



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.: B13001143

BRIDAL

Building Address: 2819 Bridleweath Ct.
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: P-07-38
 Census Tract: _____ Subdivision: BELLE HAVEN
 Section: _____ Area: _____ Lot: 19
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: vacant lot
 Proposed Use: new S. F. D.
 Estimated Construction Cost: \$ 195,000
 Description of Work: COLONADO W/MORN. RM., Lib. Ext., 6' FAM. RM. Ext - 2 STORY, FULL BSMT., 14 R., 2 1/2 BATHS, & 2 CAR GARAGE (4 BR)
 Occupant or Tenant: (unfin. bsmt.)
 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: MDBLDGPERRITS@COMCAST.NET

Contractor Company: K. HOVNANINAN HOMES
 Contact Person: Chester Willett
 Address: 1802 Brightgate 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 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
Use group:	<input type="checkbox"/> Finished Basement	
	<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	Multi-family Dwelling	
<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:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>3580</u>
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<u>465</u>
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>608000100</u>	
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: Vicky Meyer
 Print Name: Vicky Meyer
 Email Address: MDBLDGPERRITS@COMCAST.NET
 Date: MARCH 4/2 2013
 AGENT
 Title/Company: _____

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

(CP # 7418)

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>Heather Ann Brown</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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	\$ 150
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>7418</u>



Office of the Health Officer

8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
TDD 410-313-2323 | Toll Free 1-866-313-6300
www.hchealth.org
Facebook: www.facebook.com/hocohealth
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

DATE: February 20, 2014

TO: K. Hovnanian Homes
C/O Chester Willett
Via-e-mail: CWillett@KHOV.COM

RE: **Building Permit # B13001143**
2819 Bridal Wreath Court
Woodbine, Maryland 21797

Mr. Willett,

Further review is contingent upon submission of a revised building plan showing the following:

- Illustrate the location of the initial absorption system and a replacement (s) with perforated pipe elevations.
- Show pump station details including: pump curve, total dynamic head calculations, and pump on, off, and alarm elevations.
- Show location of blower on plan.
- In addition to the revised BAT plan, we will need floor plans for the proposed house.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



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.: **B14000936**

Building Address: 2819 Bridalweath Ct
City: Woodlawn State: MD Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Belle Haven Est
Section: _____ Area: _____ Lot: 19
Tax Map: 14 Parcel: 606 Grid: 20
Zoning: _____ Map Coordinates: _____ Lot Size: 1.02 @

Existing Use: SFD
Proposed Use: SFD w/ propane tank
Estimated Construction Cost: \$ 8000
Description of Work:
Install 1000 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: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
Area of construction (sq. ft.):	2 nd floor:	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	No. of efficiency units:	
<input type="checkbox"/> Structural Steel	No. of 1 BR units:	
<input type="checkbox"/> Masonry	No. of 2 BR units:	
<input type="checkbox"/> Wood Frame	No. of 3 BR units:	
<input type="checkbox"/> State Certified Modular	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: K Houston Homes
Address: 1802 Brightseat Rd
City: Landover State: MD Zip Code: 20785
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jeremy Clary
Address: PO Box 1353
City: Eldersburg State: MD Zip Code: 21784
Phone: 410-340-1239 Fax: _____
Email: Jeremy@Appliedandapproved.com

Contractor Company: Valley National Crs
Contact Person: William Grewig
Address: 7201 Montevideo Rd
City: Jessup State: MD Zip Code: 20794
License No.: 67793
Phone: 410-799-1114 Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: Contractor
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
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 checked="" type="checkbox"/> No	
Gas: <input checked="" 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 checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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Applicant's Signature: Jeremy Clary
Email Address: Jeremy@Appliedandapproved.com
Title/Company: permits

Print Name: Jeremy Clary
Date: 4/1/14
APR 1 2014
LICENSES & PERMITS DIVISION

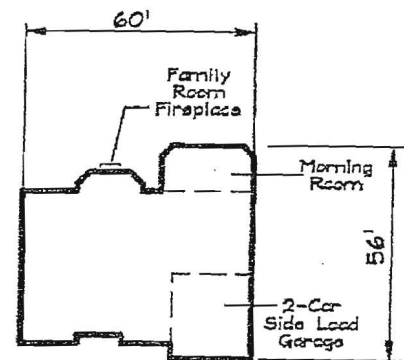
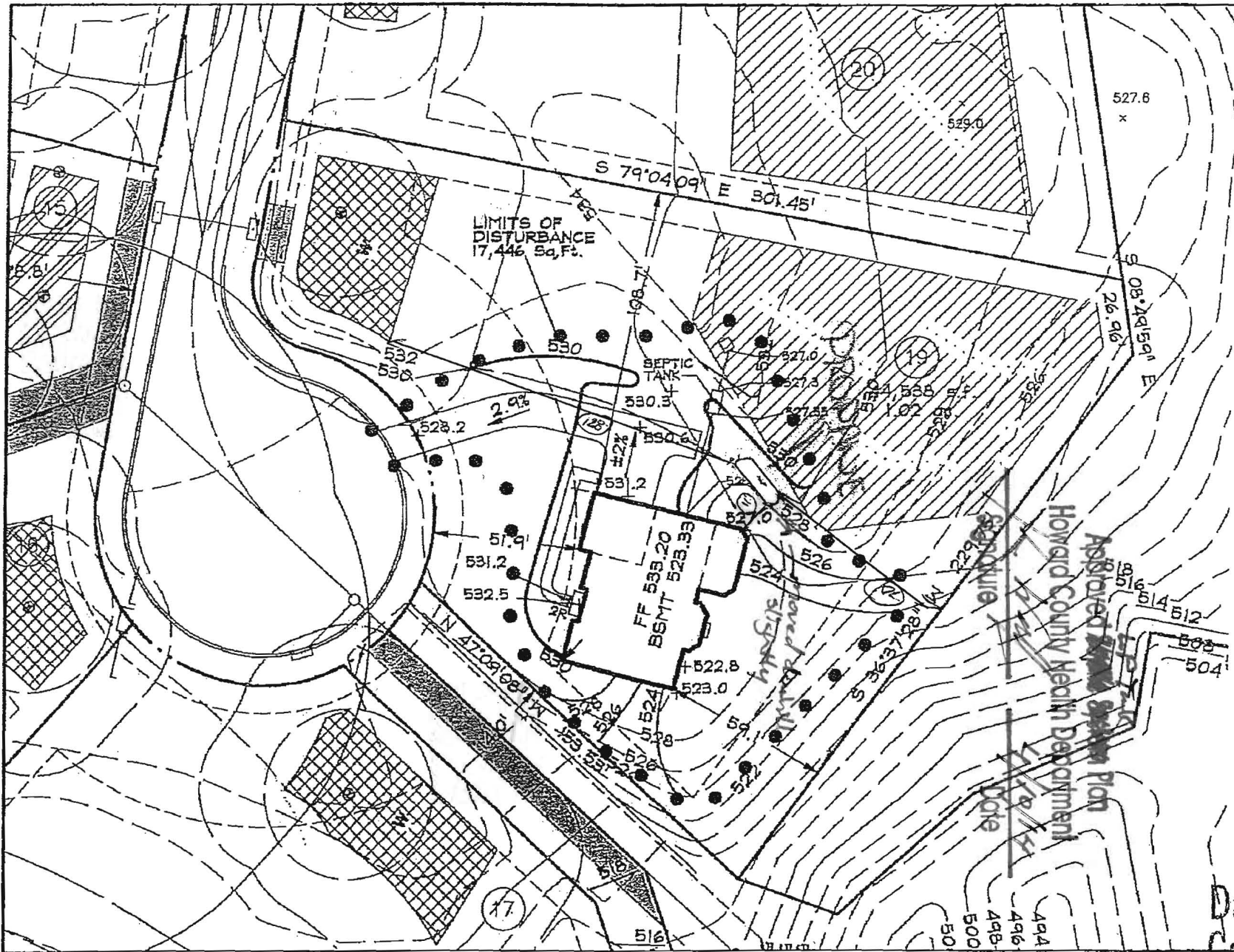
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

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:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>3543</u>

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



MANHATTAN
ELEVATION 'C'
BRICK FRONT
REVERSE UNIT
WALKOUT

GENERAL NOTES

1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0672) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
2. BASE SQUARE FOOTAGE OF HOUSE IS 530 sq. ft. NUMBER OF BEDROOMS: 4
3. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW 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. EJECTOR PUMP REQUIRED TO SEWER BASEMENT
5. PER THE APPROVED ROAD DRAWINGS, F-07-38, A DRIVEWAY CULVERT IS NOT REQUIRED.

REVISED

Date: 10-3-13
Comments: revise

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

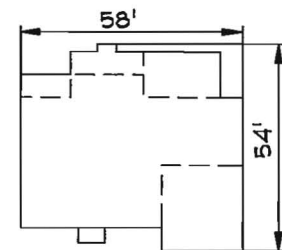
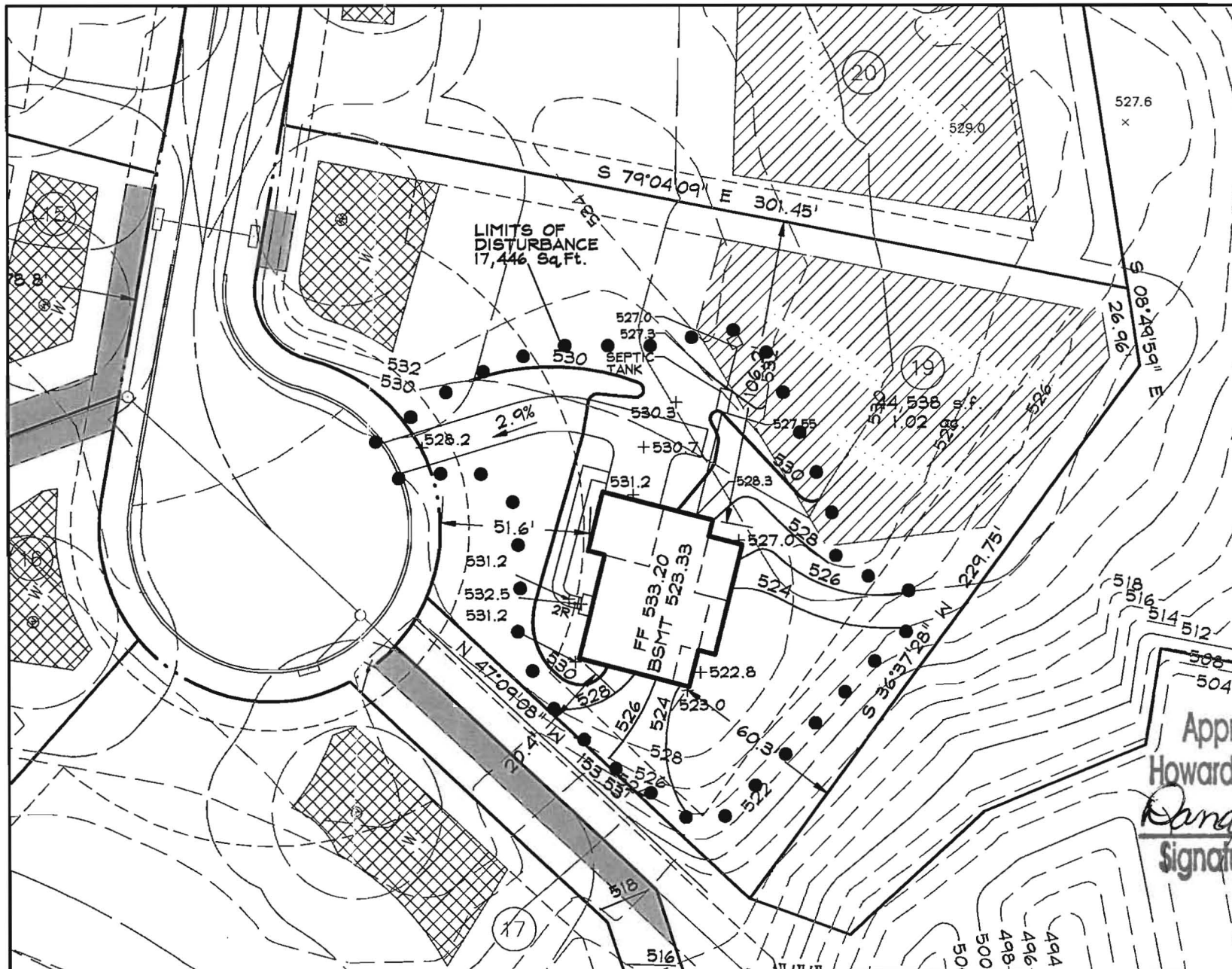


Planners
Surveyors
Engineers
Landscape Architects
192 East Main Street
Westminster, MD 21157
410.341.5569
410.785.0566 (fax)
DDC@DDC.com
www.DDC.com

DDC JOB#:	06116.B
DATE:	9/24/13
SCALE:	1" = 50'
DES. BY:	BKC
DRN. BY:	BKC
CHK. BY:	BKC

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

LOT 19
2819 BRIDALWREATH COURT
WOODBINE, MD 21797
PLOT PLAN
KHOV ELEVATION



COLORADO
TRADITIONAL ELEVATION
BRICK FRONT
REVERSE UNIT
WALKOUT

GENERAL NOTES

1. THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-0672) HAS BEEN LOCATED BY DDC, PROFESSIONAL LAND SURVEYOR, AND IS ACCURATELY SHOWN.
2. BASE SQUARE FOOTAGE OF HOUSE: 3,530 sq.ft.
NUMBER OF BEDROOMS: 4
3. INFORMATION SHOWN ON THIS PLAN BASED ON PLANS PREPARED BY DMW 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. EJECTOR PUMP REQUIRED TO SEWER BASEMENT

Approved Septic System Plan
Howard County Health Department
Dana Bernard 4-16-13
Signature Date
B13001143



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: 03/08/13

SCALE: 1" = 50'

DES. BY: BKC

DRN. BY: AJS

CHK. BY: BKC

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

LOT 19
2819 BRIDALWREATH COURT
WOODBINE, MD 21797
PLOT PLAN
KHOV ELEVATION

OWNER/BUILDER: K.HOVNANIAN HOMES
1802 Brightseat Road
Lanover, Maryland 20785
(301)683-6268