



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: 2/9/14

Permit No.: B14000313

Building Address: 15059 Double Bridges Ct.
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: F-07-38
 Census Tract: _____ Subdivision: BELLE HAVEN
 Section: _____ Area: _____ Lot: 7
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: vacant lot
 Proposed Use: new S. F. D. G1 AND 4B EX1.
 Estimated Construction Cost: \$ 250,000. EXT. FAM RM.
 Description of Work: COLORADO W/ MOM. RM. 3 CAR S.D.P. & Alt. owner suite - 2 stories, 1HR, SFB, 1AB, 2FP, & 3 CAR GARAGE
 Occupant or Tenant: FIN. LLC
 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 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
<u>Construction type:</u>	<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: _____
<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: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: BELLE HAVEN BAKER LLC
 Address: 10751 Falls Rd. Ste. 405
 City: LUTHERVILLE State: MD Zip Code: 21093
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Vicky Meyer
 Address: _____ State: _____ Zip Code: _____
 Phone: 410-296-6900 Fax: _____
 Email: MDBLDGPERMITS@COMCAST.NET

Contractor Company: K. HOVNANI: AN HOMES
 Contact Person: Chester Willett
 Address: 1802 Brightseat Rd.
 City: Landover State: MD Zip Code: 20785
 License No.: 3149
 Phone: 301-772-8900 Fax: _____
 Email: CWillett@KHOV.COM

Engineer/Architect Company: D. D. C.
 Responsible Design Prof.: Brian
 Address: 192 E. Main St.
 City: Westminster State: MD Zip Code: 21157
 Phone: 410-386-0560 Fax: _____
 Email: _____

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G15000401</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: V. Meyer
 Email Address: MDBLDGPERMITS@COMCAST.NET
 AGENT
 Title/Company

Print Name: Vicky Meyer
 Date: 2/9/2014
39059

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

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>4210 Bengel</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>00039059</u>



Office of the Health Officer
8930 Stanford Blvd., Columbia, MD 21045
Main: 410-313-6300 | Fax: 410-313-6303
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

DATE: February 20, 2014

TO: K. Hovnanian Homes
C/O Chester Willett
Via-e-mail: CWillett@KHOV.COM

RE: **Building Permit # B14000313**
15059 Double Bridges Court
Woodbine, Maryland 21797

Mr. Willett,

Further review is contingent upon submission of a revised building plan showing the following:

- Illustrate the location of the initial absorption system and a replacement (s) with perforated pipe elevations.
- Show pump station details including: pump curve, total dynamic head calculations, and pump on, off, and alarm elevations.
- Show location of blower on plan.
- In addition to the revised BAT plan, we will need floor plans for the proposed house, and an Operation and Maintenance Agreement for this property.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS
Environmental Specialist II
Bureau of Environmental Health
Well and Septic Program
Phone (410) 313-2775
E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



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 8/13/14

Permit No.: B14002956

Building Address: 15059 South Bridges Ct
 City: Clenwood State: MD Zip Code: 21738
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Merweather far.
 Section: 1 Area: _____ Lot: 7
 Tax Map: 21 Parcel: 24 Grid: 21
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.13 @

Property Owner's Name: K Howard Homes
 Address: 1802 Brightwood Rd
 City: Landover State: MD Zip Code: 20785
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: Po Box 1253
 City: Edwardsburg State: MD Zip Code: 21784
 Phone: 441-740-7229 Fax: _____
 Email: Jeremy@AppliedAndApproved.com

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 8000
 Description of Work:
install 1000 gal underground propane tank
 Occupant or Tenant:
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Valley National Gas
 Contact Person: William Cerveny
 Address: 7201 Montross Rd
 City: Yesspe State: MD Zip Code: 20794
 License No.: 67793
 Phone: 410-799-1114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input 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:	
Use group:	<input type="checkbox"/> Finished Basement	
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	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
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<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
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	Other Structure:	
	Dimensions:	
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	Roof:	
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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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: _____ Print Name: Jeremy Clancy
 Email Address: Jeremy@AppliedAndApproved.com Date: 8/13/14
 Title/Company: permits

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

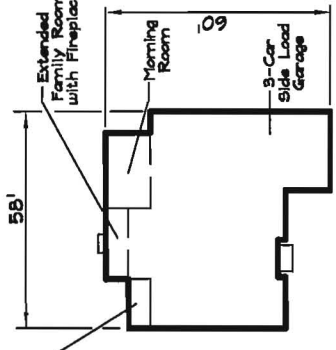
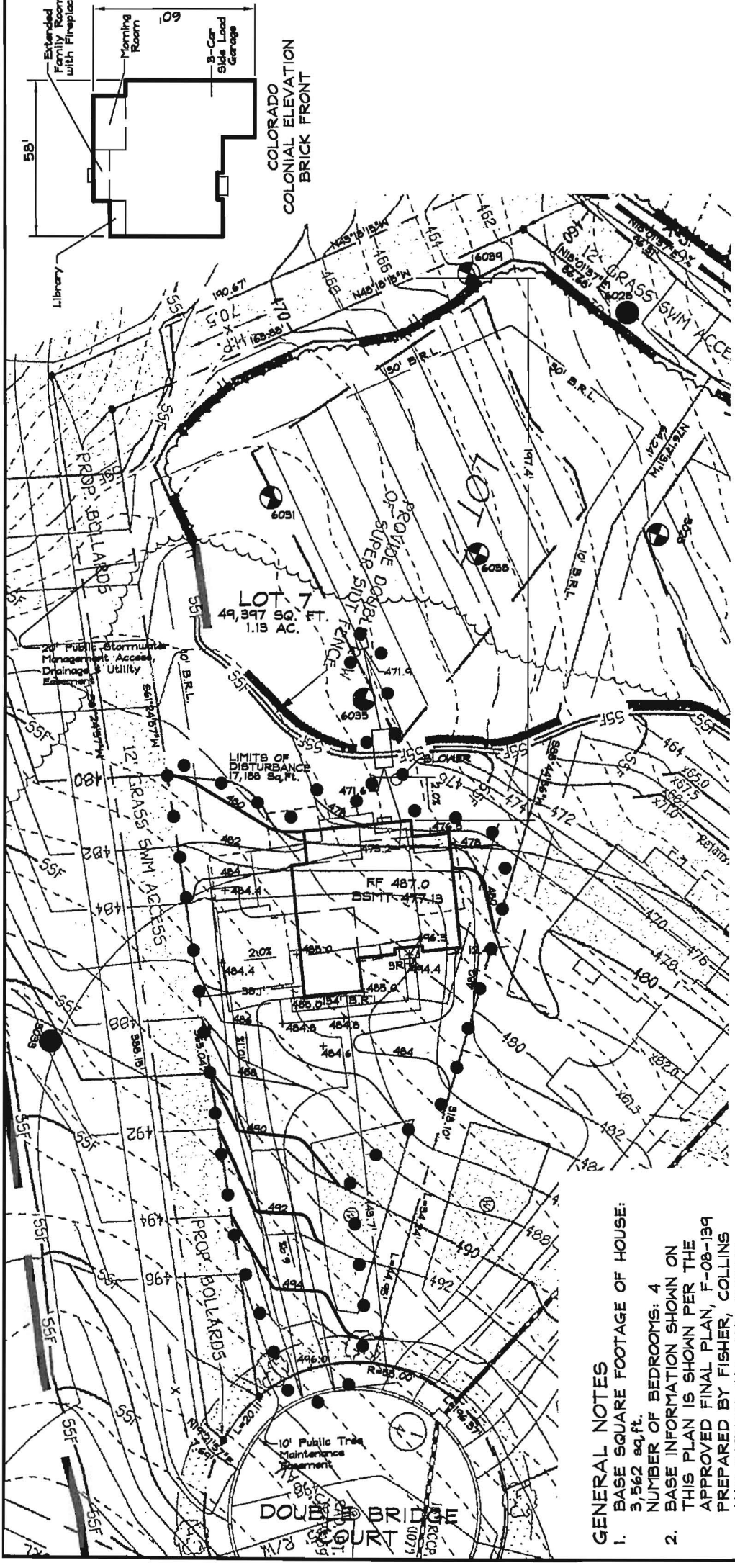
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8/26/14</u>	<u>RA</u>

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

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Front:	
Rear:	
Side:	
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All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3815</u>

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



COLORADO COLONIAL ELEVATION BRICK FRONT

GENERAL NOTES

1. BASE SQUARE FOOTAGE OF HOUSE: 3,562 sq.ft.
2. NUMBER OF BEDROOMS: 4
3. BASE INFORMATION SHOWN ON THIS PLAN IS SHOWN PER THE APPROVED FINAL PLAN, F-08-139 PREPARED BY FISHER, COLLINS AND CARTER INC. AND DATED 12/17/08.
4. EJECTOR PUMP NOT REQUIRED TO SEWER BASEMENT



Development Design Consultants

Planners
 Surveyors
 Engineers
 Landscape Architects
 192 East Main Street
 Westminster, MD 21157
 410.386.0560
 410.386.0564 (fax)
 DDC@DDCinc.us
 www.DDCinc.us

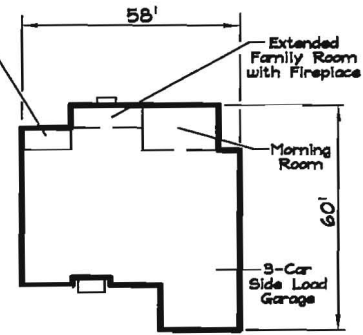
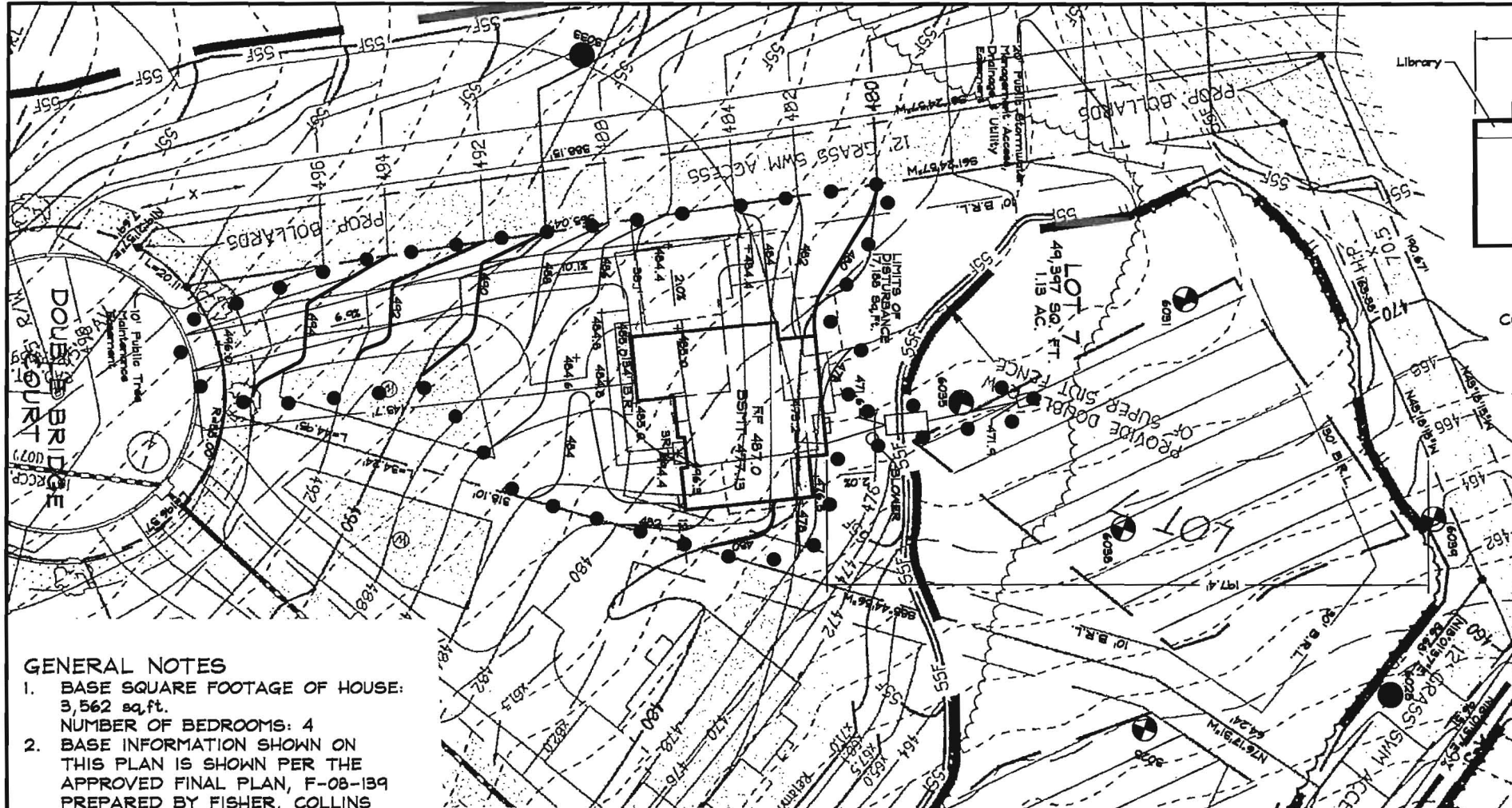
DDC JOB#:	06116.5
DATE:	03/07/2014
SCALE:	1" = 50'
DES. BY:	JHK
DRN. BY:	JHK
CHK. BY:	BKC

OWNER/BUILDER:

K.HOVNANIAN HOMES
 1802 Brightseat Road
 Landover, Maryland 20785
 (301)683-6268

LOT 7
 15029 DOUBLE BRIDGE COURT
 GLENWOOD, MD 21738
 PLOT PLAN
 KHOV ELEVATION

MERIWETHER FARM
 4TH ELECTION DISTRICT HOWARD COUNTY
 TAX MAP 21 PARCEL 24



COLORADO
COLONIAL ELEVATION
BRICK FRONT

- GENERAL NOTES**
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Development Design Consultants

Planners
Surveyors
Engineers
Landscape Architects

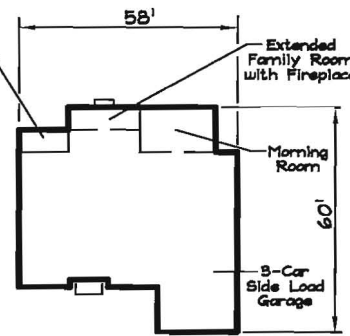
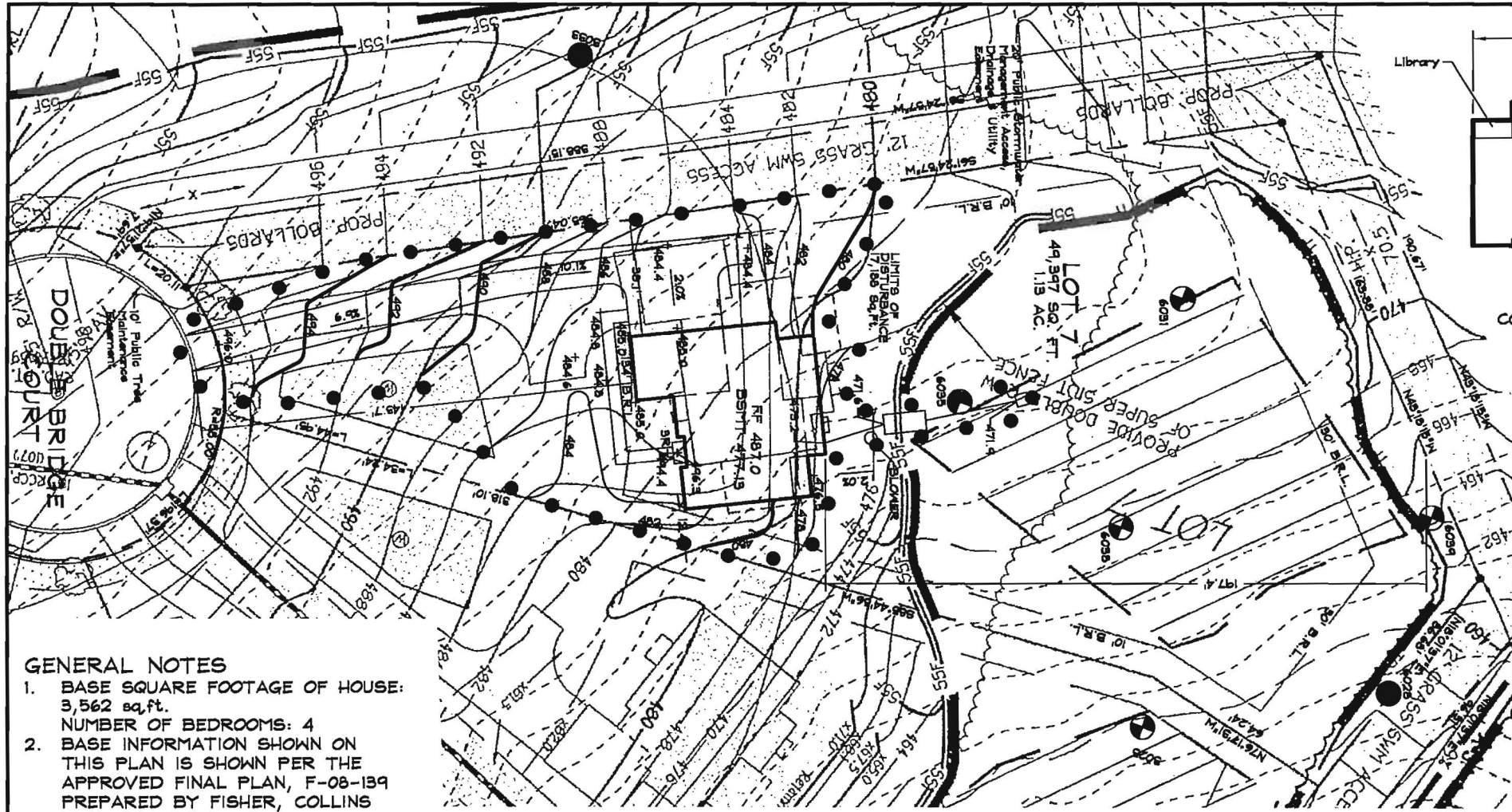
192 East Main Street
Westminster, MD 21157
410.386.0560
410.386.0564 (Fax)
DDC@DDCincus
www.DDCincus

DDC JOB#:	06116.5
DATE:	03/07/2014
SCALE:	1" = 50'
DES. BY:	JHK
DRN. BY:	JHK
CHK. BY:	BKC

MERIWETHER FARM
4TH ELECTION DISTRICT HOWARD COUNTY
TAX MAP 21 PARCEL 24

LOT 7
15029 DOUBLE BRIDGE COURT
GLENWOOD, MD 21738
PLOT PLAN
KHOV ELEVATION

OWNER/BUILDER: K.HOVNANIAN HOMES
1802 BRIGHTSEAT ROAD
LANDOVER, MARYLAND 20785
(301)683-6268



COLORADO COLONIAL ELEVATION BRICK FRONT

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4TH ELECTION DISTRICT HOWARD COUNTY
TAX MAP 21 PARCEL 24

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PLOT PLAN
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