



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: 11/18/13
 Permit No.: B13004276

Building Address: 13615 MITCHELLS WAY
 City: W. FRIENDSHIP State: MD Zip Code: 21794
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: CLOVERFIELD
 Section: II Area: _____ Lot: 9
 Tax Map: 0015 Parcel: 0119 Grid: 0007
 Zoning: _____ Map Coordinates: _____ Lot Size: 440497

Property Owner's Name: SPRING MILL, LLC
 Address: 8480 BALTO. NAT. OIKE
 City: FELLS POINT State: MD Zip Code: 21041
 Phone: 410-465-4244 Fax: 410-786-1447
 Email: rmoxley@sdcgroup.com

Existing Use: VACANT LOT
 Proposed Use: SFD
 Estimated Construction Cost: \$ 350,000
 Description of Work: "LEWINGTON" - 2 STORY,
3 CAR GARAGE, PARTIAL FINISHED
BASEMENT
 Occupant or Tenant: N/A
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: CATONSVILLE HOMES, LLC
 Address: 11175 STRATFIELD CT
 City: MARRIOTTSVILLE State: MD Zip Code: 21104
 Phone: 410-442-2211 Fax: 410-442-2215
 Email: pwalter@catonsvillehomes.com

Contractor Company: CATONSVILLE HOMES, LLC
 Contact Person: FRANK POTEPAN
 Address: 11175 STRATFIELD CT
 City: MARRIOTTSVILLE State: MD Zip Code: 21104
 License No.: 13712820 | 990
 Phone: 410-442-2211 Fax: 410-442-2215
 Email: fpotepan@catonsvillehomes.com

Engineer/Architect Company: PLYMOUTH ROAD ARCH.
 Responsible Design Prof.: LISA WENRICH
 Address: 640 PLYMOUTH RD.
 City: BALTO State: MD Zip Code: 21229
 Phone: 410-788-0281 Fax: 410-788-1033
 Email: lwennich@plymouthroadarchitects.com

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:	
	<input checked="" type="checkbox"/> Finished Basement	
Use group:	<input 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: <u>4</u>	
<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:	
<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	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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>G13000375</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: FRANK E. POTEPAN, III
 Print Name: FRANK E. POTEPAN, III
 Email Address: fpotepan@catonsvillehomes.com
 Date: 11/18/13
 Title/Company: MEMBER, CATONSVILLE HOMES, LLC

RECEIVED
 NOV 18 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
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>12-10-13</u>	<u>Dana Bernard</u>

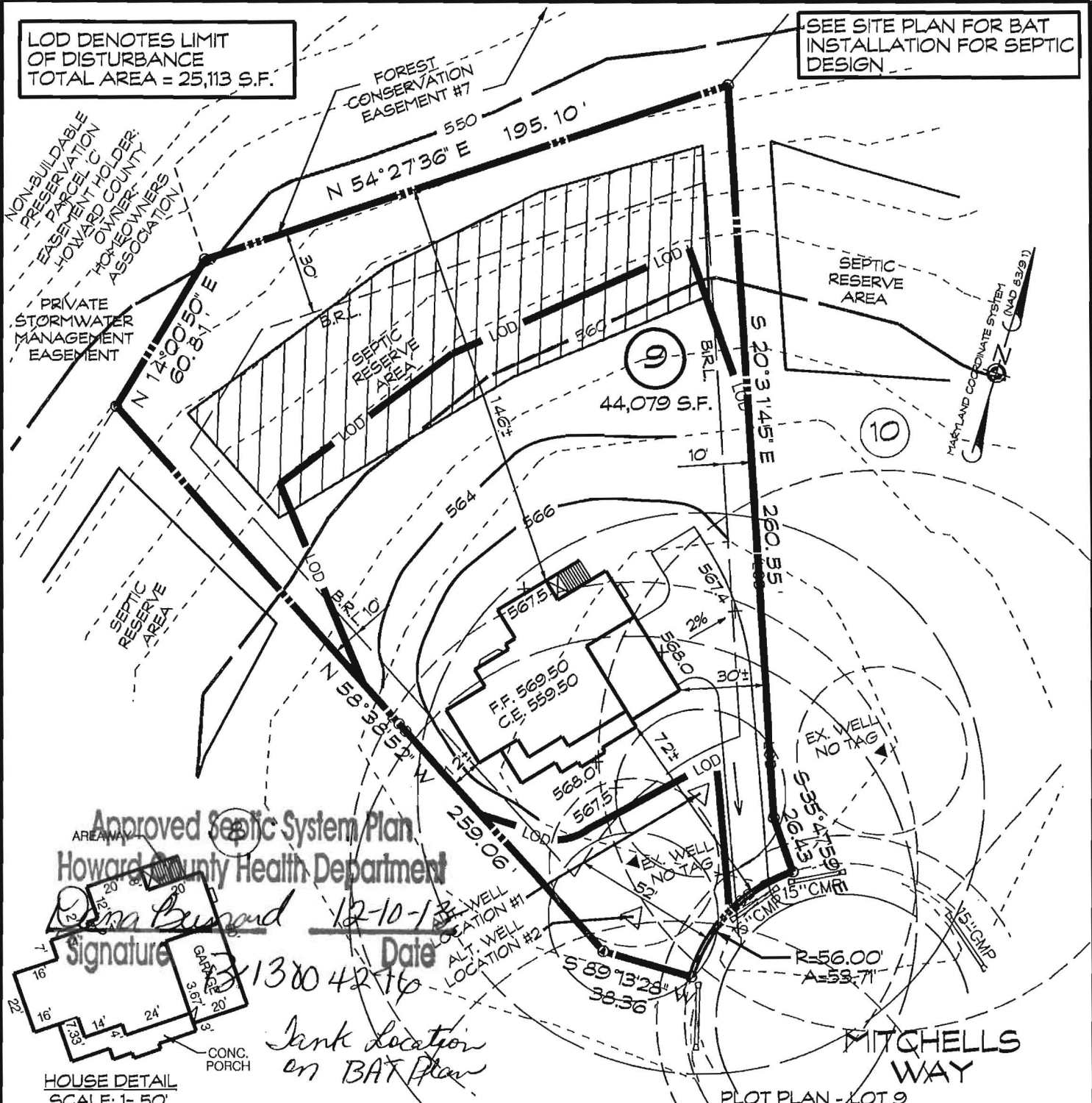
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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>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	\$
Check	# <u>19742</u>

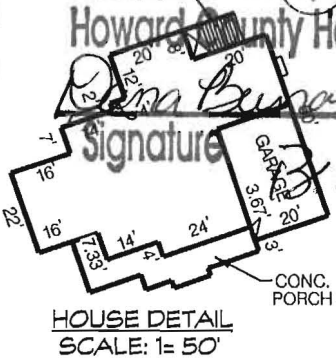
LOD DENOTES LIMIT OF DISTURBANCE
TOTAL AREA = 25,113 S.F.

SEE SITE PLAN FOR BAT INSTALLATION FOR SEPTIC DESIGN



Approved Septic System Plan
Howard County Health Department

Carroll Land Services
Signature Date



Bank location on BAT Plan

MITCHELLS WAY
PLOT PLAN - LOT 9
13615 MITCHELLS WAY
CLOVERFIELD
SECTION II

3RD ELECTION DISTRICT • HOWARD COUNTY, MD.
TAX MAP: 15 BLOCK: 7 PARCEL: 119
RECORDED MDR PLAT No. 20257

BUILDER TO VERIFY AVAILABILITY OF BASEMENT SEWER SERVICE PRIOR TO DWELLING STAKEOUT.

THERE ARE NO WELLS OR SEPTIC SYSTEMS WITHIN 100' OF THE PROPERTY BOUNDARY UNLESS OTHERWISE SHOWN HERE ON.

Carroll Land Services
CARROLL LAND SERVICES, INC.

DATE 11/13/13

EXISTING GRADES SHOULD BE FIELD VERIFIED WHEN HOUSE STAKEOUT IS DONE.

DATE	REVISIONS	BY
11-12-13	RELOCATE ALT. WELLS/ROTATE HSE.	KMB



439 East Main Street Westminster, MD 21157-5539
(410) 848-1790 FAX (410) 848-1791

DRAWN BY:	KMB
DESIGN BY:	
REVIEW BY:	DEM/LGA
DATE:	11-11-13
SCALE:	1" = 50'
JOB NO:	2013039
SHEET:	1 OF 1