



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: 1-14-15

Permit No.: B15000126

Building Address: 17405 FRANKICK RD
 City: MT Airy State: MD Zip Code: 21771
 Suite/Apt. # _____ SDP (N)/BA #: 12-182
 Census Tract: _____ Subdivision: Coleman Ridge
 Section: _____ Area: _____ Lot: 1
 Tax Map: 7 Parcel: 349 Grid: 1
 Zoning: R20ED Map Coordinates: _____ Lot Size: 30,000

Existing Use: Vacant land
 Proposed Use: SFD
 Estimated Construction Cost: \$ 200,000
 Description of Work: 4 Bdr room 3.5 bath 2 story Colonial, unfinished basement

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

Property Owner's Name: Vivie Colianne
 Address: 815 Windsor Dr
 City: Sykesville State: MD Zip Code: 21784
 Phone: 410-854-5164 Fax: _____
 Email: _____

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

Contractor Company: Viking Development Corp
 Contact Person: Cary Cumberland
 Address: 815 Windsor Dr
 City: Sykesville State: MD Zip Code: 21784
 License No.: 185
 Phone: 410-977-2188 Fax: _____
 Email: _____

Engineer/Architect Company: Cadd Works
 Responsible Design Prof.: Dennis
 Address: 332 West Patrick St
 City: Fredrick State: MD Zip Code: 21701
 Phone: 301-695-912 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: <u>35</u>	<u>50</u>
	2 nd floor: <u>35</u>	<u>33</u>
Area of construction (sq. ft.):	Basement: <u>44</u>	<u>58</u>
	<input type="checkbox"/> Finished Basement	
Use group:	<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:	
Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Trade Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	RECEIVED
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	LICENSES & PERMITS DIVISION
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	AN 1-4-15
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	LICENSES & PERMITS DIVISION
<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	LICENSES & PERMITS DIVISION
Grading Permit Number: <u>61400323</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 Signature: Cary Cumberland Print Name: Cary Cumberland
 Email Address: Cary@VikingCustomHomes.com Date: 1-12-15
 Title/Company: President / Viking Development

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		

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>700</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>11454</u>

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



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: 5/7/15

Permit No.: B15001861

Building Address: 17405 Fredendal Rd
 City: AST State: MD Zip Code: 21771
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Coleraine Dist
 Section: _____ Area: _____ Lot: _____
 Tax Map: 7 Parcel: 349 Grid: 1
 Zoning: _____ Map Coordinates: _____ Lot Size: 3,000

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 3,000
 Description of Work:
 install 1000 gallon in-ground propane tank

Occupant or Tenant:
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
Construction type:	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input 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:
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units:
	No. of 1 BR units:
	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: Clayton McManus
 Address: 11403 Appleton Lane
 City: Greenbelt State: MD Zip Code: 20876
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Jeremy C. Carney
 Address: PO Box 1750
 City: Greenbelt State: MD Zip Code: 20876
 Phone: 443-245-1200 Fax: _____
 Email: jcarney@suppliesandpermits.com

Contractor Company: Tech Air
 Contact Person: Jeff Carney
 Address: 1500 Ardross Center Dr
 City: Beltsville State: MD Zip Code: 20857
 License No.: 63124
 Phone: 443-545-4100 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 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 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:

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: Jeremy C. Carney
 Email Address: jcarney@suppliesandpermits.com
 Title/Company: Permits

Print Name: Jeremy C. Carney
 Date: 5/7/15

NOTES:

1. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
2. ACCURACY OF SETBACK DIMENSIONS: 0.3'
3. ACCURACY OF ELEVATIONS: 0.2'
4. THE PROPERTY SHOWN HEREON LIES IN ZONE "X" AS SHOWN ON FLOOD INSURANCE RATE MAP NO. 24027C0030D DATED: 11/06/2013.



FREDERICK RD. (MD. ROUTE 144)
 STATE ROAD, INTERMEDIATE ARTERIAL
 EX. 66' RW PROP. 80' RW SCENIC ROAD

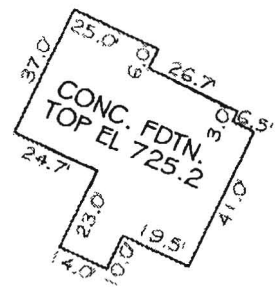
PUBLIC 100-YEAR FLOODPLAIN &
 DRAINAGE & UTILITY EASEMENT
 28111 SQ. FT. ±
 0.6454 ACRES ±

OK TO SCAN

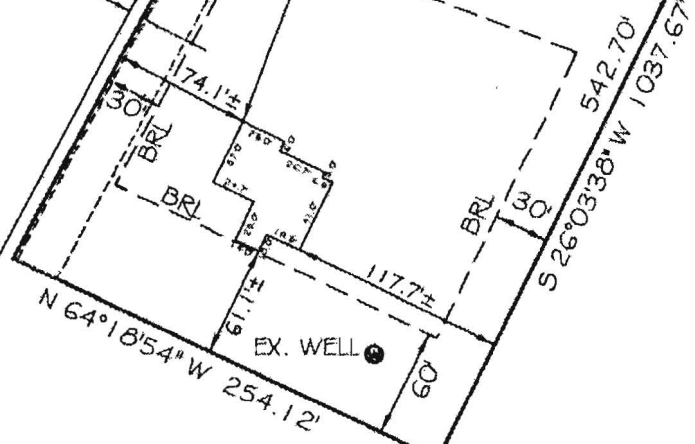
Permit/Lic # B15000126
 Title WALL CHECK
 By T. FREY
 Date 6-3-15
 Scanned by 10

LOT 1
 130,680 SQ. FT. ±
 3.0000 ACRES ±

PRIVATE 24' USE-IN-COMMON
 EASEMENT FOR INGRESS, EGRESS, AND
 MAINTENANCE FOR LOTS 1 AND 2.



DETAIL
 1" = 50'



THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER FUTURE IMPROVEMENTS. IT WAS PREPARED UNDER MY DIRECT SUPERVISION AND REVIEW IN ACCORDANCE WITH SEC. 16-13.06.06 OF THE ANNOTATED CODE OF MD.

G. Scott Shanaberger
 G. SCOTT SHANABERGER, PROFESSIONAL SURVEYOR, No. 10849
 LICENSE EXPIRATION DATE 4/2/2016
SHANABERGER & LANE
 8726 TOWN AND COUNTRY BLVD., SUITE 201
 ELLICOTT CITY, MD. 21043
 (410)461-9563 FAX: (410)461-9693

FOUNDATION LOCATION DRAWING
LOT 1 COLEIANNE PROPERTY
17405 FREDERICK ROAD
 PLAT # 22714
 TAX MAP 7 GRID 1 PARCEL 349
 4th ELECTION DISTRICT HOWARD COUNTY, MD.
 SCALE: 1"=100' DATE: 3/24/2015

B15000126

HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

Permission is hereby granted by the Howard County Department of Inspections, Licenses & Permits for an entrance permit:

Owner Vince Colavanne Phone 410 984-8164

Address 815 WINDROW ST Sykesville MD 21784

New Building Address
17405 Frederick Rd Mt Airy MD 21771

For what use: Entrance To _____

Name of Contractor or Builder Viking Development Corp

Address 815 WINDROW ST Sykesville MD 21784

The applicant hereby certifies and agrees as follows: (1) that he is the owner or the duly authorized agent of the owner to make this application; (2) that he has read all of the information set forth and that the same is correct; (3) that the permit, when issued, may be declared void should said information be incorrect; (4) that he will comply with all rules and regulations of Howard County Bureau of Highways; (5) that he will perform no work on the entrance not specifically described in this permit.

It must be noted that a use & occupancy permit will not be issued until entrance is completed to Bureau of Highways Standards & Specifications.

It is agreed and understood by the acceptance of this permit, the following conditions will be followed.

- A. The construction of the entrance or approach will, in no way, change the grade/and or alignment of any existing drainage ditches or structures. In the event same are damaged or destroyed, they shall be replaced to the satisfaction of the Howard County Department of Public Works representative.
- B. The right-of-way, affected by this permit, will be left in a neat and clean condition and no excess material will be permitted to remain on or adjacent to the right-of-way. Shoulders and flow-line areas disturbed shall be shaped up according to the Howard County Bureau of Highways Standards and Specifications. (For Driveway and Flow-line area.)

In consideration of the issuance of this permit, the applicant agrees that if he fails to comply with the above set-out standards and thereby causes damage to the Howard County Road System, that the applicant will be responsible to Howard County for such damage to its road system.

Sign [Signature]
(Name of applicant)

Address 815 WINDROW ST Sykesville MD 21784

Date 1-12-13 Approved _____

ATTENTION: The permit, when issued, is valid for period not to exceed six months.