



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.: 314004206

Health

Building Address: 14014 Castlebar Dr.
 City: Glenwood State: MD Zip Code: 21738
 Suite/Apt, # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: 3 Area: _____ Lot: 16
 Tax Map: 21 Parcel: 110 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Single Family Home
 Proposed Use: Addition 12x24
 Estimated Construction Cost: \$ 61,950
 Description of Work: Add to front of home 12x24 space

Occupant or Tenant: Jill Boyd + Amy Gates
 Was tenant space previously occupied? Yes No
 Contact Name: Jill or Amy
 Address: 14014 Castlebar Dr
 City: Glenwood State: MD Zip Code: 21738
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Jill Boyd + Amy Gates
 Address: 14014 Castlebar Dr
 City: Glenwood State: MD Zip Code: 21738
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Am Leaf / Tradition Home
 Address: 15084 Bushy Park Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: 410 489 6145 Fax: 410 489 6215
 Email: leafhomes@gmail.com

Contractor Company: Tradition Home Builders, Inc
 Contact Person: Steven Leaf
 Address: 15084 Bushy Park Rd
 City: Woodbine State: MD Zip Code: 21797
 License No.: (123101)
 Phone: 410 489 6145 Fax: 410 489 6215
 Email: leafhomes@gmail.com

Engineer/Architect Company: Ronald Johnston + Assoc.
 Responsible Design Prof.: Ron Johnston
 Address: 11407 Barley Field Way
 City: Marriottsville MD Zip Code: 21104
 Phone: 410 442 3667 Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>N/A</u>	Depth <u>12x24</u> Width _____
Gross area, sq. ft./floor: _____	1 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Masonry	<input type="checkbox"/> Craw Space
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: <u>12x24</u>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: <u>concrete</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: <u>Asphalt</u>
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<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
<u>Heating System</u>
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <u>N/A</u>
Grading Permit Number: _____
Building Shell Permit Number: _____

RECEIVED
NOV 17 2014
LICENSES & PERMITS
DIVISION

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: leafhomes@gmail.com
 Title/Company: Tradition Home Builders

Print Name: Am Leaf
 Date: 11-17-14

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

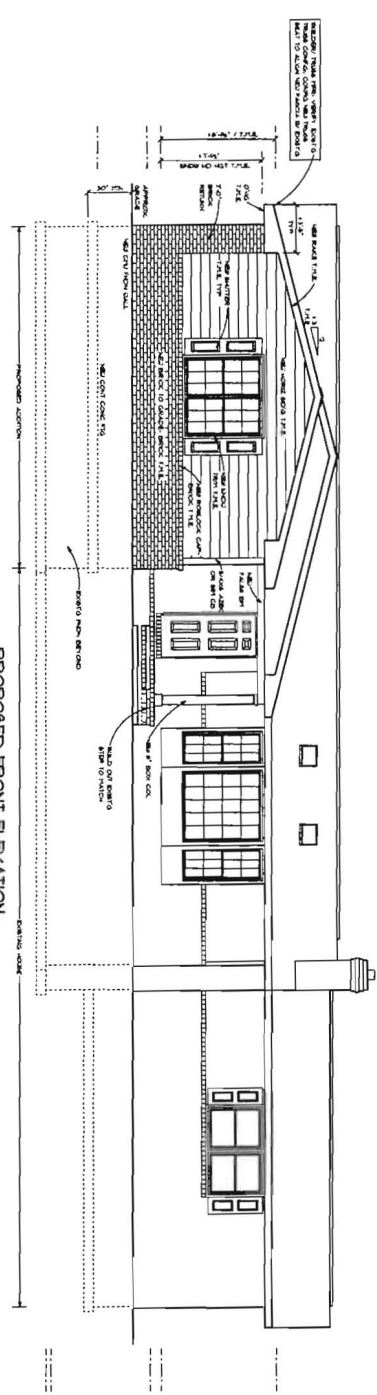
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>12/4/14</u>	<u>[Signature]</u>

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

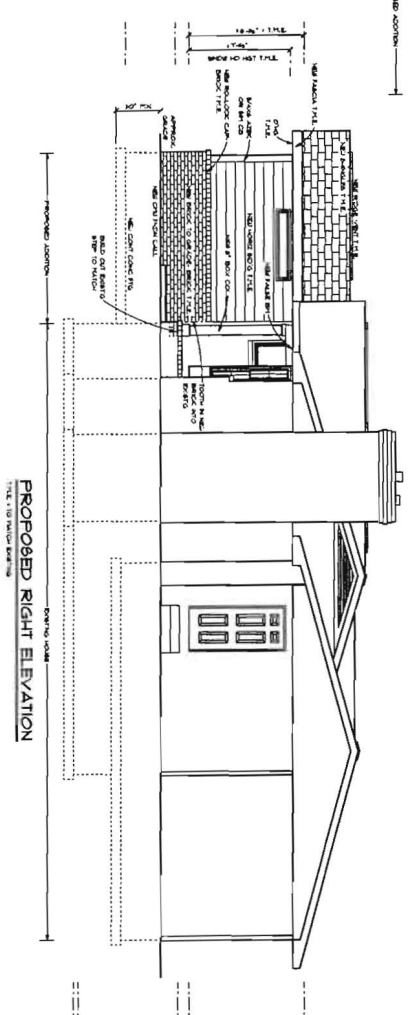
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$ _____
Tech Fee	\$ _____
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ _____
Sub-Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>4576</u>

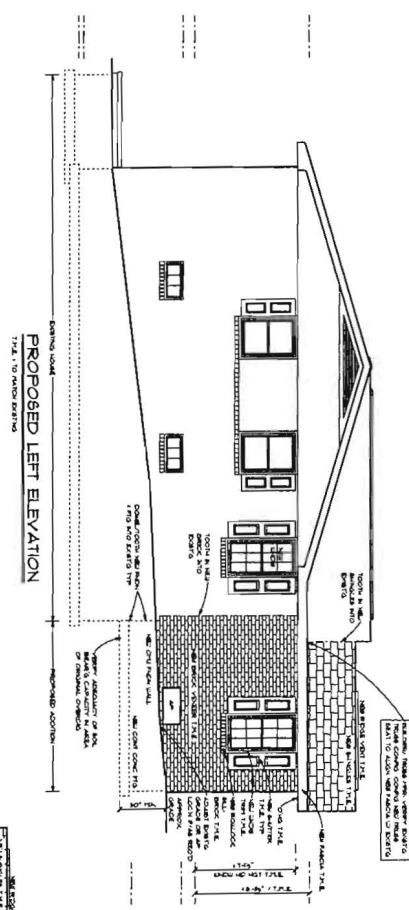
Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA



PROPOSED FRONT ELEVATION
SCALE: 1/8" = 1'-0"



PROPOSED RIGHT ELEVATION
SCALE: 1/8" = 1'-0"



PROPOSED LEFT ELEVATION
SCALE: 1/8" = 1'-0"

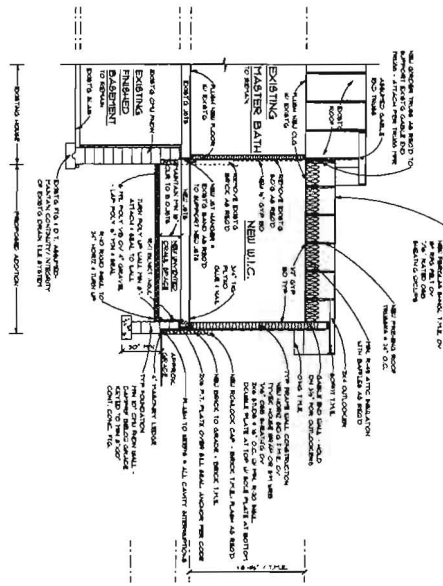
A-1

DATE	03-28-2014
BY	RJA
CHECKED	RJA
SCALE	AS SHOWN
TITLE	PROPOSED ADDITIONS AND ALTERATIONS TO THE BOYD - GATES RESIDENCE

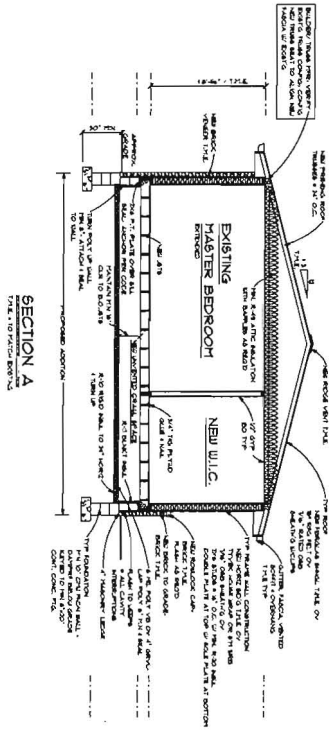
PROPOSED ADDITIONS AND ALTERATIONS TO
THE BOYD - GATES RESIDENCE
 14014 CASTLEBAR DRIVE, GLENWOOD, MD, 21738

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS
 11307 BARLEY FIELD WAY
 MARRIOTTSVILLE, MD 21104 • 410-442-3667

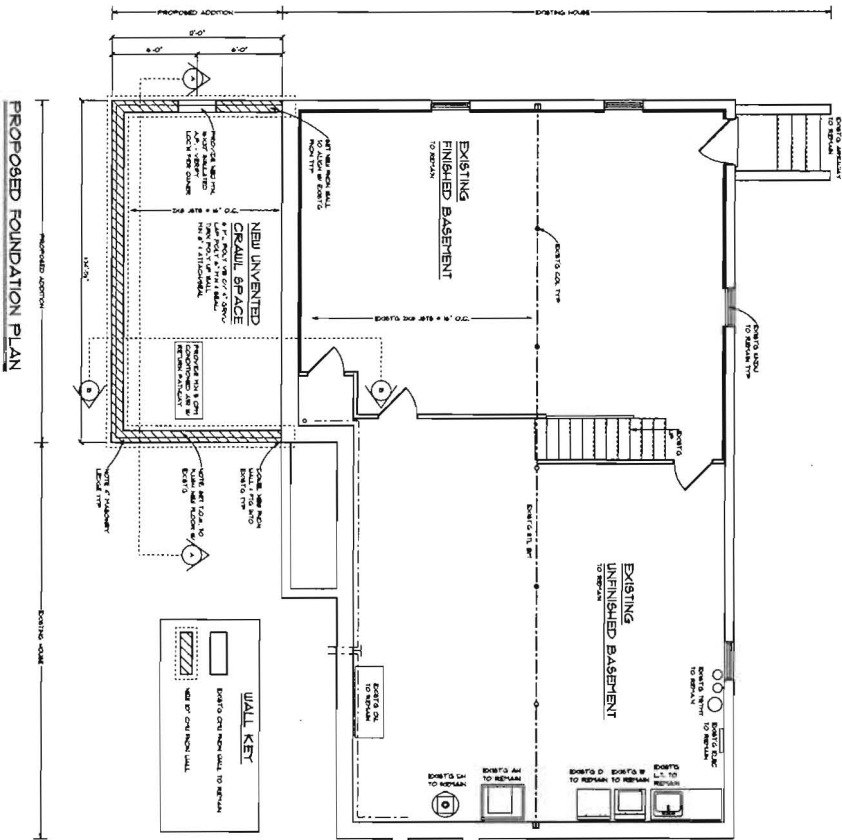
© 2014



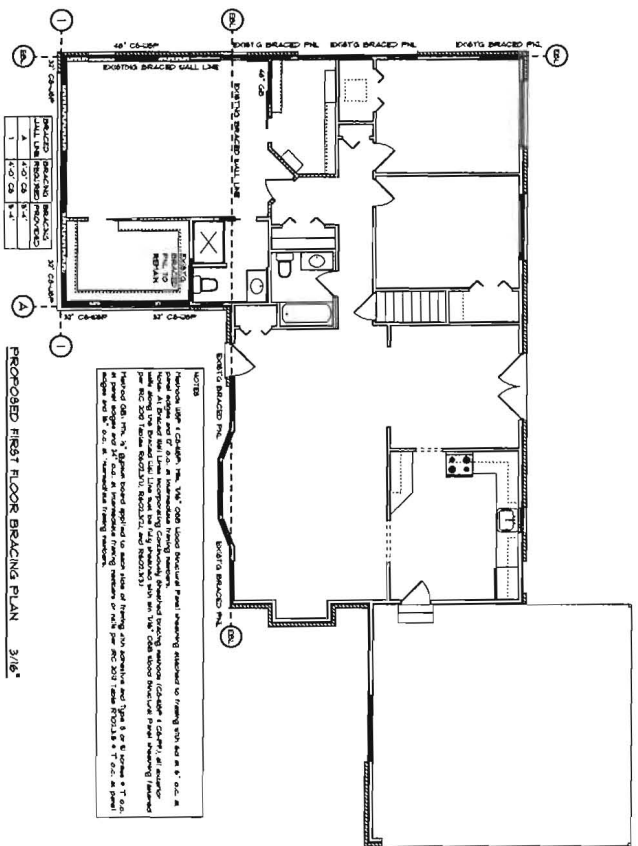
SECTION B
FROM A TO B



SECTION A
FROM A TO A



PROPOSED FOUNDATION PLAN

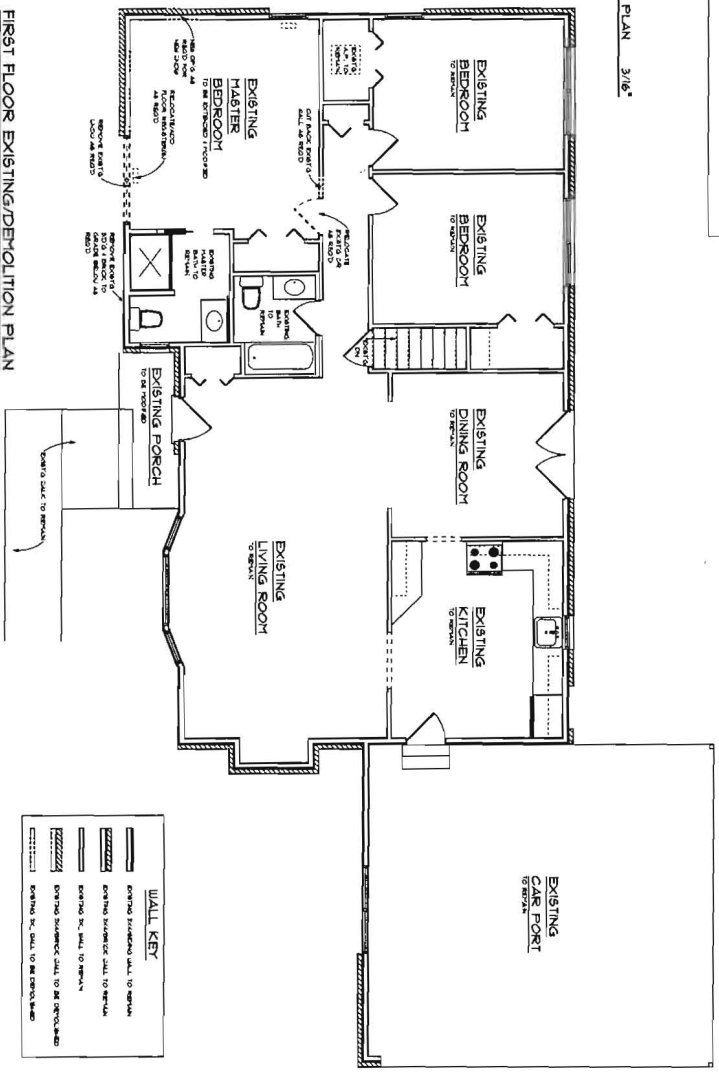


NOTES

1. Reinforce walls at columns with 1/4" O.D. steel structural pipe members attached to framing with at least 6" O.C. in both directions. Reinforce columns with 1/4" O.D. steel structural pipe members attached to framing with at least 6" O.C. in both directions. Reinforce walls with 1/4" O.D. steel structural pipe members attached to framing with at least 6" O.C. in both directions. Reinforce columns with 1/4" O.D. steel structural pipe members attached to framing with at least 6" O.C. in both directions. Reinforce walls with 1/4" O.D. steel structural pipe members attached to framing with at least 6" O.C. in both directions. Reinforce columns with 1/4" O.D. steel structural pipe members attached to framing with at least 6" O.C. in both directions.

PROPOSED FIRST FLOOR BRACING PLAN 3/16"

FIRST FLOOR EXISTING/DEVOLUTION PLAN



WALL KEY
EXISTING STRUCTURAL WALL TO REMAIN
EXISTING STRUCTURAL WALL TO BE REMOVED
EXISTING STRUCTURAL WALL TO BE RECONSTRUCTED
EXISTING STRUCTURAL WALL TO BE RECONSTRUCTED
EXISTING STRUCTURAL WALL TO BE RECONSTRUCTED

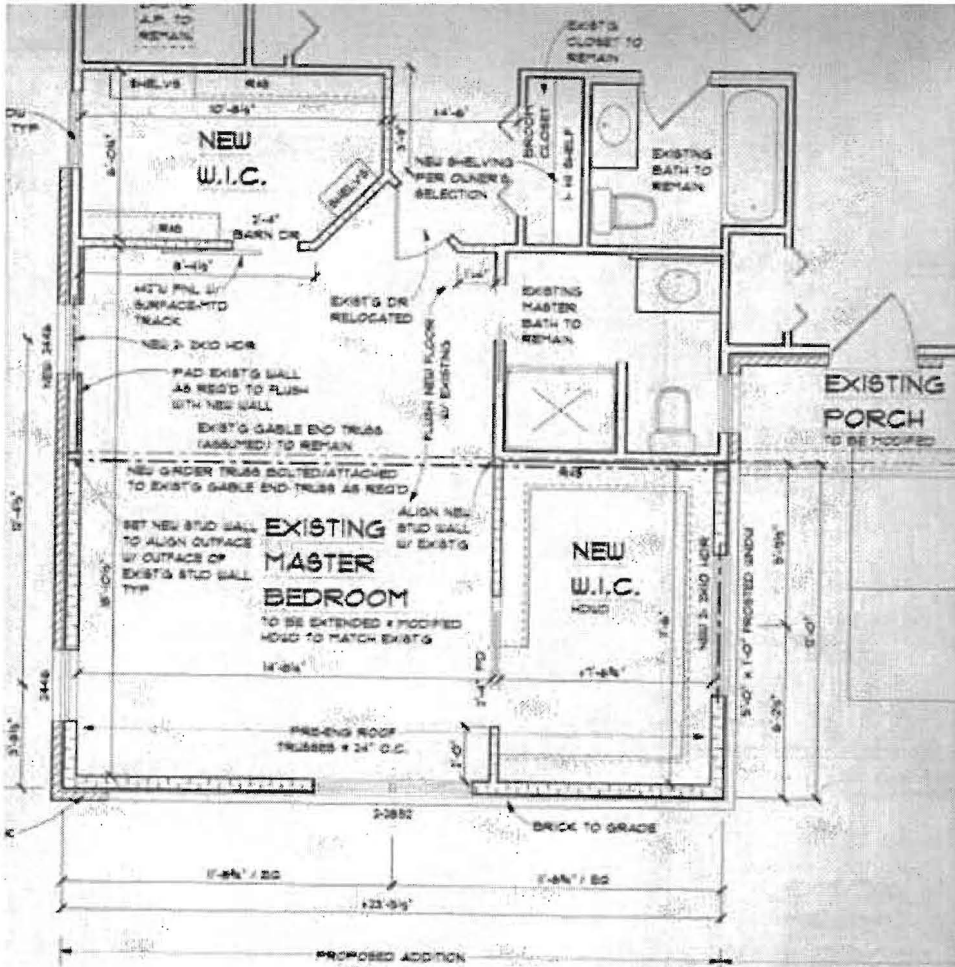
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THE BOYD - GATES RESIDENCE
 14014 CASTLEBAR DRIVE, GLENWOOD, MD, 21738

RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS
 11407 BARLEY FIELD WAY
 MARRIOTTVILLE, MD 21104 • 410-442-3667

DATE: 10/24/2014
 DRAWN BY: [Name]
 CHECKED BY: [Name]
 PROJECT: [Name]
 SHEET: A-4

Oswald, Hank

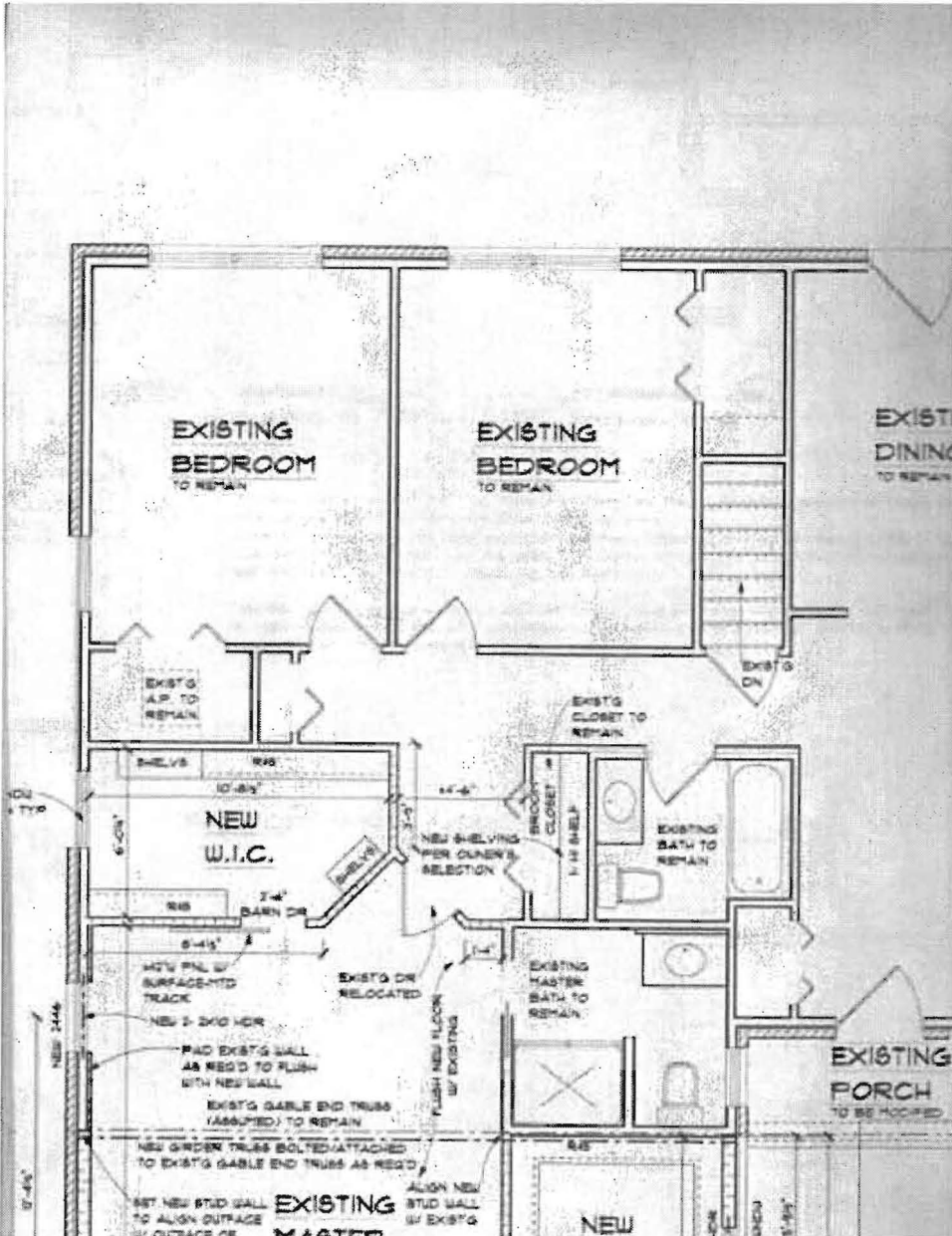
From: STEVEN AND ANN <leafhomes@gmail.com>
Sent: Wednesday, December 03, 2014 3:00 PM
To: Oswald, Hank
Subject: page 1 B14004206

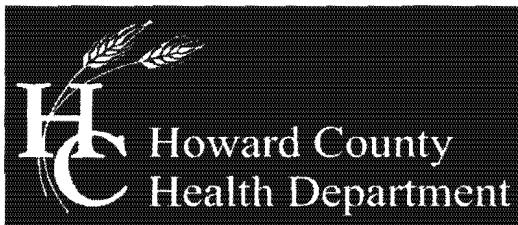


PROPOSED FIRST FLOOR PLAN

Oswald, Hank

From: STEVEN AND ANN <leafhomes@gmail.com>
Sent: Wednesday, December 03, 2014 3:00 PM
To: Oswald, Hank
Subject: Page 2 B14004206





Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

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

December 3, 2014

**TRADITION HOME BUILDERS INC
15084 BUSHY PARK RD
WOODBINE, MD 21797**

Sent via email to: LEAFHOMES@GMAIL.COM

**RE: B14004206
14014 CASTLEBAR DR
GLENWOOD, MD 21738**

STEVEN LEAF:

This letter is in response to building permit **B14004206**. The application describes adding a 12 x 24 space to the front of the house. Upon review the documents, the submittal did not include a copy of the floor plans of the existing house and proposed changes. Please forward a copy to the Health Department.

Building permit approval is being placed on hold until floor plans have been received and reviewed by the Health Department. I may be reached at (410) 313-1786, if you would like to discuss the project.

Respectfully,

Hank Oswald

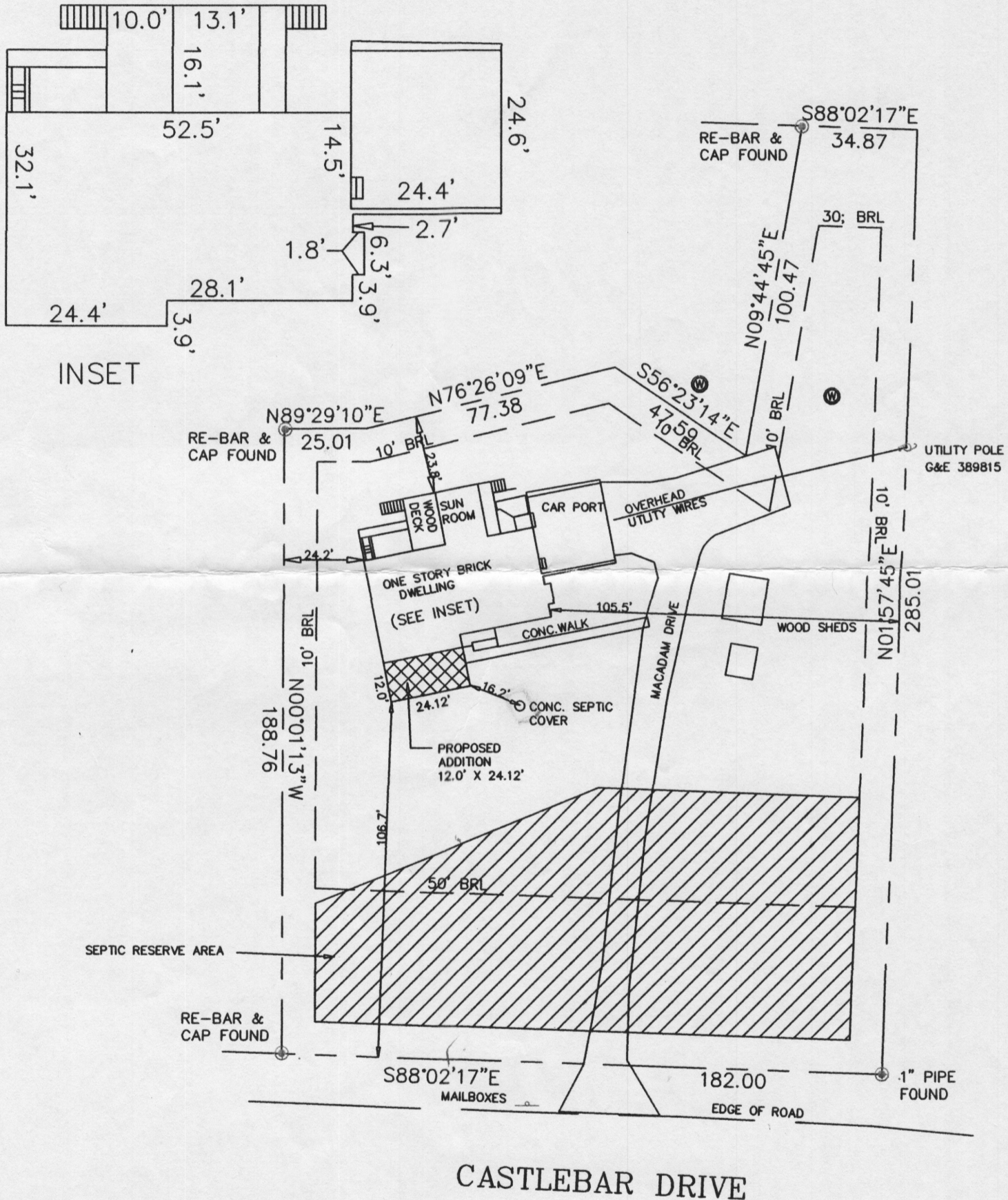
Hank Oswald, L.E.H.S
Bureau of Environmental Health
Well & Septic Program

LEGEND

- ⊙ PROPERTY MOUNUMENT FOUND
- ⊙ EXISTING WELL
- ▨ PROPOSED ADDITION

OWNER: SHARON JILL BOYD & AMY GATES

*Sik plan approved
for B14004206 (12x24
addition to front
of home) - H.O.,
12/14/14*



SCALE: 1" = 40'

MARKS & ASSOCIATES L.L.C.

SURVEYING-DESIGN-LAND PLANNING

4531 COLLEGE AVENUE ELICOTT CITY, MARYLAND
TELEPHONE (410)747-8738 FAX (410)747-8547

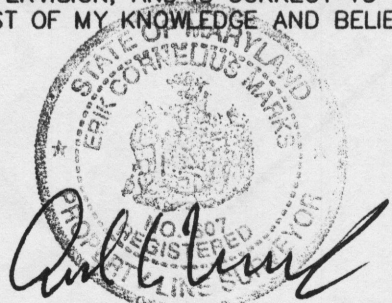
LOCATION SURVEY
14014 CASTLEBAR DRIVE

TAX MAP #21 PARCEL 110
LIBER 7991 FOLIO 325

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

DATE: 11/12/2014

I CERTIFY THAT THE INFORMATION SHOWN
HEREON IS BASED ON FIELD WORK
PERFORMED UNDER MY DIRECT
SUPERVISION, AND IS CORRECT TO THE
BEST OF MY KNOWLEDGE AND BELIEF.



ERIK C. MARKS R.P.L.S. NO. 607