



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: 03/04/13

Permit No.: B13000716

Heath

Building Address: 13500 ORION DRIVE
City: DAYTON State: MD Zip Code: 21036
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: LINDEN CHAPEL
Section: _____ Area: 2 Lot: 7 HILLS
Tax Map: 28 Parcel: 0167 Grid: 0008
Zoning: RR-DEO Map Coordinates: _____ Lot Size: 40,194

Existing Use: RESIDENTIAL SPD
Proposed Use: RESIDENTIAL SPD w/ ADDITION
Estimated Construction Cost: \$ 400,000
Description of Work: DEMO EXISTING SUNROOM/PATIO
2 STORY ADDITION AT REAR NEW KITCHEN
BATHROOMS, LAUNDRY, STAIR, ONE CAR GARAGE

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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor: <u>46'</u>	<u>103'</u>
Description:	2 nd floor: <u>46'</u>	<u>44'</u>
Area of construction (sq. ft.):	Basement: <u>N/A</u>	
Use group:	<input type="checkbox"/> Finished Basement	
Occupant:	<input type="checkbox"/> Unfinished Basement	
Construction type:	<input checked="" type="checkbox"/> Craw Space	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Structural Steel	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Masonry	Multi-family Dwelling	
<input type="checkbox"/> Wood Frame	No. of efficiency units:	
<input type="checkbox"/> State Certified Modular	No. of 1 BR units:	
	No. of 2 BR units:	
	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	

Property Owner's Name: RICK AND VALERIE KLINE
Address: 13500 ORION DRIVE
City: DAYTON State: MD Zip Code: 21036
Phone: 410-290-6836 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: TBD
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: BRASHER DESIGN
Responsible Design Prof.: D. RONALD BRASHER
Address: 5560 STERRETT PLACE #300
City: COLUMBIA State: MD Zip Code: 21044
Phone: 410-995-0015 Fax: 410-995-0350
Email: _____

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 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 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: MICHAEL CULPEPPER
Email Address: MICULPEPPER@BRASHERDESIGN.COM
Title/Company: BRASHER DESIGN

Print Name: MICHAEL CULPEPPER
Date: 3-3-13
RECEIVED
MAR 04 2013
LICENSES & PERMITS DIVISION

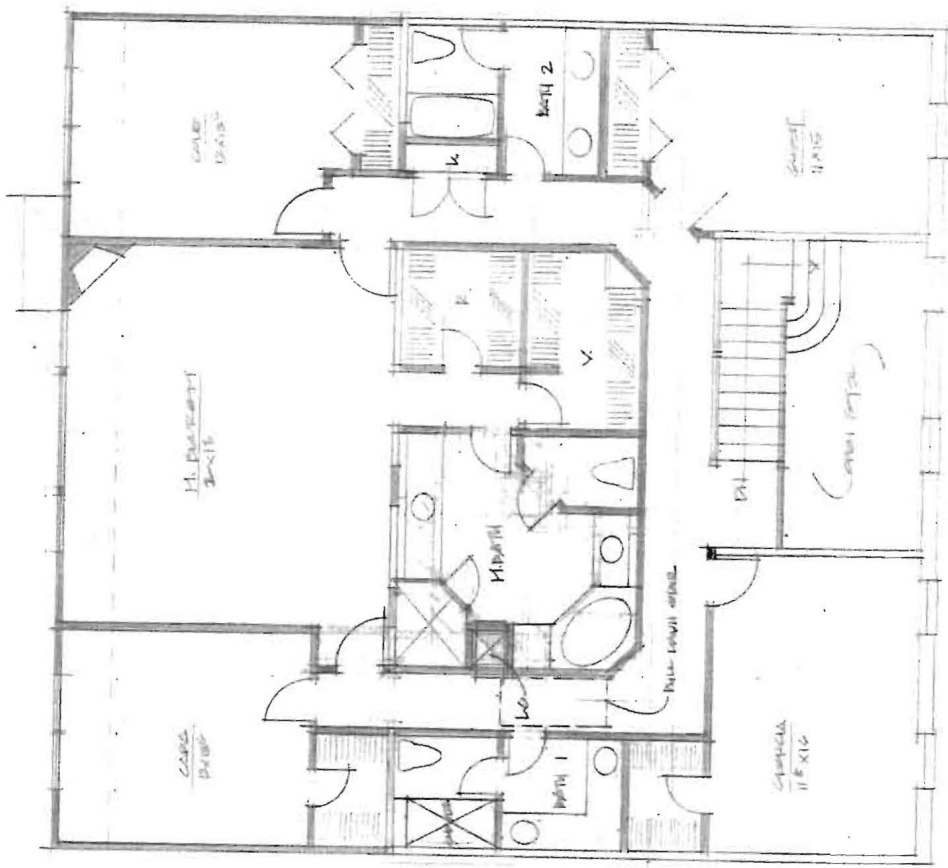
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

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:	
SDR/Red-line approval date:	

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>24189</u>

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



STANDARD FLOOR PLAN
 12' x 12' x 12'
 28-0000-12



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: 03/04/13

Permit No.: B13000716

Building Address: 13500 ORION DRIVE
 City: DAYTON State: MD Zip Code: 21036
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: LINDEN CHAPEL
 Section: _____ Area: 2 Lot: 7 Hills _____
 Tax Map: Z8 Parcel: 0167 Grid: 0008
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 40,194
 Existing Use: RESIDENTIAL SFD
 Proposed Use: RESIDENTIAL SFD w/ADDITION
 Estimated Construction Cost: \$ 400,000
 Description of Work: DEMO EXISTING SUNROOM/PATIO
2 STORY ADDITION AT REAR NEW KITCHEN
BATHROOMS, LAUNDRY, STAIR, ONE CAR 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: RICK AND VALERIE KLINE
 Address: 13500 ORION DRIVE
 City: DAYTON State: MD Zip Code: 21036
 Phone: 410-290-6836 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: TBD
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____
 Engineer/Architect Company: BRASHER DESIGN
 Responsible Design Prof.: D. RONALD BRASHER
 Address: 5560 STERRETT PLACE #300
 City: COLUMBIA State: MD Zip Code: 21044
 Phone: 410-995-0015 Fax: 410-995-0350
 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>46'</u>	<u>103'</u>
Description:	2 nd floor: <u>46'</u>	<u>44'</u>
Area of construction (sq. ft.):	Basement: <u>N/A</u>	
Use group:	<input type="checkbox"/> Finished Basement	
Foundation:	<input type="checkbox"/> Unfinished Basement	
Construction type:	<input checked="" type="checkbox"/> Crawl Space	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Structural Steel	No. of Bedrooms: <u>4</u>	
<input type="checkbox"/> Masonry	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Wood Frame	No. of efficiency units:	
<input type="checkbox"/> State Certified Modular	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input 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	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<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	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<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 HIS 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: Michael Culpepper
 Email Address: MCULPEPPER@BRASHERDESIGN.COM
 Title/Company: BRASHER DESIGN

Print Name: MICHAEL CULPEPPER
 Date: 3-3-13
RECEIVED
 MAR 04 2013
 LICENSES & PERMITS DIVISION

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		

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:
SDR/Red-line approval date:

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>29189</u>