



# 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: 5/18/15

Permit No.: B15002014

Building Address: 11921 Farside Rd.  
 City: Ellicott City State: MD Zip Code: 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Single Family  
 Proposed Use: Single Family  
 Estimated Construction Cost: \$ 125,000  
 Description of Work: Remodel interior 93 per persons submitted including Master Suite, office and kitchen. (1285sq. ft total remodeled)

Occupant or Tenant: owner  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: Bill & Barbara Metcalf  
 Address: 11921 Farside Rd.  
 City: Ellicott City State: MD Zip Code: 21042  
 Phone: 301-343-5286 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Bill & Barbara Metcalf  
 Address: 11921 Farside Rd.  
 City: Ellicott City State: MD Zip Code: 21042  
 Phone: 301-343-5286 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: S.D. Park Builder LLC  
 Address: 1050 Lake Claire Dr.  
 City: Annapolis State: MD Zip Code: 21409  
 Phone: 410-757-6914 Fax: 410-757-6914  
 Email: sdparkbuilder@yahoo.com

Contractor Company: S.D. Park Builder LLC  
 Contact Person: Steve Park  
 Address: 1050 Lake Claire Dr.  
 City: Annapolis State: MD Zip Code: 21409  
 License No.: MHC #15848  
 Phone: 410-757-6914 Fax: 410-757-6914  
 Email: sdparkbuilder@yahoo.com

Engineer/Architect Company: Design Solutions Inc.  
 Responsible Design Prof.: Joni Mantos  
 Address: 1598 Whitehall Rd.  
 City: Annapolis State: MD Zip Code: 21401  
 Phone: 410-757-6100 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: <u>exists</u> 3692
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: <u>exists</u> 1586
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement <u>exists</u> 1555
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement <u>exists</u> 1365
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Crawl Space <u>exists</u> 282
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: <u>exists</u> 4
<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

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 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	
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] Print Name: Steven V. Park Sr.  
 Email Address: sdparkbuilder@yahoo.com Date: 05/15/15  
 Title/Company: owner/sdparkbuilder LLC

**RECEIVED**  
MAY 18 2015

**SDPARK-BUILDER @ YAHOO.COM**

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
Health		

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

Check Payment to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 PLEASE WRITE NEATLY & LEGIBLY\*\*  
 FOR OFFICIALS ONLY

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: \_\_\_\_\_

LICENSES & PERMITS DIVISION	
Filing Fee	\$ 25.00
Permit Fee	\$ 100.00
Tech Fee	\$ 10.00
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 135.00
Sub-Total Paid	\$
Balance Due	\$
Check #	2687

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

Dishwashed areas - Master Suite 834  
 Office 178  
 Kitchen 253  
 1285 Total dishwashed

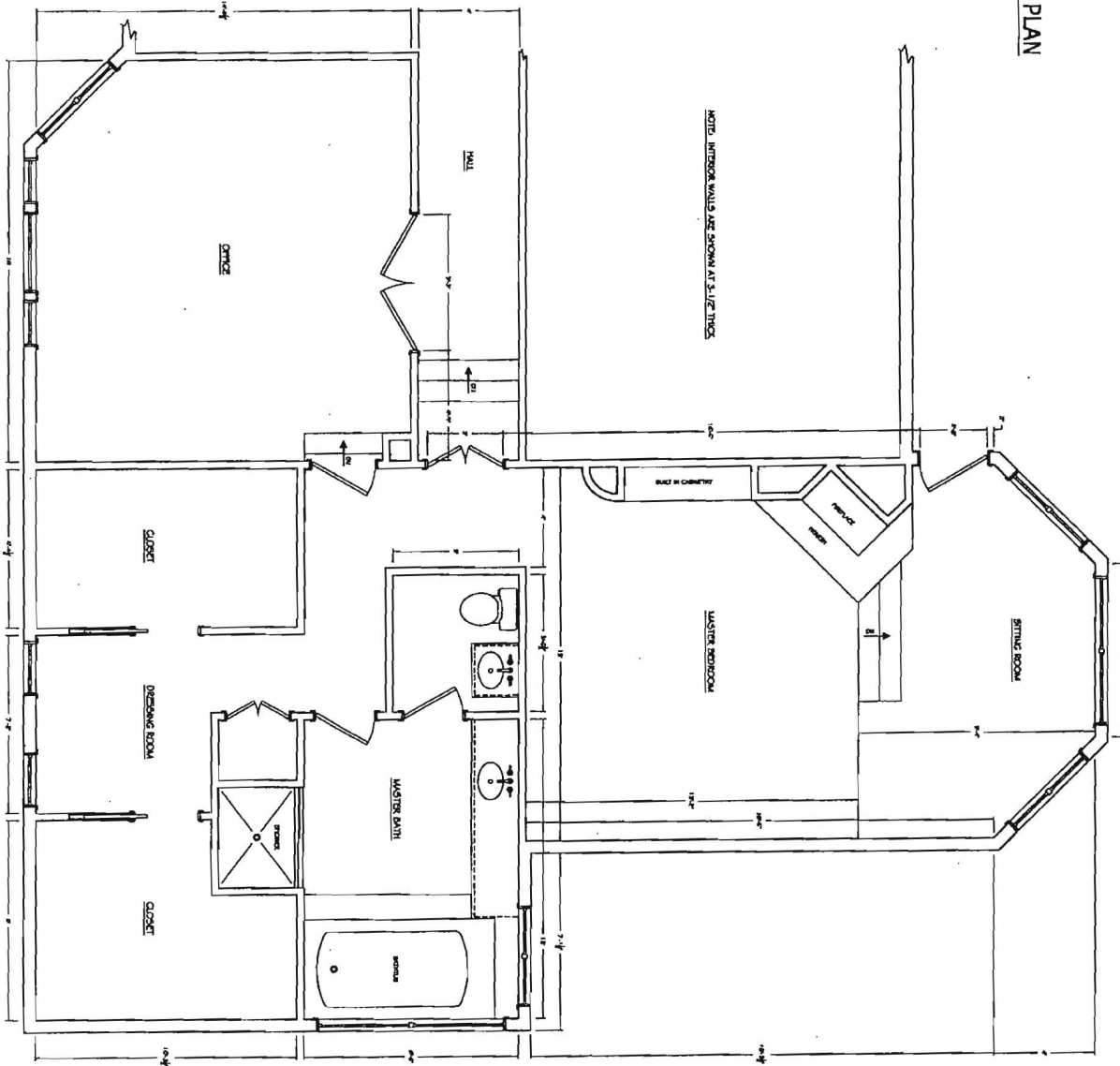
B15002014

2015 MAY 18 PM 2 34

DILP



EXISTING FLOOR PLAN



5'-1"

**MASTER BEDROOM & BATH**  
**PLAN**  
 METCALFE RESIDENCE  
 11921 FARNSIDE ROAD  
 ELLICOTT CITY, MD

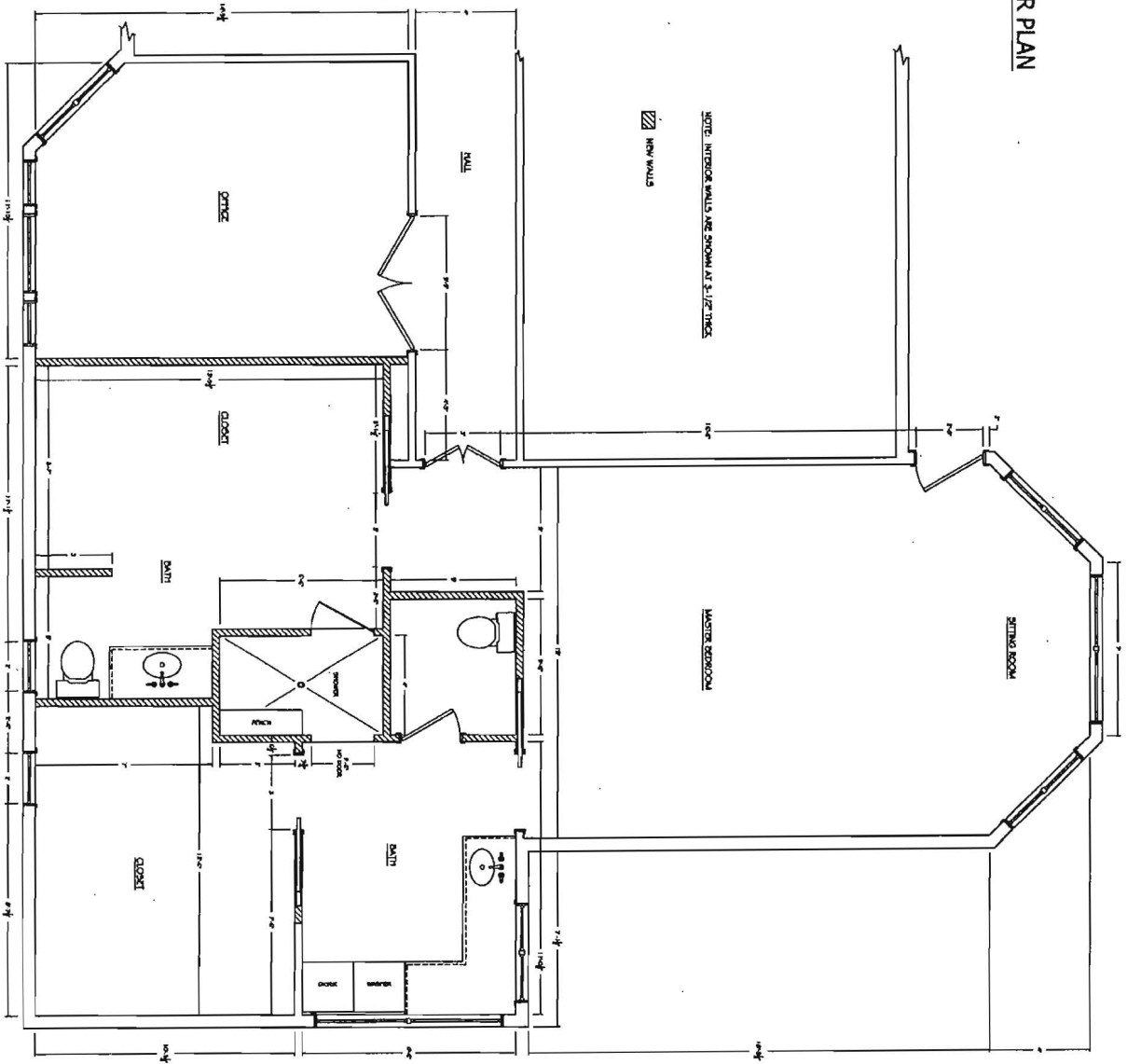
DRAWING  
 SCALE  
 1/2" = 1'  
 DESIGNER  
 JOHN ZIMMERMAN  
 DRAFTSMAN  
 EDR

DATES  
 MAY 11, 2015

ALL DIMENSIONS AND BEST DESIGNATIONS  
 GIVEN ARE SUBJECT TO VERIFICATION ON  
 JOB SITE AND ADJUSTMENT TO JOB  
 CONDITIONS.  
 DESIGN PLANS ARE PROVIDED FOR USE BY  
 THE CLIENT AND OR THEIR AGENT IN  
 COMPLETING THE PROJECT LISTED WITHIN  
 THIS CONTRACT. DESIGN PLANS REMAIN  
 THE PROPERTY OF THIS FIRM AND  
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**DESIGN SOLUTIONS, INC.**  
 1598 C WHITEHALL ROAD  
 ANNAPOLIS, MD 21409  
 PHONE: 410 757-6100  
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**RENOVATED FLOOR PLAN**



NOTE: INTERIOR WALLS ARE SHOWN AT 5/16\"/>

**MASTER BEDROOM & BATH**  
**METCALFE RESIDENCE**  
 11921 FARSIDE ROAD  
 ELLICOTT CITY, MD

**PLAN**  
 DRAWING  
 SCALE  
 1/2" = 1'  
 DESIGNER  
 JONI ZIMMERMAN  
 CDD CBD  
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