



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: 9-8-14
B14003234
Permit No.: ~~9094~~

Building Address: 13771 Fredericks Road
 City: West Friendship State: MD Zip Code: 21794
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Renfra Property
 Section: _____ Area: _____ Lot: 5
 Tax Map: 15 Parcel: 178 Grid: 1
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: 0
 Proposed Use: Single Family Dwelling
 Estimated Construction Cost: \$ 500,000
 Description of Work: Construct new single family dwelling with two covered porches and one screen porch.
 Occupant or Tenant: NA

Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Malina Renfro Lombardo
 Address: 13765 Fredericks Road
 City: West Friendship State: MD Zip Code: 21794
 Phone: 410-746-7758 Fax: 301-829-6297
 Email: andy@amdeck.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: David Andrew Lombardo
 Address: 13765 Fredericks Road
 City: West Friendship State: MD Zip Code: 21794
 Phone: 410-746-7758 Fax: 301-829-6297
 Email: andy@amdeck.com

Contractor Company: Owner
 Contact Person: Andy Lombardo
 Address: 13765 Fredericks Road
 City: West Friendship State: MD Zip Code: 21794
 License No.: _____
 Phone: 410-746-7758 Fax: 301-829-6297
 Email: andy@amdeck.com

Engineer/Architect Company: JB Home Design
 Responsible Design Prof.: Jon Butts
 Address: 9416 Concord Court
 City: Baltimore State: MD Zip Code: 21234
 Phone: 410-599-7587 Fax: 410-663-4069
 Email: jbutts@comcast.net

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth <u>43'-4"</u> Width <u>10.1</u>
Gross area, sq. ft./floor: _____	1 st floor: <u>2653</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>480</u>
Use group: _____	Basement: <u>2661</u>
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input 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>G14000290</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: David Andrew Lombardo Print Name: David Andrew Lombardo
 Email Address: andy@amdeck.com Date: 9/7/14
 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>10/5/14</u>	<u>TR...</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	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1196</u>

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 9-24-14

To: James P. Hobson Plan Review Division
(Person's Name and Division)

From: David Bolycomb / Apex Companies (301) 417-0200
(Your Name, Company Name and Telephone Number)

Subject: Project name Mayfield Avenue
Project site address 7751 Mayfield Avenue, Elkridge
Permit # B14003090 SDP # _____
Other information pertinent to this project _____

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of _____ (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Please Print Name Telephone No: _____
E-Mail Address: _____

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES AND THE DIVISION IS READY FOR ISSUANCE, THE PERMIT DIVISION FOR PERMIT PICK UP. ALL PERMIT STATUS ON AT 410-313-2455. CODE RELATED QUESTIONS TO THE PLAN REVIEW DIVISION AT 410-313-2436. AS FOR ANY PLAN SUBMITTALS TO BE REVIEWED.

COMMERCIAL REVISIONS #2
Project Name: Mayfield Highways
Permit # B14-3090 Date: 9/24/14

Please date, initial, and advise project coordinator when last review is complete.

ASA/SLG _____
APH/JDH aw w/14
DEC/MSS _____

Revision #2