

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

**B100025 22**

**612000208**

Building Address: 14870 Michele Drive  
Glenns MD 21737

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: GP 10-90

Census Tract: \_\_\_\_\_ Subdivision: Warfields II

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 44

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: NVR Inc

Address: 9720 Patuxent Woods Drive

City: Columbia State: MD Zip Code: 21046

Home Phone: \_\_\_\_\_ Work Phone: 410-379-5956

Applicant's Name & Mailing Address, (If other than stated herein):  
Jim Kerwin  
Po Box 552 Woodbridge MD 21797

Phone: 443-309-7792 Fax: \_\_\_\_\_

Email: Jim@DecaturBuildingServices.com

Existing Use: Vacant lot

Proposed Use: single family house

Estimated Construction Cost: \$ 300,000

Description of Work: new 2 story "cliff park" with 3 car garage, morning room, bathroom, bedroom, conservatory and sitting area, finished lower level

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: NVR Homes

Contact Person: Ryan Johnson

Address: 9720 Patuxent Woods Drive

City: Columbia State: MD Zip Code: 21046

License No.: 56

Phone: 410-379-5956 Fax: 410-379-2430

Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
<b>Building Characteristics</b>	<b>Utilities</b>
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<b>Sewage Disposal</b>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Construction type:</b>	<b>Heating System</b>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<b>Sprinkler System:</b>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b>	<b>Utilities</b>
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<b>Depth</b> <b>Width</b>	<input type="checkbox"/> Public
1 <sup>st</sup> floor: <u>24 x 75</u>	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: <u>54 x 60</u>	<b>Sewage Disposal</b>
Basement: <u>64 x 25</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<b>Heating System</b>
No. of Bedrooms: <u>5</u>	<input checked="" type="checkbox"/> Electric
<b>Multi-family Dwelling</b>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<b>Roadside Tree Project Permit #</b>
<input type="checkbox"/> 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.

Jim Kerwin  
 Applicant's Signature

\_\_\_\_\_

Email Address

\_\_\_\_\_

Title/Company

\_\_\_\_\_

Jim Kerwin  
 Print Name

7/20/2012  
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>Stephane B...</u>
Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

Is Entrance Permit Required?  Yes  No

Historic District?  Yes  No

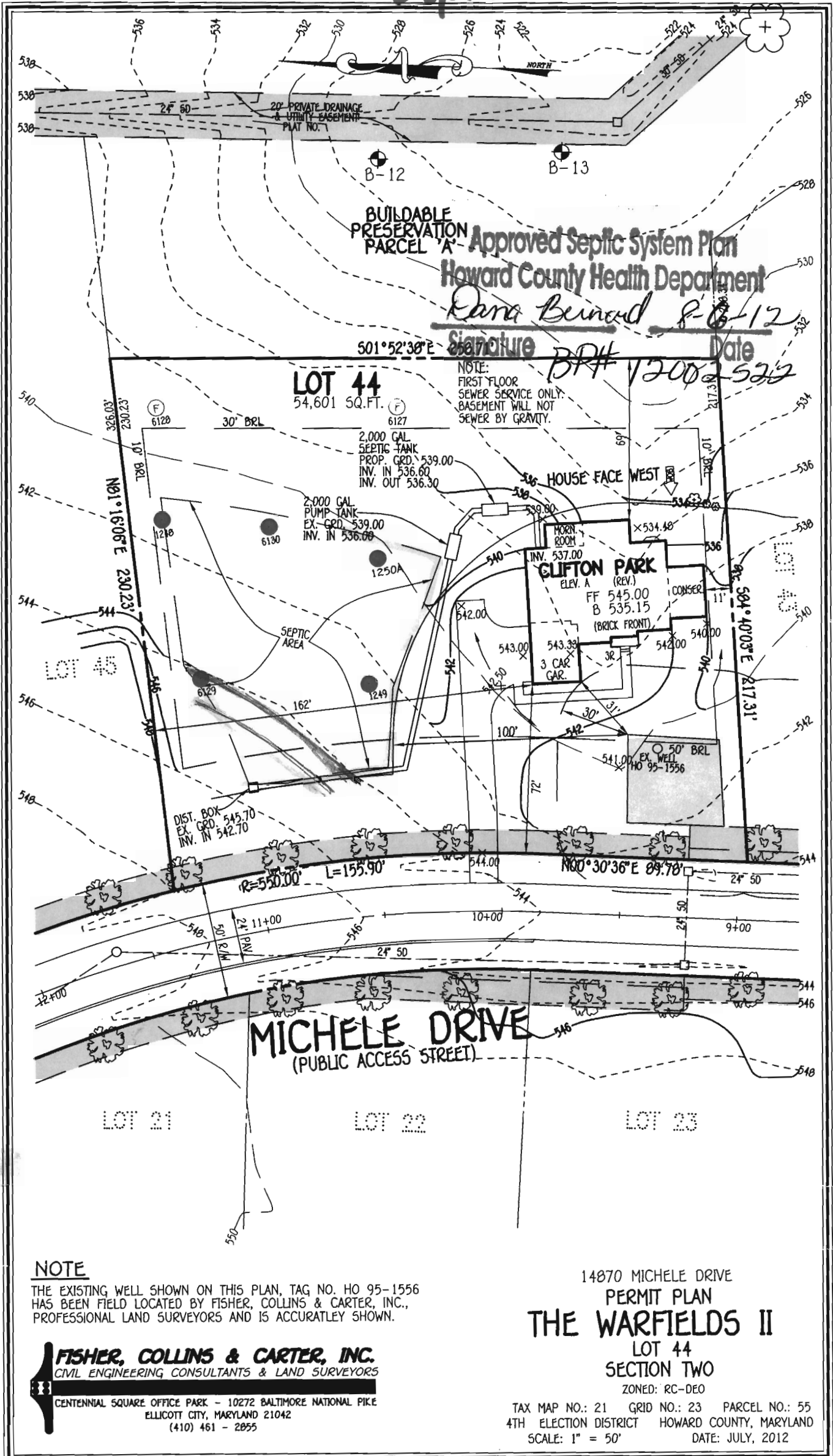
Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

CL# : 697077

# FOR HEALTH DEPT.



BUILDABLE PRESERVATION PARCEL 'A' Approved Septic System Plan  
 Howard County Health Department

*Rana Bernard 8-6-12*  
 Signature *BRH* Date *1200-522*

**LOT 44**  
 54,601 SQ. FT.

NOTE:  
 FIRST FLOOR  
 SEWER SERVICE ONLY.  
 BASEMENT WILL NOT  
 SEWER BY GRAVITY.

2,000 GAL. SEPTIC TANK  
 PROP. GRD. 539.00  
 INV. IN 536.60  
 INV. OUT 536.30

2,000 GAL. PUMP TANK  
 EX. GRD. 539.00  
 INV. IN 536.00

HOUSE FACE WEST

MORN. ROOM  
 INV. 537.00

CLIFTON PARK  
 ELEV. A (REV.)  
 FF 545.00  
 B 535.15  
 (BRICK FRONT)

3 CAR GAR.

CONSER.

50' BRL EX. WELL  
 HO 95-1556

DIST. BOX  
 EX. GRD. 545.70  
 INV. IN 542.70

**MICHELE DRIVE**  
 (PUBLIC ACCESS STREET)

**NOTE**

THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO 95-1556 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

**FISHER, COLLINS & CARTER, INC.**  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 461 - 2855

14870 MICHELE DRIVE  
 PERMIT PLAN  
**THE WARFIELDS II**  
 LOT 44  
 SECTION TWO  
 ZONED: RC-DEO

TAX MAP NO.: 21 GRID NO.: 23 PARCEL NO.: 55  
 4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: JULY, 2012



# 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.: B13002233

Building Address: 14870 Michele Dr  
 City: Crofton State: MD Zip Code: 21117  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: WATFIELD II  
 Section: \_\_\_\_\_ Area: 2 Lot: 44  
 Tax Map: 27 Parcel: 114 Grid: 5  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.75(A)

Existing Use: SFD  
 Proposed Use: SFD w/ propane tank  
 Estimated Construction Cost: \$ 7000  
 Description of Work: Install 500 gal in-ground propane tank

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: Owner  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: 20 OAKS Properties  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MD Zip Code: 21137  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MD Zip Code: 21184  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: jeremy@AppliedAndApproval.com

Contractor Company: Valley National (90)  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MD Zip Code: 20779  
 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:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<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:	
<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>&gt; Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input 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 checked="" 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 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: jeremy@AppliedAndApproval.com  
 Title/Company: \_\_\_\_\_

Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

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

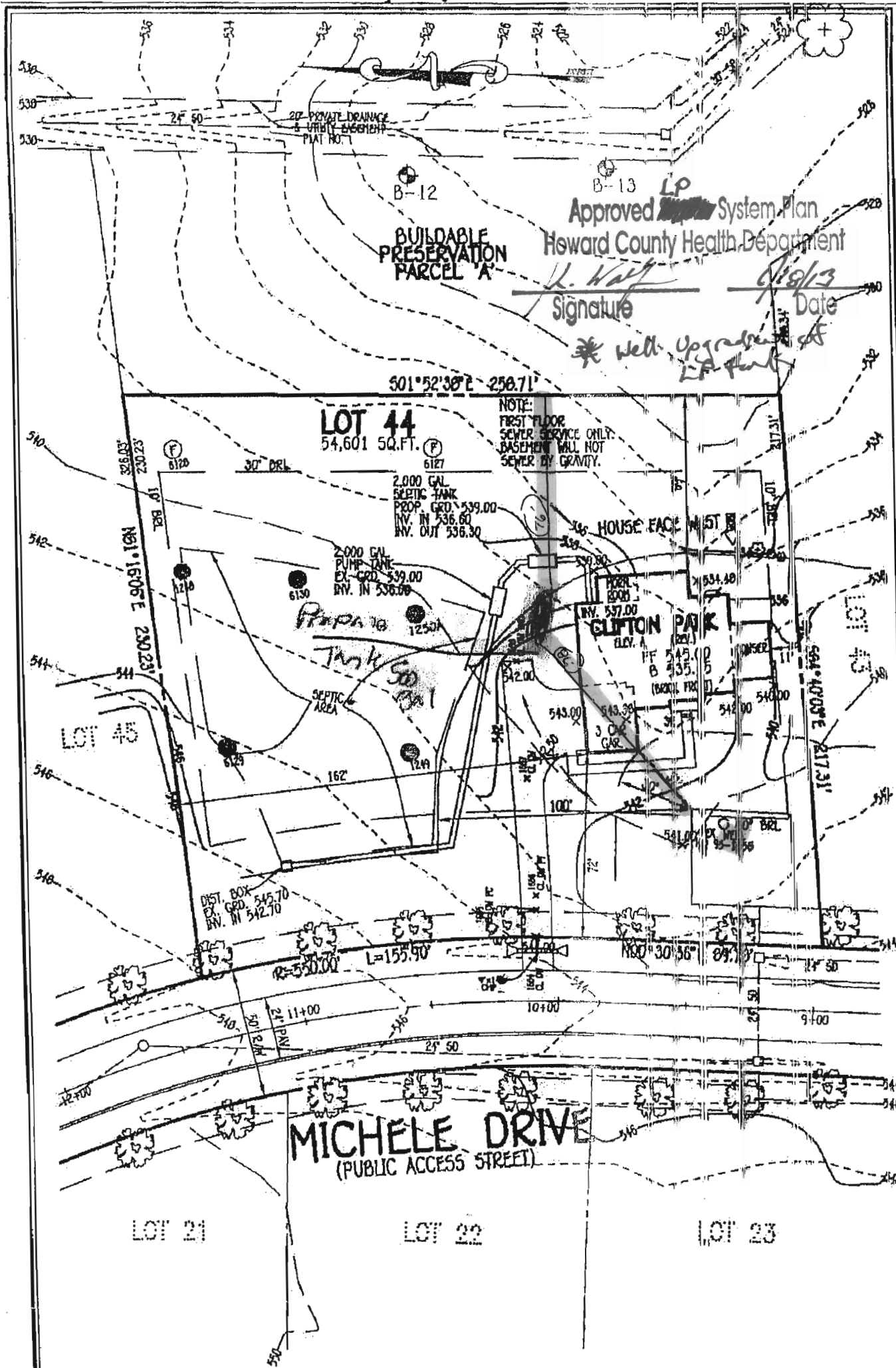
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health		<u>[Signature]</u>

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>110.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	

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



Approved ~~System~~ System Plan  
 Howard County Health Department  
*L. Walt*  
 Signature Date 7/18/13

\* Well Upgrade  
 LP Permit

**LOT 44**  
 54,601 SQ. FT.

NOTE:  
 FIRST FLOOR  
 SEWER SERVICE ONLY.  
 BASEMENT WILL NOT  
 SEWER BY GRAVITY.

2,000 GAL  
 SEPTIC TANK  
 PROP. GRD. 539.00  
 INV. IN 536.60  
 RV. OUT 536.30

2,000 GAL  
 PUMP-TANK  
 EX. GRD. 539.00  
 INV. IN 536.00

CLIFTON PARK  
 ELEV. A  
 PF 543.10  
 B 435.10  
 (1800) PIR

**MICHELE DRIVE**  
 (PUBLIC ACCESS STREET)

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 ELICOTT CITY, MARYLAND 21042  
 (410) 461-2855

14817D MICHELE DRIVE  
 PERMIT PLAN  
**THE WARFIELDS II**  
 LOT 44  
 SECTION TWO

TAX MAP NO.: 21 GRID NO.: 23 PARCEL NO.: 55  
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 SCALE: 1" = 50' DATE: JULY, 2012