



# 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.: **B13003756**

Building Address: 3514 COBBECHASE WAY  
 City: West Friendship State: MD Zip Code: 21794  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: F-07-091  
 Census Tract: \_\_\_\_\_ Subdivision: CLAYFIELD II  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 6  
 Tax Map: 0015 Parcel: 0119 Grid: 0007  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Vacant Lot  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 450,000  
 Description of Work: Chapel Hill I Model

Occupant or Tenant: N/A  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ 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: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
	<input checked="" type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
<b>Construction type:</b>	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> Reinforced Concrete	<b>Multi-family Dwelling</b>
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	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: SPRING MILL LLC  
 Address: PO Box 417 8460 DAITC. NGPL PIKE  
 City: ELICOTT CITY State: MD Zip Code: 21041  
 Phone: 410-465-4244 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: CATONSVILLE HOMES, LLC  
 Address: 11175 Stratfield Ct.  
 City: Marysville State: MD Zip Code: 21094  
 Phone: 410-442-2211 Fax: 410-442-2215  
 Email: PWalter@catonsvillehomes.com

Contractor Company: CATONSVILLE HOMES, LLC  
 Contact Person: Pam Walter  
 Address: 11175 Stratfield Ct.  
 City: Marysville State: MD Zip Code: 21094  
 License No.: 13712820 1990  
 Phone: 410-442-2211 Fax: 410-442-2215  
 Email: PWalter@catonsvillehomes.com

Engineer/Architect Company: PLYMOUTH REGIONAL ARCHT.  
 Responsible Design Prof.: Lisa Sunderwith  
 Address: 640 PLYMOUTH RD  
 City: CATONSVILLE State: MD Zip Code: 21228  
 Phone: 410-788-0281 Fax: 410-788-1033  
 Email: Arch@plymouth-regional.com

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" 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	
Grading Permit Number: <u>G1300331</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: [Signature]  
 Email Address: FP@catonsvillehomes.com  
 Title/Company: MEMBER CATONSVILLE HOMES LLC

Print Name: FRANK E. POTEPAN III  
 Date: 10/7/13

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>10-20-13</u>	<u>Burnard</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</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	<u>50</u>
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	<u>19598</u>

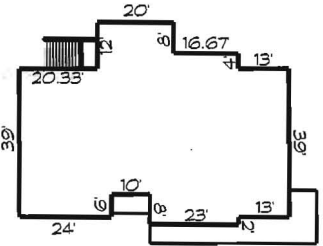
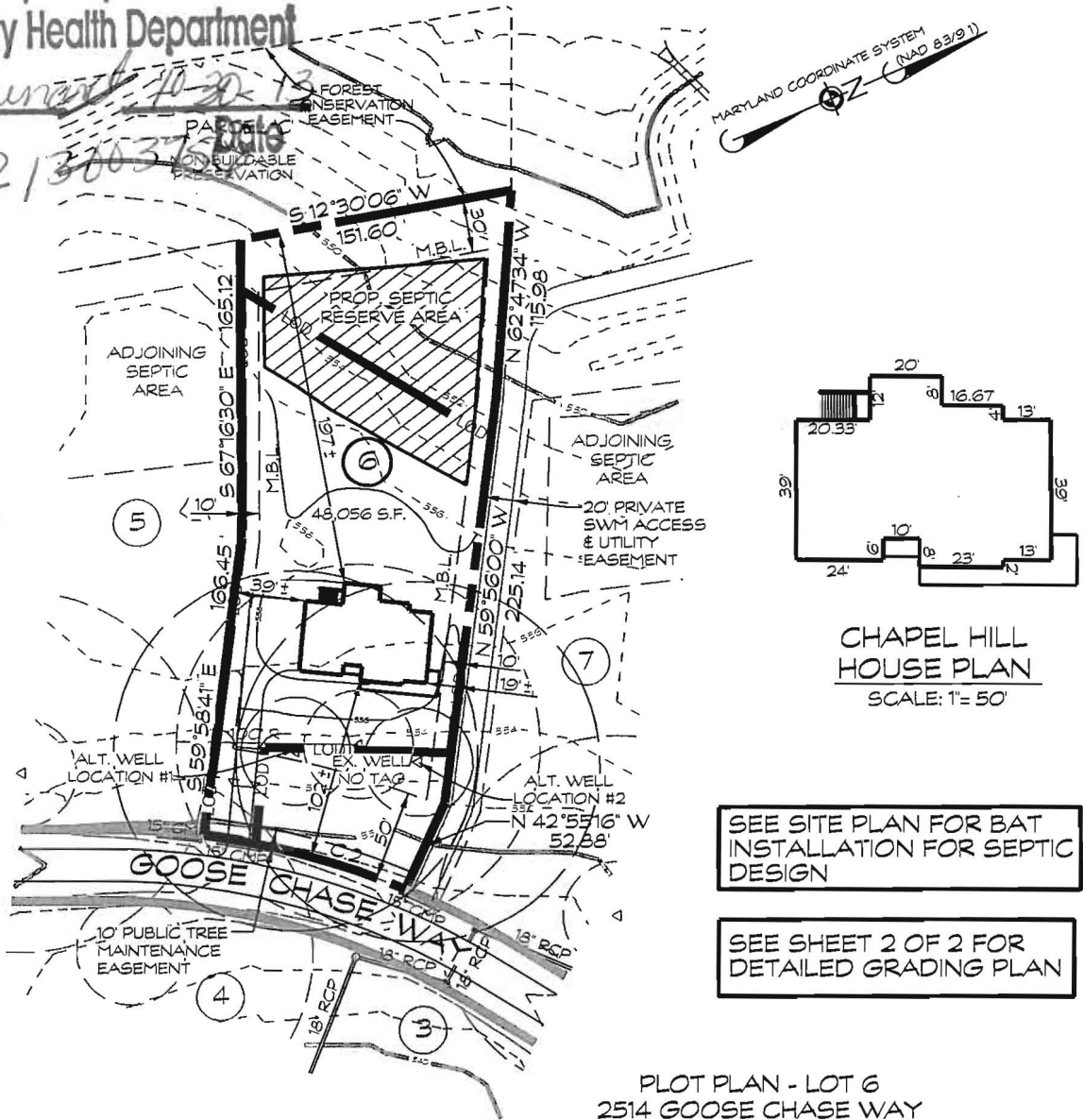
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

NUMBER	RADIUS	ARC	DELTA	TAN	CHORD BRG.	DIST
C2	420.00	115.03	15°41'34"	57.88	N 37°52'06" E	114.68

LOD DENOTES LIMIT OF DISTURBANCE  
TOTAL AREA = 29,999 S.F.

Approved Septic System Plan  
Howard County Health Department

*Anna Burnett*  
Signature  
B1300375 Date



CHAPEL HILL HOUSE PLAN  
SCALE: 1" = 50'

SEE SITE PLAN FOR BAT INSTALLATION FOR SEPTIC DESIGN

SEE SHEET 2 OF 2 FOR DETAILED GRADING PLAN

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, Inc.*  
CARROLL LAND SERVICES, INC.

10/4/13  
DATE

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

DATE	REVISIONS

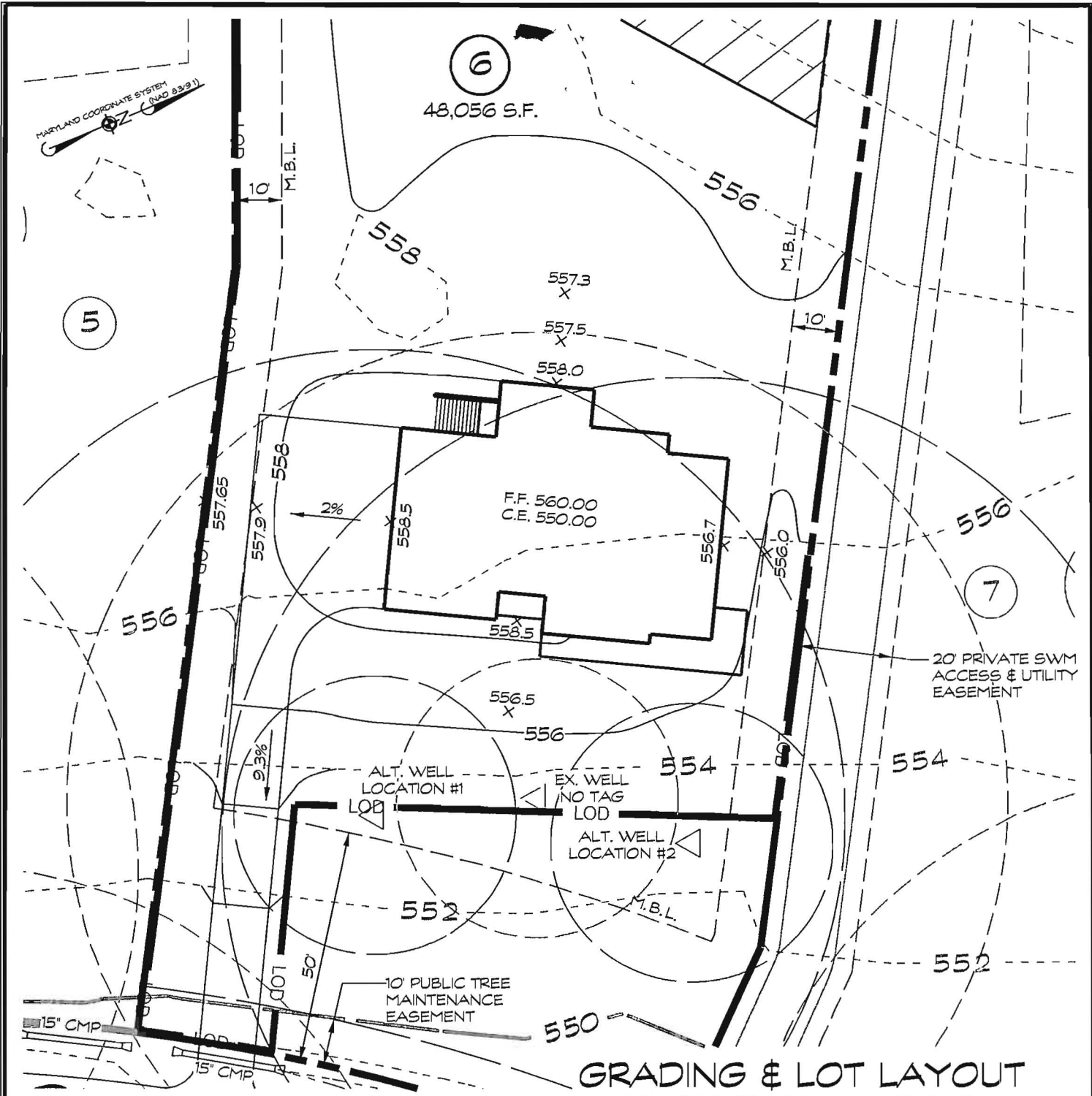
PLOT PLAN - LOT 6  
2514 GOOSE CHASE WAY  
**CLOVERFIELD**  
SECTION II

3RD ELECTION DISTRICT \* HOWARD COUNTY, MD.  
TAX MAP: 15 BLOCK: 7 PARCEL: 119  
RECORDED PLAT NO. 20257



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

DRAWN BY: BM
DESIGN BY:
REVIEW BY: DEM
DATE: 9/18/13
SCALE: 1" = 100'
JOB NO: 2013039
SHEET: 1 OF 2



**GRADING & LOT LAYOUT  
PLOT PLAN - LOT 6  
CLOVERFIELD**

**SECTION II**

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

DRAWN BY: BM
DESIGN BY: BM
REVIEW BY: ABR
DATE: 9/19/2013
SCALE: 1" = 30'
JOB NO: 2013039
SHEET: 2 OF 2