



# 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: \_\_\_\_\_

DILP 2016 JUL 11 PM 4:56

Permit No.: B16003106

Building Address: 5319 Catalpa Ct. (Tax i.d. #05-597904)  
 City: Ellicott City State: MD Zip Code: 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: F-13-026 (per plat)  
 Census Tract: \_\_\_\_\_ Subdivision: Walnut Creek  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 95  
 Tax Map: 28 Parcel: 49 Grid: 11  
 Zoning: RC-DEO Map Coordinates: \_\_\_\_\_ Lot Size: 44,239 sf  
 Existing Use: Vacant  
 Proposed Use: Single Family Dwelling  
 Estimated Construction Cost: \$ 364,000  
 Description of Work: Hawthorne, A elevation; 3 car garage; Walkout basement; 4BR; 3FB; 1HB; fp; 2' Front ext; 4' family room ext.; In-Law Suite (No stove)  
 -Seeking a silver certification level of the National Green Standard - ICC700 through 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: BV Business Trust  
 Address: 15950 North Ave. - P.O. Box 482  
 City: Lisbon State: MD Zip Code: 21765  
 Phone: 410-489-7900 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Marc Quint - Mitchell & Best Next Door LLC  
 Address: 1686 E. Gude Drive  
 City: Rockville State: MD Zip Code: 20850  
 Phone: 301-762-9511 ext 318 Fax: 301-610-9564  
 Email: MQuint@MitchellBest.com  
 Contractor Company: Mitchell Best Next Door LLC  
 Contact Person: Marc Quint  
 Address: 1686 E. Gude Drive  
 City: Rockville State: MD Zip Code: 20850  
 License No.: 7330  
 Phone: 301-762-9511 Fax: 301-610-9564  
 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 <sup>st</sup> floor: 58'	82'
Area of construction (sq. ft.):	2 <sup>nd</sup> floor: 48'	46'
Use group:	Basement: 58'	82'
Construction type:	<input checked="" 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: <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	

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	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" 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>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 HIS 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]  
 MQuint@MitchellBest.com  
 Email Address: \_\_\_\_\_  
 Operations Manager  
 Title/Company: \_\_\_\_\_

Marc Quint  
 Print Name: \_\_\_\_\_  
 6/30/2016  
 Date: \_\_\_\_\_

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)		
	<u>8/11/16</u>	<u>[Signature]</u>

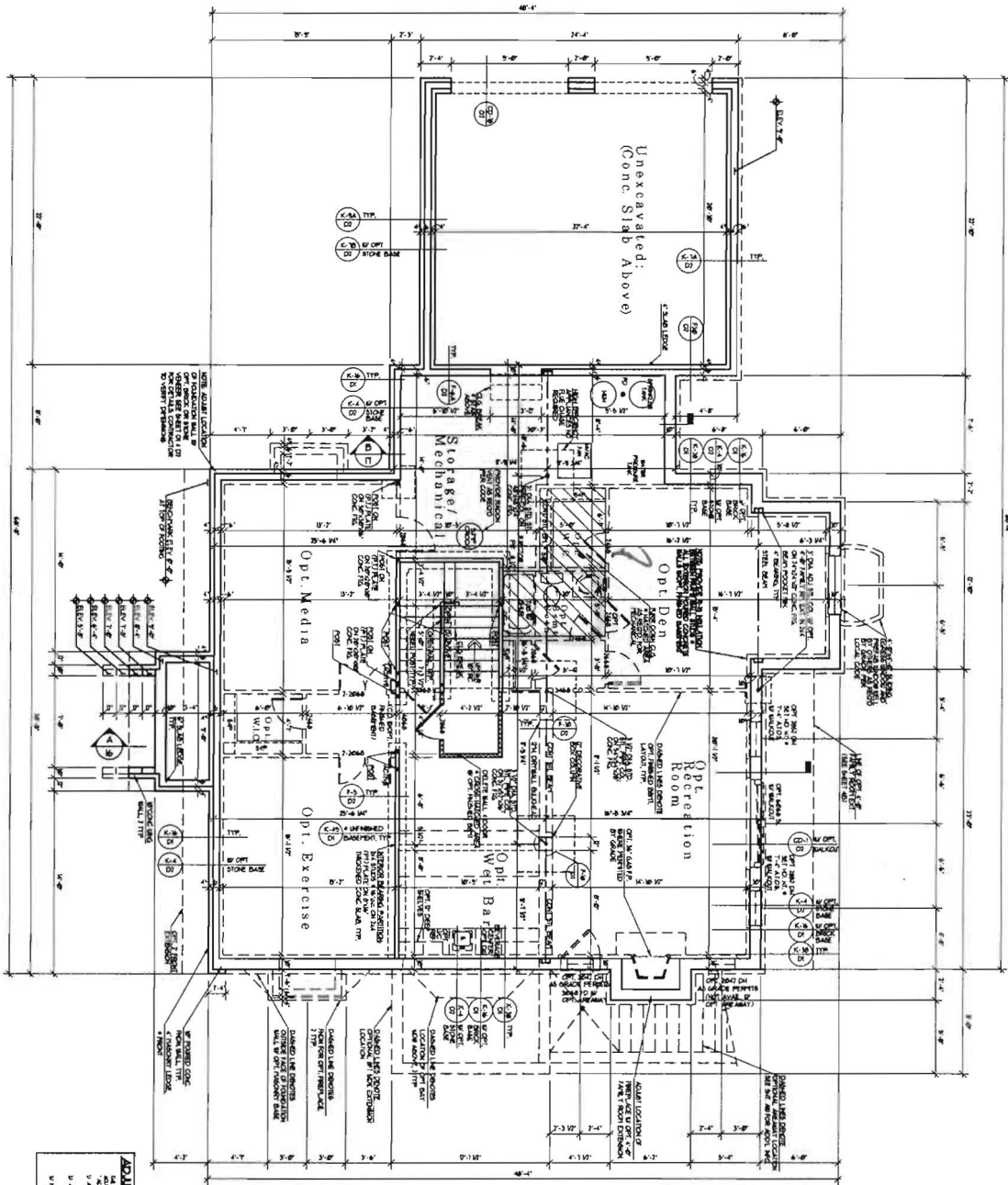
Approval required for issuance?  Yes  No  
 INSTRUCTION START

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	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	<u>#001604</u>

Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

NO MITCH



FOUNDATION/BASEMENT PLAN

W/ELEVATION "A"

ALL DIMENSIONS UNLESS OTHERWISE NOTED TO BE IN FEET AND INCHES.

1/4" = 1'-0"

**ADJUSTABLE STEEL COLUMNS**  
 1. ALL ADJUSTABLE STEEL COLUMNS SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S INSTALLATION INSTRUCTIONS.  
 2. ALL ADJUSTABLE STEEL COLUMNS SHALL BE INSTALLED ON A CONCRETE FOOTING OR FOUNDATION.  
 3. ALL ADJUSTABLE STEEL COLUMNS SHALL BE INSTALLED ON A CONCRETE SLAB OR FLOOR.  
 4. ALL ADJUSTABLE STEEL COLUMNS SHALL BE INSTALLED ON A CONCRETE WALL OR PIER.

Approved RSR  
 "LSR"  
 RAC  
 8/15/06

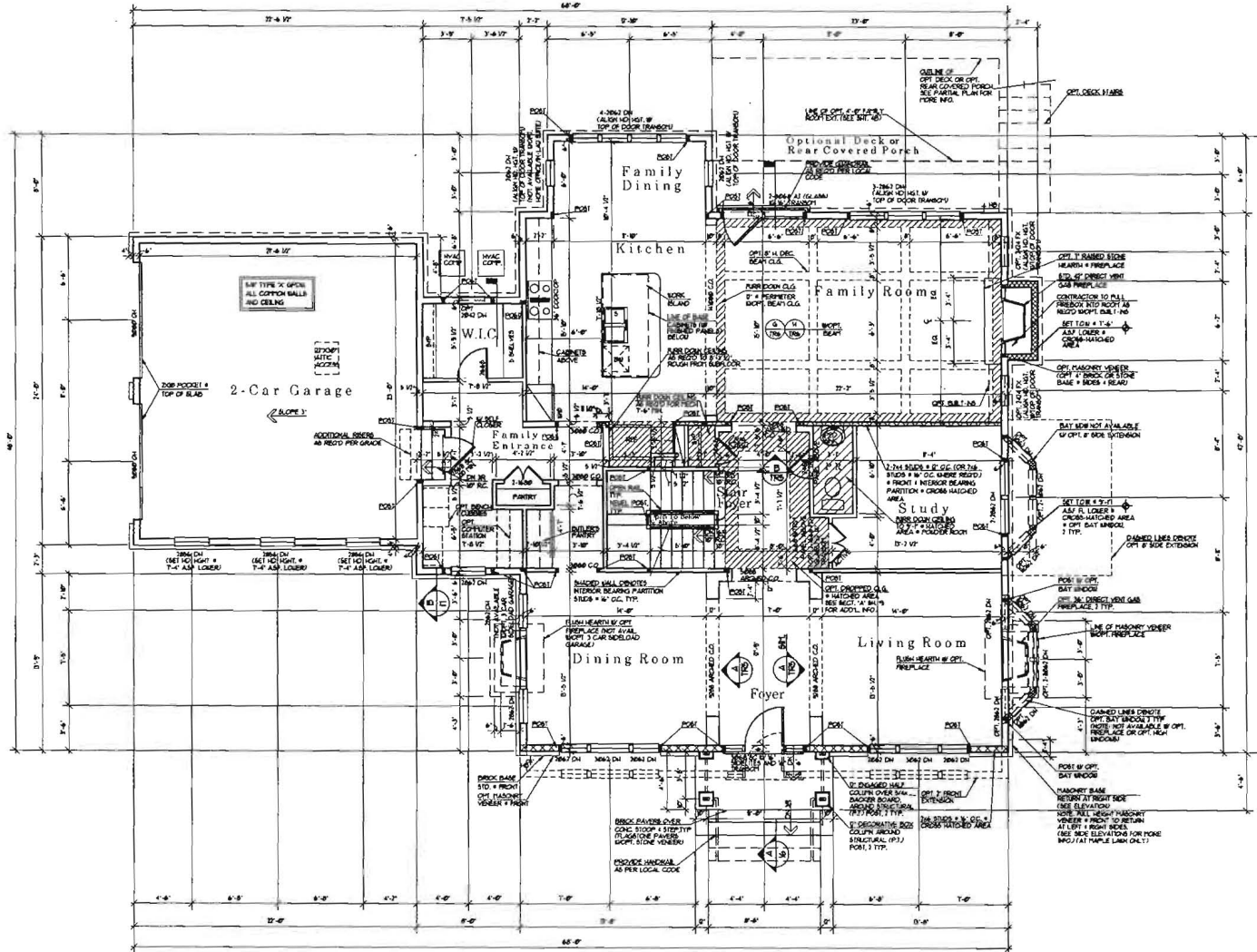
Sheet Number  
**2**



Architect

Project Number: **0700-01**  
**HAWTHORNE MITCHELL BEST HOMES**

Date	REV. 0000 25	REV. 0000 26
AC 08/01/06	REV. 0000 25	REV. 0000 26
AC 08/01/06	REV. 0000 25	REV. 0000 26
AC 08/01/06	REV. 0000 25	REV. 0000 26
CA 08/01/06	REV. 0000 25	REV. 0000 26
REV. 08/01/06	REV. 0000 25	REV. 0000 26
REV. 08/01/06	REV. 0000 25	REV. 0000 26



LOWER FLOOR PLAN

W/ELEVATION "A"

1/4" = 1'-0"

UNLESS OTHERWISE NOTED ALL INTERIOR PARTITIONS TO BE 3/4" TYP.  
 UNLESS OTHERWISE NOTED BRACKEN HEAD HEIGHT TO BE 8'-0" ASH.  
 UNLESS OTHERWISE NOTED PROVIDE 1-3/4" POSTS BETWEEN ALL MULTIPLE WOODS.

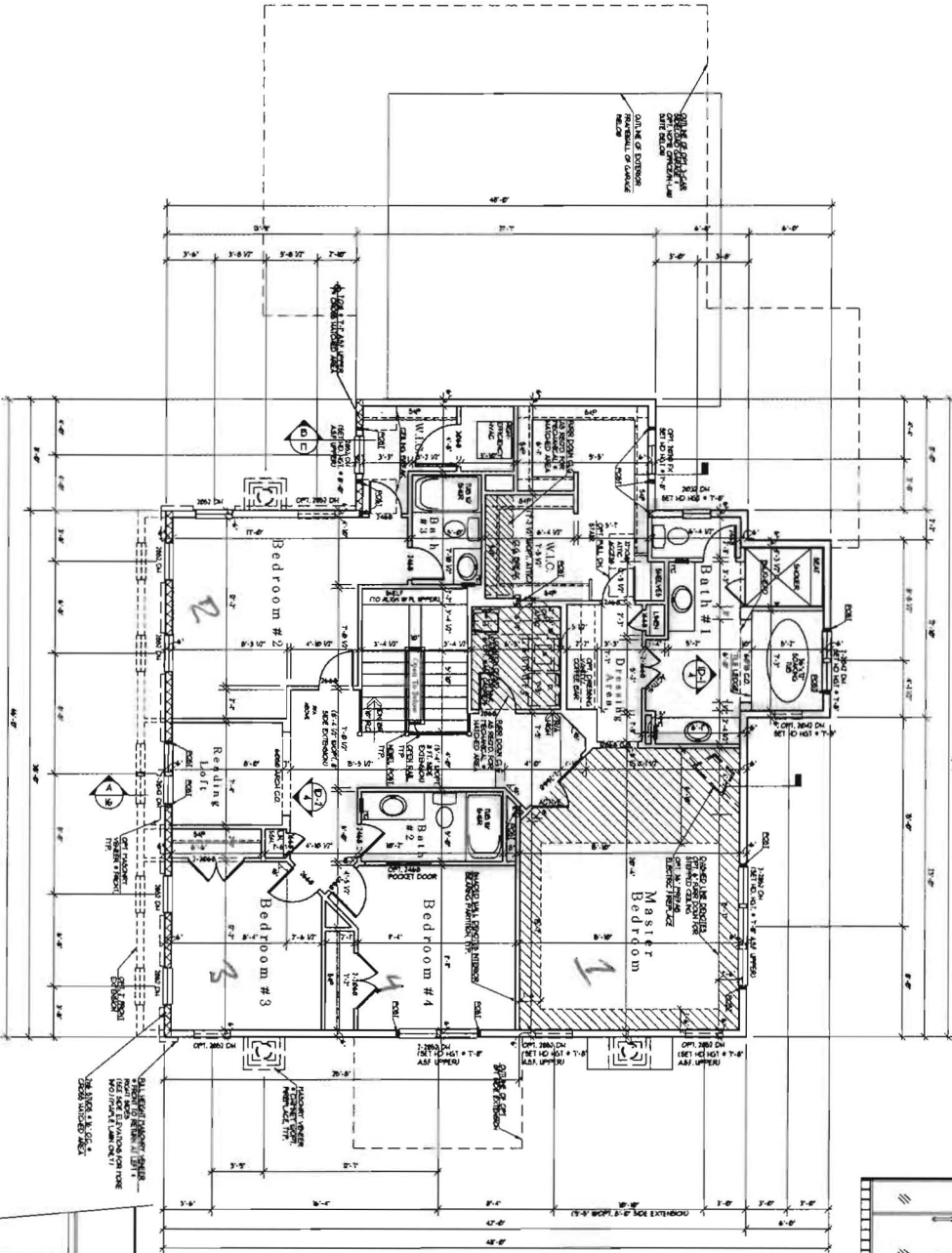
DATE	REV. 04/20/14	REV. 04/20/14
ARCHITECT	REV. 04/20/14	REV. 04/20/14
CLIENT	REV. 04/20/14	REV. 04/20/14
PROJECT	REV. 04/20/14	REV. 04/20/14
LOCATION	REV. 04/20/14	REV. 04/20/14
SCALE	REV. 04/20/14	REV. 04/20/14
PROJECT NO.	REV. 04/20/14	REV. 04/20/14
DATE	REV. 04/20/14	REV. 04/20/14

Project Number: 0916-08  
**HAWTHORNE**  
**MITCHELL BEST HOMES**

Architect



Sheet Number  
**3**

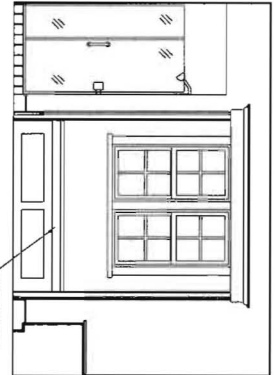


UPPER FLOOR PLAN

W/ELEVATION A

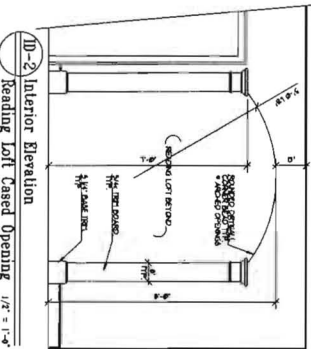
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1/4" = 1'-0"



ID-1 Interior Elevation  
Master Bath

1/2" = 1'-0"



ID-2 Interior Elevation  
Reading Loft Cased Opening

1/2" = 1'-0"

Sheet Number  
**4**

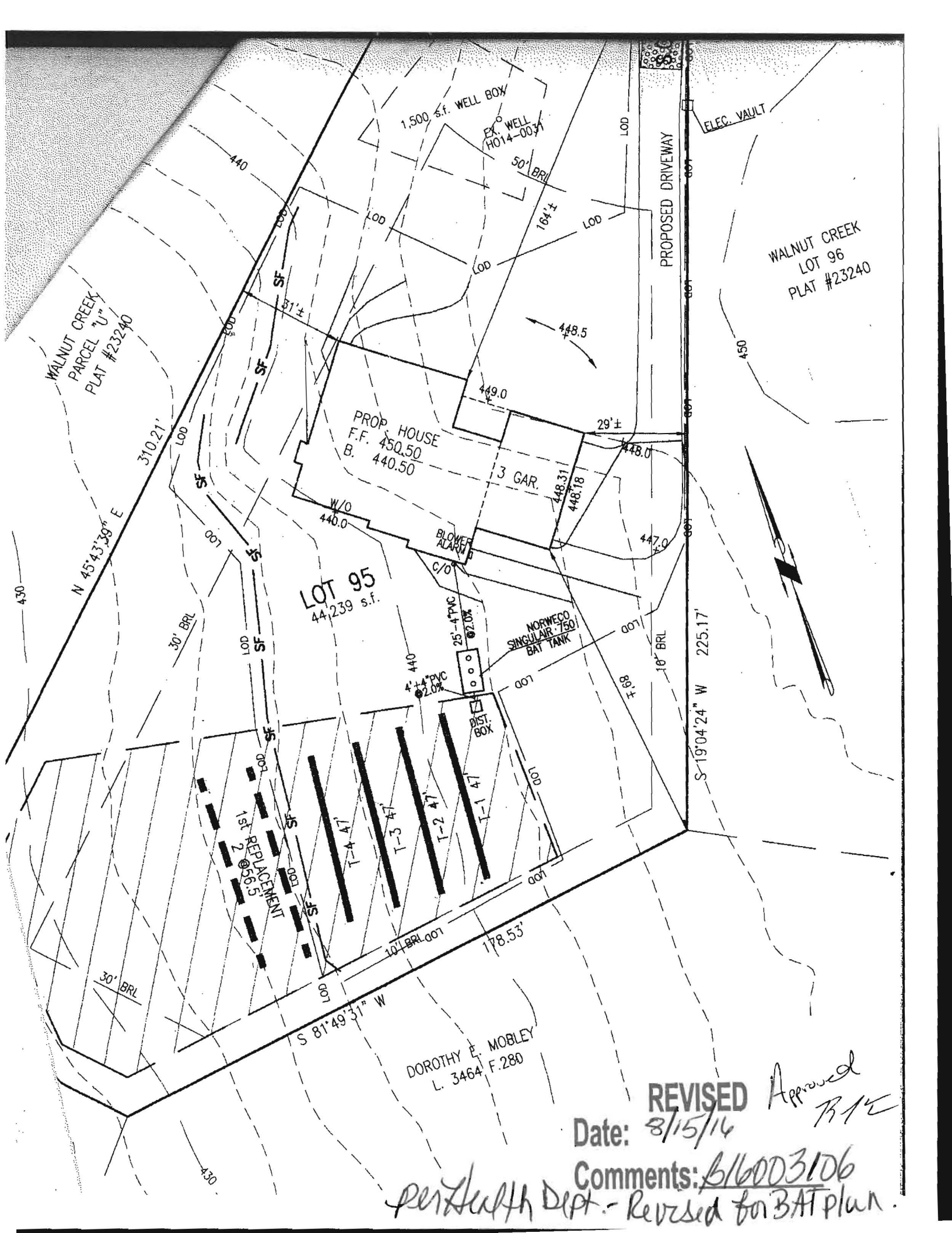


Architect

Project Number: #188-04  
**HAWTHORNE**  
**MITCHELL BEST HOMES**

Date	REV. 06/20/05	REV. 08/04/05
AC 08/04/05	REV. 08/04/05	
AC 08/04/05	REV. 08/04/05	
PA 08/04/05	REV. 08/04/05	
CA 08/04/05	REV. 08/04/05	
REV. 08/04/05	REV. 08/04/05	
REV. 08/04/05	REV. 08/04/05	





DOROTHY E. MOBLEY  
L. 3464 F. 280

REVISED  
 Date: 8/15/14  
 Approved  
 B/E

Comments: B/6003106  
 per Health Dept. - Revised for BAT plan.

## **Freemon, Robert**

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**From:** Freemon, Robert  
**Sent:** Wednesday, August 03, 2016 8:21 AM  
**To:** 'ron@vanmar.com'  
**Subject:** 5319 Catalpa Ct.  
**Attachments:** 5319 Catalpa Ct..pdf

Hey Ronald,

Attached are my comments for 5319 Catalpa Ct. Let me know if you have any questions. Thanks!

*Robert Freemon  
Howard County Health Department  
8930 Stanford Blvd. Columbia, MD 21045  
Well and Septic Program  
Phone: 410-313-6357  
Email: [rfreemon@howardcountymd.gov](mailto:rfreemon@howardcountymd.gov)*



**Bureau of Environmental Health**

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | 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**

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**MEMORANDUM**

TO: Ronald E. Thompson  
Vanmar Associates, Inc  
310 South Main Street  
Mt. Airy, MD 21771

FROM: Robert Freemon *RF*  
Well & Septic Program

RE: 5319 Catalpa Ct.  
Ellicott City, MD 21042

DATE: 7/28/16 *"Before BP Approval"*  
*Waiting for floor plans*  
*2/3 sent*

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- The Norweco 960-LP is not a certified septic tank recognized by MDE. Certified Norweco septic tanks recognized by MDE include Singlair Model TNT500, Model TNT750 and Model TNT1000.
- The septic tank needs to be moved out of the SDA. Move the septic tank east and push the trenches east to create space for 1 initial and 2 replacement systems.

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 8/15/16  
 To: Robert Freeman - Health Dept.  
(Person's Name and Division)  
 From: Mare Quint - Mitchell Best 301,762-9511  
(Your Name, Company Name and Telephone Number)  
 Subject: Project name Walnut Creek  
 Project site address 5319 Catalpa Ct.  
 Permit # B16003106 SDP # \_\_\_\_\_  
 Other information pertinent to this project \_\_\_\_\_

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
  - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
  - Letter Summarizing Changes
  - Energy conservation calculations
  - Copies of Site/BAT Plan (be specific). Robert Freeman in Health Dept requested revised Site/BAT be scanned in on permit
  - Health Department Request  DPZ/ DED Request  Applicant's Request
  - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
  - Other \_\_\_\_\_

**Contact Person Information: (Required)**

Mare Quint  
 Please Print Name

Telephone No: 301-762-9511 ext. 318  
 E-Mail Address: MQuint@MitchellBest.com

***PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.***

Received by [Signature]

**RECEIVED**  
 AUG 15 2016  
 LICENSES & PERMITS  
 DIVISION

CC: DPZ  
 DED  
 PLAN Review

## Marc Quint

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**From:** Freemon, Robert <rfeemon@howardcountymd.gov>  
**Sent:** Friday, August 12, 2016 12:34 PM  
**To:** Marc Quint  
**Cc:** ron@vanmar.com  
**Subject:** RE: 5319 Catalpa Ct. - B16003106

Hey Marc,

The BAT Plan looks approvable now. However I need a new site plan submitted to DILP before I can approve the building permit. I have attached a portion of the BAT Plan that you can use as a site plan. Let me know once you have submitted it to DILP that way I can approve it once it is uploaded. This will save you some time. If you have any more questions let me know.

**Robert Freemon**  
**Howard County Health Department**  
**8930 Stanford Blvd. Columbia, MD 21045**  
**Well and Septic Program**  
**Phone: 410-313-6357**  
**Email: rfeemon@howardcountymd.gov**

**From:** Marc Quint [mailto:mquint@mitchellbest.com]  
**Sent:** Friday, August 12, 2016 9:14 AM  
**To:** Freemon, Robert  
**Cc:** Curtis Adkins  
**Subject:** RE: 5319 Catalpa Ct. - B16003106

Good morning Robert:

I just want to follow up on this permit. Do you have everything you need from our Engineer? Just looking to get the permit picked asap.

Thanks as always, Marc

## Marc Quint

Mitchell & Best Homes  
1686 East Gude Drive  
Rockville, MD 20850

O: 301.762.9511 ext. 318

C: 443.691.4201

[Mitchell & Best](#) | [Twitter](#) | [Facebook](#) | [YouTube](#)

