



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: 9/5/14

Permit No.: B14003231

Building Address: 2520 GOOSE CHASE WAY
 City: W. FRIENDSHIP State: MD Zip Code: 21794
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: CLAYFIELD II
 Section: _____ Area: _____ Lot: 5
 Tax Map: 0015 Parcel: 0119 Grid: 0007
 Zoning: _____ Map Coordinates: _____ Lot Size: 45,262 SF
1003 AC

Property Owner's Name: SPRING HILL, LLC
 Address: 5480 BALT. MOSE NATIONAL PIKE
 City: ELICOTT CITY State: MD Zip Code: 21041
 Phone: 410-465-4244 Fax: 410-750-1947
 Email: cmoxley@siggroup.com
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: CATONSVILLE HOMES, LLC
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: VACANT LOT
 Proposed Use: SFD
 Estimated Construction Cost: \$ 450,000
 Description of Work: SFD "CHAPEL HILL", 2 STORY
W/3 CAR GARAGE, PARTIALLY
FINISHED BASEMENT
 Occupant or Tenant: OLC
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: CATONSVILLE HOMES, LLC
 Contact Person: PAM WALTER
 Address: 11175 STRATFIELD CT
 City: MARRIOTTSVILLE State: MD Zip Code: 21104
 License No.: 13853159 / 990
 Phone: 410-442-2211 Fax: 410-442-2215
 Email: pwalter@catonsvillehomes.com

Engineer/Architect Company: PLYMOUTH ROAD ARCHITECTS
 Responsible Design Prof.: LISA WENRICH
 Address: 640 PLYMOUTH ROAD
 City: CATONSVILLE State: MD Zip Code: 21228
 Phone: 410-788-0281 Fax: 410-788-1033
 Email: lwenrich@plymouthroadarchitects.com

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 <u>PARTIAL</u>	
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	<u>Multi-family Dwelling</u>	
<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:	
<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	

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	
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	
Grading Permit Number: <u>614000291</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: [Signature]
 Email Address: pwalter@catonsvillehomes.com
 Title/Company: MEMBER / CATONSVILLE HOMES, LLC

Print Name: FRANK E. ROTEPAN, III
 Date: 9/5/14
RECEIVED
 SEP 05 2014
 LICENSES & PERMITS DIVISION

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>9/4/14</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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 20731



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: September 19, 2014

TO: Pam Walter (Applicant / Contractor)
Via-e-mail: pwalter@catonsvillehomes.com

RE: **Building Permit # B14003231**
2520 Goose Chase Way
West Friendship, Maryland 21794

Mrs. Walter,

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

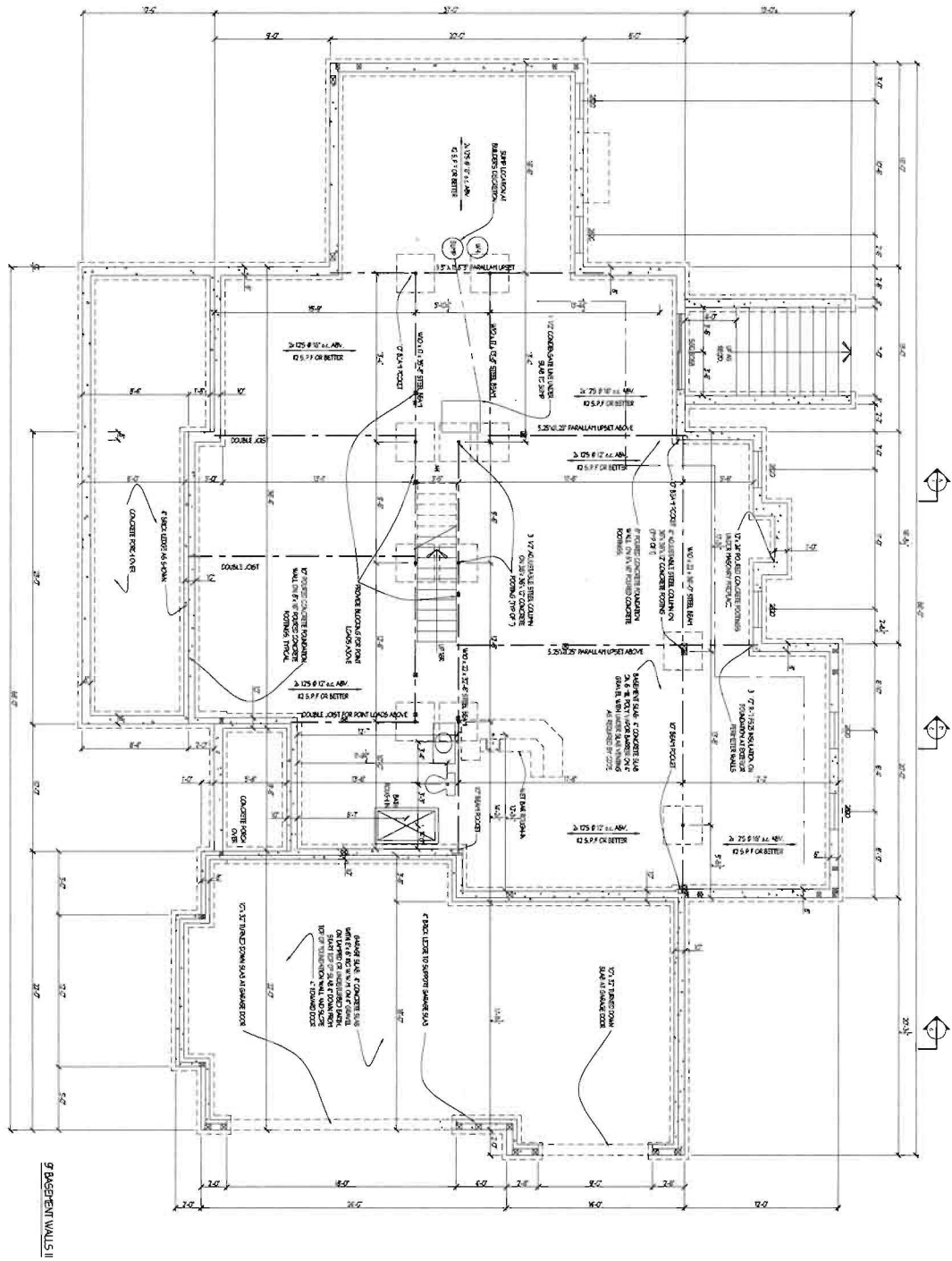
- Floor plans for the proposed house must be submitted to confirm if the septic design submitted will support the number of bedrooms proposed.
- The note: **Septic System trench design provided by the Howard County Health department must be removed.** We provided guidance and information but we do not design the trenches or septic easement. The purpose of submitting a BAT plan is to get our approval. We cannot provide plans we are approving.
- Please submit 2 revised copies of your BAT plan without the note.

Your building permit will be placed "on hold" until all Howard County 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
Lisa Wenrich- Engineer/Architect
Via e-mail-lwenrich@plymothroadarchitcts



Final Set 9/29/14
 3/29/2014
 Copyright © 2014

FINAL SET 9/29/14

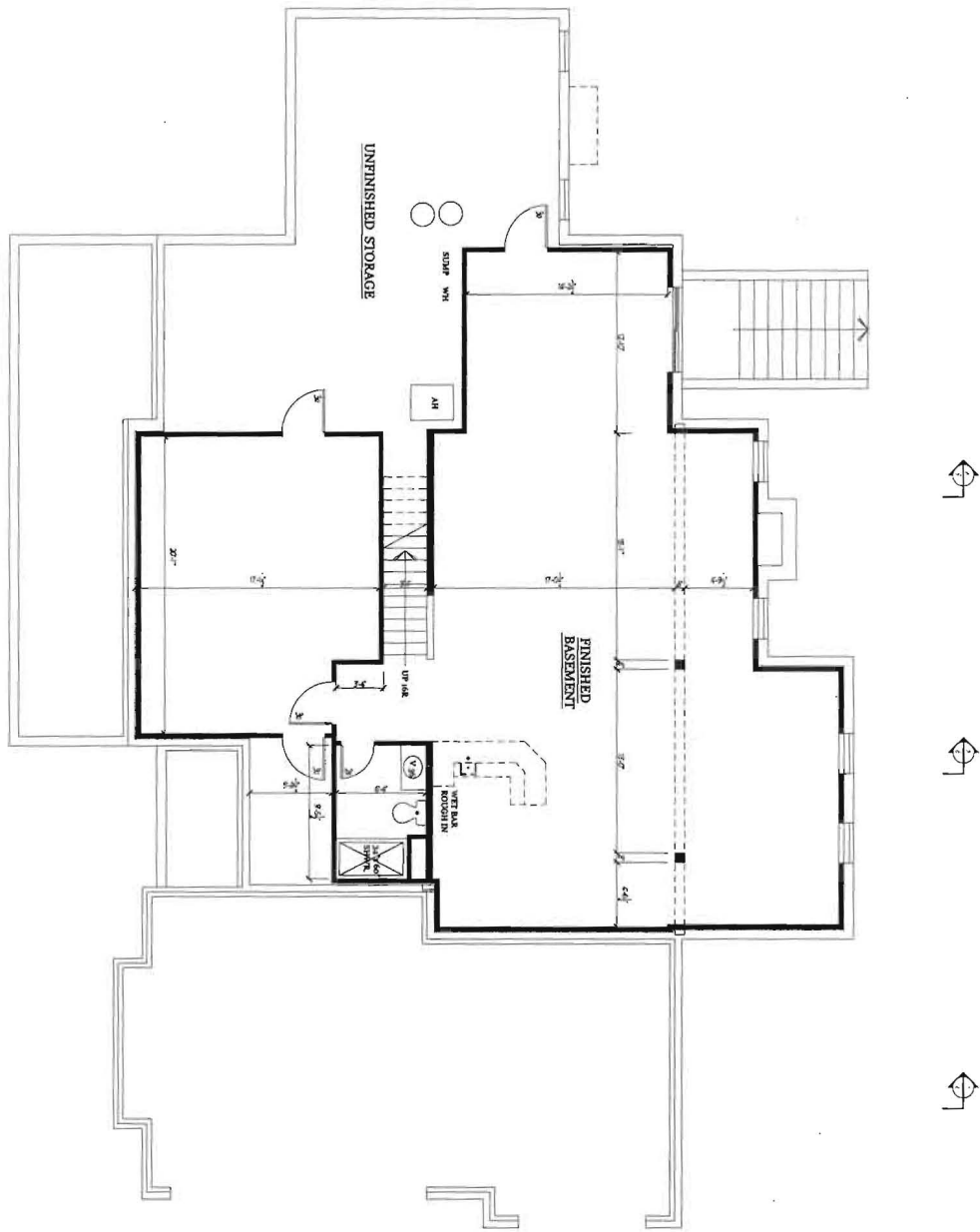
2

Project No.: C14.08
 Date: 7/14
 Scale: 1/4" = 1'-0"

Drawing: BASEMENT/ FOUNDATION PLAN
 Project: CATONSVILLE HOMES
 CHAPEL HILL
 CLOVERFIELD II LOT 5

Notes:

Plymouth Road Architects
 640 Plymouth Road, Baltimore, MD 21229, 410-788-0281
 PlymouthRoadArchitects.com



FINAL SET 8/20/14

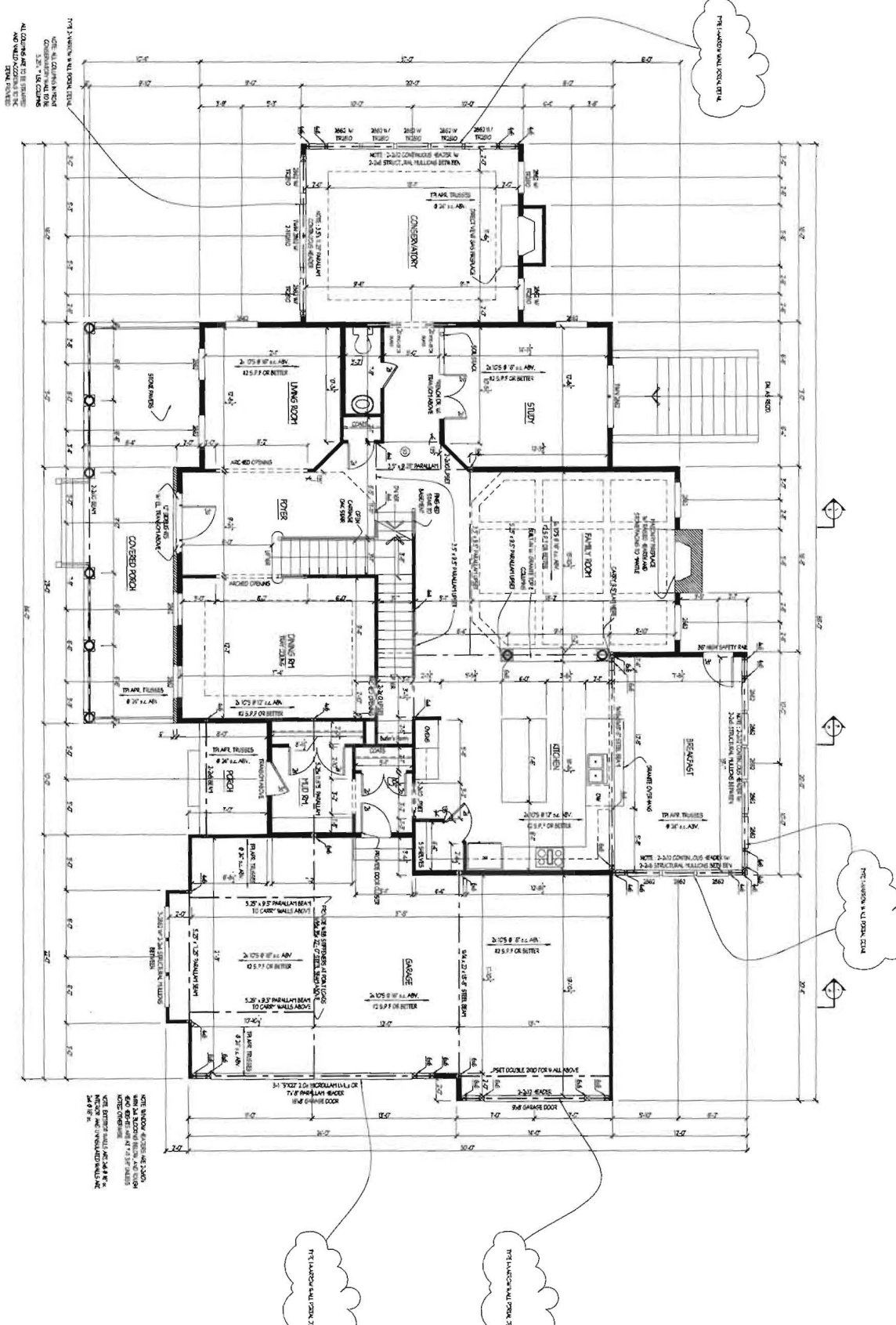
216

Project No.: C14.08
 Date: 7/14
 Scale: 1/4"=1'-0"

Drawing: FINISHED BASEMENT PLAN
 Project: CATONSVILLE HOMES
 CHAPEL HILL
 CLOVERFIELD II LOT 5

Notes:

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NOTE: ALL DIMENSIONS ARE TO FACE UNLESS OTHERWISE NOTED. ALL DIMENSIONS ARE TO BE VERIFIED BY THE CONTRACTOR AND NOTED ACCORDINGLY IN THE FIELD NOTES.

NOTE: WINDOW SIZES ARE TO FACE UNLESS OTHERWISE NOTED. ALL WINDOW SIZES ARE TO BE VERIFIED BY THE CONTRACTOR AND NOTED ACCORDINGLY IN THE FIELD NOTES.

THE LANDING WALL ROOM STAIR

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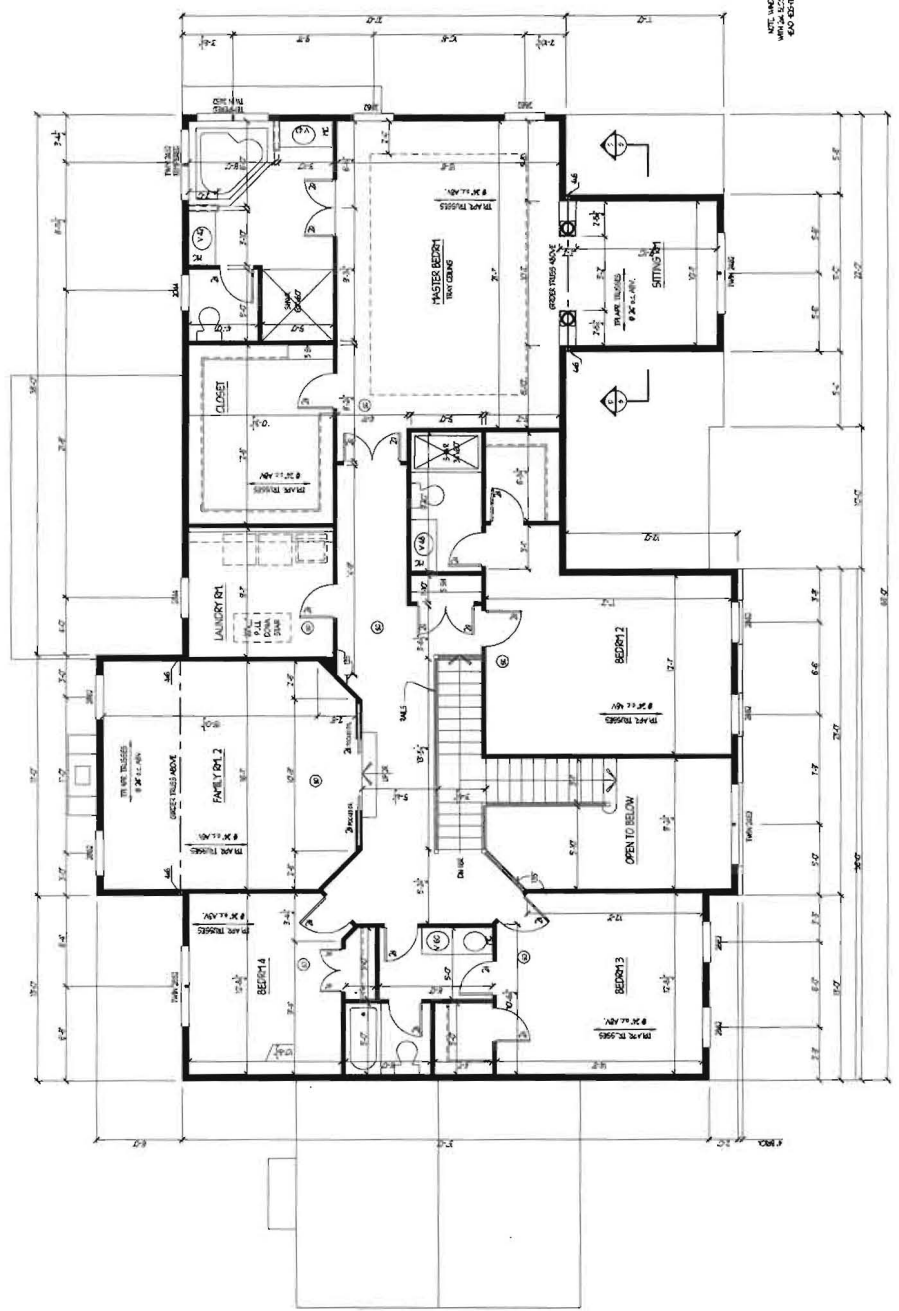
THE LIVING WALL ROOM STAIR

Revised: Revised: Revised: 9/29/14

3	Project No.: C14.08	Drawing: FIRST FLOOR PLAN	Notes:
	Date: 7/14	Project: CATONSVILLE HOMES CHAPEL HILL CLOVERFIELD II LOT 5	
Scale: 1/4"=1'-0"	Plymouth Road Architects 640 Plymouth Road, Baltimore, MD 21229 - 410-788-0281 PlymouthRoadArchitects.com		

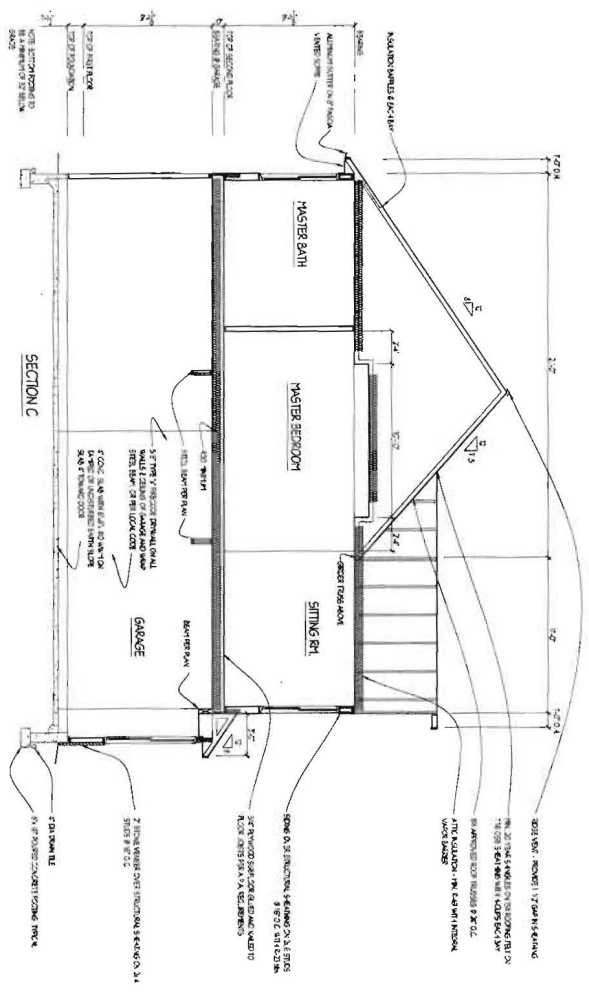
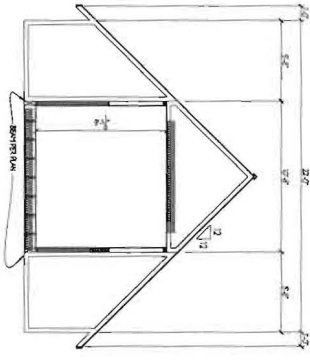
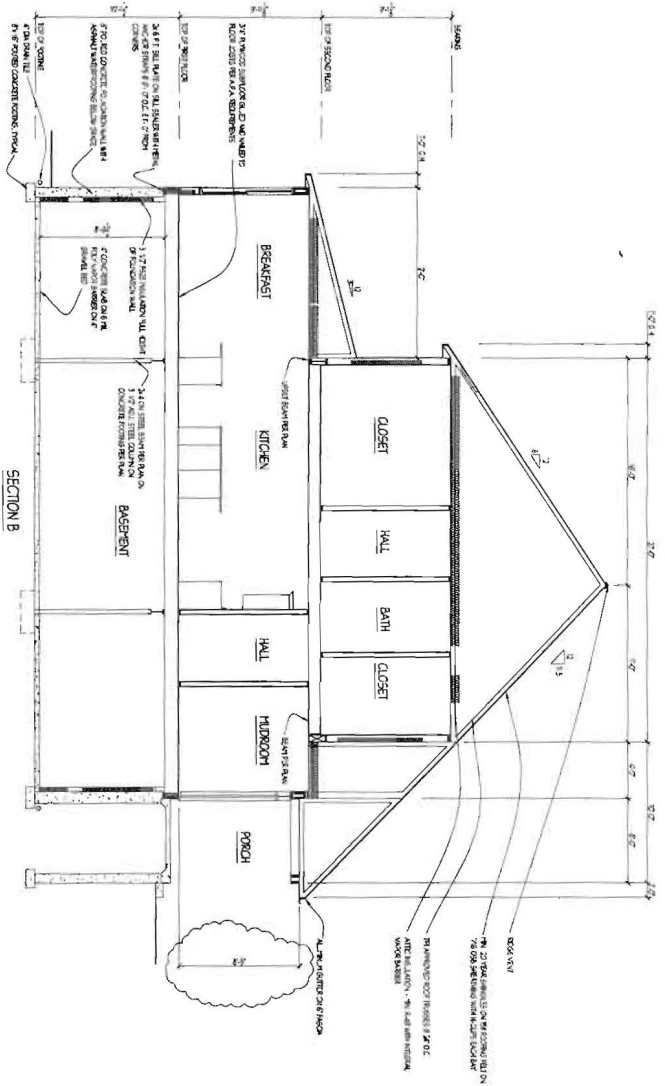
FINAL SET 8/20/14

9/29/2014 ESD/HT
 Owner: MR. CUSPERS/MS. WELLS



NOTE: WINDOW SIZES ARE 2015
 WITH 1/2" CASING BEYOND. ALL DOORS
 6-0" BEYOND ALL 1/2" CASING
 UNLESS SPECIFIED





FINAL SET 8/20/14

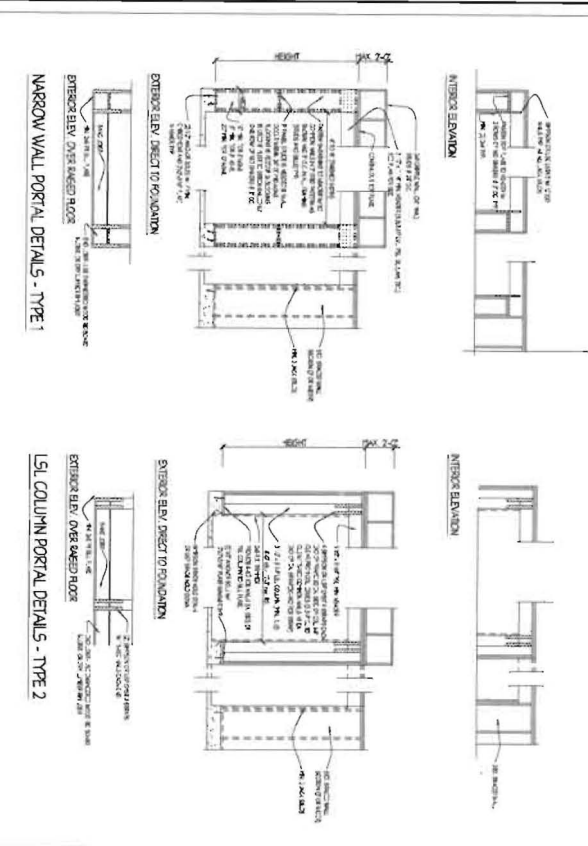
Project No.: C14.08
 Date: 7/14
 Scale: 1/4" = 1'-0"

Drawing: SECTION B & C
 Project: CATONSVILLE HOMES
 CHAPEL HILL
 CLOVERFIELD II LOT 5

Notes:

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 640 Plymouth Road, Baltimore, MD 21229 - 410-788-0281
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LENGTH REQUIREMENTS FOR BRACED WALL PANELS IN A CONTINUOUSLY SHEARED WALL

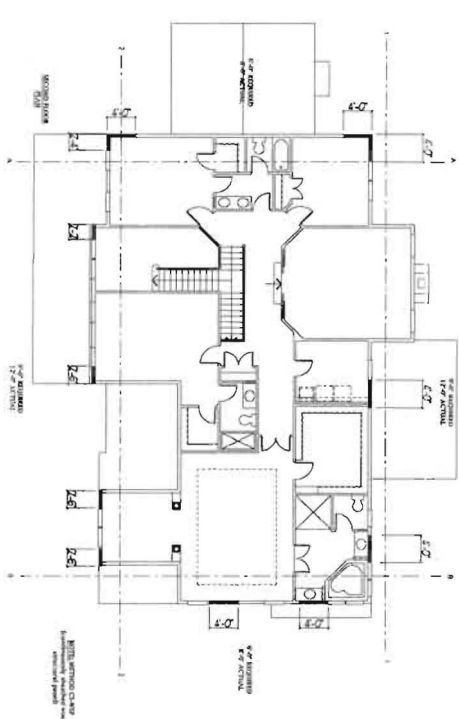
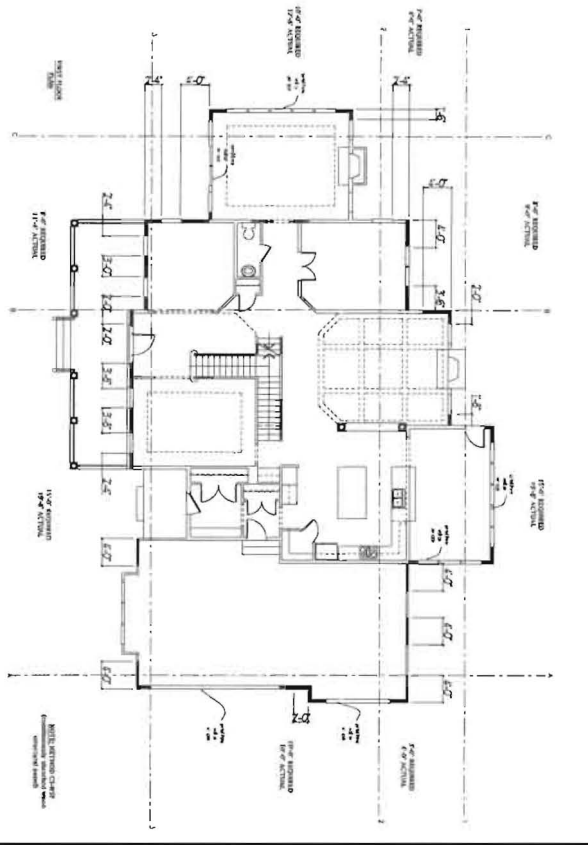
A Lateral braced wall panel is defined as a wall segment that is supported by a brace at one end and is braced at the other end by a brace or by a wall segment that is braced at both ends.

Panel Length (ft)	Panel Width (ft)	Panel Area (sq ft)
4	1	4
8	1	8
12	1	12
16	1	16
20	1	20

NOTE:

1. WALL BRACING SHALL BE PROVIDED IN ACCORDANCE WITH SECTION 05110. BRACING SHALL BE PROVIDED IN ALL WALL PANELS THAT ARE LONGER THAN 16 FEET AND WIDER THAN 12 FEET. BRACING SHALL BE PROVIDED IN ALL WALL PANELS THAT ARE LONGER THAN 16 FEET AND WIDER THAN 12 FEET. BRACING SHALL BE PROVIDED IN ALL WALL PANELS THAT ARE LONGER THAN 16 FEET AND WIDER THAN 12 FEET.

2. THE LENGTH OF WALL BRACING SHALL BE DETERMINED BY THE BRACING MANUFACTURER'S RECOMMENDATIONS.



REVISED 9/29/14



Drawing: SHEATHING DETAILS
 Project: CATONSVILLE HOMES
 CHAPEL HILL
 CLOVERFIELD II LOT 5

Date: 8/14
 Scale: 1/8"=1'-0"
 Drawn: TIM

DATE	REVISION	DATE	REVISION

Plymouth Road Architects
 640 Plymouth Road Baltimore, MD 21229
 Phone: 410-788-0281 PlymouthRoadArchitects.com