



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 1:18

Date Received: _____

Permit No.: B16003390

Building Address: 5010 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: 1
 Tax Map: 28 Parcel: 45 Grid: 8, 9, 14 & 15
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 59,832 sf

Existing Use: Vacant
 Proposed Use: Single Family Dwelling
 Estimated Construction Cost: \$ 475,000
 Description of Work: Eagles Nest - A Elevation - 14R; 5BR; 4FB; 1HB; fireplace 3 car garage - Rear Gathering Room - Finished Basement - Areaway
 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: _____

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'
Use group:	<input checked="" type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Craw 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	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:	
<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: 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: _____

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	
<input type="checkbox"/> 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>61600024</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.

Marc Quint
 Applicant's Signature
 MQuint@mitchellbest.com
 Email Address
 Operations Mgr., Mitchell & Best Homes LLC
 Title/Company

Marc Quint
 Print Name
 7/29/2016
 Date
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
<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>9/26/16</u>	<u>R. Buehler</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>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>000405</u>

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

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

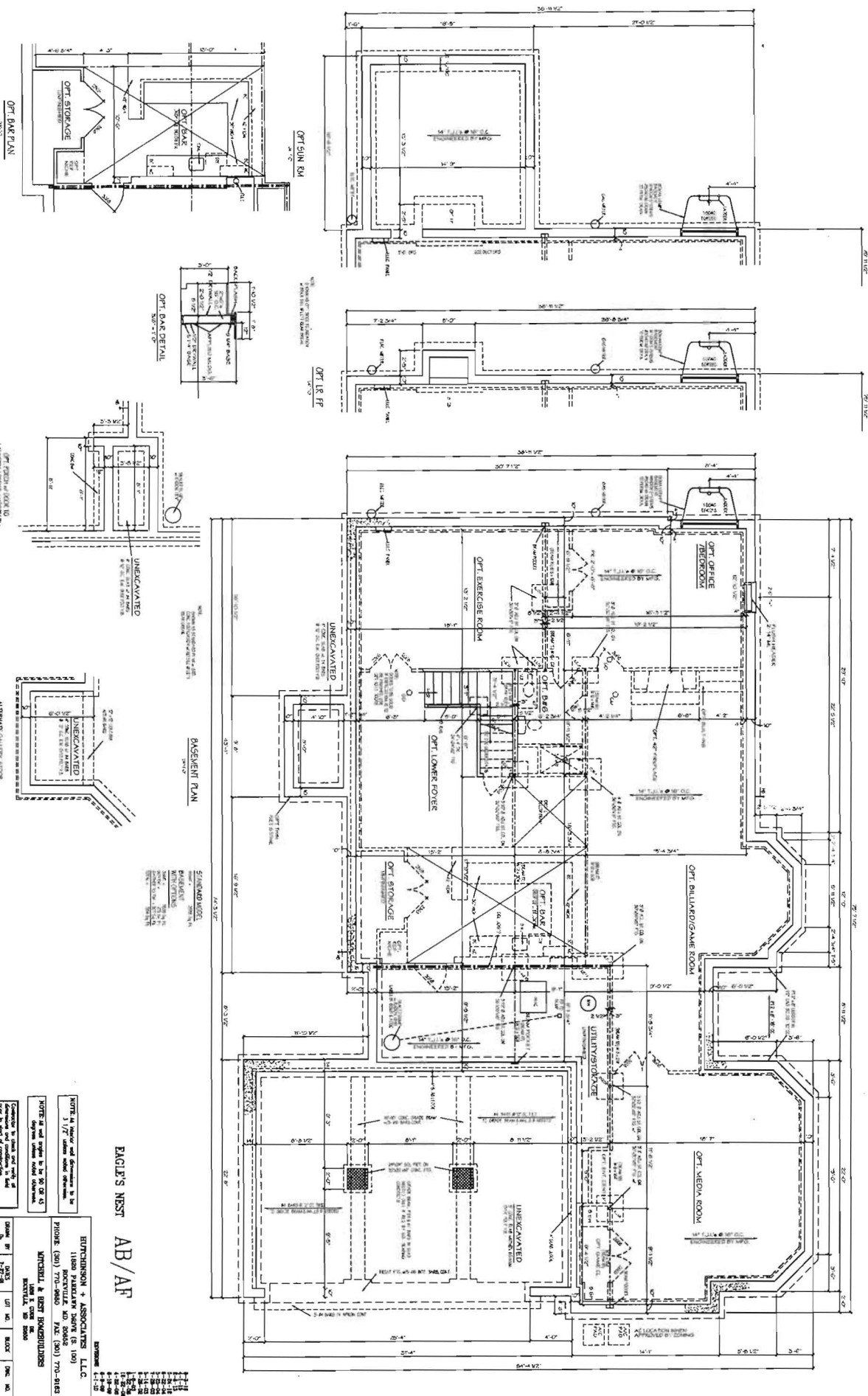
UPDATED P.O.F. SUBMITTED MITHU yes

Father's Choice, Lot 7

MITCHELL & BEST HOMEBUILDERS

NO.	DESCRIPTION	REVISION	DATE	REVISION	REVISION
1	GENERAL NOTES				
2	FOUNDATION				
3	FRAMING				
4	ROOFING				
5	INTERIOR FINISHES				
6	EXTERIOR FINISHES				
7	MECHANICAL				
8	ELECTRICAL				
9	PLUMBING				
10	PAINTING				
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274	STEEL				
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2					

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 # 36212-A Expiration Date 12-31-24

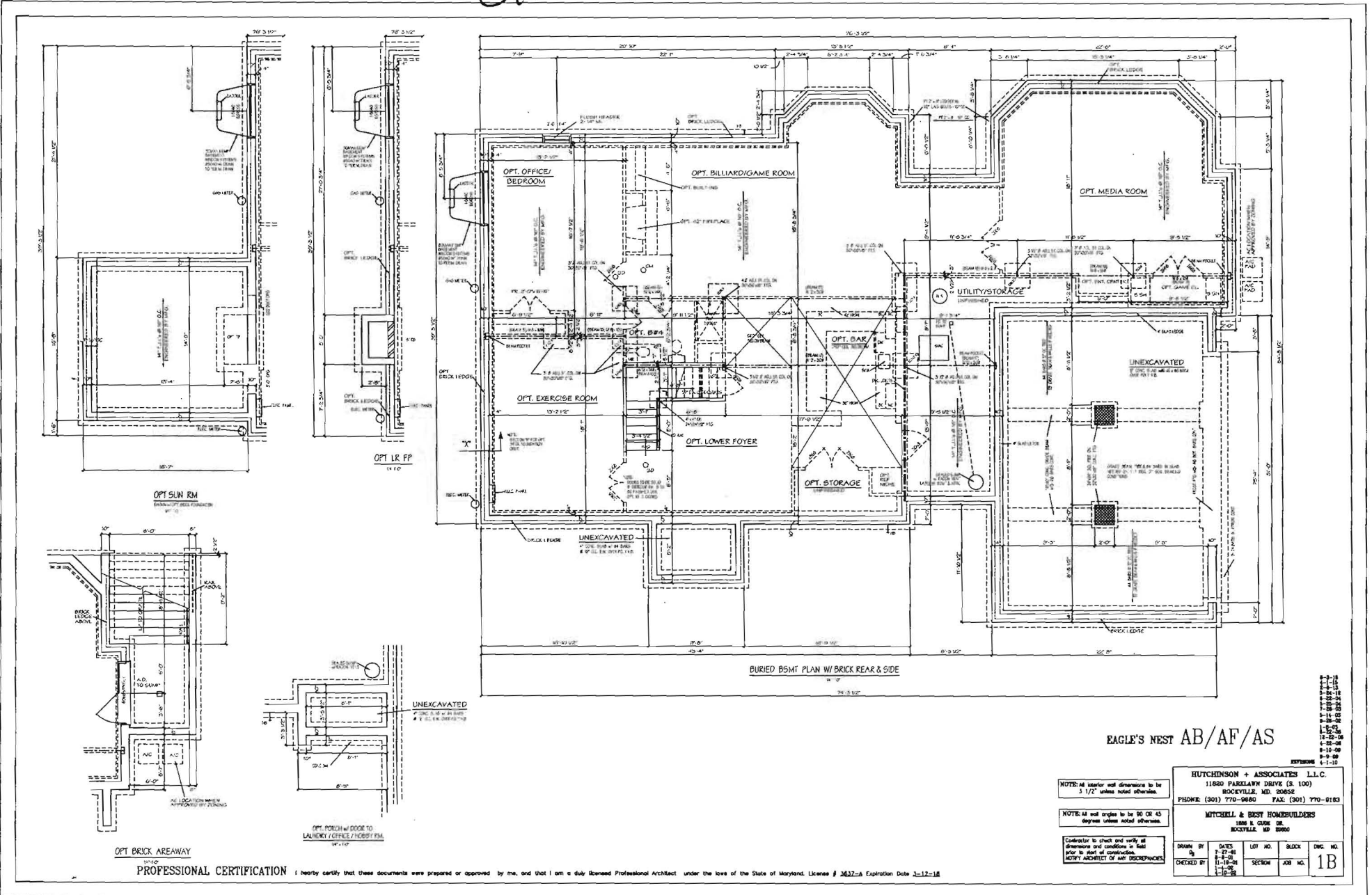


EAGLE'S NEST
AB/AF

HATHORN + ASSOCIATES, L.L.C.
 1180 PARKWAY DRIVE (S. 100)
 ROCKVILLE, MD 20850
 PHONE (301) 770-9900 FAX (301) 770-9185
 ARCHITECT & BEST BOWDOENDESIGNERS
 1100 W. BROADWAY
 SUITE 200
 BALTIMORE, MD 21201

DATE: 07-15-24	BY: [Signature]	DATE: 07-15-24	BY: [Signature]
DESIGN: 100%	DATE: 07-15-24	DATE: 07-15-24	DATE: 07-15-24
CHECKED BY: [Signature]	DATE: 07-15-24	DATE: 07-15-24	DATE: 07-15-24

1 potential bedroom
OK MB



EAGLE'S NEST AB/AF/AS

NOTE: All exterior wall dimensions to be 3 1/2" 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. NOTIFY ARCHITECT OF ANY DISCREPANCIES

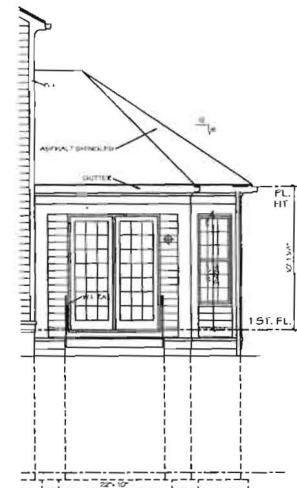
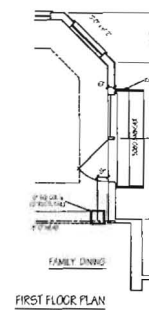
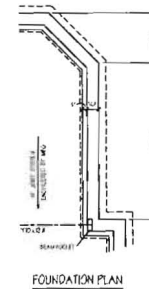
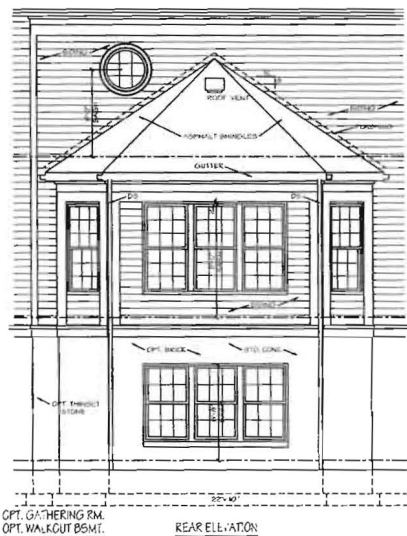
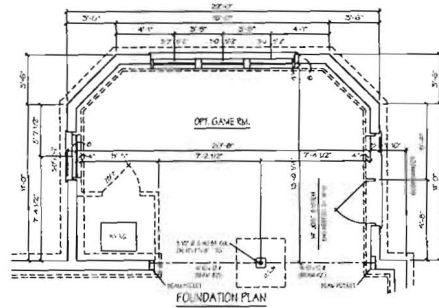
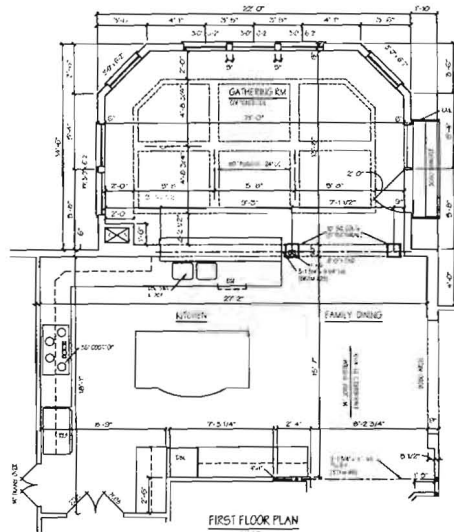
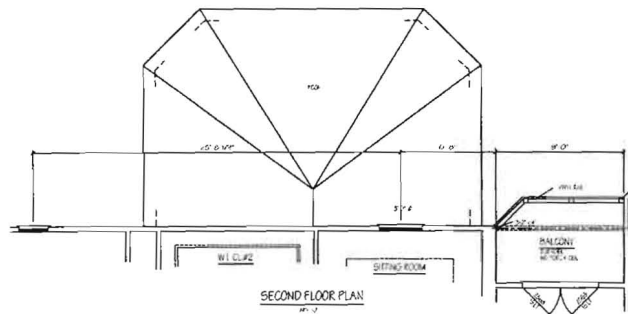
HUTCHINSON + ASSOCIATES L.L.C.
11820 PARKLAWN DRIVE (S. 100)
ROCKVILLE, MD. 20852
PHONE: (301) 770-9880 FAX: (301) 770-6183

MITCHELL & BEST HOMEOWNERS
1888 K. CREEK DR.
ROCKVILLE, MD 20850

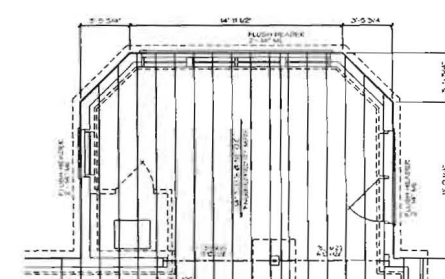
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11-27-01			
11-27-01			
11-27-01			

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 12-12-16

- 8-2-18
- 8-1-18
- 8-24-18
- 8-28-18
- 8-29-18
- 8-30-18
- 8-31-18
- 9-1-18
- 9-2-18
- 9-3-18
- 9-4-18
- 9-5-18
- 9-6-18
- 9-7-18
- 9-8-18
- 9-9-18
- 9-10-18
- 9-11-18
- 9-12-18



OPT. GATHERING RM.
STD. BURIED BSMT.



OPT. GATHERING RM.
EAGLE'S NEST AB/AF/AS

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 # 2637-A Expiration Date 3-31-18

NOTE: All interior wall dimensions to be 3 1/2" unless noted otherwise.

NOTE: All wall angles to be 90 OR 45 degrees unless noted otherwise.

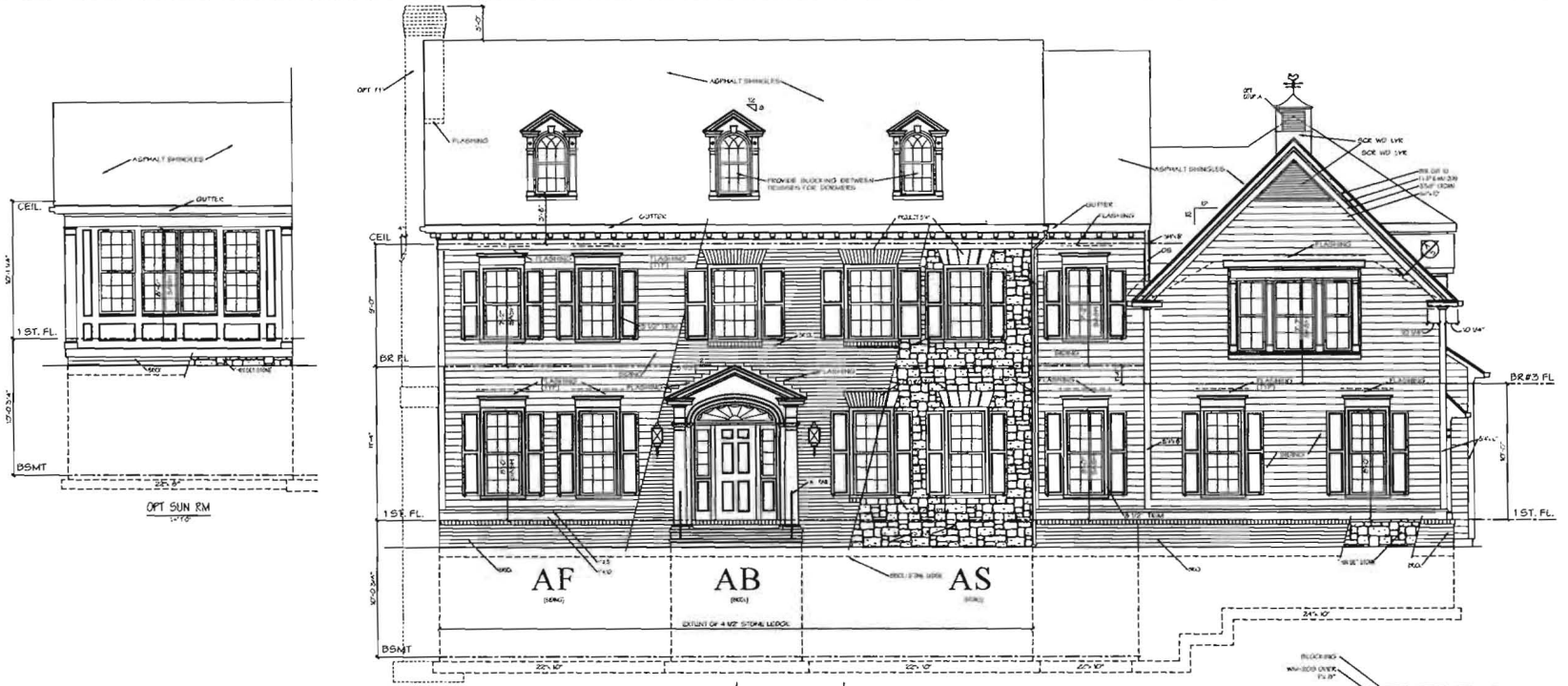
Contractor to check and verify all dimensions and conditions in field prior to start of construction. NOTIFY ARCHITECT OF ANY DISCREPANCIES.

HUTCHINSON + ASSOCIATES, L.L.C.
11880 PARKLAWN DRIVE (S. 100)
ROCKVILLE, MD 20852
PHONE: (301) 770-9880 FAX: (301) 770-9183

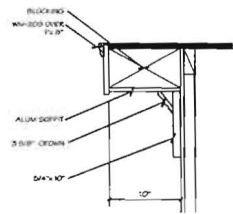
MITCHELL & BEST HOMEBUILDERS
1000 E. CLARK DR.
ROCKVILLE, MD 20850

DATE	LOT NO.	BLOCK	DWG. NO.
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8-8-21			
11-18-24			
1-26-25			

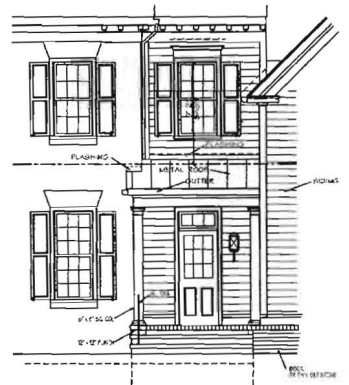
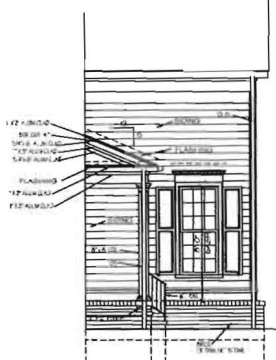
CHECKED BY: [Signature] SECTION: [Signature] JOB NO. 15



FRONT ELEVATION AF/AB/AS



RAKE DETAIL A



OPT PORCH W/ DOOR TO LAUNDRY / OFFICE / HOBSEYM

EAGLE'S NEST AB/AF/AS

- 9-2-14
- 2-1-15
- 3-16-15
- 3-23-15
- 7-28-15
- 8-14-15
- 8-28-15
- 1-22-16
- 12-22-16
- 4-22-18
- 8-10-18
- 8-8-18
- 4-1-19

NOTE: All exterior wall dimensions to be 3/16\"/>

NOTE: All wall angles to be 90 OR 45 degrees unless noted otherwise.

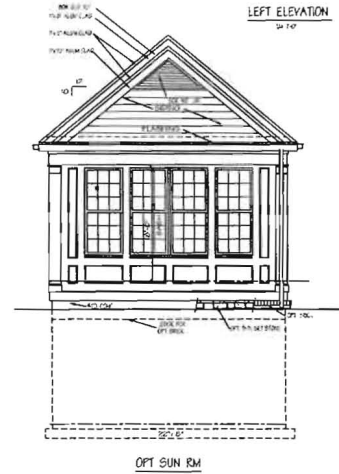
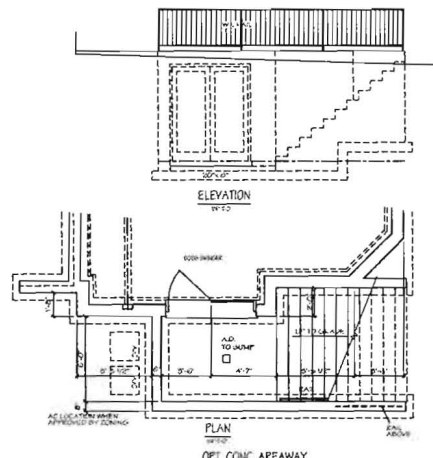
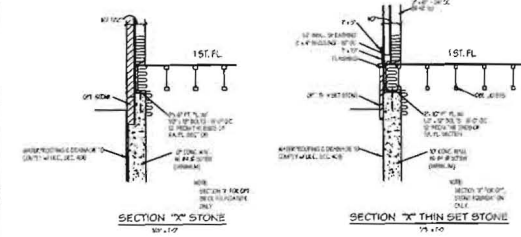
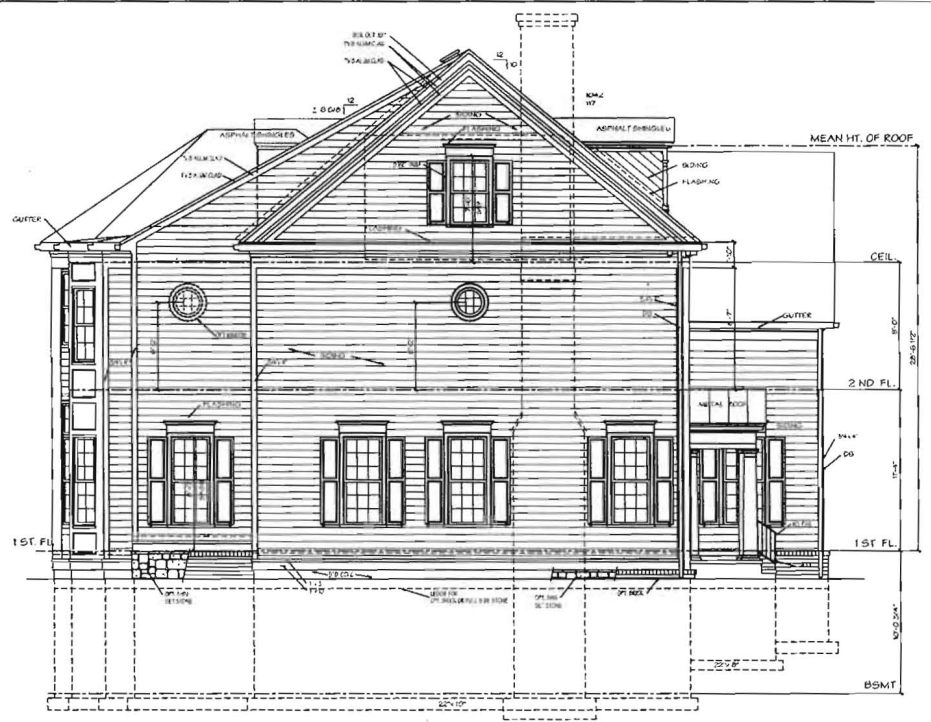
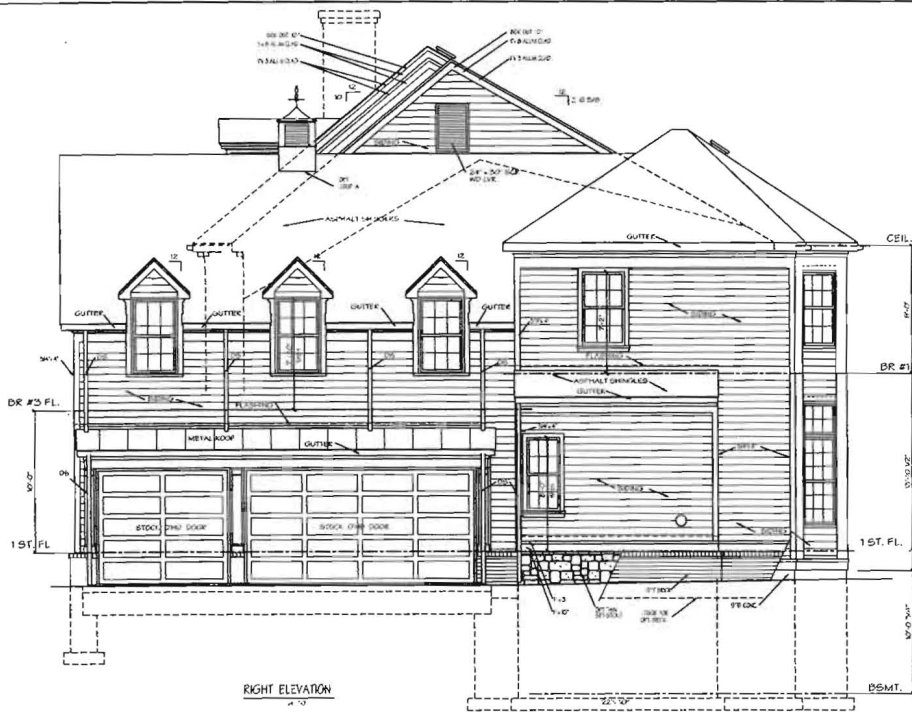
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HUTCHINSON + ASSOCIATES L.L.C.
 11800 PARKLAWN DRIVE (S 100)
 ROCKVILLE, MD 20859
 PHONE: (301) 770-0680 FAX: (301) 770-0183

MITCHELL & BEST HOMEBUILDERS
 11800 PARKLAWN DRIVE (S 100)
 ROCKVILLE, MD 20859

DATE	LOT NO.	BLOCK	DWG. NO.
9-2-14			
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12-22-16			
4-22-18			
8-10-18			
8-8-18			
4-1-19			

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 # 3637-A Expiration Date 12-12-18



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 # 3837-A Expiration Date 3-12-18

8-7-18
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 6-10-19

EAGLE'S NEST AB/AF/AS

NOTE: All interior wall dimensions to be 3/1/2" unless noted otherwise.

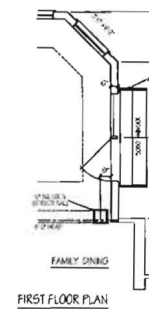
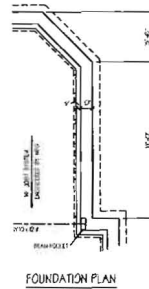
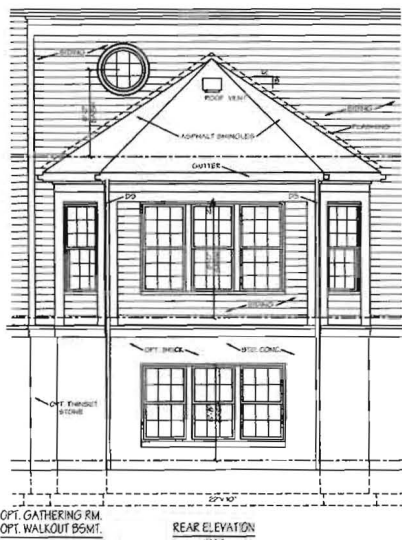
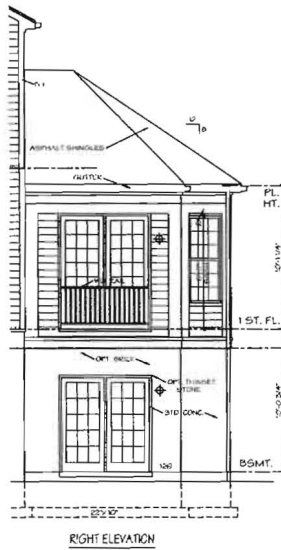
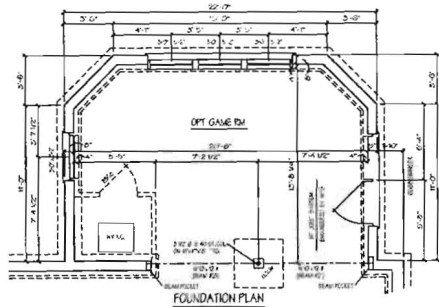
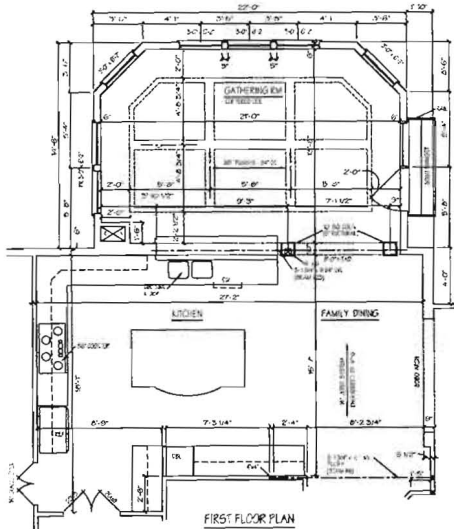
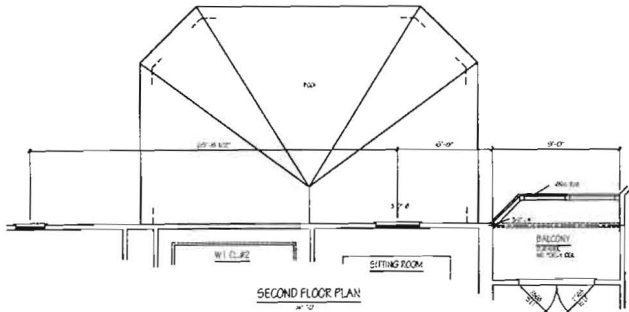
NOTE: All wall angles to be 90 OR 45 degrees unless noted otherwise.

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

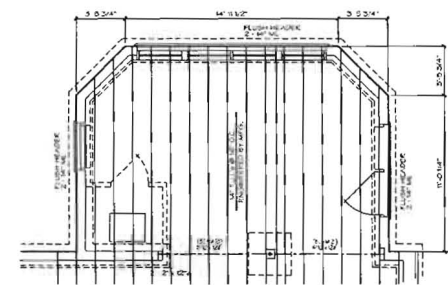
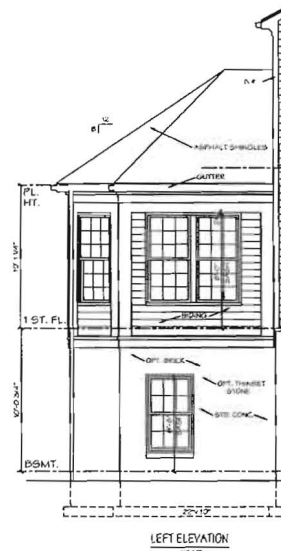
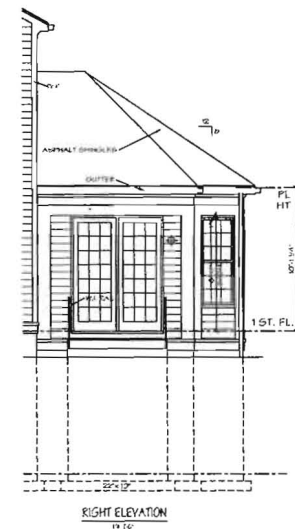
HUTCHINSON + ASSOCIATES L.L.C.
 11850 PARKLAWN DRIVE (S. 100)
 ROCKVILLE, MD. 20852
 PHONE (301) 770-9880 FAX (301) 770-9183

MITCHELL & HEST HOMEBUILDERS
 1880 E. CLARK ST.
 ROCKVILLE, MD 20850

DRAWN BY	DATE	LOT NO.	BLOCK	DWG. NO.
JA	3-27-18			
CHECKED BY	DATE	SECTION	JOB NO.	6
	3-27-18			



OPT. GATHERING RM.
STD. BURIED BSMT.



OPT. GATHERING RM.
EAGLE'S NEST AB/AF/AS

NOTE: All interior wall dimensions to be 3 1/2" unless noted otherwise.
NOTE: All wall openings to be 90 OR 45 degrees unless noted otherwise.

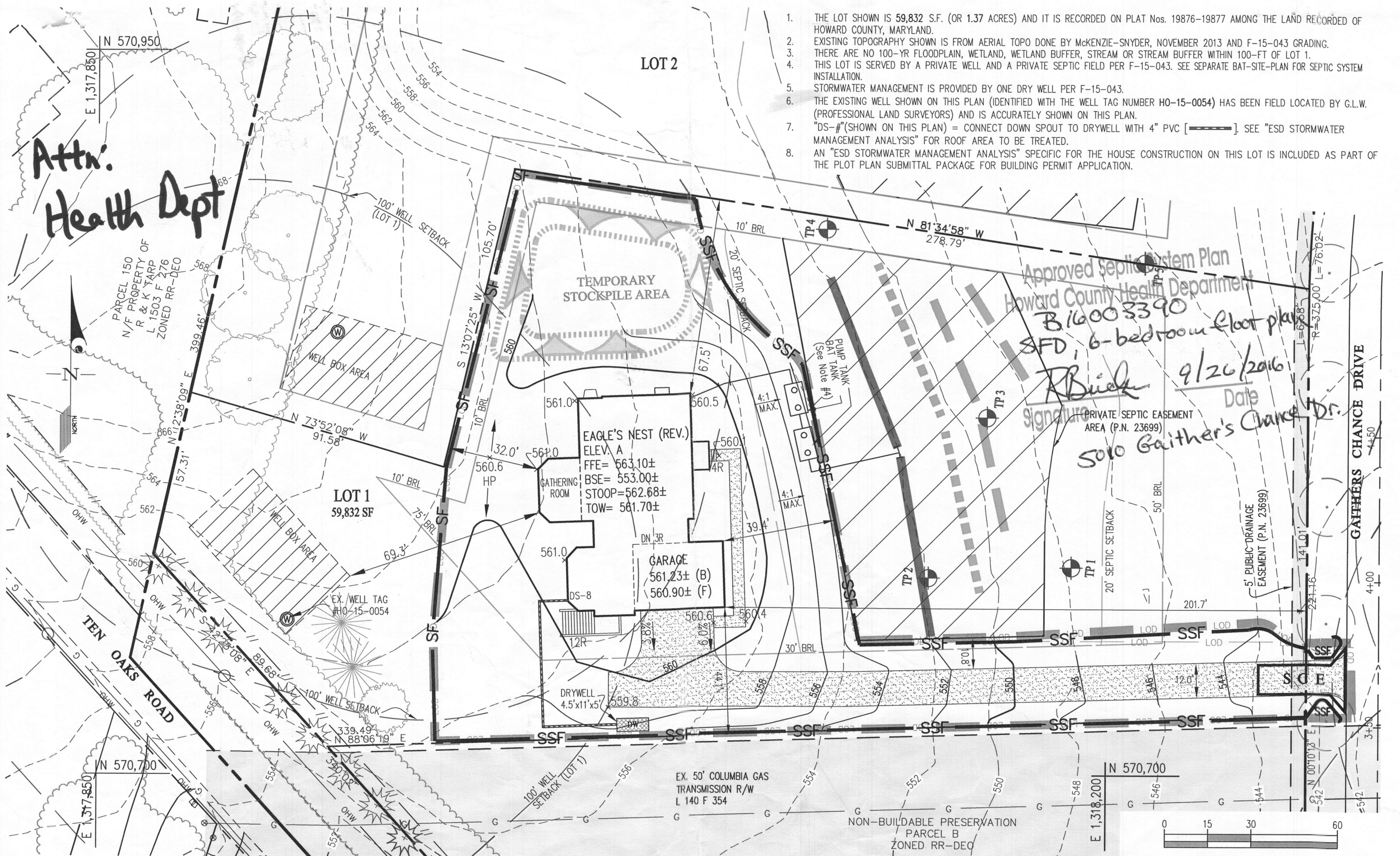
Contractor to check and verify all dimensions and conditions in field prior to start of construction. NOTIFY ARCHITECT OF ANY DISCREPANCIES.

HUTCHINSON + ASSOCIATES L.L.C. 11820 PARKLAWN DRIVE (S. 100) ROCKVILLE, MD 20852 PHONE: (301) 770-9880 FAX: (301) 770-9182			
MITCHELL & BUST HOMEBUILDERS 1808 E. GARDEN DR. ROCKVILLE, MD 20850			
DRAWN BY: JCF CHECKED BY: JCF	DATE: 8-1-08 8-1-08	LOT NO.: BLOCK: 208 NO.	DWG. NO.: 15

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 # 2632-A Expiration Date 2-12-18

NOTES:

1. THE LOT SHOWN IS 59,832 S.F. (OR 1.37 ACRES) AND IT IS RECORDED ON PLAT Nos. 19876-19877 AMONG THE LAND RECORDED OF HOWARD COUNTY, MARYLAND.
2. EXISTING TOPOGRAPHY SHOWN IS FROM AERIAL TOPO DONE BY MCKENZIE-SNYDER, NOVEMBER 2013 AND F-15-043 GRADING.
3. THERE ARE NO 100-YR FLOODPLAIN, WETLAND, WETLAND BUFFER, STREAM OR STREAM BUFFER WITHIN 100-FT OF LOT 1.
4. THIS LOT IS SERVED BY A PRIVATE WELL AND A PRIVATE SEPTIC FIELD PER F-15-043. SEE SEPARATE BAT-SITE-PLAN FOR SEPTIC SYSTEM INSTALLATION.
5. STORMWATER MANAGEMENT IS PROVIDED BY ONE DRY WELL PER F-15-043.
6. THE EXISTING WELL SHOWN ON THIS PLAN (IDENTIFIED WITH THE WELL TAG NUMBER H0-15-0054) HAS BEEN FIELD LOCATED BY G.L.W. (PROFESSIONAL LAND SURVEYORS) AND IS ACCURATELY SHOWN ON THIS PLAN.
7. "DS-#" (SHOWN ON THIS PLAN) = CONNECT DOWN SPOUT TO DRYWELL WITH 4" PVC [———]. SEE "ESD STORMWATER MANAGEMENT ANALYSIS" FOR ROOF AREA TO BE TREATED.
8. AN "ESD STORMWATER MANAGEMENT ANALYSIS" SPECIFIC FOR THE HOUSE CONSTRUCTION ON THIS LOT IS INCLUDED AS PART OF THE PLOT PLAN SUBMITTAL PACKAGE FOR BUILDING PERMIT APPLICATION.



Attn: Health Dept

Approved Septic System Plan
 Howard County Health Department
 B16003390
 SFD, 6-bedroom floor plan
 Buck 9/26/2016
 Date
 Solo Gathers' Chance Dr.

PARCEL 150
 N/F PROPERTY OF
 R & K TARP
 L 1503 F 276
 ZONED RR-DEO

EX. 50' COLUMBIA GAS
 TRANSMISSION R/W
 L 140 F 354

NON-BUILDABLE PRESERVATION
 PARCEL B
 ZONED RR-DEO

GRAPHIC SCALE

Recommended

Pump is

Goulds WEC311L