

RECEIVED

JUL 31 2020

PERMIT NUMBER: B 20002569

DATE ACCEPTED:

LICENSES & PERMITS DIVISION



# RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4  
www.howardcountymd.gov

## BUILDING SITE ADDRESS REQUIRED

Street Address: 2153 MCKENDREE RD		Unit:
City: WEST FRIENDSHIP	State: MD	Zip Code: 21794
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot:	Tax Map:	Parcel:
		Grading Permit #:

## DESCRIPTION OF WORK REQUIRED

Existing Use: RESIDENTIAL	Proposed Use: RESIDENTIAL	Estimated Cost: \$ 325,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None (2) ADDITIONS DETACHED GARAGE, DECK, + PORCH (2) (PER PLOT PLAN)		

## PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): CONNOR & JULIE FERGUSON	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 2153 MCKENDREE RD	
City: WEST FRIENDSHIP	State: MD
Phone:	Email:
	Zip Code: 21794

## APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: BRASHER DESIGN	Contact Name: VIADIMIR KHATIMOV
Street Address: 5560 STERRETT PLACE	
City: Columbia	State: MD
Phone: 410-995-0015	Email: VKHATIMOV@BRASHERDESIGN.COM
	Zip Code: 21044

## CONTRACTOR INFORMATION REQUIRED

Business Name: FBD MCWHORTER CONSTRUCTION	License #: 91654
Licensee's Name: MCWHORTER, RYAN	
Street Address: 6851 REDBERRY RD	
City: Clarksville	State: MD
Phone: 410-954-5813	Email: RYAN@MCWHORTERCONSTRUCTION.COM
	Zip Code: 21029

## ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: BRASHER DESIGN	Name: RON BRASHER
Street Address: 5560 STERRETT	
City: Columbia	State: MD
Phone: 410-995-0015	Email: RBRASHER@BRASHERDESIGN.COM
	Zip Code: 21044

## BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input type="checkbox"/> No
Utilities: <input type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Well)
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Voice Evac

## ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options:				
# of Bedrooms (SF):	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):
# Rooms:	# Full Baths:	# Half Baths:	# Fireplaces:	
Garage/Carport Info: <input type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None				
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input type="checkbox"/> Partial				
1st Fl Width:	1st Fl Depth:	2nd Fl Width:	2nd Fl Depth:	Bsmt Width:
				Bsmt Depth:
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area:	sq ft	Occupiable Area:
				sq ft

## AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE: *V. Khatimov* DATE SIGNED: 07.31.2020

## FOR OFFICE USE ONLY


CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

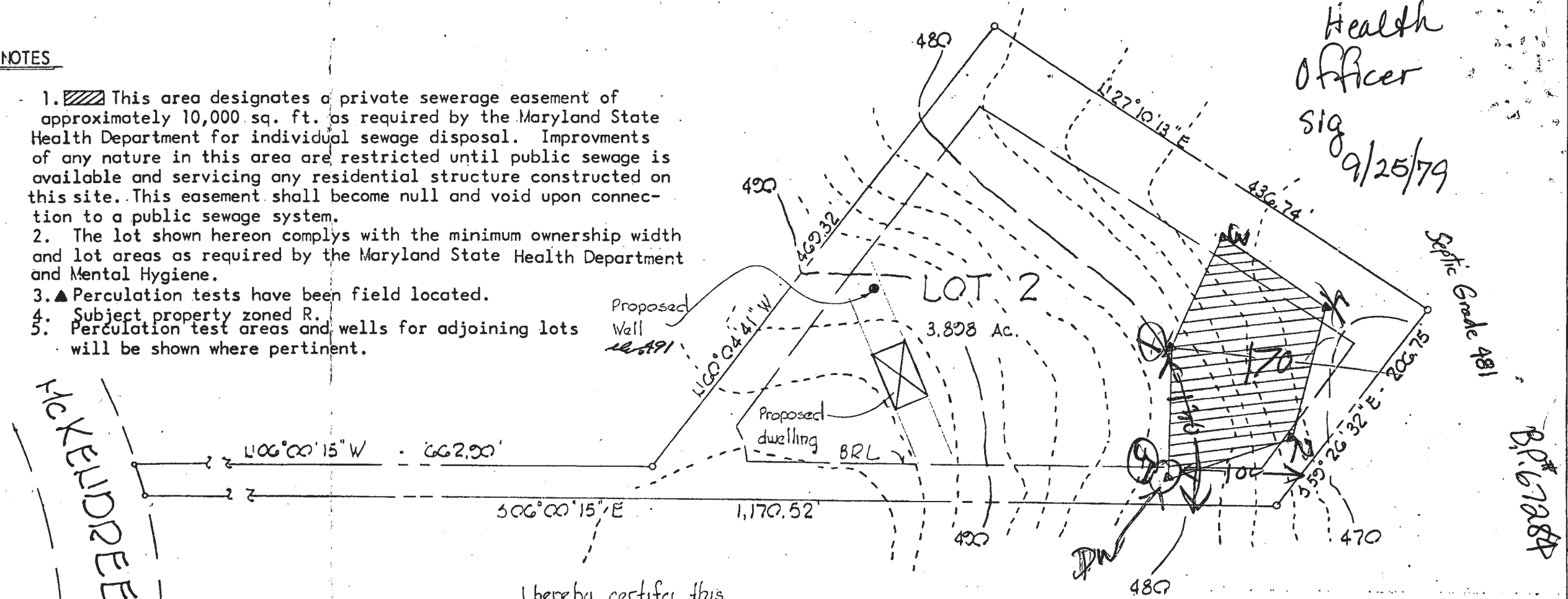
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>9/15/2020</i>	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: \$75.00 PAYMENT: CK # 1177 ACCEPTED BY: DR O'ROUX

NOTES

1.  This area designates a private sewerage easement of approximately 10,000 sq. ft. as required by the Maryland State Health Department for individual sewage disposal. Improvements of any nature in this area are restricted until public sewage is available and servicing any residential structure constructed on this site. This easement shall become null and void upon connection to a public sewage system.
2. The lot shown hereon complies with the minimum ownership width and lot areas as required by the Maryland State Health Department and Mental Hygiene.
3. ▲ Percolation tests have been field located.
4. Subject property zoned R.
5. Percolation test areas and wells for adjoining lots will be shown where pertinent.

Health  
Officer  
sig 9/25/79

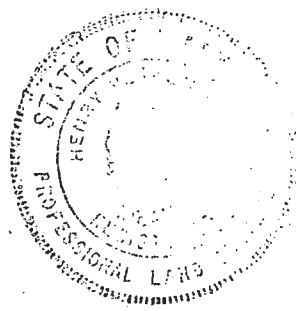


YORKLAND REE  
 80' R/W  
 RD

P.L. 672887

8/27/79 OK RH

I hereby certify this  
perc test correct  
as shown.



TITLE: "McLAUGHIL" PROPERTY  
 Third election district, Ho. Co., Md.  
 SCALE: 1" = 100'  
 AUG. 1979



ASSOCIATES INC.

CONSULTING ENGINEERS · LAND & CONSTRUCTION SURVEYORS  
 8370 COURT AVENUE, ELLICOTT CITY, MD. 21043 465-0660

APPROVED: For private water and private sewerage systems. Howard County Health Dept.

County Health Officer \_\_\_\_\_ Date \_\_\_\_\_

Henry V. Oheim 8/13/79  
 HENRY V. OHEIM # 4156

Approved  
 B20002569  
 TRW  
 9/15/2020



1. BUILDING LOCATION:  
 2153 MCKENDREE RD., WEST FRIENDSHIP, MD

2. JURISDICTION :  
 HOWARD COUNTY, MARYLAND

3. BUILDING DESCRIPTION:  
 TWO STORY WOOD FRAME HOME

A. OCCUPANCY :  
 SINGLE FAMILY

B. ZONING :  
 RC

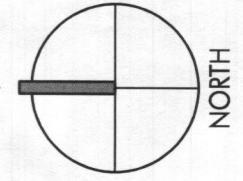
C. MINIMUM LOT SIZE:  
 130,680 S.F.  
 ACTUAL LOT SIZE:  
 170,067 S.F.

D. BUILDING SETBACKS :  
 MINIMUM FRONT YARD SETBACK: 200 FT.  
 MINIMUM SIDE YARD SETBACK (GARAGE SIDE): 30 FT. 276.3 FT.  
 MINIMUM SIDE YARD SETBACK (HOUSE SIDE): 30 FT. 130.1 FT.  
 MINIMUM SIDE YARD SETBACK (HOUSE SIDE): 30 FT. 87.8 FT.  
 MINIMUM REAR YARD SETBACK: 60 FT. 213.5 FT.

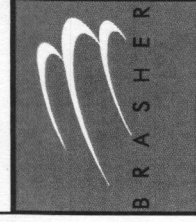
4. DISTURBED AREA  
 4,585 S.F.

**NOTES:**

1. ARCHITECTURAL SITE DIAGRAM INDICATED WAS COMPILED UTILIZING EXISTING INFORMATION PREPARED BY OTHERS. BRASHER DESIGN ACCEPTS NO RESPONSIBILITY FOR THE ACCURACY OF INCORPORATED WORK. IT SHALL BE THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO BECOME FAMILIAR WITH THE SITE AND SHALL IMMEDIATELY NOTIFY THE ARCHITECT IN THE EVENT OF A DISCREPANCY.
2. ALL DIMENSIONS INDICATED ARE APPROXIMATE. IT SHALL BE THE RESPONSIBILITY OF THE OWNER/CONTRACTOR TO LOCATE AND CONSTRUCT THE PROPOSED IMPROVEMENTS WITHIN THE PARAMETERS OUTLINED IN LOCAL ZONING ORNANCE.
3. NO EXISTING TREES ARE TO BE DISTURBED BY PROPOSED CONSTRUCTION.
4. CONTRACTOR SHALL CONTACT MISS UTILITY AND HAVE THE SITE MARKED FOR ALL UTILITIES BEFORE BEGINNING ANY EXCAVATION.



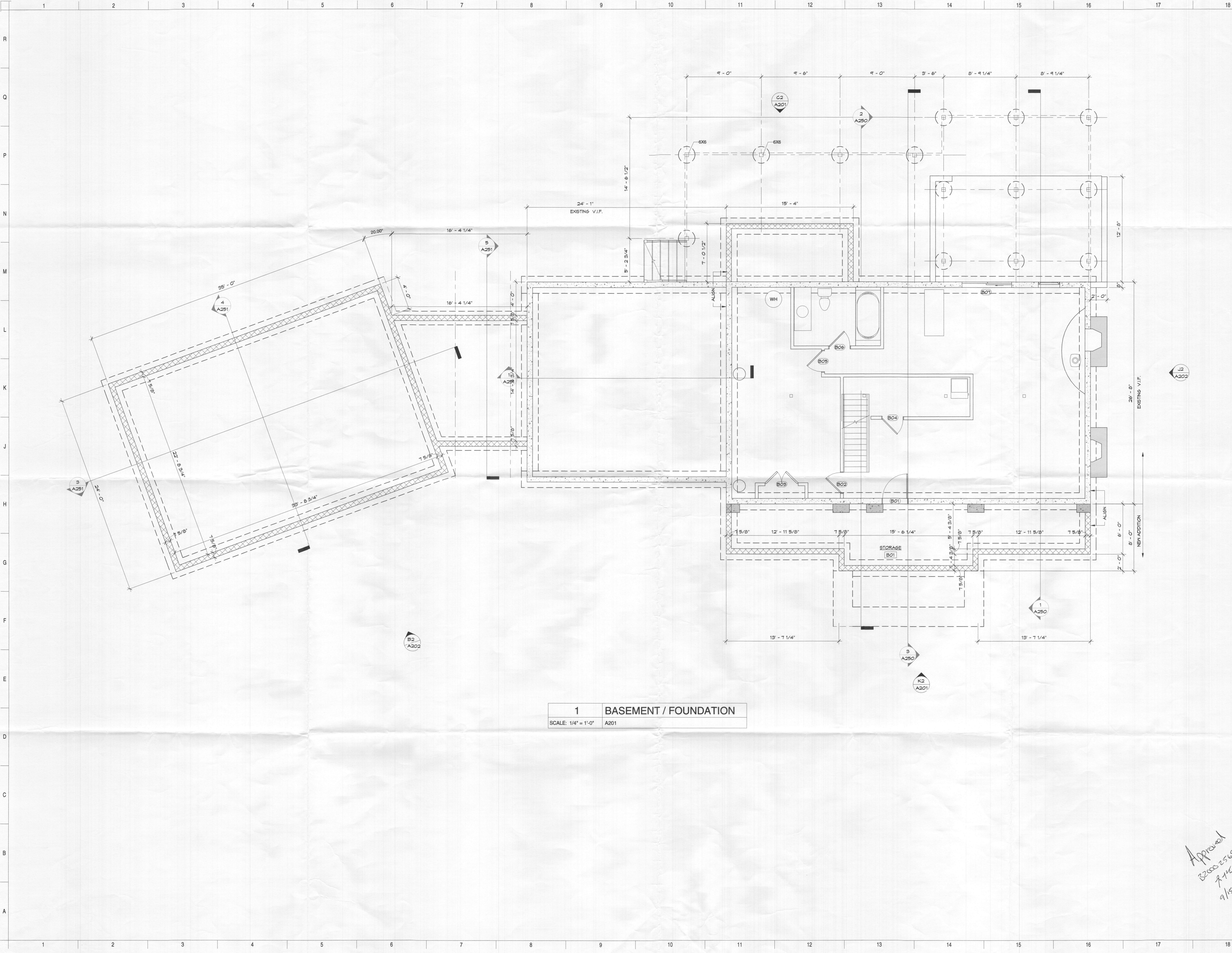
<b>A13</b>	<b>ARCHITECTURAL SITE DIAGRAM</b>
SCALE: 1"=60'-0"	



JOB NUMBER: 20-130    JOB NAME: FERGUSON RESIDENCE  
 DATE: 07-31-2020    DESCRIPTION: RENOVATION/ADDITION  
**ARCHITECTURE • DESIGN • PLANNING • INTERIORS**

TITLE: SITE DIAGRAM  
 FROM DRAWING: ASD-1  
 5560 STERRETT PLACE, SUITE 300 COLUMBIA, MD 21044  
 BALTO. (410)995-0015    WASH./VA. (301)621-6020  
 E-MAIL: brasher.arch@gmail.com    FAX: (410)995-0350

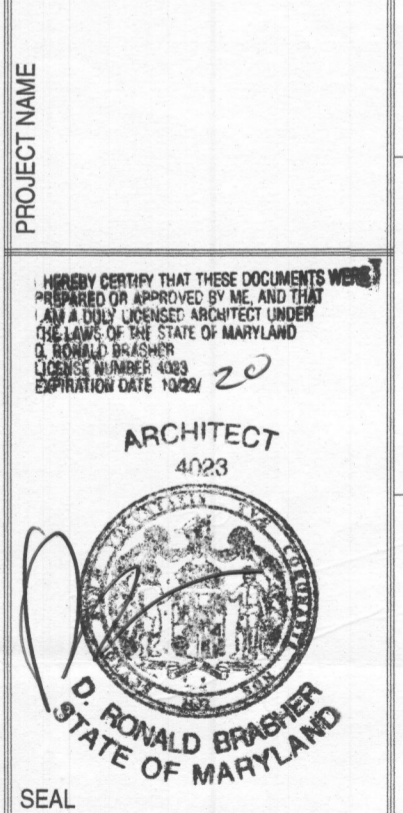




**1** BASEMENT / FOUNDATION  
 SCALE: 1/4" = 1'-0" A201

REV. NO.	DATE	DESCRIPTION
01	07/31/2020	ISSUED FOR PERMIT

**FERGUSON RESIDENCE RENOVATION**  
 2153 MCKENDREE RD. WEST FRIENDSHIP, MD.  
 CONNOR & JULIE FERGUSON



SHEET TITLE  
**BASEMENT FOUNDATION FLOOR PLAN**

PROJECT NUMBER  
**20-130**

FIRST RELEASE DATE  
 07/31/2020

SHEET NUMBER

*Approved*  
*B20002509*  
*R-14*  
*9/15/2020*