



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2016 JUL 29 PM 1:25

Date Received: _____

Permit No.: B16003388

Building Address: 5005 Gaithers Chance Drive
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. # _____ SDP/WP/BA #: F-15-043
 Census Tract: _____ Subdivision: Gaithers Chance
 Section: _____ Area: _____ Lot: 18
 Tax Map: 28 Parcel: 45 Grid: 8, 9, 14 & 15
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 59,918 sf

Existing Use: Vacant
 Proposed Use: Single Family Dwelling
 Estimated Construction Cost: \$ 475,000
 Description of Work: Eagles Nest - D Elevation - 14R; 5BR; 4FB; 1HB; fireplace
3 car garage - Rear Gathering Room - Finished Basement - Walkout
 Seeking Silver Level Certification of the NGBS-3rd party verification by Pando Alliance
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: MB Gaither's Chance LLC
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Marc Quint - MB Gaithers Chance LLC
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-762-9511 Fax: 301-610-9564
 Email: MQuint@mitchellbest.com

Contractor Company: MB Development Company LLC
 Contact Person: Marc Quint
 Address: 1686 E. Gude Drive
 City: Rockville State: MD Zip Code: 20850
 License No.: 7314
 Phone: 301-762-9511 ext. 318 Fax: _____
 Email: MQuint@mitchellbest.com

Engineer/Architect Company: _____
 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	Width
Gross area, sq. ft./floor:	1 st floor: 62'	74'
	2 nd floor: 54'	74'
Area of construction (sq. ft.):	Basement: 62'	74'
	<input checked="" 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: <u>5</u>	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<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	

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 type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	<u>G</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: Marc Quint
 Email Address: MQuint@mitchellbest.com Date: 7/29/2016
 Title/Company: Operations Mgr., Mitchell & Best Homes LLC

RECEIVED
JUL 29 2016
 LICENSES & PERMITS
 DIVISION

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

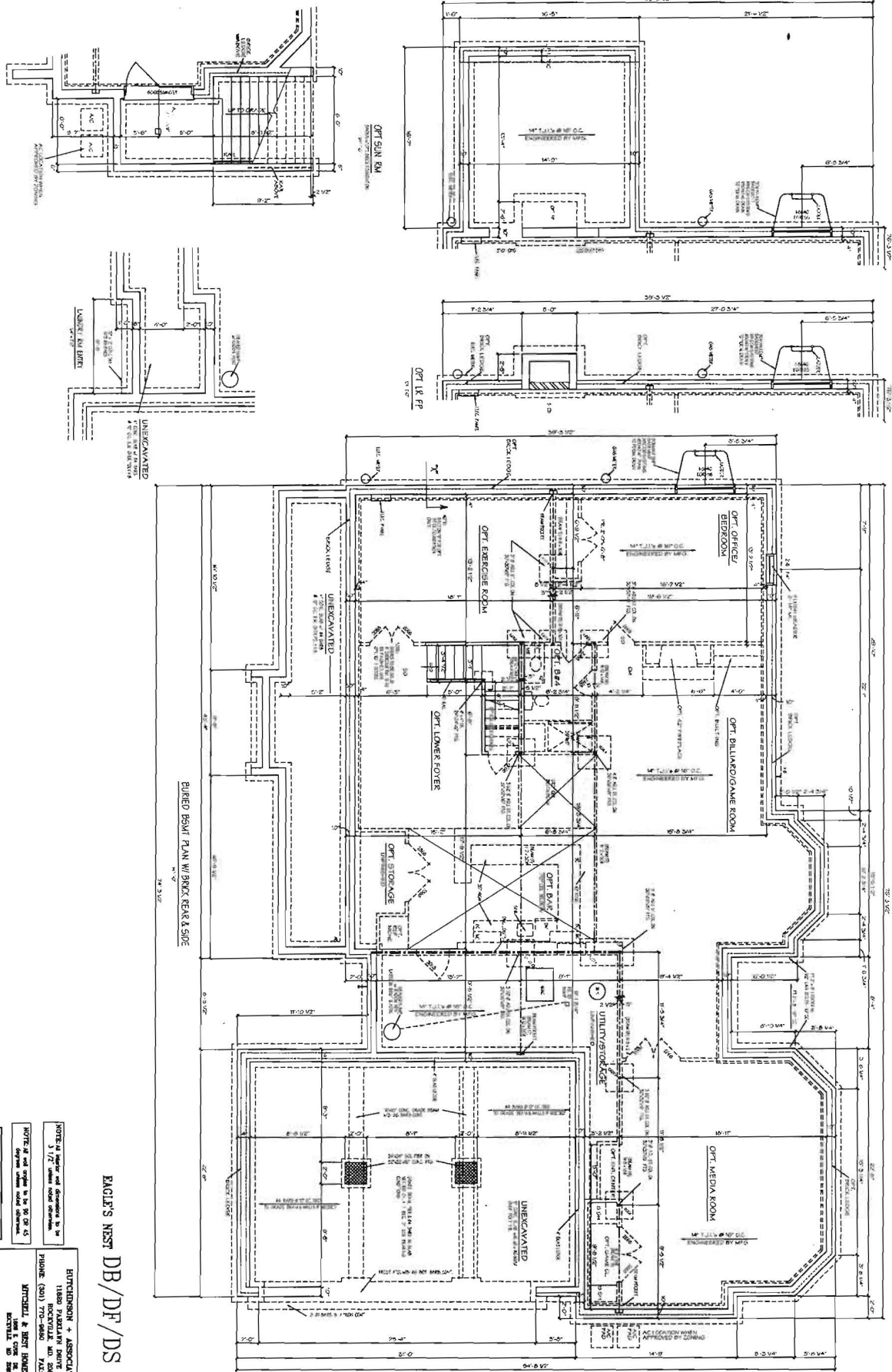
AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee
<input checked="" type="checkbox"/> State Highways			Front:	\$ <u>100.00</u>
<input checked="" type="checkbox"/> Building Officials			Rear:	\$
<input checked="" type="checkbox"/> PSZA (Zoning)			Side:	\$
<input checked="" type="checkbox"/> PSZA (Engineering)			Side St.:	\$
<input checked="" type="checkbox"/> Health		<u>[Signature]</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Excise Tax
			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	PSFS
			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund
			Lot Coverage for New Town Zone:	\$ <u>50.00</u>
			SDP/Red-line approval date:	Add'l per Fee
				Total Fees
				Sub- Total Paid
				Balance Due
				Check

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

T:\Operations\Updated Forms\Building applmp 8.2012.docx

UPDATED P.O.F. SUBMITTED WITH yes

*1 potential bedroom
OK REB*



OPT BACK AWAYWAY
PROFESSIONAL CERTIFICATION

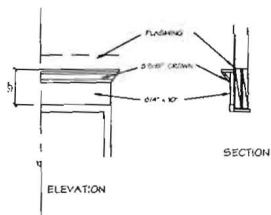
I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed Professional Architect, under the laws of the State of Maryland, License # 200174, Expiration Date 12-31-14

NOTICE: All notes and dimensions to be 3/16" unless noted otherwise.
NOTICE: All work to be done in accordance with the Maryland Building Code and all applicable codes and regulations.
Contractor to check all work and verify all dimensions and conditions prior to start of construction and verify all work is in accordance with the approved drawings.

DATE: 11-15-14
DRAWN BY: J. B. MITCHELL
CHECKED BY: J. B. MITCHELL
SCALE: AS SHOWN
SHEET NO.: 1B

EAGLE'S NEST DB/DF/DS

ENTICKENSON + ASSOCIATES, L.L.C.
11850 PAVANIAN DRIVE, SUITE 100
POTOMAC, MD 20854
PHONE: (301) 770-9999 FAX: (301) 770-9183
MITCHELL & BERT SORENTINOS
ARCHITECTS AND DESIGNERS
LICENSE NO. 200174
EXPIRES 12-31-14



FLAT WINDOW HD DETAILS
1/4"=1'-0"



RAKE DETAIL A
1/8"=1'-0"

FRONT ELEVATION DF/DB/DS
1/8"=1'-0"

EAGLE'S NEST DB/DF/DS

- 1-2-11
- 1-11-11
- 3-24-11
- 8-22-11
- 9-22-11
- 7-22-11
- 6-22-11
- 5-14-11
- 4-28-11
- 1-2-11
- 6-22-11
- 12-22-09
- 4-22-09
- 8-18-08
- 8-18-08
- 4-1-10

NOTE: All interior wall dimensions to be 3/16" unless noted otherwise.
NOTE: All wall angles to be 90 OR 45 degrees unless noted otherwise.

Contractor to check and verify all dimensions and conditions in field prior to start of construction.
BEST ARCHITECT OF ANY DISCREPANCIES

HUTCHINSON + ASSOCIATES L.L.C. 11820 PARKLAWN DRIVE (S. 100) ROCKYVILLE, MD. 20852 PHONE: (301) 770-0680 FAX: (301) 770-9183			
MITCHELL & BEST HOMEBUILDERS 1885 E. GORE ST. ROCKYVILLE, MD 20850			
DRAWN BY DB	DATE 2-27-11	LOT NO. 1	BLOCK 1
CHECKED BY DB	DATE 1-18-11	SECTION 1-10-11	DWG. NO. 5

PROFESSIONAL CERTIFICATION I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed Professional Architect under the laws of the State of Maryland, License # 3632-A Expiration Date 12-12-18