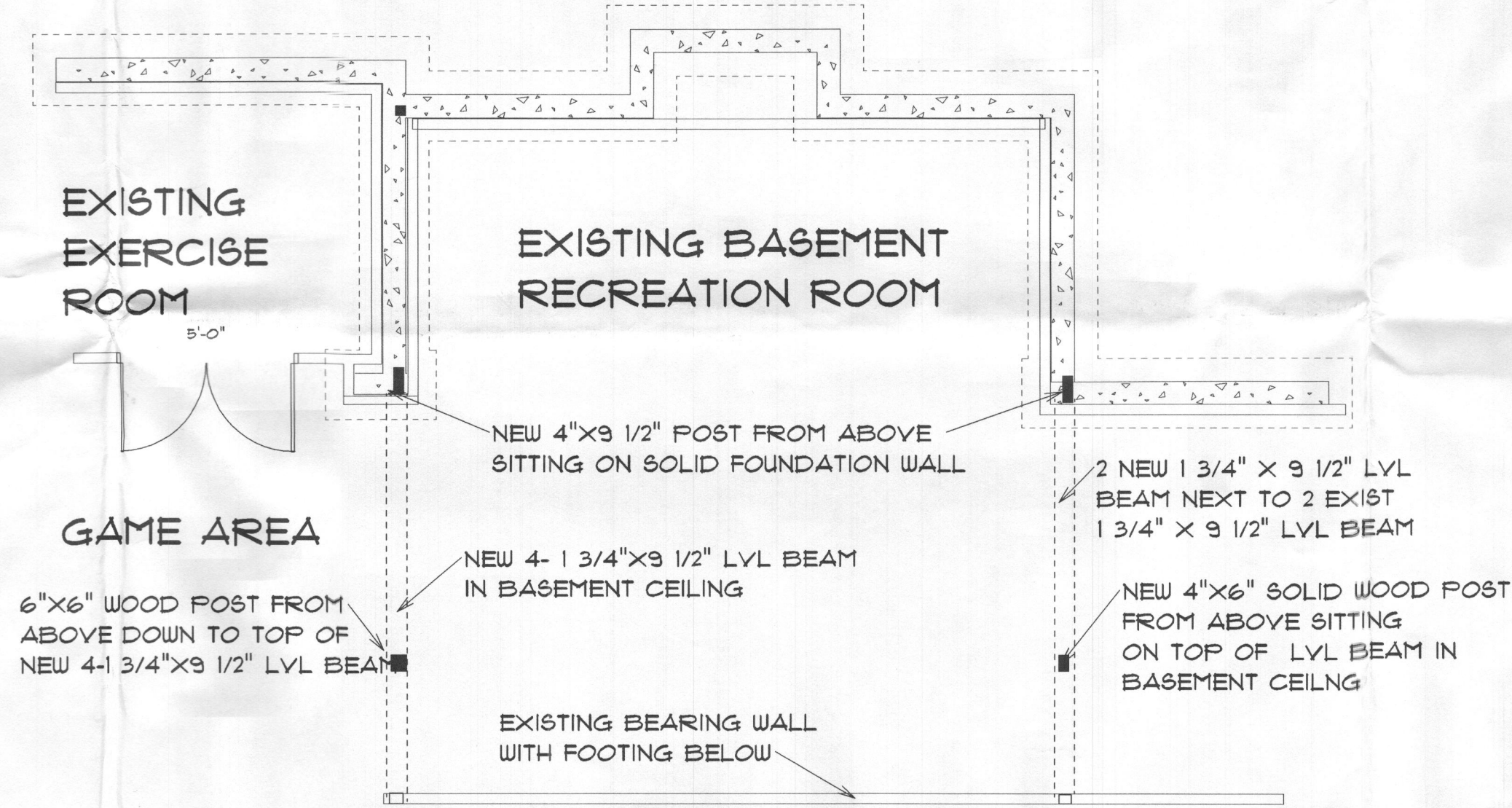
SECOND FLOOR FRAMING PLAN
SCALE: 1/4" = 1'-0"



CROSS SECTION A
SCALE: 3/8" = 1'-0"



EXISTING FIRST FLOOR PLAN
SCALE: 1/4" = 1'-0"



EXISTING BASEMENT FLOOR PLAN
SCALE: 1/4" = 1'-0"

Approved Septic System Plan
Howard County Health Department
Game Rm w/ 2-PC Bath (Powder Rm)
and Laundry included approved on 1/27/2019
a new existing Living Rm.
R. Hurst
B19001587
1834 Long Corner Rd.

RALPH HURST ARCHITECT
I certify that these documents were prepared or approved by me, and that I am a duly licensed architect under the laws of this state.
license # 5042
exp. date 1/2/21

REVISED
Date: 6/14/19
Comments: B19001587
CHANGE FB TO HB

REMODELING OF THE RESIDENCE OF DAN AND DIONNE WALSMAN
1834 LONG CORNER RD. MT. AIRY, MD

ARCHITECT
License #5042

Ralph E. Hurst
STATE OF MARYLAND

REV 6-11-2019

A-1 OF ONE

I. THOMAS WALSMAN, DESIGNER
email: t.walsman.architect@gmail.com cell phone: (240) 888-9417

SECOND FLOOR PLAN, FRAMING PLAN AND CROSS SECTION A