

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B-9003046

Building Address 3356 Danmark Drive
Glenwood MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Chai Property
Section _____ Area _____ Lot 18
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Stephen Callahan
Address 3356 Danmark Dr
City Glenwood State MD Zip Code 21738
Phone 410 788 0280 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ 700,000
Description of Work Addition

Contractor Company _____
Contact Person Christine Callahan
Address 3356 Danmark Drive
City Glenwood State MD Zip Code 21738
License No. _____
Phone _____ Fax _____

Occupant or Tenant _____
Contact Name Christine Callahan
Address 3356 Danmark Drive
City Glenwood State MD Zip Code 21738
Phone 410 788 0280 Fax _____

Engineer or Architect Company Plumbers & Electricians
Contact Person Lisa
Address 640 Plymouth Road
City Baltimore State MD Zip Code 21229
Phone 410 788 0281 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>2</u>	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFFA #13D _____ NFFA #13R _____ Other: _____
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
Manufactured Home _____	

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.

Christine Callahan
Applicant's Signature

Christine Callahan
Print Name

Title/Company

10/11/03
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>10-20-03</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone _____	Accepted by _____
			SDP/Red-line approval date _____	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

5/6/09

ATTN: AVIS CORBIN

Dept of license & Permits

From: FRED DICKSON

Re: Permit # BO8003046

Attached are 2 copies of the building
plans & 4 copies of the site plan
to amend permit # BO8003046,
3356 DANMARK DR GLENWOOD MD
21738, to include a covered
rear porch.

Contact:

Fred Dickson
(410) 707-0447

RECEIVED

MAY 06 2009

LICENSES & PERMITS
DIVISION

Paid 05/06/09 Inv# 171587

16V36

cc: Health

Jim Velt

~~5-19-09~~
5-19-09

5/19/09

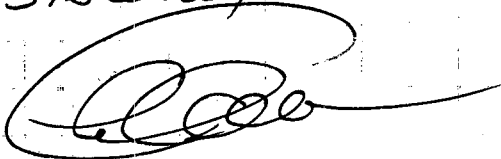
HOWARD CO. HEALTH DEPT

RE: PERMIT # B08003046
3356 DANMARK DRIVE

TO WHOM IT MAY CONCERN:

THIS LETTER IS TO ADVISE YOU THAT ALL SEWER HOOKUPS FOR THE ADDITION WERE COMPLETED ON THE INTERIOR OF THE HOUSE TO EXISTING SEWER LINES.

Sincerely



CHRISTINE CALLAHAN

Approved
Howard County Health Department


Signature

5-19-09
Date

CONTACT FRED DICKSON
@ (410) 707-0447
if necessary.

FILE INQUIRY NOTES

DATE	RESULTS OF REVIEW FOR FILE
10/20/08	After receiving BP w/ Sara, solution to explain to homeowner that they will need a 'Minor Repair Permit' when the addition is finished to connect "new" 4" s/c to ex. tanks.
10/29/08	Spoke w/ homeowner (Christine Calahan) explained that when the addition is finished, the new installation of the 4" s/c will require a <u>Minor System Repair</u> permit (fee of \$55.00) and inspected by the Health Dept. I also encouraged her to have the observation ports installed @ ends of all 3 trenches. (KW)
5/12/09	Spoke w/ Fred Dixon Project manager, he explained to me that a minor repair to tie in plumbing from new addition was not needed. He explained to me that they were able to make plumbing work inside the house. I explained to him that before I approve the amendment for the cover panels, I will need a letter from homeowner condoning the internal plumbing for the addition. (KW)

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
308002146

Building Address **3356 Danmark Drive**
Glenwood MD 21738

Property Owner's Name **Christine! Steve Callahan**

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Address **3356 Danmark Dr.**

Census Tract _____ Subdivision _____

City **Glenwood** State **MD** Zip Code **21738**

Section _____ Area _____ Lot _____

Phone **410 442 0020** Phone _____

Tax Map _____ Parcel _____ Grid _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use **Garage**

Contractor Company **Fred Dickson**

Proposed Use **Family room**

Contact Person **Fred Dickson**

Estimated Construction Cost **\$ 50,000**

Address _____

Description of Work **Convert Garage into Family room.**

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Occupant or Tenant _____

Engineer or Architect Company **Plymouth Road**

Contact Name **Christine Callahan**

Contact Person **Lisa**

Address **3356 Danmark Drive**

Address _____

City **Glenwood** State **MD** Zip Code **21738**

City _____ State _____ Zip Code _____

Phone **410 442 0020** Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
____ Reinforced Concrete
____ Structural Steel
____ Masonry
____ Wood Frame
____ State Certified Modular

Water Supply:
____ Public
____ Private
Sewage Disposal:
____ Public
____ Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
____ Full
____ Partial
____ Other Suppression
____ # of Heads

Building Characteristics

Utilities

SF Dwelling SF Townhouse
Depth Width
1st floor: **50** **60**
2nd floor: _____
Basement:
Finished Basement Unfinished Basement
 Crawlspace Slab on Grade
No. of Bedrooms **5**
Height: _____
Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: _____
Dimensions: _____
Footings: _____
Roof Height: _____
____ State Certified Modular
____ Manufactured Home

Water Supply:
____ Public
 Private
Sewage Disposal:
____ Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
____ NFPA #13D
____ NFPA #13R
____ Other:

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Christine Callahan
Applicant's Signature

Christine Callahan
Print Name
7/10/08
Date

Title/Company _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official			
Dev. Engineering, DPZ	7/10/08	Steve Callahan	
Health			
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St: _____	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check	# _____
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for NewTown Zone _____		
SDP/Red-line approval date _____	Accepted by _____	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ
T:Forms/PERMIT.FRM

Yellow: DED, DPZ Pink: Health Gold: SHA

Septic Area

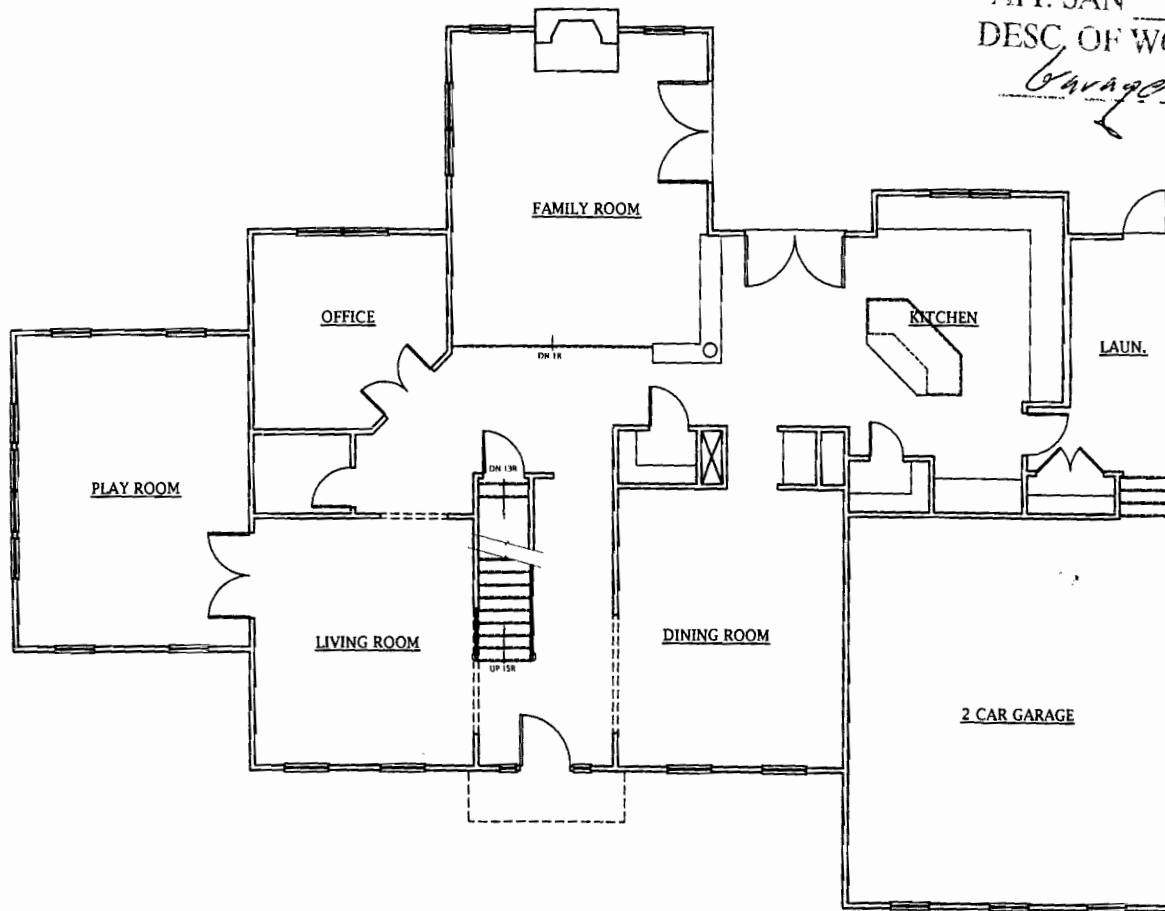
APPROVED

WALK-THRU BUILDING PERMIT

BP# 308002146 A# 44981

APP. SAN SFD DATE: 7/10/08

DESC. OF WORK: Convert Garage to family



EXISTING FIRST FLOOR PLAN -- CALLAHAN -- 5/8/08
PLYMOUTH ROAD ARCHITECTS 410-788-0281

well

10.94.1776

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

307004172

Building Address 3356 Danmark Dr.
Glenwood, Md. 21738

Property Owner's Name Stephen Callahan
 Address 3356 Danmark Dr.

Suite/Apt. #: _____ SDP/WP/Petition #: _____

City Glenwood State Md Zip Code 21738

Census Tract _____ Subdivision _____

Home Phone 410 442 0020 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Phone _____ Fax _____

Existing Use _____

Contractor Company Town Creek Inc

Proposed Use _____

Contact Person Steven H. Cooley

Estimated Construction Cost \$ 12,500.00

Address P.O. Box 735

Description of Work 20' x 20' pergola w/
 10' x 3' L shaped outdoor kitchen

City Clarksville State Md. Zip Code 21029

License No. 44986
 Phone 301 854 3510 Fax 410 531 6574

Occupant or Tenant _____

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
<input type="checkbox"/> Reinforced Concrete		Private <input type="checkbox"/>	
<input type="checkbox"/> Structural Steel		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Masonry		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
<input type="checkbox"/> Wood Frame		Heating System:	
<input type="checkbox"/> State Certified Modular		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
		Natural Gas <input type="checkbox"/>	
		Propane Gas <input type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads _____	

Building Characteristics		Utilities	
SF Dwelling <input type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor:		Private <input type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Private <input type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D <input type="checkbox"/>	
Other Structure: _____		NFPA #13R <input type="checkbox"/>	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
<input type="checkbox"/> State Certified Modular			
<input type="checkbox"/> Manufactured Home			

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Steven H. Cooley
 Applicant's Signature

Steven H. Cooley
 Print Name

 Title/Company

10/10/07
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/10/2007</u>	<u>R. Bricker</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

Yellow: DED, DPZ Pink: Health Gold: SHA

GENERAL NOTES:

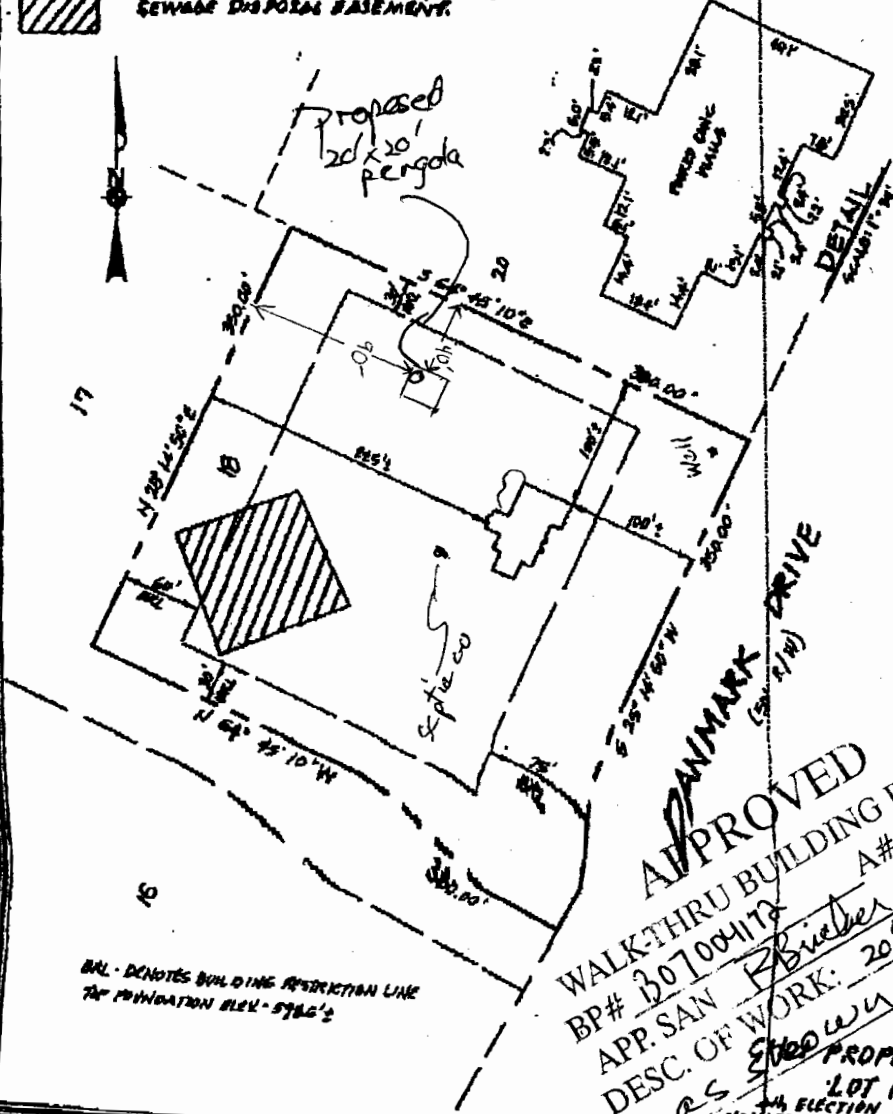
1 THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.

2 SUBJECT PROPERTY IS SHOWN IN ZONE 2 ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL NO. 20000001-02, EFFECTIVE DATE: DEC. 2, 1986

3 THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREOF ARE TO AN ACCURACY OF 1' PLUS OR MINUS 0.1



DENOTES 10,000 SQ. FT. PRIVATE SEWER DISPOSAL EASEMENT.



APPROVED

WALK-THRU BUILDING PERMIT
 BP# 307004172 A#
 APP. SAN FB
 DESC. OF WORK: 20' x 20' Pergola
 DATE: 10/10/07
 PROPERTY LOT 18
 1/4 ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT # 10612

B.L. - DENOTES BUILDING RESTRICTION LINE
 FOR FOUNDATION ELEV. 5786.2

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING, SURVEYING & LAND MANAGEMENT
 10000 BARNES BRIDGE PARK • 10776 BALDWIN NATIONAL PKWY.
 BELTSVILLE, MD 21115
 REG. NO. 2115



Charles E. Carter
 PROFESSIONAL LAND SURVEYOR DATE 10/10/07
 REG. 79763

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 2-21-82
 FINAL LOCATION: _____
 BOUNDARY SURVEY: _____

SCALE: 1" = 40'
 DATE: 10/10/07
 DRAWN BY: MLR
 CHECKED BY: MLR
 PROJECT NO.: 6122

RCC