



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: 12-20-13

Permit No.: B1 3004588

Building Address: 15162 Bushy Park Road
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Country Springs
Section: _____ Area: _____ Lot: 3
Tax Map: 8 Parcel: 59 Grid: _____
Zoning: _____ Map Coordinates: 4692-0-10 Lot Size: 1.34 Ac.

Property Owner's Name: Carrigan Homes Inc
Address: 9812 Caitlin Ct
City: Bright State: MD Zip Code: 21042
Phone: 410-977-8927 Fax: 410-465-5808
Email: CARRIGANHOMES@COMCAST.NET

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

Existing Use: Empty lot
Proposed Use: Single Family home
Estimated Construction Cost: \$ 300,000
Description of Work: to build new Single Family home with Integral Garage and Finished Basement on Empty lot
Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: Carrigan Homes Inc.
Contact Person: Owen Kelly
Address: 9812 Caitlin Ct
City: Bright State: MD Zip Code: 21042
License No.: 358
Phone: 410-977-8927 Fax: 410-465-5808
Email: CARRIGANHOMES@COMCAST.NET

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 st floor: | |
| | 2 nd floor: | |
| Area of construction (sq. ft.): | Basement: | |
| | <input checked="" type="checkbox"/> Finished Basement | |
| Use group: | <input type="checkbox"/> Unfinished Basement | |
| | <input type="checkbox"/> Crawl Space | |
| | <input type="checkbox"/> Slab on Grade | |
| Construction type: | No. of Bedrooms: <u>4</u> | |
| <input type="checkbox"/> Reinforced Concrete | Multi-family Dwelling | |
| <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: | |
| | Footings: | |
| | Roof: | |
| | <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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Heating System | |
| <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil | |
| <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas | |
| <input type="checkbox"/> Other: | |
| Sprinkler System: | |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Grading Permit Number: <u>G13000407</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 HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Owen Kelly
Email Address: Carriganhomes@comcast.net
Title/Company: Pres/Carrigan Homes

Print Name: Owen Kelly
Date: 12-20-13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

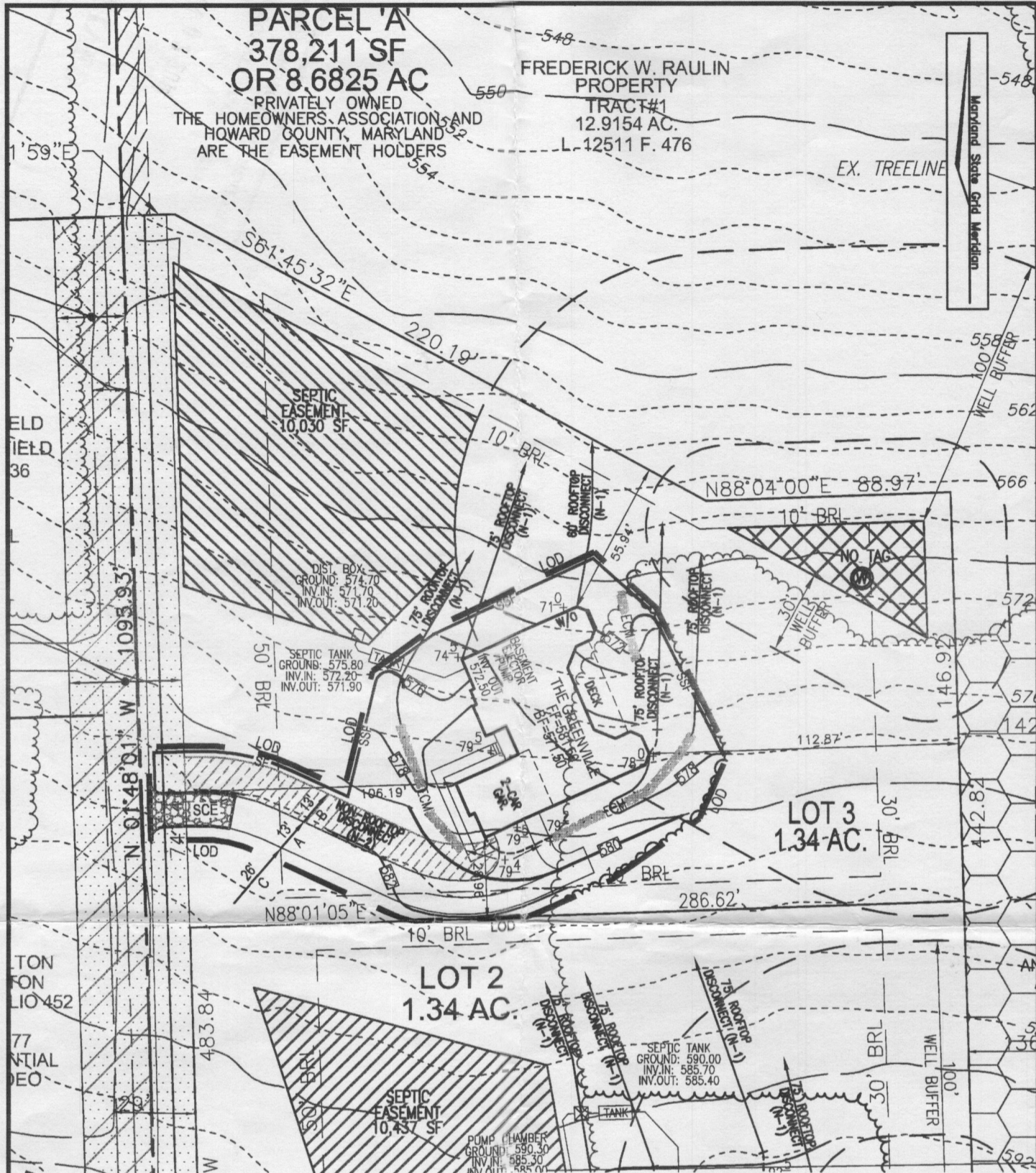
| AGENCY | DATE | SIGNATURE OF APPROVAL |
|----------------------|----------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | <u>1-15-14</u> | <u>Omitz</u> |

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>3909</u> |

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



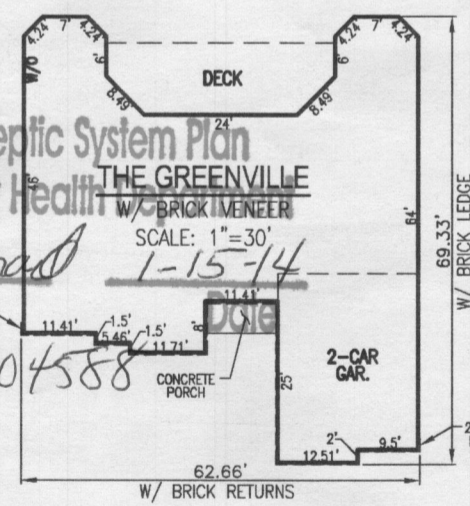
THE EXISTING WELL SHOWN ON LOT 3 (NO TAG NUMBER) HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC., AND IS ACCURATELY SHOWN.

BUILDING OF LOT 3 FLOOR AREAS:
 BASEMENT FLOOR AREA: _____
 FIRST FLOOR AREA: _____
 SECOND FLOOR AREA: _____
 BEDROOMS: _____

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY DISCONNECTION OF ROOFTOP (N-1) AND NON-ROOFTOP (N-2) RUNOFF APPROVED UNDER F-11-091

BUILDING PERMIT NO. _____

SCALE
 1"=50'



SCALE: AS SHOWN
 DRAWN BY: JMR
 CHECKED BY: RHV
 DATE: DECEMBER 2013
 PROJECT #: 08-15
 SHEET #: 1 OF 1

PLOT PLAN
COUNTRY SPRINGS
OVERLOOK
LOT 3
REF: F-11-091
 TAX MAP 8 PARCEL 59
 BLOCK 21
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

ADDRESS
 15162 BUSHY PARK ROAD
 WOODBINE, MARYLAND 21797
 F-11-091

OWNER
 FREDERICK W. RAULIN
 15101 FREDERICK ROAD
 WOODBINE, MARYLAND 21797
 C/O TIM FEAGA
 (410) 489-7900

ROBERT H. VOGEL
ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET
 ELLICOTT CITY, MD 21043
 TEL: 410.461.7666
 FAX: 410.461.8961

K:\Projects\08-15\ENGR\dwg\SUPPLEMENTAL\LOT 3 PLOT PLAN.dwg, 12/18/2013 1:21:01 PM



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: 11-26-14

Permit No.: B14004320

Building Address: 15102 Bushy Park Rd
 City: Woodrow State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 3
 Tax Map: 0006 Parcel: 0059 Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.33 AC

Existing Use: SEPT
 Proposed Use: SEPT
 Estimated Construction Cost: \$ 10,000
 Description of Work: INSTALL 500 gal underground
septic tank

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

Property Owner's Name: Kyle & Sarah Greenhill
 Address: 3818 Southview Rd
 City: MD State: MD Zip Code: 21771
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Michelle Egan
 Address: 10700 1253
 City: Silver Spring State: MD Zip Code: 21154
 Phone: 4103010757 Fax: _____
 Email: michelle@appliedandapproved.com

Contractor Company: Tech Air
 Contact Person: JOE KENNY
 Address: 5100 A-D Nathan Center Dr.
 City: Baltimore State: MD Zip Code: 21277
 License No.: 601104
 Phone: 41035454313 Fax: _____
 Email: _____

Engineer/Architect Company: Andiaco
 Responsible Design Prof.: _____
 Address: _____
 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: | |
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| Use group: | <input type="checkbox"/> Unfinished Basement | |
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| Construction type: | <input type="checkbox"/> Slab on Grade | |
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| <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"/> Roadside Tree Project Permit | Footings: | |
| <input type="checkbox"/> Yes <input 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 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: | |
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| Building Shell Permit Number: | |

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Applicant's Signature: Michelle Egan Print Name: Michelle Egan
 Email Address: michelle@appliedandapproved.com Date: 11/26/14
 Title/Company: _____

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

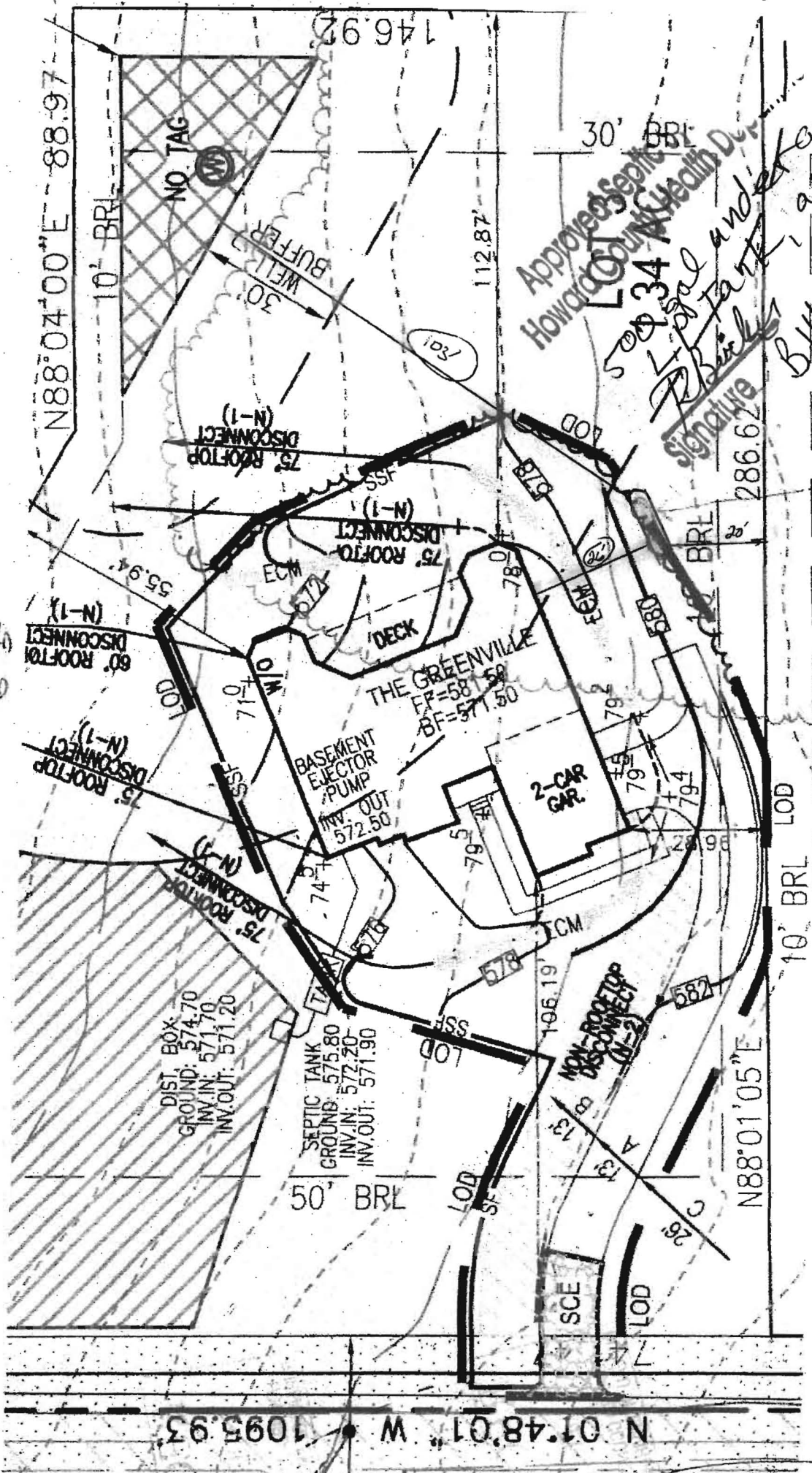
| AGENCY | DATE | SIGNATURE OF APPROVAL |
|--------------------|------|------------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | | <u>12/16/14 RBucks</u> |

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

| DPZ SETBACK INFORMATION |
|---|
| Front: |
| Rear: |
| Side: |
| Side St.: |
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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 | \$ <u>110</u> |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub-Total Paid | \$ |
| Balance Due | \$ |
| Check | # <u>4007</u> |

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



Approved Septic
 Howard County Health Dept
 50034
 Legal and approved as shown
 P. Bickel
 Signature
 B/4004320 Date
 12/16/2014

500 gal
 OG Program
 TANK

Bushy
 Park Rd
 WOODS
 21797

15162 Bushy Park Rd
 Woodside Md 21797

Scale 1" = 30'