



# 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: 1-22-14

Permit No.: B14 000227

Building Address: 5114 HONEY LOCUST COURT  
 City: ELLIOTT 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: VACANT  
 Proposed Use: SINGLE FAMILY RESIDENCE  
 Estimated Construction Cost: \$ 500,000  
 Description of Work: Build a new house at  
~~11111 Street~~

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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: <u>2</u>	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
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>5</u>
<input type="checkbox"/> State Certified Modular	<b>Multi-family Dwelling</b>
	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: OLUOLE OMITOWOJU  
 Address: 7020 JEWELERS HAND CIRCLE  
 City: COLUMBIA State: MD Zip Code: 21044  
 Phone: 443 821 0658 Fax: \_\_\_\_\_  
 Email: wolcomit@yahoo.com

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

Contractor Company: ORNER  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: GRL Custom Home Design, Inc  
 Responsible Design Prof.: GREG LITTLE  
 Address: Phonon 3152 Baltimore blvd.  
 City: Finksburg State: MD Zip Code: 21048  
 Phone: grip 443 250 4355 Fax: \_\_\_\_\_  
 Email: gblplans@qis.net

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private (shared)	
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G14000017</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: [Signature]  
 Print Name: OLUOLE OMITOWOJU  
 Email Address: WOLCOMIT@YAHOO.COM  
 Title/Company: \_\_\_\_\_

Date: 1/22/2014

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>[Signature]</u>

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

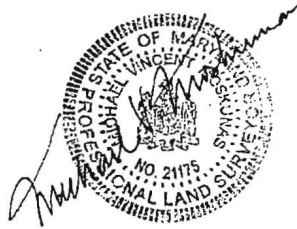
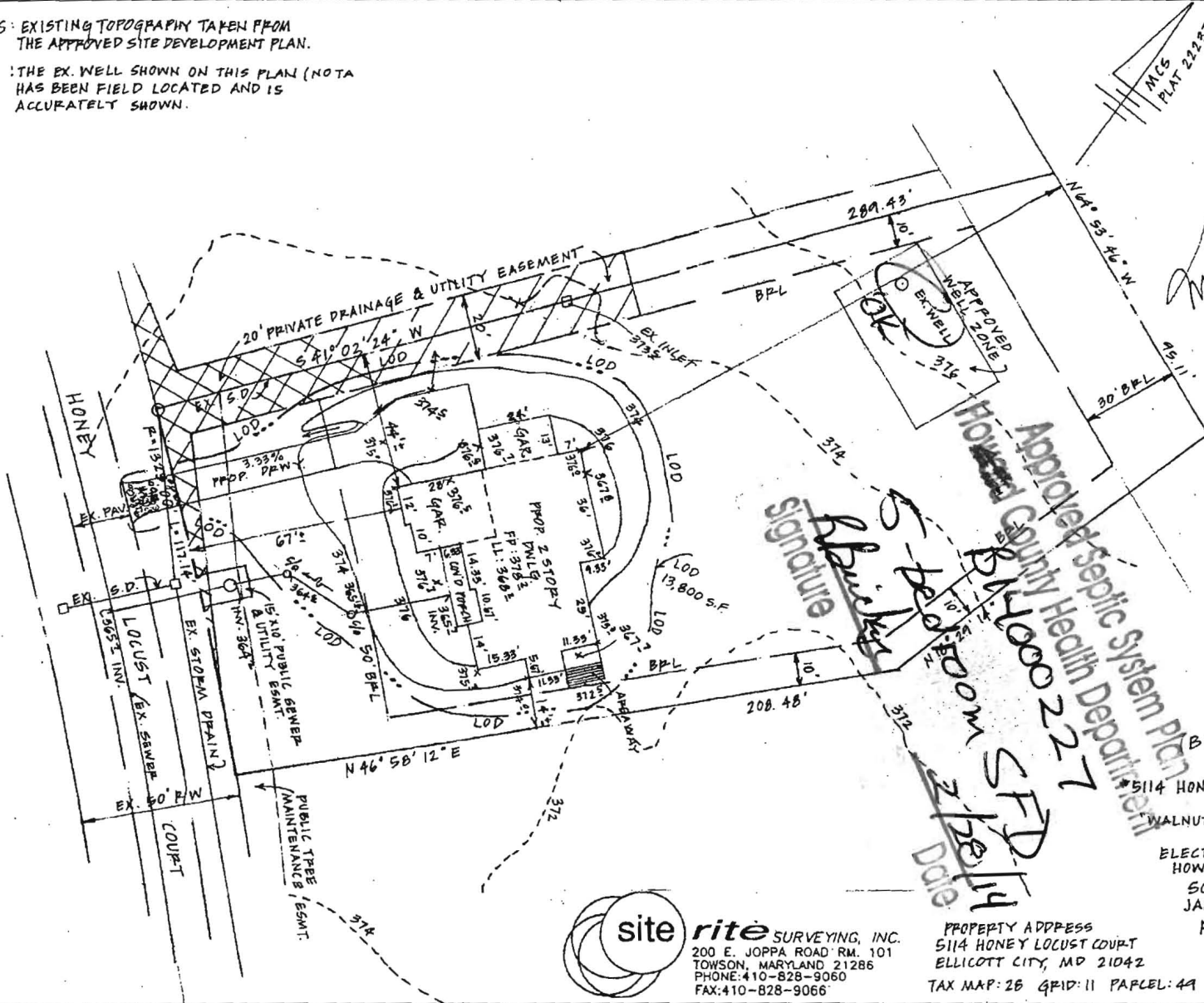
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>647</u>

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

NOTES: EXISTING TOPOGRAPHY TAKEN FROM THE APPROVED SITE DEVELOPMENT PLAN.

THE EX. WELL SHOWN ON THIS PLAN (NOTA HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.



REVISED  
 Date: 2/27/14  
 Comments: B14000227

Signature: *[Handwritten Signature]*  
 Date: 2/27/14  
 B14000227

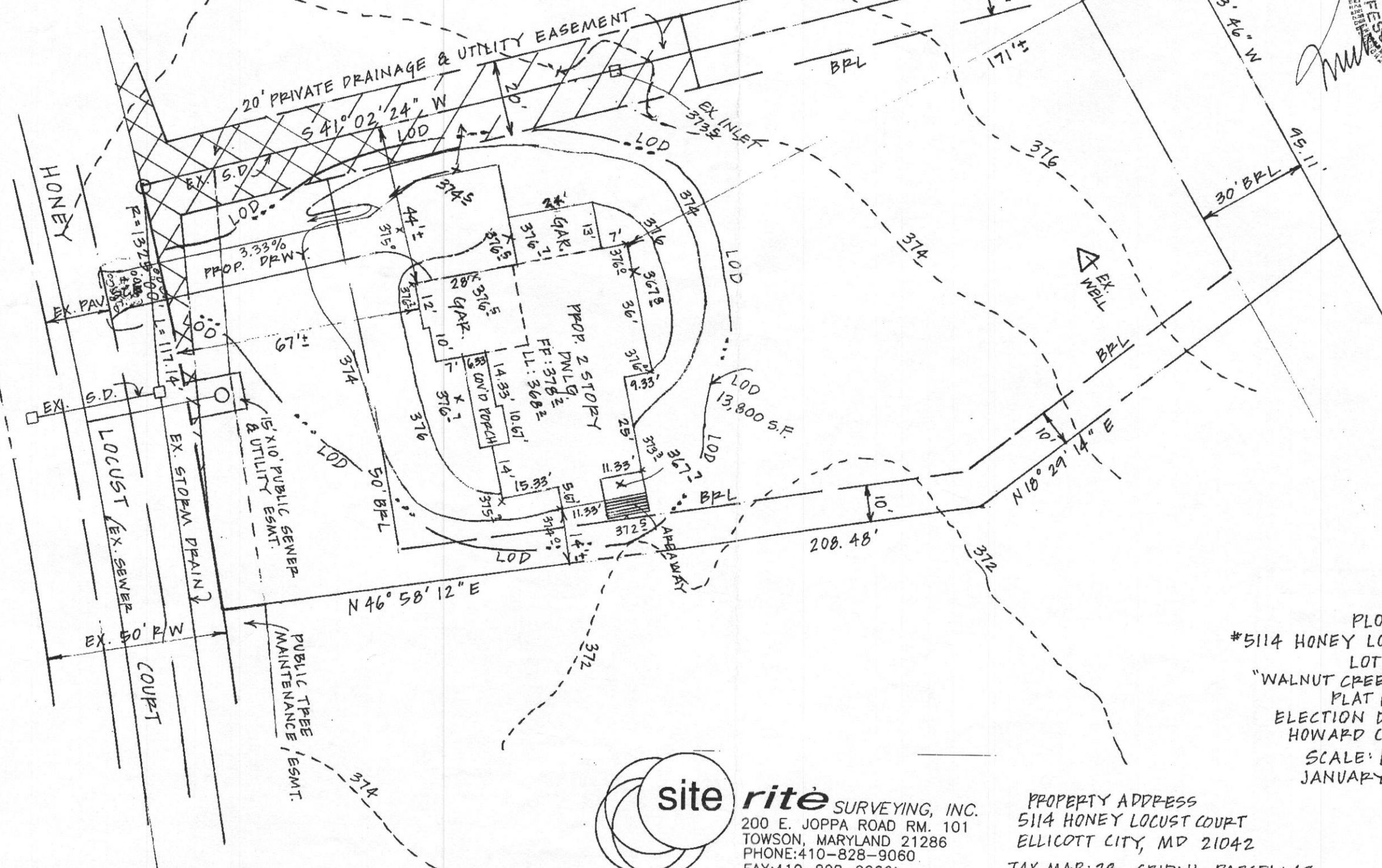
(B14000227)  
 PLOT PLAN  
 5114 HONEY LOCUST COURT  
 LOT 35  
 WALNUT CREEK PHASE TWO  
 PLAT NO. 22237  
 ELECTION DISTRICT NO. 5  
 HOWARD COUNTY, MD  
 SCALE: 1" = 30'  
 JANUARY 10, 2014  
 REVISED 2/13/2014

**site rite** SURVEYING, INC.  
 200 E. JOPPA ROAD RM. 101  
 TOWSON, MARYLAND 21286  
 PHONE: 410-828-9060  
 FAX: 410-828-9066

PROPERTY ADDRESS  
 5114 HONEY LOCUST COURT  
 ELLICOTT CITY, MD 21042  
 TAX MAP: 26 GRID: 11 PARCEL: 49

NOTES: EXISTING TOPOGRAPHY TAKEN FROM THE APPROVED SITE DEVELOPMENT PLAN.

MCS  
PLAT 22237



PLOT PLAN  
#5114 HONEY LOCUST COURT  
LOT 35  
"WALNUT CREEK PHASE TWO"  
PLAT NO. 22237  
ELECTION DISTRICT NO. 5  
HOWARD COUNTY, MD  
SCALE: 1" = 30'  
JANUARY 10, 2014

**site ritè** SURVEYING, INC.  
200 E. JOPPA ROAD RM. 101  
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PHONE: 410-828-9060  
FAX: 410-828-9066

PROPERTY ADDRESS  
5114 HONEY LOCUST COURT  
ELLICOTT CITY, MD 21042  
TAX MAP: 28 GRID: 11 PARCEL: 49

**Hurman, Laura**

---

**From:** Wole Omitowoju <woleomit@yahoo.com>  
**Sent:** Thursday, February 27, 2014 8:53 AM  
**To:** Hurman, Laura  
**Subject:** Site plan updated  
**Attachments:** siteplan\_5114\_HoneyLocust.pdf

Hello Ms Hurman

Here is the updated site plan for 5114 honey locust drive.

Grading permit # G14000017  
Building permit # B14000227

Thank you very much.

Wole Omitowoju

REVISED

Date: 2/27/14  
Comments: B14000227  
614000017

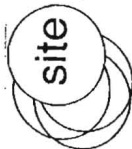


MCS  
PLAT 22237

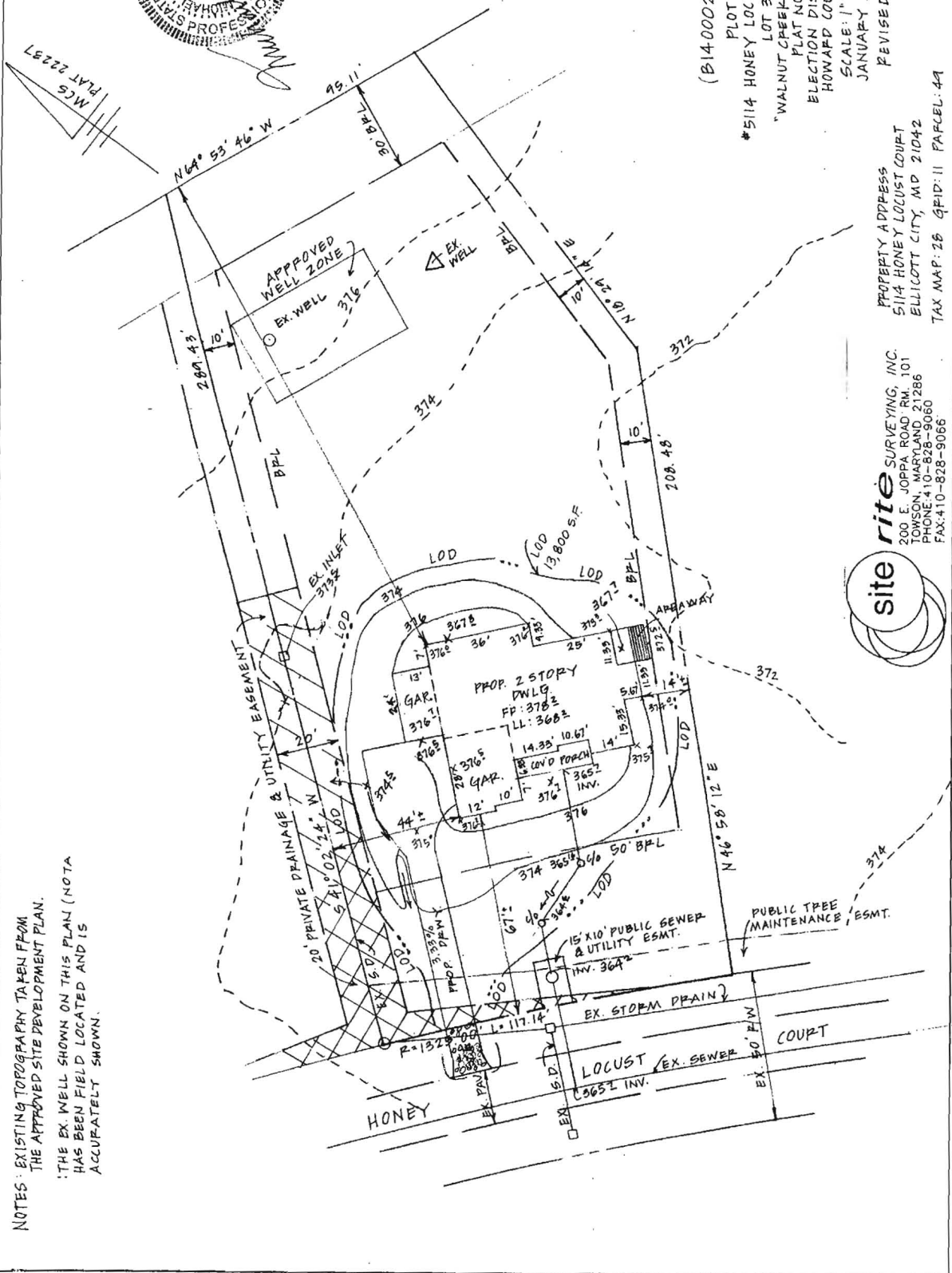
(B14000227)  
PLOT PLAN  
#5114 HONEY LOCUST COURT  
LOT 35  
"WALNUT CREEK PHASE TWO"  
PLAT NO. 22237  
ELECTION DISTRICT NO. 5  
HOWARD COUNTY, MD  
SCALE: 1"=30'  
JANUARY 10, 2014  
REVISED 2/13/2014

PROPERTY ADDRESS  
5114 HONEY LOCUST COURT  
ELLICOTT CITY, MD 21042  
TAX MAP: 28 GRID: II PARCEL: 44

site **rite** SURVEYING, INC.  
200 E. JOPPA ROAD, RM. 101  
TOWSON, MARYLAND 21286  
PHONE: 410-828-9060  
FAX: 410-828-9066



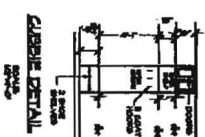
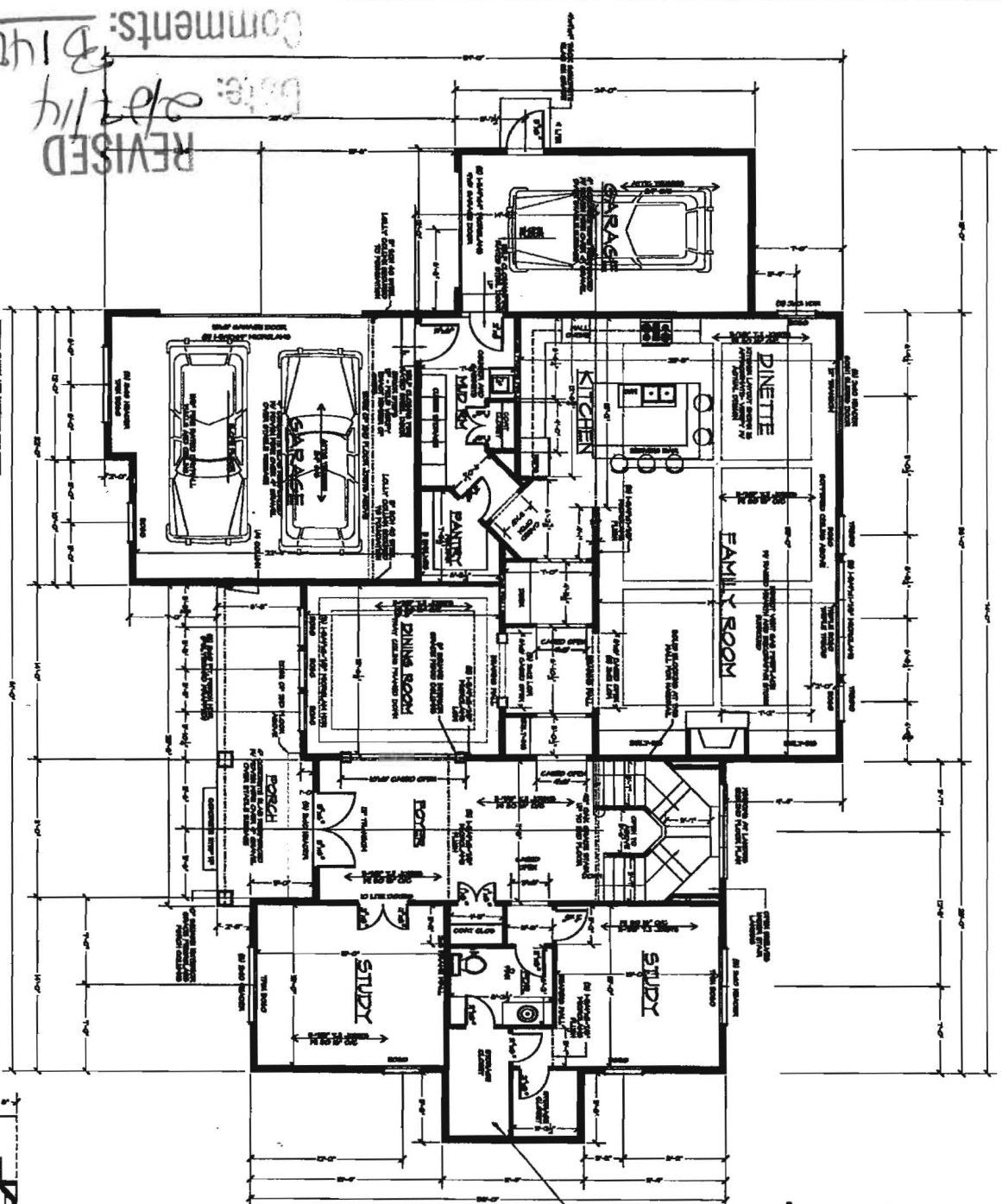
NOTES: EXISTING TOPOGRAPHY TAKEN FROM  
THE APPROVED SITE DEVELOPMENT PLAN.  
THE EX. WELL SHOWN ON THIS PLAN (NOTA  
HAS BEEN FIELD LOCATED AND IS  
ACCURATELY SHOWN.



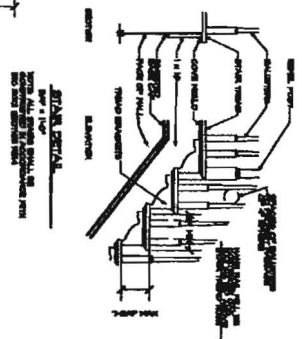
Comments: B1400027  
 Date: 2/27/14  
 REVISED

FIRST FLOOR FINISHING PLAN  
 THIS HOME TO BE FULLY SPRINKLED

ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE  
 FINISH FLOOR FINISH TO BE DETERMINED BY THE CLIENT



CHANGE  
 \*REMOVED  
 SHOWER FROM  
 FIRST FLOOR  
 BATHROOM \*  
 PAR HEAD  
 DEPARTMENT



SCALE: 1/4" = 1'-0"  
 DATE: 2/20/15  
 SHEET NO.: 4

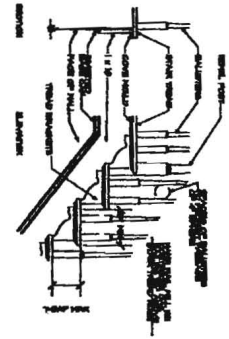
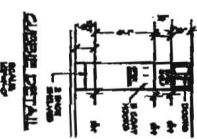
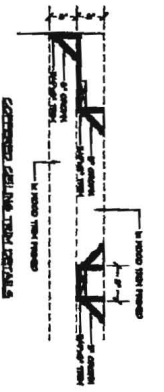
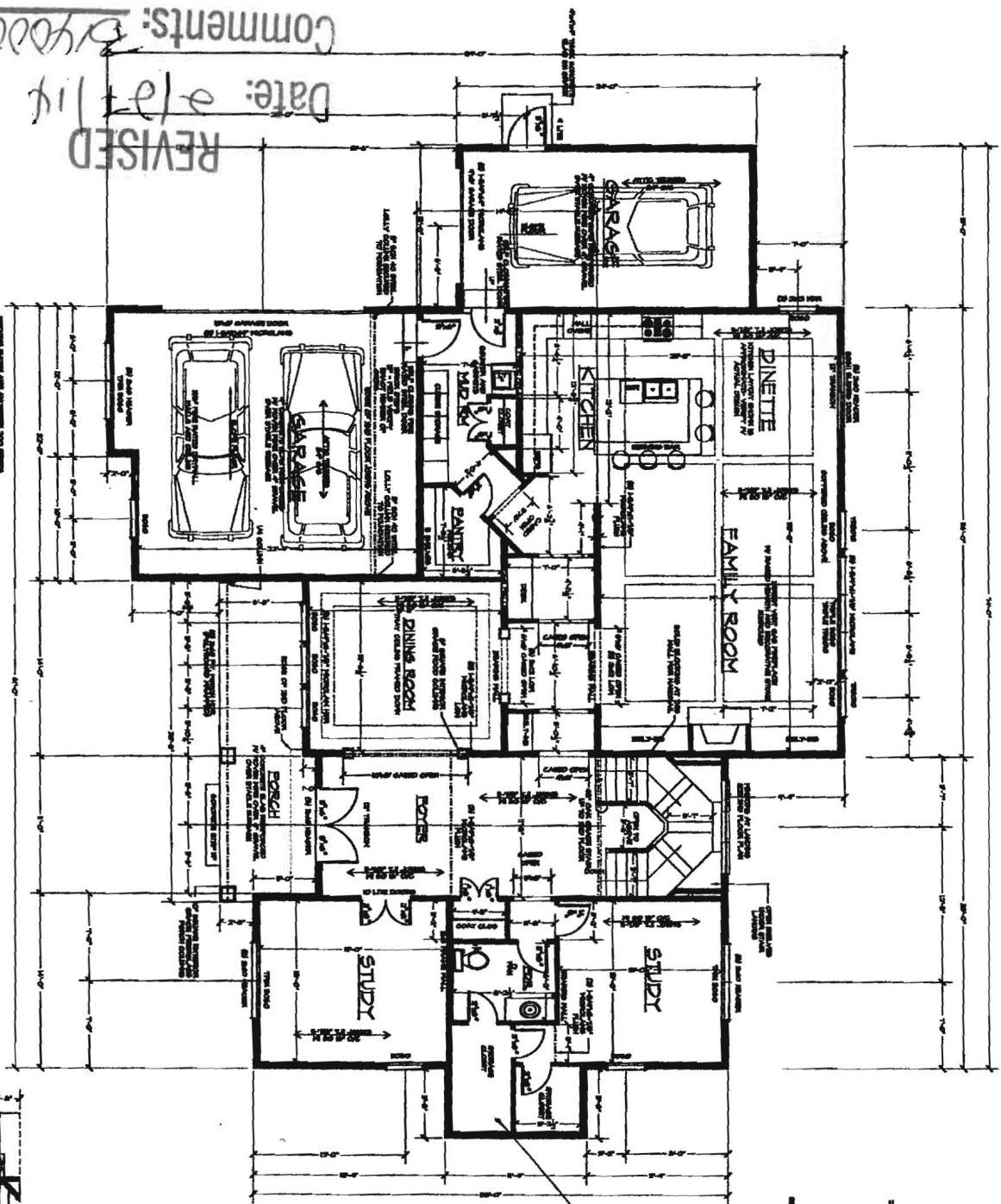
GBL CUSTOM HOME DESIGN INC.  
 PO BOX 327 PEORIA, IL 61604  
 PHONE 410-822-8220

THE OMITOWOJU RESIDENCE

Comments: 3/4/00  
 Date: 2/2/00  
 REVISED

FIRST FLOOR FINISHING PLAN  
 THIS HOME TO BE FULLY SPRINKLED

ALL DIMENSIONS UNLESS OTHERWISE NOTED  
 TO FACE UNLESS OTHERWISE NOTED  
 FROM CENTER LINE UNLESS OTHERWISE NOTED



CHANGE  
 \*REMOVED  
 SHOWER FROM  
 FIRST FLOOR  
 BATHROOM \*  
 PAR HEALTH  
 DEPARTMENT

SCALE 1/4" = 1'-0"  
 DTD: 9/2/00  
 SHEET NO. 4  
 GBL CUSTOM HOME  
 DESIGN INC.  
 PO BOX 827 FROTHINGHAM, MA 01908  
 PHONE 410-532-5330

THE OMITOWOJU RESIDENCE

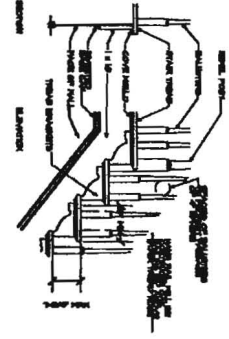
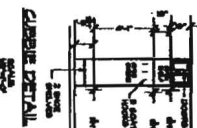
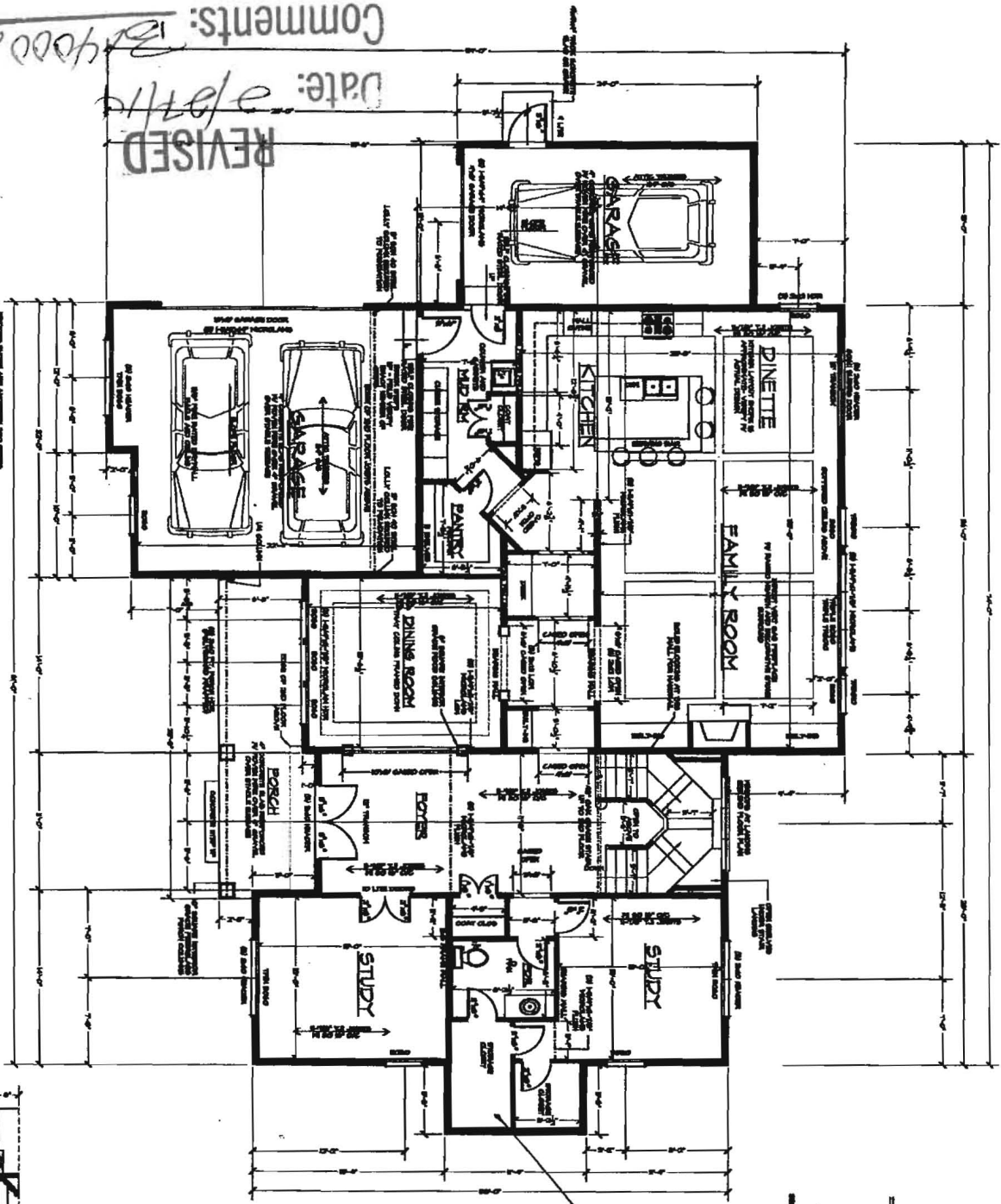
Comments: 2/4/00 227

Date: 2/17/00

REVISED

FIRST FLOOR FINISHING PLAN  
THIS HOME TO BE FULLY SPRINKLED

ALL DIMENSIONS UNLESS OTHERWISE NOTED  
ARE IN FEET AND INCHES. 1/4" = 1'-0"



CHANGE \*REMOVED \* SHOWER FROM FIRST FLOOR BATHROOM \* PAR HEADL DEPARTMENT

BUILD 1/4" = 1'-0"  
DOW 1/2/00  
SHEET NO. 4

GRI CUSTOM HOME DESIGN INC.  
PO BOX 827 FREDERICK, MD 21703  
PHONE 410-522-6280

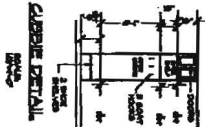
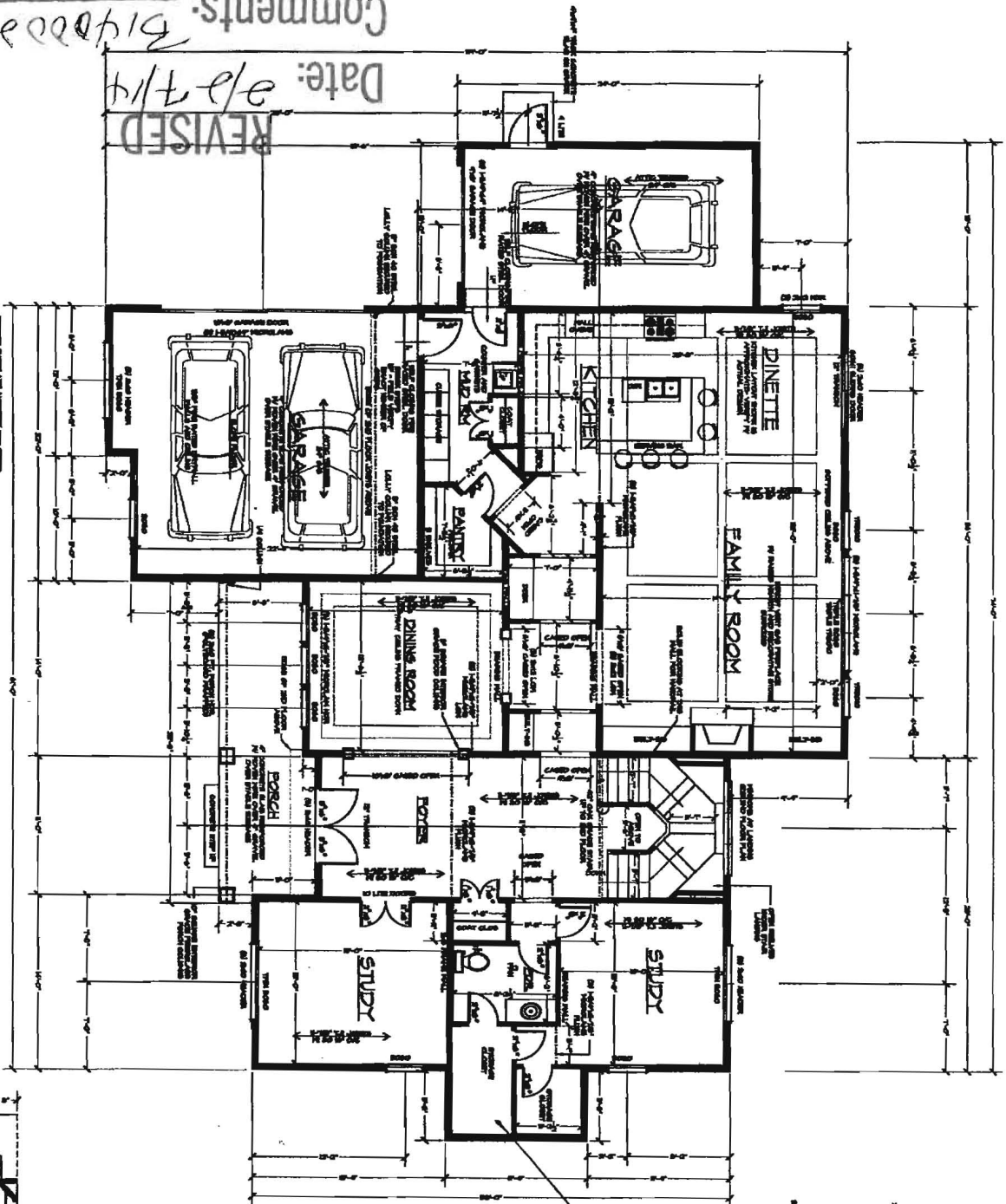
# THE OMITOWOJU RESIDENCE

Comments: 5/14/2007

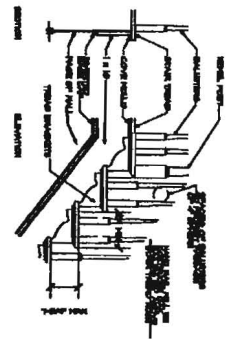
Date: 2/27/14  
REVISED

FIRST FLOOR TRAYING PLAN  
THIS HOME TO BE FULLY SPRINKLED

ALL DIMENSIONS UNLESS OTHERWISE NOTED  
FLOOR FINISH: 3/4" THICK CONCRETE ON 4" THICK POLYSTYRENE INSULATION



CHANGE  
\*REMOVED  
SHOWER FROM  
FIRST FLOOR  
BATHROOM \*  
PAR HEALTH  
DEPARTMENT



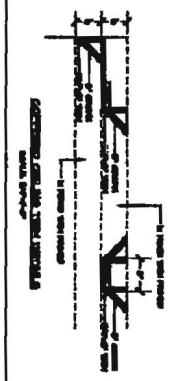
SCALE 1/4" = 1'-0"  
DATE: 4/20/08  
SHEET NO. 4  
GRI. CUSTOM HOME DESIGN INC.  
PO BOX 827 FARMINGTON, MD 21050  
PHONE 410-325-3220

THE OMITOWOJU RESIDENCE

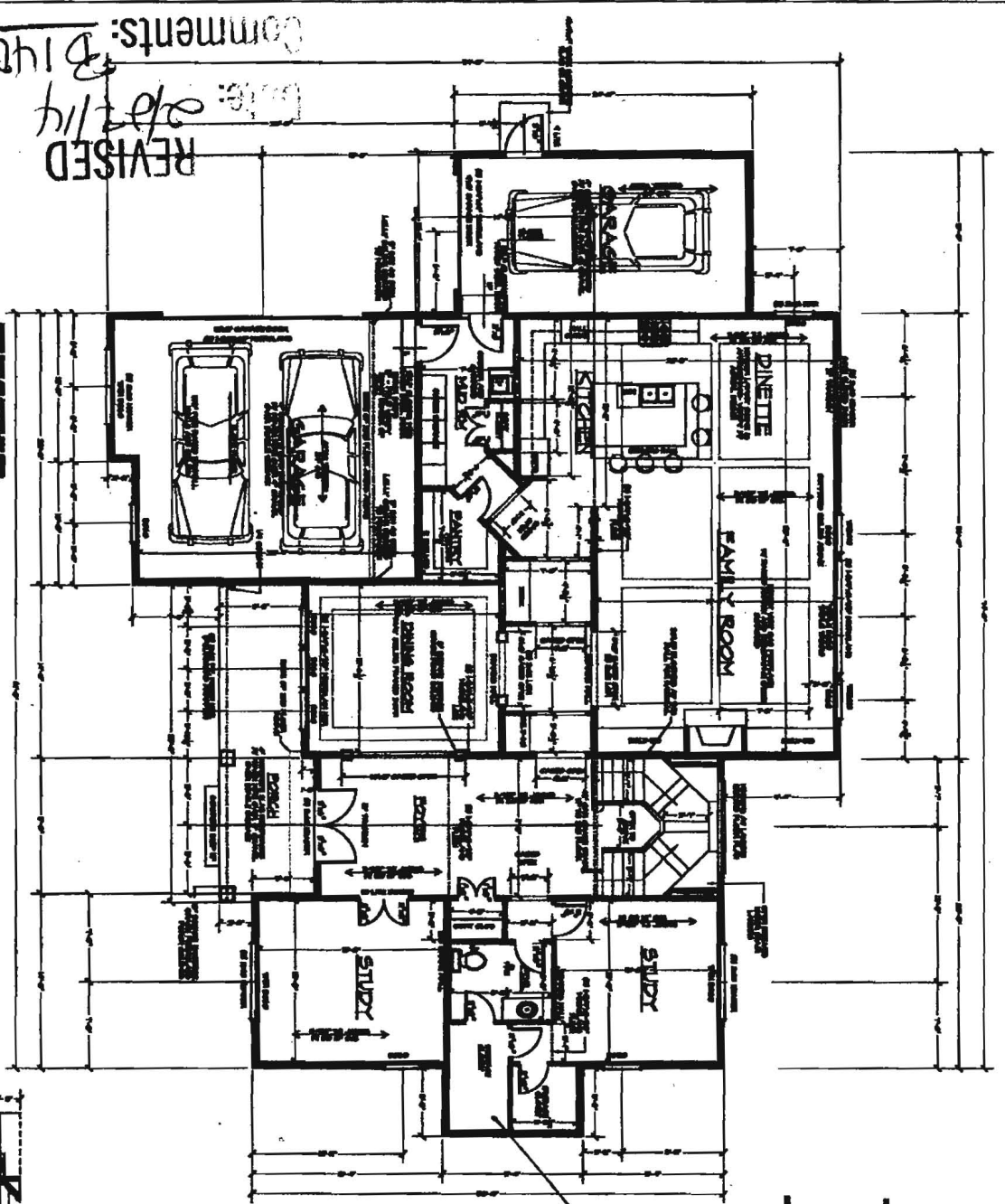
REVISIED  
 Date: 02/11/14  
 Comments: B1400027

THIS HOME TO BE FULLY SPRINGLED

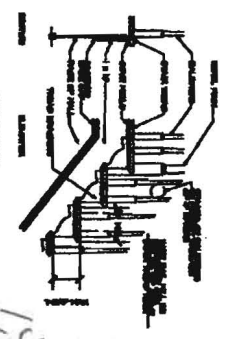
ALL DIMENSIONS TO FACE UNLESS NOTED OTHERWISE



SCALE 1/4" = 1'-0"  
 DATE: 02/11/14  
 SHEET NO. 4  
 G&L CUSTOM HOME DESIGN INC.  
 20 EAST 1ST AVENUE, SUITE 200  
 DENVER, CO 80202



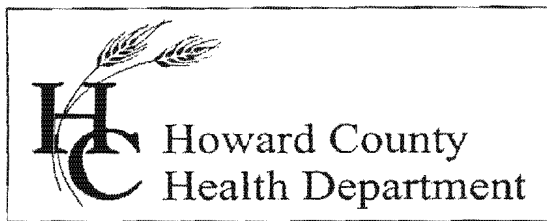
CHANGE  
 \*REMOVED  
 SHOWER FROM  
 FIRST FLOOR  
 BATHROOM \*  
 PAR HEALTH  
 DEPARTMENT



THE OMITOWOJU RESIDENCE

First Floor approved by  
 2nd Floor has  
 5 bedrooms





## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](http://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

---

Date: February 4, 2014

To: Oluwole Omitowoju, Owner/Applicant  
[wleomit@yahoo.com](mailto:wleomit@yahoo.com)

From: Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian, Well and Septic Program

**RE: B14000227, Building Permit Application for new construction at 5114 Honey Locust Court (Walnut Creek, Lot 35)**

The referenced Building Permit Application is 'On Hold'. This proposal may be given further consideration when the following issue has been adequately addressed.

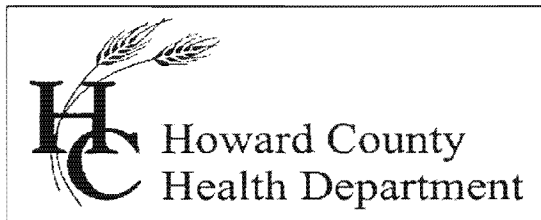
The submitted set of floor plans illustrates 7 rooms that may be bedrooms by Howard County Building Code 3.801(B). The proposed structure is in the Walnut Creek subdivision and the lot is designated for flow to the shared septic system. The maximum number of bedrooms per residence in this subdivision is limited at 'five' (5).

**On the first floor there are two rooms labeled as "STUDY". The design of each of these rooms meets the definition of bedroom in County Code. Considering the design of the First Floor only, the condition may be remedied in either of two ways:**

- a. Design the bath as a half-bath, OR
- b. Leaving the Bath as a full bath
  - a. Design each STUDY with an open access to the 'Foyer', 4-feet wide and without doors, AND
  - b. remove the storage closet

You may 'Reply' or call me at the Bureau of Environmental Health, 410-313-2691, to discuss any questions you may have concerning these requirements.

RB  
Copy: file



## Bureau of Environmental Health

8930 Stanford Blvd., Columbia, MD 21045  
Main: 410-313-1771 | Fax: 410-313-2648  
TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

---

Date: February 4, 2014

To: Oluwole Omitowoju, Owner/Applicant  
[wleomit@yahoo.com](mailto:wleomit@yahoo.com)

From: Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian, Well and Septic Program

RE: **B14000227, Building Permit Application for new construction at 5114 Honey Locust Court (Walnut Creek, Lot 35)**

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RB  
Copy: file

**Hurman, Laura**

---

**From:** Wole Omitowoju <woleomit@yahoo.com>  
**Sent:** Thursday, February 27, 2014 8:53 AM  
**To:** Hurman, Laura  
**Subject:** Site plan updated  
**Attachments:** siteplan\_5114\_HoneyLocust.pdf

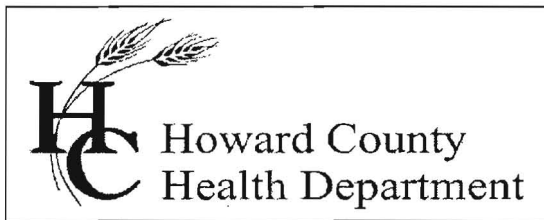
Hello Ms Hurman

Here is the updated site plan for 5114 honey locust drive.

Grading permit # G14000017  
Building permit # B14000227

Thank you very much.

Wole Omitowoju



**Bureau of Environmental Health**

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TDD 410-313-2323 | Toll Free 1-866-313-6300  
[www.hchealth.org](http://www.hchealth.org)  
Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)  
Twitter: HowardCoHealthDep

**Maura J. Rossman, M.D., Health Officer**

---

Date: February 6, 2014

To: Oluwole Omitowoju, Owner/Applicant  
[wleomit@yahoo.com](mailto:wleomit@yahoo.com)

From: Robert Bricker, REHS/R.S., L.E.H.S.  
Environmental Sanitarian, Well and Septic Program

**RE: B14000227, Plot Plan revision required**

The following information must be added to the Plot Plan:

1. The approved well zone must be illustrated on the plan. See attached copy of Percolation Certification Plan.
2. This Note must appear on the plan, including the well tag number.  
**THE EXISTING WELL SHOWN ON THIS PLAN (NO TAG) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.**
3. The elevation of the Sewer Out at the foundation must be indicated.
4. The elevation of the connection at the grinder pit must be indicated.
5. Also indicate locations of cleanouts at bends in the SHC, at the grinder pit connection, and in any run between cleanouts that is greater than 70 feet.

**Indicate "Health Department" on at least one copy of the revised Plot Plan and submit the revised plan to Howard County Department of Inspections, Licenses and Permits (DILP). The plan must be posted in DILPs permitting software for the Health Department to approve the application.**

Should you have any questions concerning this matter, you may contact me by calling 410-313-2691.

RB  
Copy: file