



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: 11-14-14
Permit No.: B14004193

Building Address: 277 Florence Rd.
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Layton Knoll
 Section: _____ Area: _____ Lot: 1
 Tax Map: 7 Parcel: 112 Grid: 19
 Zoning: RC DFO Map Coordinates: _____ Lot Size: 59,377

Property Owner's Name: Cumberland Dev.
 Address: 16391 A.E. Mullis Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: 301 252 1122 Fax: 301 854 6325
 Email: Cumberlanddev@gmail.com

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

Existing Use: Vacant lot
 Proposed Use: New SFD
 Estimated Construction Cost: \$ 300K
 Description of Work: 2 story, 4 bed, 2.5 bath
unfinishe basement, 2 car garage

Contractor Company: Cumberland Development
 Contact Person: Curtis Cumberland
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: 2092
 Phone: _____ 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: FCC
 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 <u>30</u> Width <u>53'</u>
Gross area, sq. ft./floor:	1 st floor: 53 <u>53'</u>
Area of construction (sq. ft.):	2 nd floor: _____
Use group:	Basement: <u>30</u> <u>53'</u>
	<input type="checkbox"/> Finished Basement
	<input checked="" type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" 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>G14000362</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: Curtis Cumberland Print Name: Curtis Cumberland
 Email Address: Cumberlanddev@gmail.com Date: 11/14/14
 Title/Company: Pres.

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		<u>Bliss Bueker</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> 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>9681</u>



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: 4-6-15

Permit No.: B150011715

Building Address: 2771 Florence Road
City: _____ State: MD Zip Code: 21777
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: Longmeadow
Section: _____ Area: _____ Lot: 1
Tax Map: 17 Parcel: 112 Grid: 15
Zoning: _____ Map Coordinates: _____ Lot Size: 1.000

Existing Use: SFD
Proposed Use: SFD w/ propane tank
Estimated Construction Cost: \$ 8000
Description of Work: install 1000 gal in ground propane tank

Occupant or Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: owner
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:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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 checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: John G. ...
Address: 2732 ...
City: _____ State: MD Zip Code: 21777
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address (If other than stated herein)
Applicant's Name: Jeremy Clancy
Address: PO Box 1253
City: Elkridge State: MD Zip Code: 21781
Phone: 410-310-1407 Fax: _____
Email: Jeremy@appliedandapproved.com

Contractor Company: TECH 210
Contact Person: Jeremy Clancy
Address: 15605 A.D. Cotton Center Dr
City: Baltimore State: MD Zip Code: 21227
License No.: 08164
Phone: 410-545-4093 Fax: _____
Email: _____

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

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No
Grading Permit Number:
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: [Signature]
Email Address: Jeremy@appliedandapproved.com
Title/Company: Permit

Print Name: Jeremy Clancy
Date: 3/15/15

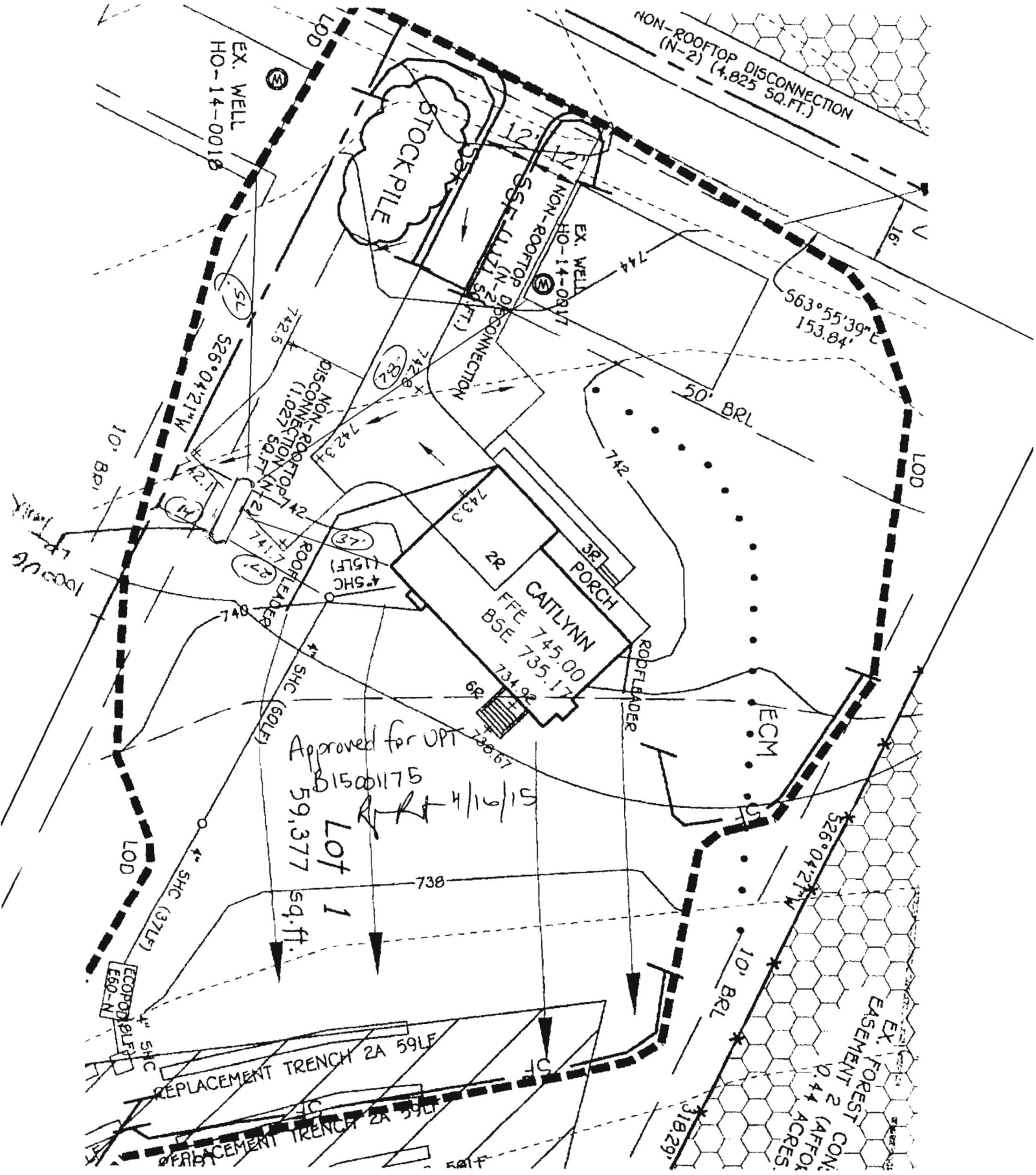
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/16/15</u>	<u>[Signature]</u>

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	\$ <u>110</u>
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>4378</u>

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



2771 Florence Rd Woodbine Md 21797

Scale
1-30



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: 4-6-15

Permit No.: B15COVA715

Building Address: 2771 Florence Road
 City: Lanham State: MD Zip Code: 21717
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Lanham 00331
 Section: _____ Area: _____ Lot: 1
 Tax Map: 7 Parcel: 112 Grid: 19
 Zoning: _____ Map Coordinates: _____ Lot Size: 1360
 Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 8000
 Description of Work:
install 1500 gal in-ground propane tank
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: 2771 Florence Rd
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Jeremy Clancy
 Address: 2732 Lanham Court
 City: Lanham State: MD Zip Code: 21717
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Jeremy Clancy
 Address: PO Box 1251
 City: Edersburg State: MD Zip Code: 21761
 Phone: 413-312-1229 Fax: _____
 Email: Jeremy@AppliedandApproved.com
 Contractor Company: TECH INC
 Contact Person: Joe Clancy
 Address: 1560 A-D Cotton Center Dr
 City: Baltimore State: MD Zip Code: 21207
 License No.: 068164
 Phone: 413-545-4093 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:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: Jeremy Clancy Print Name: Jeremy Clancy
 Email Address: Jeremy@AppliedandApproved.com Date: 3/15/15
 Title/Company: Permits

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
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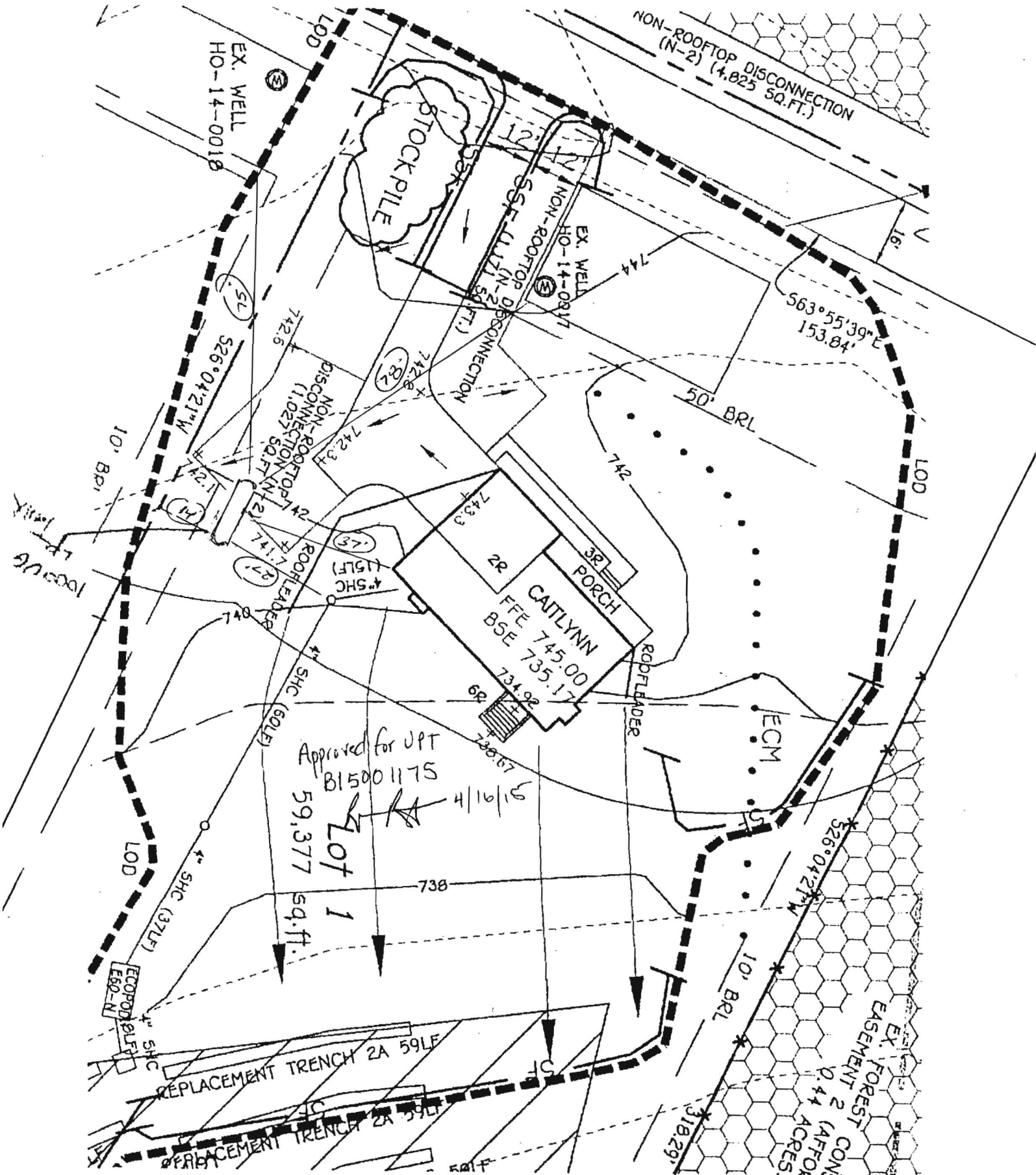
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7/16/15</u>	<u>KAB</u>

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

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes 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>4578</u>



2771 Florence Rd Woolbine md 21797

Scale
1-30



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: 11-14-14

DUPLICATE

Health Copy

Permit No.: B14004193

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 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Hayton Knoll
 Section: _____ Area: _____ Lot: 1
 Tax Map: 7 Parcel: 112 Grid: 19
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 Phone: 301 252-1122 Fax: 301 854 6325
 Email: ComberlandDev@gmail.com

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 Proposed Use: New SFD
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unfinish basement, 2 car garage

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

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

Contractor Company: Comberland Development
 Contact Person: Curtis Cumberland
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: 2042
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: FCC
 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 <u>30</u> Width _____
Gross area, sq. ft./floor: _____	1 st floor: 30 <u>33</u>
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: <u>30</u> <u>53'</u>
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" 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
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit #	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

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 checked="" 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>614000362</u>	
Building Shell Permit Number: _____	

I, the undersigned hereby certify 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: Curtis Cumberland Print Name: Curtis Cumberland
 Email Address: Comberlanddev@gmail.com Date: 11/14/14
 Title/Company: Pres.

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		

Sediment Control approval required for issuance Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION

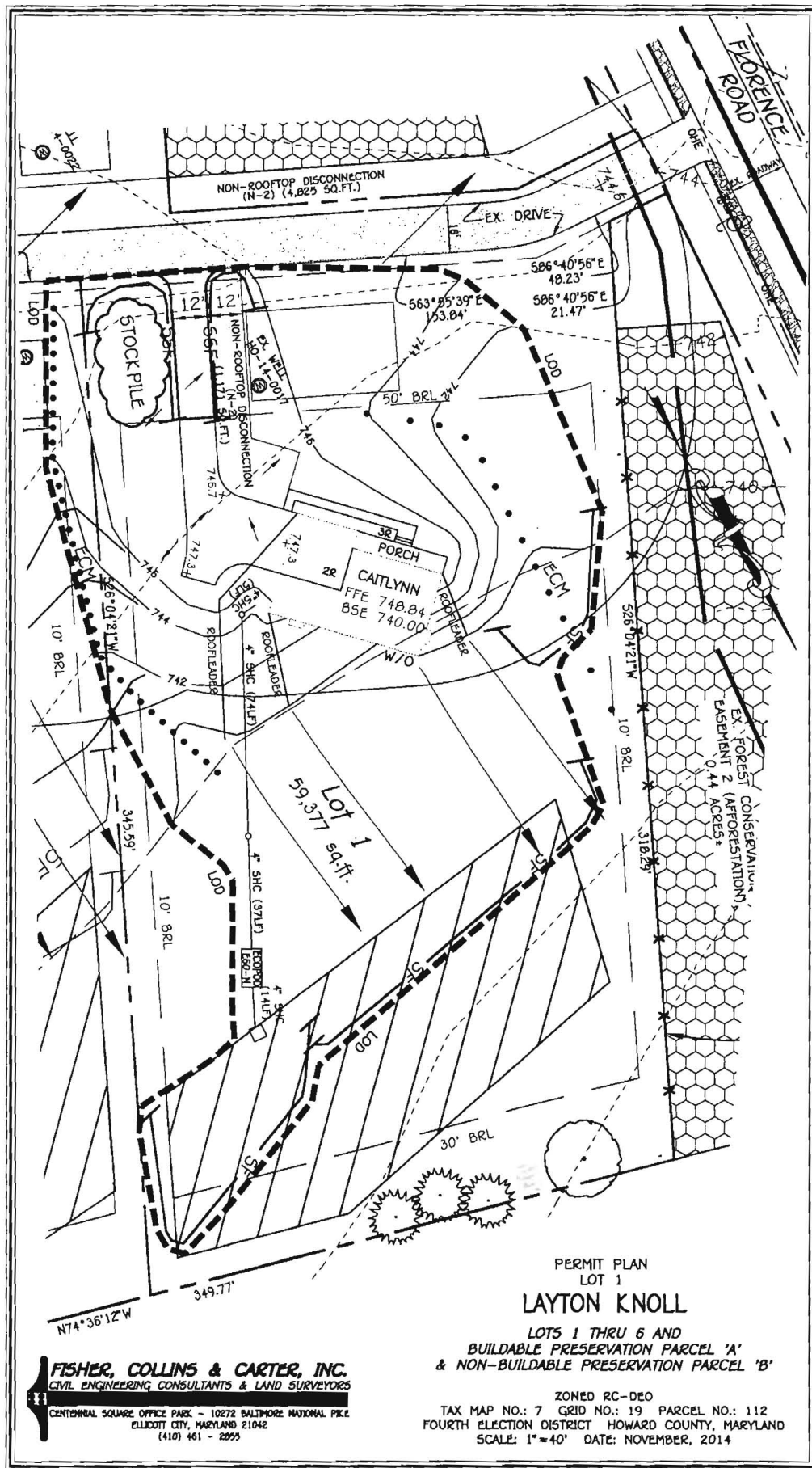
Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes 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>9681</u>

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

send send copy per Curtis Cumberland to Health 12-9-14



PERMIT PLAN
 LOT 1
LAYTON KNOLL

LOTS 1 THRU 6 AND
 BUILDABLE PRESERVATION PARCEL 'A'
 & NON-BUILDABLE PRESERVATION PARCEL 'B'

ZONED RC-DEO
 TAX MAP NO.: 7 GRID NO.: 19 PARCEL NO.: 112
 FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=40' DATE: NOVEMBER, 2014

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2855

COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 11/7/15
To: DILP (Person's Name and Division)
From: STEPHANIE THITE (410) 461-2855 x 533 (Your Name, Company Name and Telephone Number)
Subject: Project name LAYTON KNOLL, LOT 1
Project site address 2771 FLORENCE ROAD
Building permit # B14004193 SDP #
Other information pertinent to this project

- ✓ Please check the attachments below that you are submitting with this transmittal:
Letter of response to Howard County plan review code letter
Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
Structural steel certification
Energy conservation calculations
Certification for (be specific).
X2 Copies of REVISED PERMIT PLAN (be specific). (REVISE HOUSE ELEV'S)
Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or #
Other

Is there anyone else that should be contacted regarding this project if there are questions?
If so, please list that person's name and telephone number below:

(Person's name) (Telephone number)

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by [Signature]

white: Plan Review Division
yellow: Applicant
pink: Permit Division

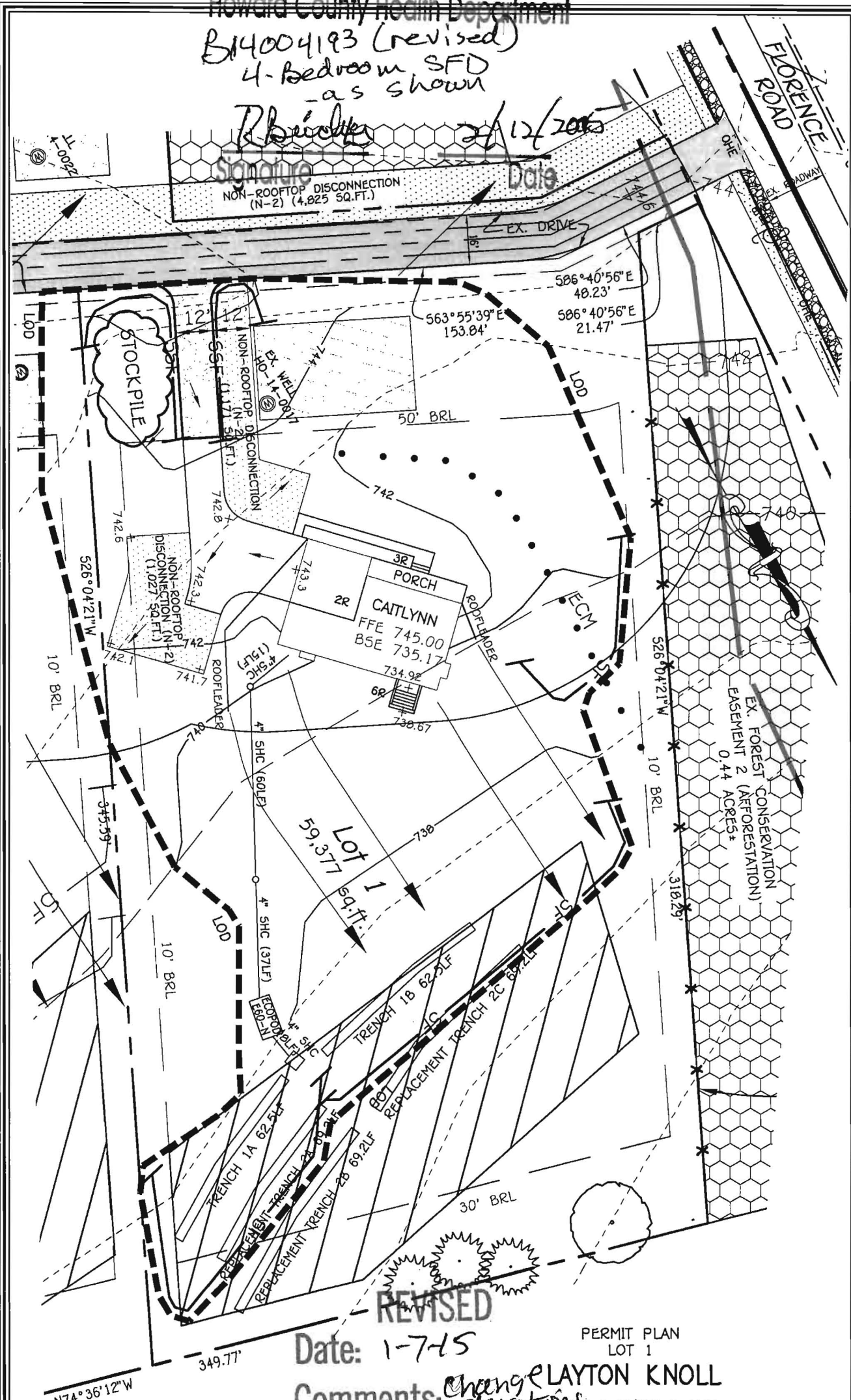
Approved Septic System Plan
Howard County Health Department

B14004193 (revised)
4-bedroom SFD
- as shown

R. Bricker 2/12/2015

Signature Date

NON-ROOFTOP DISCONNECTION
(N-2) (4,825 SQ.FT.)



REVISED

Date: 1-7-15

PERMIT PLAN
LOT 1

Comments: *Change elevations*
B14004193 & NON-BUILDABLE PRESERVATION PARCEL 'B'

LAYTON KNOLL
1 THRU 6 AND
BUILDABLE PRESERVATION PARCEL 'A'

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

ZONED RC-DEO
TAX MAP NO.: 7 GRID NO.: 19 PARCEL NO.: 112
FOURTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=40' DATE: JANUARY, 2015

