



# 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.: B13003370

Building Address: 15029 Double Bridges Ct.  
 City: Glenwood State: MD Zip Code: 21738  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: F-08-139  
 Census Tract: \_\_\_\_\_ Subdivision: Meriwether Farm  
 Section: 1 Area: \_\_\_\_\_ Lot: 10  
 Tax Map: 0021 Parcel: 0024 Grid: 0021  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.6700

Applicant's Name & Mailing Address (if other than building address):  
 Address: Meriwether Farm II LLC  
 City: Glenelig State: MD Zip Code: 21737  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Proposed Use: Vacant Lot  
 Proposed Date: New S.F.D.  
 Estimated Construction Cost: \$ 295,000  
 Description of Work: MANHATTAN (Elev.C) w/ EXT FAM. RM., 1st FLOOR suite, morn. RM. & 3 CAR SIDE, 2 story, full BSMT.  
 Occupant or Tenant: ILR, SFB, 1HB AND 3 CAR  
 Was tenant space previously occupied? GARAGE, (SBR)  
 Contact Name: \_\_\_\_\_  
 Address: FIN. BSMT (FAM. RM. w/ fireplace)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address (if other than building address):  
 Contact Person: K. Hornanigan Homes  
 Address: Chester Willett  
 City: Landover State: MD Zip Code: 20785  
 License No.: 3149  
 Phone: 1-240-375-4515 Fax: \_\_\_\_\_  
 Email: CWillett@Khov.com

Engineer/Architect Company: Development Design Consult  
 Responsible Design Prof.: Brian  
 Address: 192 E. Main St.  
 City: Westminster State: MD Zip Code: 21157  
 Phone: 410-386-0560 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	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input checked="" type="checkbox"/> Masonry	No. of efficiency units:	
<input checked="" type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
	Footings:	
	Roof:	
	<input checked="" type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Building Shell Permit Number: <u>G13000294</u>	

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.

V. Meyer Victoria Meyer  
MD Bldg Permits@comcast.net 9/3/2013  
Agent  
 Title/Company \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*\*  
 FOR OFFICE USE ONLY

cb# 33343

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>10/11/13</u>	<u>Sheryl Scott</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	#



# 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.: B14002957

Building Address: 15029 Double Bridges Ct  
City: Clerwood State: MD Zip Code: 21738  
Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: Merweather Farms  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 10  
Tax Map: 21 Parcel: 24 Grid: 21  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.07 @

Property Owner's Name: K Howard How  
Address: 1802 Gungtscot Rd  
City: Landover State: MD Zip Code: 20785  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Existing Use: SFD  
Proposed Use: SFD w/ TANK  
Estimated Construction Cost: \$ 8000  
Description of Work: Install 1000 gal Propane tank

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: Jeremy Clancy  
Address: PO Box 1253  
City: Sylkesville State: MD Zip Code: 21784  
Phone: 4453401229 Fax: \_\_\_\_\_  
Email: Jeremy@appliedandapproved.com

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

Contractor Company: Valley National Gas  
Contact Person: William Herung  
Address: 7201 Monteiedo Rd  
City: Jessup State: MD Zip Code: 20794  
License No.: 607793  
Phone: 410 7991114 Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
Responsible Design Prof.: \_\_\_\_\_  
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:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

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 type="checkbox"/> Yes <input checked="" 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 type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
<b>Sprinkler System:</b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Grading Permit Number:</b>
<b>Building Shell Permit Number:</b>

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 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] Print Name: Jeremy Clancy  
Email Address: Jeremy@appliedandapproved.com Date: 8/13/14  
Permitto  
Title/Company

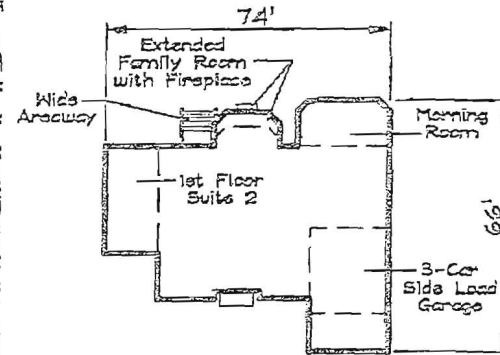
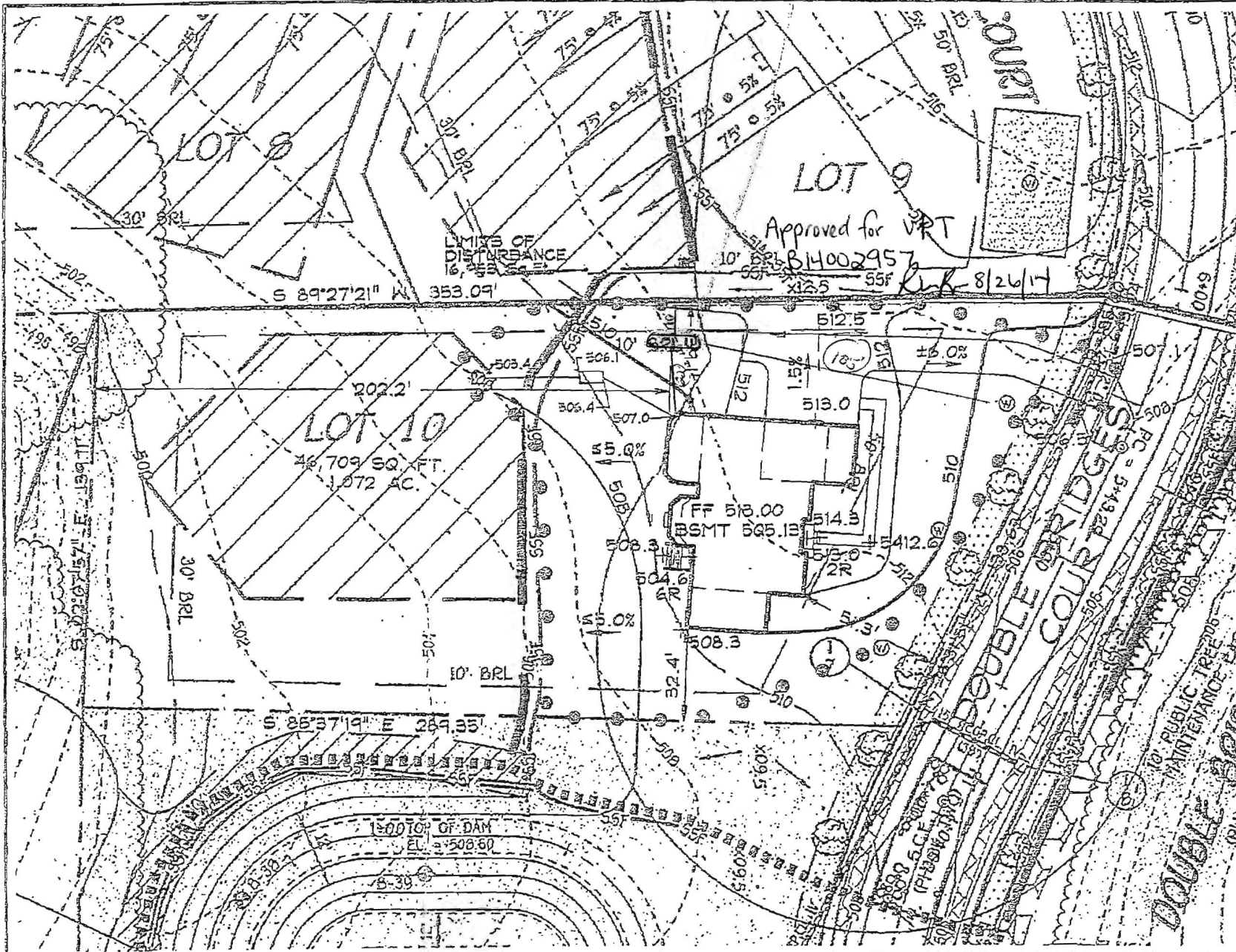
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

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

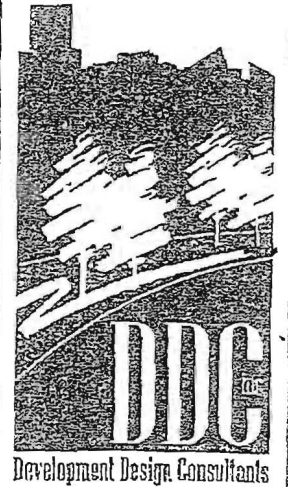
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3815</u>



MANHATTAN  
ELEVATION 'C'  
BRICK AND STONE FRONT

**GENERAL NOTES**

1. BASE SQUARE FOOTAGE OF HOUSE: 4,140 sq. ft.  
NUMBER OF BEDROOMS: - 5
2. 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.
3. EJECTOR PUMP REQUIRED TO SEWER BASEMENT
4. DRIVEWAY CULVERT SHOWN PER THE APPROVED ROAD DRAWINGS, F-08-139.



Planners  
Surveyors  
Engineers  
Landscape Architects  
  
192 East Main Street  
Westminster, MD 21157  
410.386.0548  
410.386.0544 (Fax)  
DDC@DDC.com  
www.DDC.com

**DDC JOB#:** 13085.1

**DATE:** 8/21/13

**SCALE:** 1" = 50'

**DES. BY:** BKC

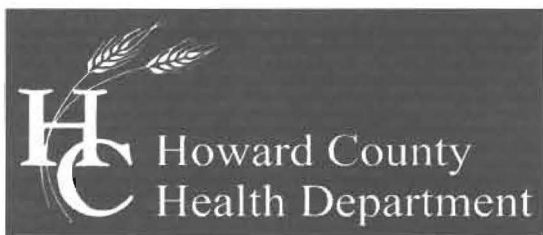
**DRN. BY:** BKC

**CHK. BY:** BKC

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

LOT 10  
13029 DOUBLE BRIDGES COURT  
GLENWOOD, MD 21735  
PLOT PLAN  
KHOV ELEVATION

**OWNER/BUILDER:** K.HOVNANIAN HOMES  
1802 Brightseat Road  
Landover, Maryland 20765  
(301)683-6268



## Bureau of Environmental Health

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

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

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)

Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D. Acting Health Officer**

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### MEMORANDUM

TO: Victoria Meyer  
MD Building Permits

FROM: Heidi Scott  
Well and Septic Program  
Development Coordination Section

RE: **Plot Plan –B13003370**  
Meriwether Farm – Lot 10  
15029 Double Bridges Court

DATE: September 25, 2013

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The following items must be addressed. Please revise and resubmit prior to building permit approval.

- The septic system on this lot must utilize Best Available Technology as of 1/1/2013. A supplemental plan with all of the B.A.T. requirements will be required. See plan requirements for installation of the B.A.T. unit.
- An Operation and Maintenance and Agreement must also be signed by the owners and the Howard County Health Dept. and recorded in land records prior to use and occupancy.

Cc:  
File