

Record Detail (This section is required.)

**Permit Type** Building/Residential/New/SFD  
**Permit Number** B19002430  
**Opened Date** 07/26/2019

**Description of Work**  
 SFD/ CUSTOM/, 2 STORY, Full Basement, Basement = Partially Finished, 14R, 5FB, 1HB, 4FP, 3 Car Attached, 5BR, Rear Porch, ENERGY METHOD = Prescriptive Method, Subject to CB-76-2018.COVERED PATIO/  
 \*10.21.20 AMENDMENT REQUEST\* APPROVED 7.30.21

[check spelling](#)

Address (This section is required.)

Search    Reset    Clear    Get Parcel & Owner

**Street #** 8030  
**Street Name** KAYLADINE  
**Street Type** LN

**Unit Type** --Select--  
**Unit #**

**X Coordinate** -76.92887  
**Y Coordinate** 39.14982

**City** FULTON  
**State** MD  
**Zip Code** 20759  
**Primary** Yes

Parcel (This section is required.)

Search    Reset    Clear    Get Address & Owner

GIS ID	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
1102707	103	1.32	215600	215600	0	RURAL

**Legal Description**  
 LOT 9 1.315 A.[ ]8030 KAYLADINE LN[ ]DUSTINS GOLDEN FIELDS

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	9	605102	5				

**Plan Area**    **State Tax Id** 1405596598    **Subdivision Name** Dustin's Golden Fields

**Section**    **Area**    **Tax Map** 46

**Grid** 46-1    **Zoning District** RR-DEO    **ADC Map** 5052-B7

**SDP No.**    **Final Plan No.** F-07-100    **WP File No.**

**Record Plat No.** 22888-2289    **WS Contract No.**    **FDP No.**    **Primary** Yes

**Owner Occupied**  Yes  No    **Year Built**    **Historic District**  Yes  No

**Historic District Registry No.**    **Stat Area** 5-17A    **Flood Plain**  Yes  No

**Building No**

Owner (This section is not required.)

Search    Reset    Clear

**Name** PATRICK C OGUJIOFOR  
**Address Line 1** 8603 CROOKED TREE LANE  
**Address Line 2**  
**Address Line 3**

**Mail City** LAUREL    **Mail State** MD    **Mail Zip Code** 20724  
**Phone** 571-245-4731    **Primary** Yes

**E-mail** OGUJIOFORCUSTOMPROJECT@GMAIL.COM  
**Cell Number**    **Fax Number**

Professionals (This section is not required.)

Search    Reset    Clear

**License type**  
 Home Bldr  
**Primary**  
 Yes

**First Name**  
 FEMI  
**Address Line 1**  
 4815 PRINCE GEORGES AVENUE SUITE 204A  
**Address Line 2**

**City**  
 BELTSVILLE  
**Phone 1**  
 301-343-4126  
**E-mail**  
 FEMI.ODUBANJO@BETHELGROUP.COM

**Middle Name**  
 ODUBANJO  
**State**  
 MD  
**ZIP Code**  
 20705  
**Phone 2**  
 301-937-7571  
**Fax**

**Applicant** (This section is not required.)

**Search As Owner As Lic. Prof As Contact**

**Type**  
 Applicant  
**Relationship**  
 Applicant  
**Primary**  
 No

**First Name**  
 FEMI  
**Full Name**  
 FEMI ODUBANJO  
**Organization Name**  
 BETHEL REGENCY HOMES, LLC  
**Street Address**  
 4815 PRINCE GEORGES AVENUE SUITE 204A  
**Address Line 2**

**City**  
 BELTSVILLE  
**Phone**  
 301-343-4126  
**E-mail**  
 FEMI.ODUBANJO@BETHELGROUP.COM

**MI**  
**Last Name**  
 ODUBANJO  
**State**  
 MD  
**Zip Code**  
 20705  
**Cell**  
**Fax**  
 301-937-7571

**Contact** (This section is not required.)

**Search As Owner As Lic. Prof As Contact**

**Type**  
 Contact  
**Relationship**  
 Licensed Professional  
**Primary**  
 Yes

**First Name**  
 NATE  
**Full Name**  
 NATR WEST  
**Organization Name**  
 WEST ARCH DESIGNS  
**Street Address**  
 4844 WALTONSHIRE CIRCLE  
**Address Line 2**

**City**  
 OLNEY  
**Phone**  
 240-498-9355  
**E-mail**  
 WESTARCHDESIGNS@GMAIL.COM

**MI**  
**Last Name**  
 WEST  
**State**  
 MD  
**Zip Code**  
 20832  
**Cell**  
**Fax**

**Additional Info**

**Est Construction Cost**  
 1500000  
**Housing Units**  
 1  
**Number of Buildings**  
 1  
**Public Owned**  
 No

**Construction Type**  
 101 - Single Family Houses Detached

**BUILDING INFORMATION**

**BUILDING INFORMATION**

**Capital Project-No Fee**  
 Yes  No  
**Capital Project #**  
 \_\_\_\_\_  
**Fee Exempt**  
 Yes  No  
**Roadside Tree Project Permit**  
 Yes  No  
**Roadside Tree Project Permit #**  
 \_\_\_\_\_  
**Entrance Permit Required**  
 Yes  No

**Warranty Fund Required**  
 Yes  No  
**Condominium**  
 Yes  No  
**Existing Use**  
 Vacant Lot  
**Model**  
 SFD/ CUSTOM/

**No of Stories**  
 2  
**Foundation**  
 Full Basement  
**Basement**  
 Partially Finished  
**No of Rooms**  
 14  
**No of Full Baths**  
 5  
**No of Half Baths**  
 1  
**Other Structure**  
 3 Car Attached

**No of Bedrooms**  
 5  
**Porch Deck**  
 Rear Porch  
**No of Fireplaces**  
 4  
**Type of Fireplace**  
 --Select--  
**Energy Method**  
 Prescriptive Method  
**Subject to CB-76-2018**  
 Subject to CB-76-2018

**N&S Fees Paid**  
 Yes  No  
**Water Supply**  
 Private  
**Sewage Disposal**  
 Private  
**Utilities**  
 Electric  
**Heating System**  
 Electric  
**Sprinkler System**  
 NFPA #13D  
**Affordable Housing Funding**  
 --Select--

**1st Floor Width**  
 118 FT  
**1st Floor Depth**  
 79 FT  
**2nd Floor Width**  
 118 FT  
**2nd Floor Depth**  
 79 FT  
**Basement Width**  
 84 FT  
**Basement Depth**  
 58 FT  
**Height**  
 FT  
**Total Square Footage**  
 11947 SQFT  
**Occupiable Square Footage**  
 11251 SQFT

**Building Construction Type**  
 Conventional  
**Footings**  
 20 x 10  
**Foundation Measurement**  
 10" conc  
**Walls**  
 wood fr stucco  
**Roof**  
 hip/asp

**Location Survey Approval Date**  
 \_\_\_\_\_  
**Road Frontage**  
 \_\_\_\_\_  
**Expiration Date**  
 \_\_\_\_\_  
**Additional Info**  
 \_\_\_\_\_

check spelling

check spelling

GRADING INFORMATION

Grading Permit No: G19000183

Grading Certification Required:  Yes  No

Grading Certification Received in DILP On:

Grading Certification Received in CID On:

Grading Certification Comments:

Seasonal Surety Comments:

check spelling

check spelling

Seasonal Grading Surety Depositor:

Driveway Apron Surety Depositor:

Stormwater Surety Depositor:

GREEN NEIGHBORHOOD INFORMATION

Check List Points Goal:

Check List Points Achieved:

Date of Certification:

PAYMENT INFORMATION

Check 1:

Payee 1:

Check 2:

Payee 2:

SAP Doc No:

SAP Entered:

PRIVATE ON LOT SWM FACILITIES

Green Roofs A1:  Yes  No

Permeable Pavements A2:  Yes  No

Reinforced Turf A3:  Yes  No

Disconnection of Rooftop Runoff N1:  Yes  No

Disconnection of Non Rooftop Runoff N2:  Yes  No

Sheetflow to Conservation Areas N3:  Yes  No

Rainwater Harvesting M1:

Submerged Gravel Wetlands M2:

Landscape Infiltration M3:

Infiltration Berms M4:

Dry Wells M5: 1

Micro Bioretention M6: 1

Rain Gardens M7:

Swailes M8:

Enhanced Filters M9:

PSWM Certification Received in CID on:

Related Records

Showing 1-3 of 3

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
G19000183	Residential Grading Permit	Issued	8030	KAYLADINE	08/21/2019	DUSTIN'S GOLDEN FIELDS/ GRADING & SEDIMENT CONTROLS FOR NEW SFD - LOT #9...
B19002430	Residential New Single Family Dwelling Permit	Issued	8030	KAYLADINE	07/26/2019	SFD/ CUSTOM/, 2 STORY, Full Basement, Basement = Partially Finished, 14R...
P21004596	Residential New Plumbing Permit	Issued	8030	KAYLADINE	11/08/2021	NEW SFD:// INSTALL PLUMBING FIXTURES:// (BASEMENT) 2- WATER CLOSET/ 2- ...

Submit Cancel



# 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: \_\_\_\_\_

Permit No.: 519002430

Building Address: 8030 KAMLAJIVE LANE  
 City: FULTON State: MD Zip Code: 20759  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: 02131107 Subdivision: L. + H. + S. + J. + K.  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 9  
 Tax Map: 46 Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: RE-000 Map Coordinates: \_\_\_\_\_ Lot Size: 1.32

Existing Use: VALENTINE  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ 1,500,000.00  
 Description of Work: RENOVATION OF EXISTING 1.5 ACRE TRACT TO 4 UNITS + 1 GARAGE  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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: \_\_\_\_\_  
 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: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>650</u> <u>850</u>
	2 <sup>nd</sup> floor: <u>650</u> <u>850</u>
Area of construction (sq. ft.):	Basement: <u>650</u> <u>850</u>
	<input type="checkbox"/> Finished Basement
Use group:	<input 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: <u>6</u>
<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:
<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

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input 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 type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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** 7/24/19

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>8/14/19</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? <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</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1057</u>

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

Date: 7/30/19  
 To: Jan Sanchez  
 (Person's Name and Division)  
 From: KEVIN PHILIPOT (571) 245-4731  
 (Your Name, Company Name and Telephone Number)  
 Subject: Project name DUSTIN'S GOLDEN FIELDS - LOT 9  
 Project site address 8030 KAYLADINE LAWS  
 Permit Number B19002430 SDP # \_\_\_\_\_  
 Other information pertinent to this project \_\_\_\_\_

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

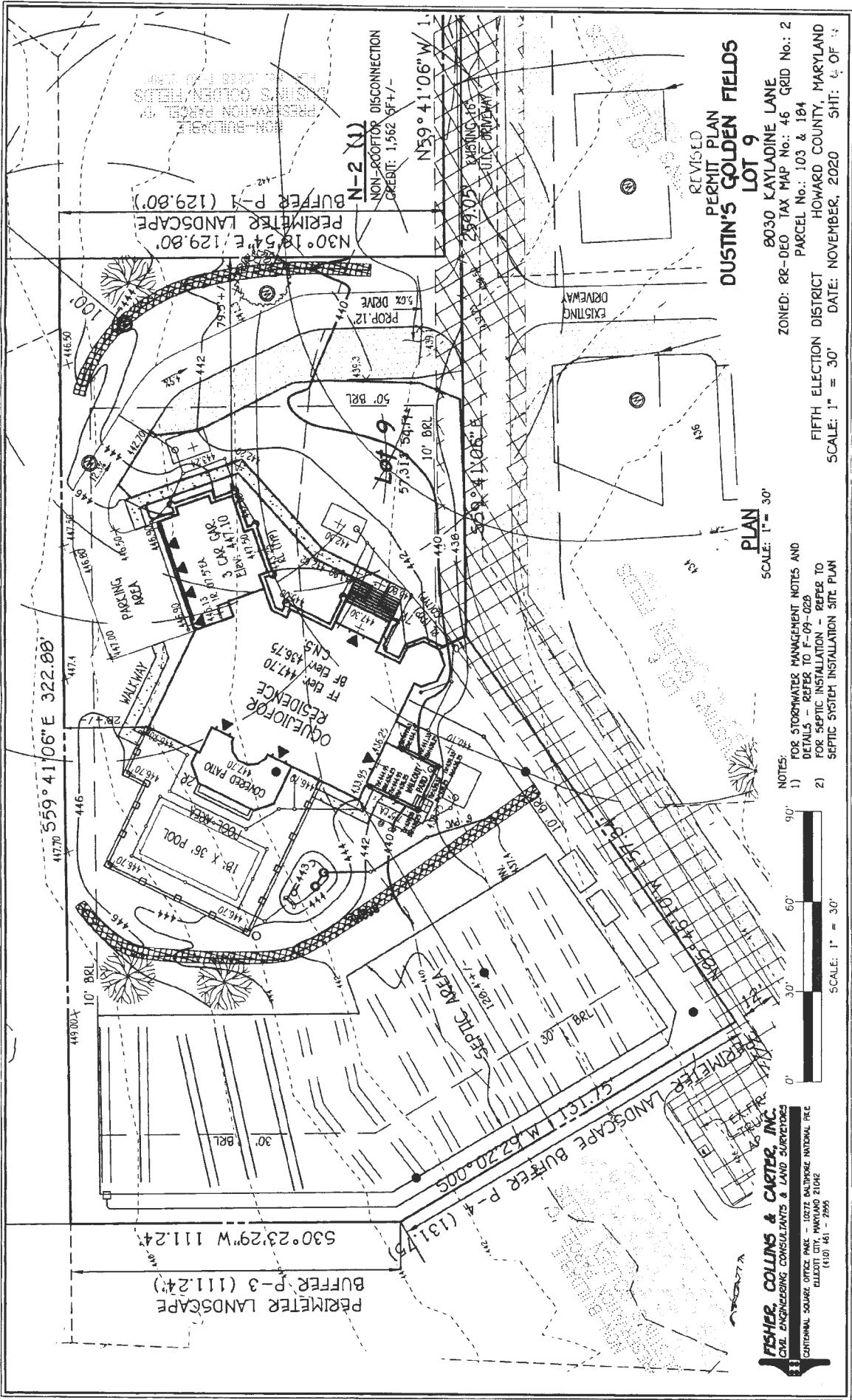
- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Structural steel certification *THE PREVIOUS SUBMITTED PLANS WERE NOT SEALED BY THE PROJECT ENGINEER*
- Energy conservation calculations *WE WOULD PREFER YOU APPROVE PLANS THAT ARE SEALED.*
- Certification for \_\_\_\_\_ (be specific).
- Copies of \_\_\_\_\_ (be specific). *WE ARE NOW GIVING YOU SEALED PLANS*
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:  
KEVIN PHILIPOT (571) 245-4731  
 (Person's name) (Telephone number)

**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 KIP *Revised drawings*  
 white: Plan Review Division  
 yellow: Applicant  
 pink: Permit Division  
*Send set to health*

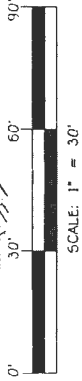


REVISED  
 PERMIT PLAN  
**DUSTIN'S GOLDEN FIELDS**  
 LOT 9

8030 KAYLADINE LANE  
 ZONED: RE-DCO TAX MAP No.: 46 GRID No.: 2  
 PARCEL No.: 103 & 104  
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 30' DATE: NOVEMBER, 2020 SHT: 4 OF 4

PLAN  
 SCALE: 1" = 30'

- NOTES:
- 1) FOR STORMWATER MANAGEMENT NOTES AND DETAILS - REFER TO F-09-029
  - 2) FOR SEPTIC INSTALLATION - REFER TO SEPTIC SYSTEM INSTALLATION SITE PLAN



**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 COLLETT CITY, MARYLAND 21032  
 (410) 461-1899







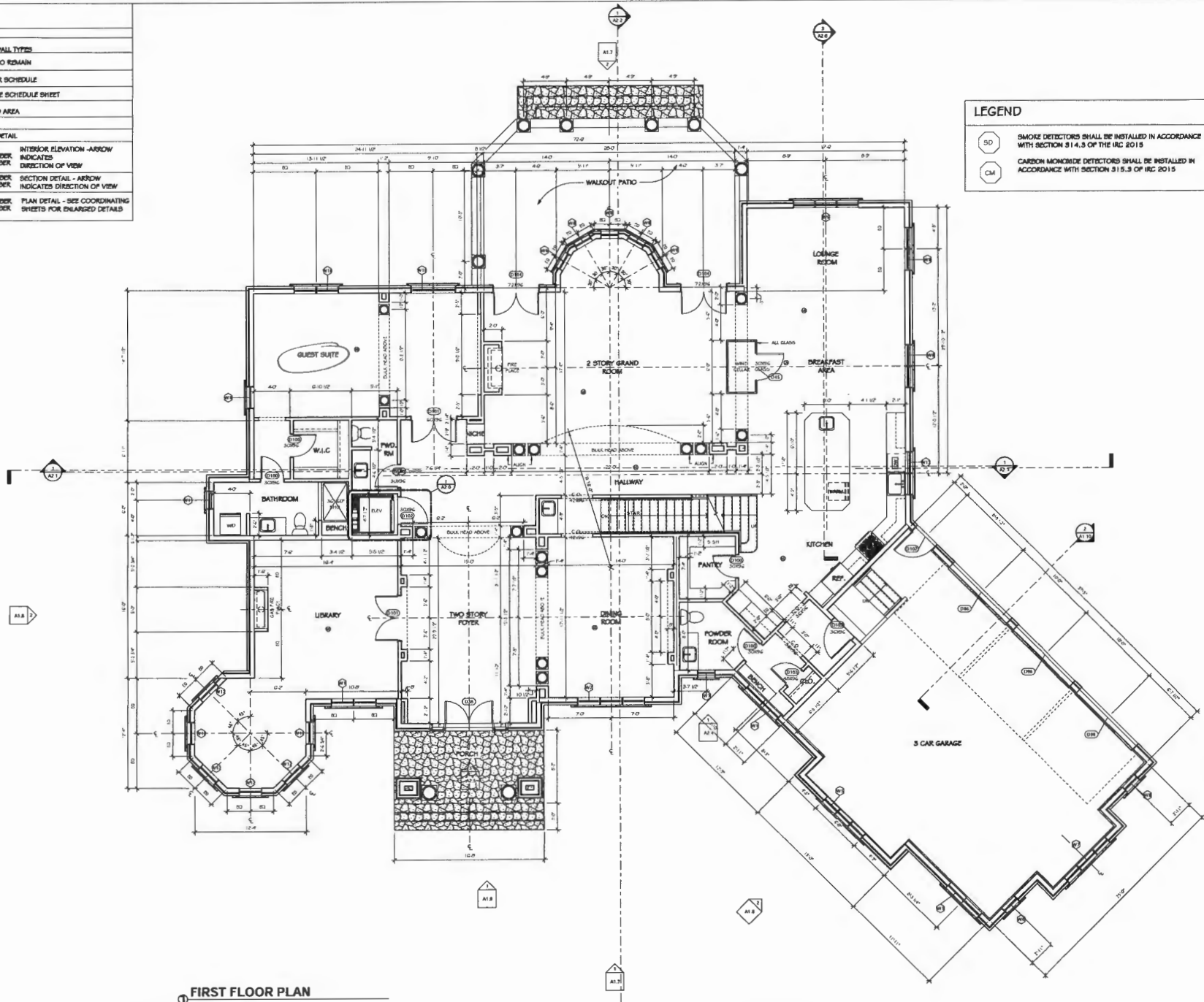


**LEGEND**

	NEW WALL, SEE WALL TYPES
	EXISTING DOOR TO REMAIN
	DOOR, SEE DOOR SCHEDULE
	WINDOW TAG, SEE SCHEDULE SHEET
	ROOM NAME AND AREA
	KEY NOTE
	WALL TYPE, SIZE DETAIL
	INTERIOR ELEVATION - ARROW INDICATES DIRECTION OF VIEW
	SECTION DETAIL - ARROW INDICATES DIRECTION OF VIEW
	PLAN DETAIL - SEE COORDINATING SHEETS FOR ENLARGED DETAILS

**LEGEND**

	SMOKE DETECTORS SHALL BE INSTALLED IN ACCORDANCE WITH SECTION 314.3 OF THE IRC 2015
	CARBON MONOXIDE DETECTORS SHALL BE INSTALLED IN ACCORDANCE WITH SECTION 315.3 OF THE IRC 2015



**1 FIRST FLOOR PLAN**  
1/4" = 1'-0"

1/4" = 1'-0"

**bethe!**  
Architectural & Construction  
4415 Truitt Street, Suite 204  
Fulton, Maryland 21075  
Tel: 301-837-7500  
Fax: 301-837-7501

8030 KAYLADINE LN, LOT 9 DUSTIN'S GOLDEN FIELDS  
FULTON MD 20759 HOWARD COUNTY  
OGUEI/OFOR RESIDENCE

Issued	Date
	06/29/20

PROFESSIONAL CERTIFICATION  
I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A FULLY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND.

LICENSE #

EXPIRES

FIRST FLOOR

A1.1

