



# 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.: B13002228

Building Address: 2541 Krida Way, Ct  
 City: Urbino State: MD Zip Code: 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Belle Haven Estates  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 14  
 Tax Map: 14 Parcel: 666 Grid: 232  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 100746

Property Owner's Name: 110 Havenbaker  
 Address: 215 Rd Ste 403  
 City: \_\_\_\_\_ State: MS Zip Code: 39133  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (if other than stated herein)**  
 Applicant's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MD Zip Code: 21784  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: appliedandapproved.com

Existing Use: SEA  
 Proposed Use: SEA w/ Tank  
 Estimated Construction Cost: \$ 4000  
 Description of Work: 11711 1000 sq inground  
propose tank

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

Contractor Company: 1104 National R Gas  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MD Zip Code: 20794  
 License No.: 793  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: Subtract  
 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>➤ 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 type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input 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.

Jeremy  
**Applicant's Signature** \_\_\_\_\_ **Print Name** \_\_\_\_\_  
jeremy@acohadandapproved.com  
**Email Address** \_\_\_\_\_ **Date** \_\_\_\_\_  
Permit #  
**Title/Company** \_\_\_\_\_

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>6/18/13 D Bernard</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	#	





# 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: 4-2-13

Permit No.: B13001142

Building Address: 2814 Bridalwreath Ct.  
 City: WOODBINE State: MD Zip Code: 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: F-07-38  
 Census Tract: \_\_\_\_\_ Subdivision: BELLE HAVEN  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 14  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: vacant lot  
 Proposed Use: new S. F. D.  
 Estimated Construction Cost: \$199,000  
 Description of Work: Colorado A. w/ living Rm. Fam Rm. Ext. 2 story full BSMT, 14 R, 2 Full BATHS 1 HR FP, & GARAGE (4BR) w/in BSMT  
 Occupant or Tenant: (SIDE LOAD 2 CM)  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: BELLE HAVEN BAKER LLC  
 Address: 10751 Falls Rd. Ste. 405  
 City: LUTHERVILLE State: MD Zip Code: 21093  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Vicky Meyer  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 410-296-6900 Fax: \_\_\_\_\_  
 Email: MDBLDGPERMITS@COMCAST.NET

Contractor Company: K. HOVNANINAN HOMES  
 Contact Person: Chester Willett  
 Address: 1802 Brightseat Rd.  
 City: Landover State: MD Zip Code: 20785  
 License No.: 3149  
 Phone: 301-772-8900 Fax: \_\_\_\_\_  
 Email: CWillett@KHOV.COM

Engineer/Architect Company: D. D. C.  
 Responsible Design Prof.: Brian  
 Address: 192 E. Main St.  
 City: Westminster State: MD Zip Code: 21157  
 Phone: 410-386-0560 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 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input checked="" 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:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

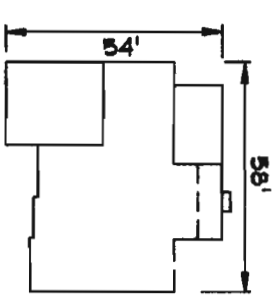
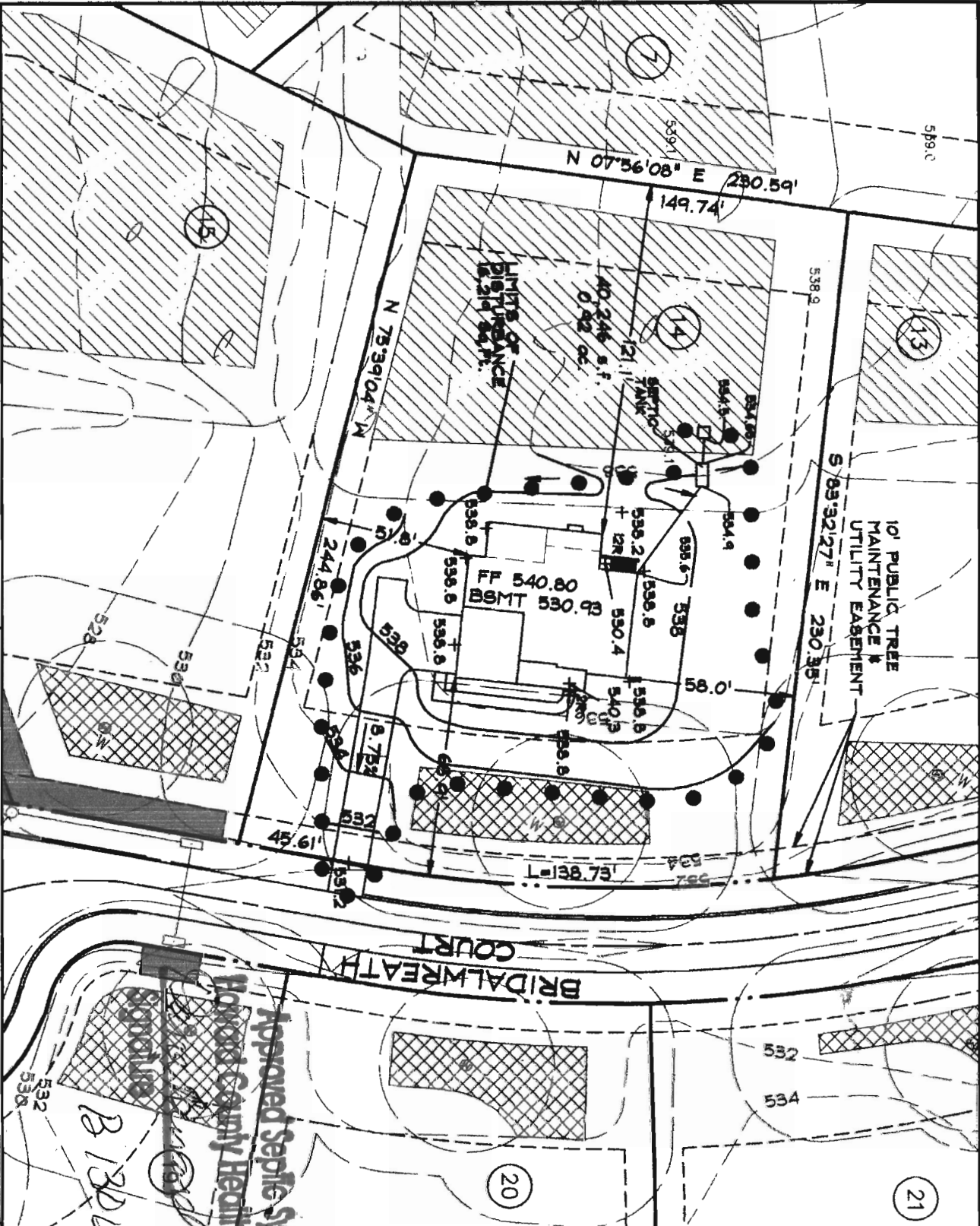
Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>3566</u>
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input checked="" 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: <u>608000100</u>	
Building Shell Permit Number:	

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Applicant's Signature: V. Meyer Print Name: Vicky Meyer  
 Email Address: MDBLDGPERMITS@COMCAST.NET Date: 4/2/2013  
 AGENT Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee
State Highways			Front:	\$ 150
Building Officials			Rear:	\$
PSZA (Zoning)			Side:	\$
PSZA (Engineering)			Side St.:	\$
Health		<u>4-16-13 B. Carolee</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Tech Fee
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Excise Tax
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	PSFS
			Lot Coverage for New Town Zone:	Guaranty Fund
			SDP/Red-line approval date:	Add'l per Fee
				Total Fees
				Sub-Total Paid
				Balance Due
				Check # <u>7415</u>



COLORADO  
ELEVATION A  
BRICK & STONE FRONT  
REVERSE UNIT

**GENERAL NOTES**

1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-98-0667) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN. BASE SQUARE FOOTAGE OF HOUSE: 3,560 sq.ft.
2. NUMBER OF BEDROOMS: 4
3. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DTM DATED 6/25/07. EXISTING TOPOGRAPHY BASED ON GRADING PLAN PREPARED BY DEMARIO DESIGN CONSULTANTS DATED 7/9/07 AND FIELD RUN TOPOGRAPHY PREPARED BY DDC INC IN JAN, 2012
4. SEWER PUMP REQUIRED TO BE IN BASEMENT

**Approved Septic System Plan**  
Howard County Health Department

*8-16-13*  
Date

*B13001142*

**DDC**  
Development Design Consultants  
Planners  
Surveyors  
Engineers  
Landscape Architects

192 East Main Street  
Westminster, MD 21157  
410.386.0560  
410.386.0564 (fax)  
DDC@DDCinc.us  
www.DDCinc.us

DDC JOB#	06116.5
DATE	4/1/13
SCALE	1" = 50'
DES. BY:	BKC
DRN. BY:	AJS/LJC
CHK. BY:	BKC

**BELLE HAVEN ESTATES**  
3RD ELECTION DISTRICT HOWARD COUNTY, MD  
TAX MAP 14, PARCEL 66

LOT 14  
2814 BRIDALWREATH COURT  
WOODBINE, MD 21797  
PLOT PLAN  
KHOV ELEVATION

OWNER/BUILDER:  
K.HOVANIAN HOMES  
1802 Brightsac Road  
Landover, Maryland 20785  
(301)683-6268