



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: 5/16/14

Permit No.: B14001432

Building Address: 2270 McKendree Road
 City: West Friendship State: MD Zip Code: 21794
 Suite/Apt. #: _____ SDP/WP/BA #: F-09-108
 Census Tract: _____ Subdivision: McKendree
 Section: _____ Area: Springs Lot: 4
 Tax Map: 14 Parcel: 128 Grid: 6
 Zoning: RC-DEO Map Coordinates: _____ Lot Size: 1.14 ac

Existing Use: Vacant Lot
 Proposed Use: New SFD
 Estimated Construction Cost: \$ 300,000
 Description of Work: New SFD, 2 story, 2-car garage side-load, elevation 3, brick front bkfst nook, finished LL, FP, 4 BRs, 3.5 baths, covered
 Occupant or Tenant: front porch. REVERSE plan

Was tenant space previously occupied? Yes No
 Contact Name: Bob Gentry
 Address: 7939 Honeygo Blvd. Ste. 112
 City: White Marsh State: MD Zip Code: 21236
 Phone: 410-925-5992 Fax: 443-267-0079
 Email: rgentry@envisionbuild.net

Property Owner's Name: McKendree Associates, LLC
 Address: 2331 York Rd Ste 301
 City: Timonium State: MD Zip Code: 21093
 Phone: 410-977-6149 Fax: 410-461-8309
 Email: dkenworthy@cbmore.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Bob Gentry
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Envision Builders, LLC
 Contact Person: Bob Gentry
 Address: 7939 Honeygo Blvd. Ste. 112
 City: White Marsh State: MD Zip Code: 21236
 License No.: 6356
 Phone: 410-925-5992 Fax: 443-267-0079
 Email: rgentry@envisionbuild.net

Engineer/Architect Company: DW Taylor + Assoc., Inc.
 Responsible Design Prof.: Don Taylor
 Address: 5024 Darsey Hall Drive, Ste. 203
 City: Ellicott City State: MD Zip Code: 21042
 Phone: 410-984-1181 Fax: _____
 Email: dwtaylor@dwtaylor.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: <u>3746'</u>	<u>54'</u>
Area of construction (sq. ft.):	2 nd floor: <u>46'</u>	<u>34'</u>
Use group:	Basement: <u>46'</u>	<u>54'</u>
Construction type:	<input checked="" type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input 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 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:	
<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	

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 type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G14000142</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: Robert Gentry Print Name: Robert Gentry
 Email Address: rgentry@envisionbuild.net Date: 5/16/14
 Title/Company: Principal / Envision Builders

RECEIVED
MAY 06 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
<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		

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>1934</u>



Building Permit Application
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 Section: _____ Area: _____ Lot: 4
 Tax Map: 14 Parcel: _____ Grid: 6
 Zoning: _____ Map Coordinates: _____ Lot Size: .140 AC

Property Owner's Name: McKendree Assoc
 Address: 1747 Bonnie Branch Rd
 City: Crofton City MD State: _____ Zip Code: 21113
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Michelle Ferguson
 Address: PO Box 1253
 City: Sikesville MD State: MD Zip Code: 21158
 Phone: 4133401209 Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/Tank
 Estimated Construction Cost: \$ 8,000
 Description of Work: INSTALL 1600 gal
under ground propane tank

Contractor Company: Ten's Oil
 Contact Person: Creshna Jones
 Address: 1108 N. Main St
 City: Hanstead MD State: MD Zip Code: 21074
 License No.: 402
 Phone: 4102399515 Fax: _____
 Email: _____

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

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
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Applicant's Signature: Michelle Ferguson Print Name: Michelle Ferguson
 Email Address: michelle@appliedandapproved.com Date: 8/14/14
 Title/Company: Permit

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


AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8/20/14</u>	<u>H. Oswald</u>

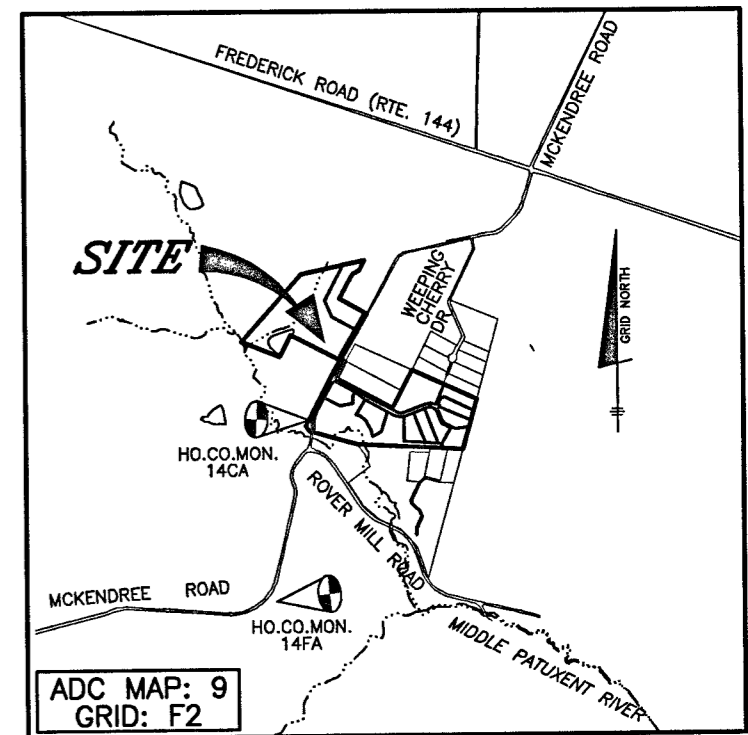
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Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3918</u>








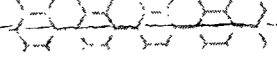



NOTES:

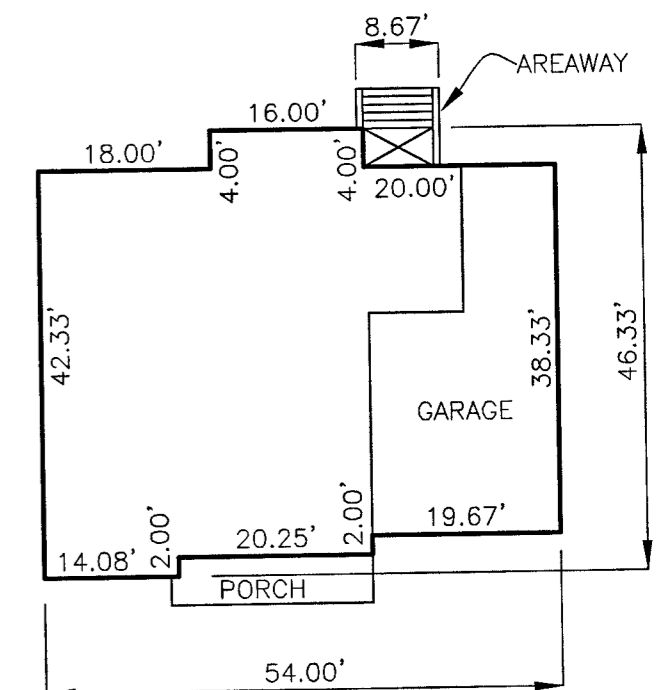
1. THE TOPOGRAPHY OF THIS PLAN IS TAKEN FROM FIELD SURVEY BY BENCHMARK ENGINEERING, INC.
2.  THIS AREA DESIGNATES A PRIVATE SEWAGE DISPOSAL AREA OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS SEWAGE DISPOSAL AREA SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.
3. THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF THE ENVIRONMENT.
4. ANY CHANGES TO THE PRIVATE SEWERAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION CERTIFICATION PLAN.
5. ALL WELLS AND SEPTIC SYSTEMS LOCATED WITHIN 100' OF THE LOT BOUNDARIES AND 200' DOWN GRADIENT OF ANY WELLS AND/OR SEPTIC SYSTEMS HAVE BEEN SHOWN.
6. THE EXISTING WELL ON THIS LOT (TAG NO. HO-95-1209) HAS BEEN FIELD LOCATED BY BENCHMARK ENGINEERING, INC. AND IS ACCURATELY SHOWN.
7. EXACT LENGTH OF SEPTIC TRENCHES ARE TO BE DETERMINED BY THE HEALTH DEPARTMENT AT THE TIME OF PRECONSTRUCTION INSPECTION.
8. SPOIL FROM THE TRENCHING OF THE SEPTIC AREA IS TO BE PLACED ON THE UPHILL SIDE OF THE EXCAVATION FOR EACH INDIVIDUAL LOT.
9. STORMWATER MANAGEMENT FOR THIS LOT WAS APPROVED UNDER F-09-108. ROOFTOP AND NON-ROOFTOP DISCONNECTION IS BEING UTILIZED FOR THIS LOT.
10. LIMIT OF DISTURBANCE IS 29,426 SF WHICH IS LESS THAN 30,000 SF AND THEREFORE, A CUSTOM GRADING PLAN IS NOT REQUIRED. THE STANDARD SEDIMENT AND EROSION CONTROL CAN BE UTILIZED AND SHALL COMPLY WITH THIS PLAN AND THE "2011 MARYLAND STANDARDS AND SPECIFICATIONS FOR SOIL EROSION AND SEDIMENT CONTROL".



VICINITY MAP
SCALE: 1" = 2000'

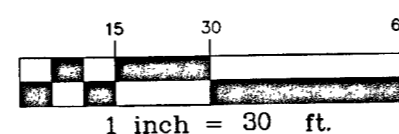
LEGEND

-  EXISTING CONTOURS
-  BOUNDARY
-  SEWAGE DISPOSAL AREA
-  NON-ROOFTOP DISCONNECTION AREA (FILTER STRIP)
-  ROOFTOP DISCONNECTION LENGTH (FILTER STRIP)
-  ROOF DOWNSPOUTS
-  BUILDING RESTRICTION LINE
-  FOREST CONSERVATION EASEMENT
-  LIMIT OF DISTURBANCE (29,426 SF)
-  SILT FENCE
-  S.C.E. STABILIZED CONSTRUCTION ENTRANCE



HOUSE FOOTPRINT
SCALE: 1" = 20'

SEPTIC INVERT CHART	
INV @ HOUSE	543.44
GROUND @ HOUSE	548.00
INV IN BAT TANK	542.98
INV OUT BAT TANK	542.65
TOP OF BAT TANK	543.98
GROUND OVER TANK	546.50
INV IN DIST-BOX	542.25
INV OUT DIST BOX	542.00
GROUND AT DIST-BOX	545.00



OWNER:
McKENDREE ASSOCIATES LLC
2331 YORK ROAD, SUITE 301
TIMONIUM, MARYLAND 21093

McKENDREE SPRINGS
LOT 4
2270 McKENDREE ROAD
WEST FRIENDSHIP, MARYLAND 21794
TAX MAP: 14 GRID: 6 PARCEL: 128
ZONED: RC-DEO ELECTION DISTRICT NO. 4

BUILDING PERMIT PLAN

DATE:	APRIL 25, 2014	BEI PROJECT NO.	2598
SCALE:	AS SHOWN	SHEET	1 OF 1

BENCHMARK
ENGINEERS • LAND SURVEYORS • PLANNERS
ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE • SUITE 315 • ELLICOTT CITY, MARYLAND 21043
(P) 410-485-8105 (F) 410-485-6644
WWW.BEI-CIVLENGINEERING.COM