



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: _____

Permit No.: B17000562

Building Address: 11590 Chapel Rise
 City: Clarksville State: MD Zip Code: 21029
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: 605101 Subdivision: 2020
 Section: _____ Area: _____ Lot: 8
 Tax Map: 29 Parcel: 26 Grid: 3008
 Zoning: RC-DEC Map Coordinates: _____ Lot Size: 3.0674ac

Property Owner's Name: Sophie Gorski-Cullen / Charles Cullen
 Address: 6624 Towering Oak Path
 City: Columbia State: MD Zip Code: 21044
 Phone: 443-838-8322 Fax: _____
 Email: csgcullen@gmail.com

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

Existing Use: single family home
 Proposed Use: single family home
 Estimated Construction Cost: \$ 30,000
 Description of Work: finish basement, bath, rec room, exercise, music, wet bar
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: SDF Builders
 Contact Person: Eric Wasie
 Address: 12112 Auburn Rd
 City: Towson State: MD Zip Code: 21279
 License No.: 123840
 Phone: 301-288-5326-2774 Fax: _____
 Email: sdfarm@gmail.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: <u>2500</u> 2 nd floor: <u>2000</u>
Area of construction (sq. ft.): _____	Basement: _____
Use group: _____	<input type="checkbox"/> Finished Basement <u>1700</u> <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input checked="" type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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:	
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.

Sophie Cullen
 Applicant's Signature
csgcullen@gmail.com
 Email Address
homeowner
 Title/Company

Sophie Gorski Cullen
 Print Name
2/16/17
 Date

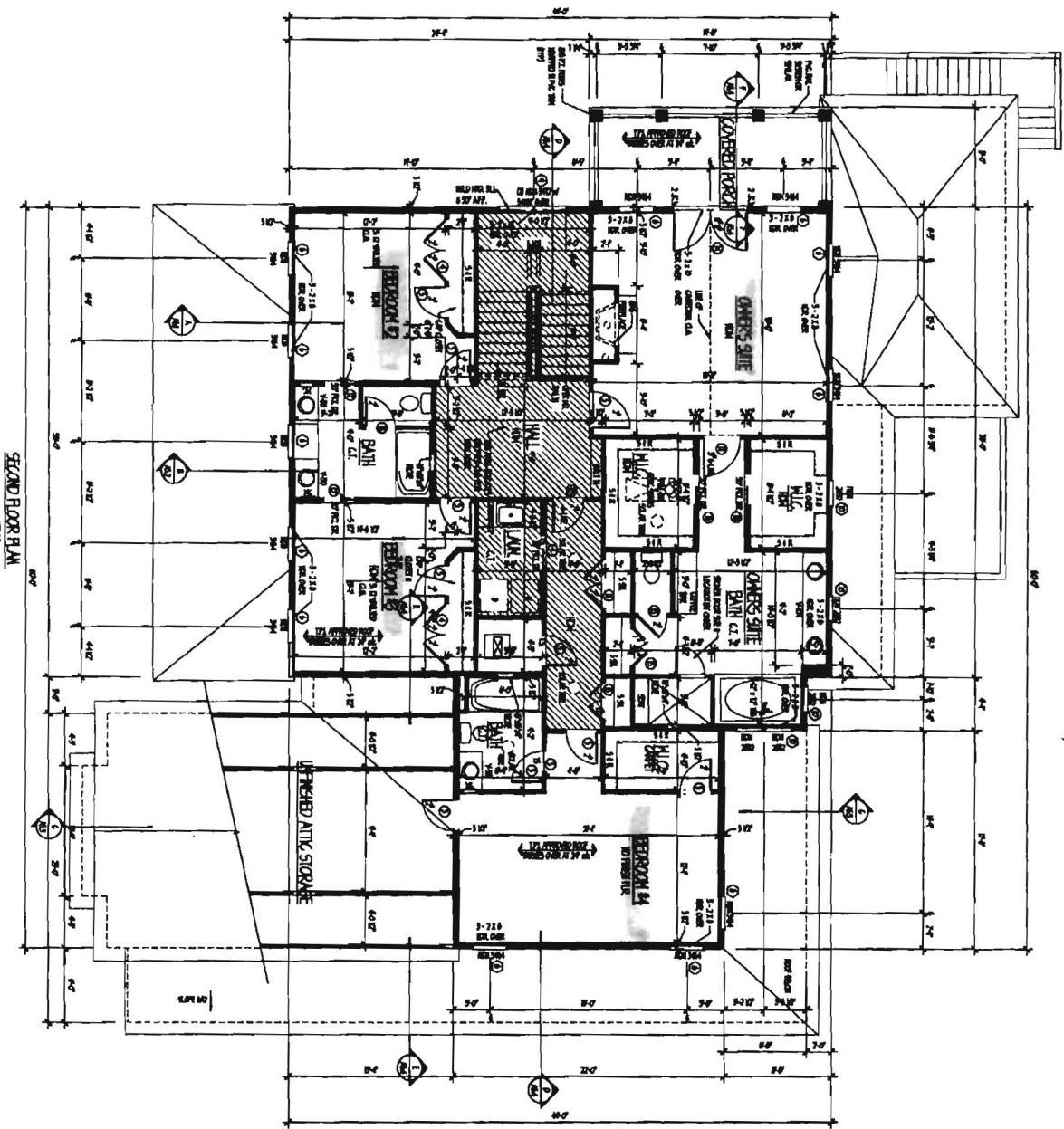
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		

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

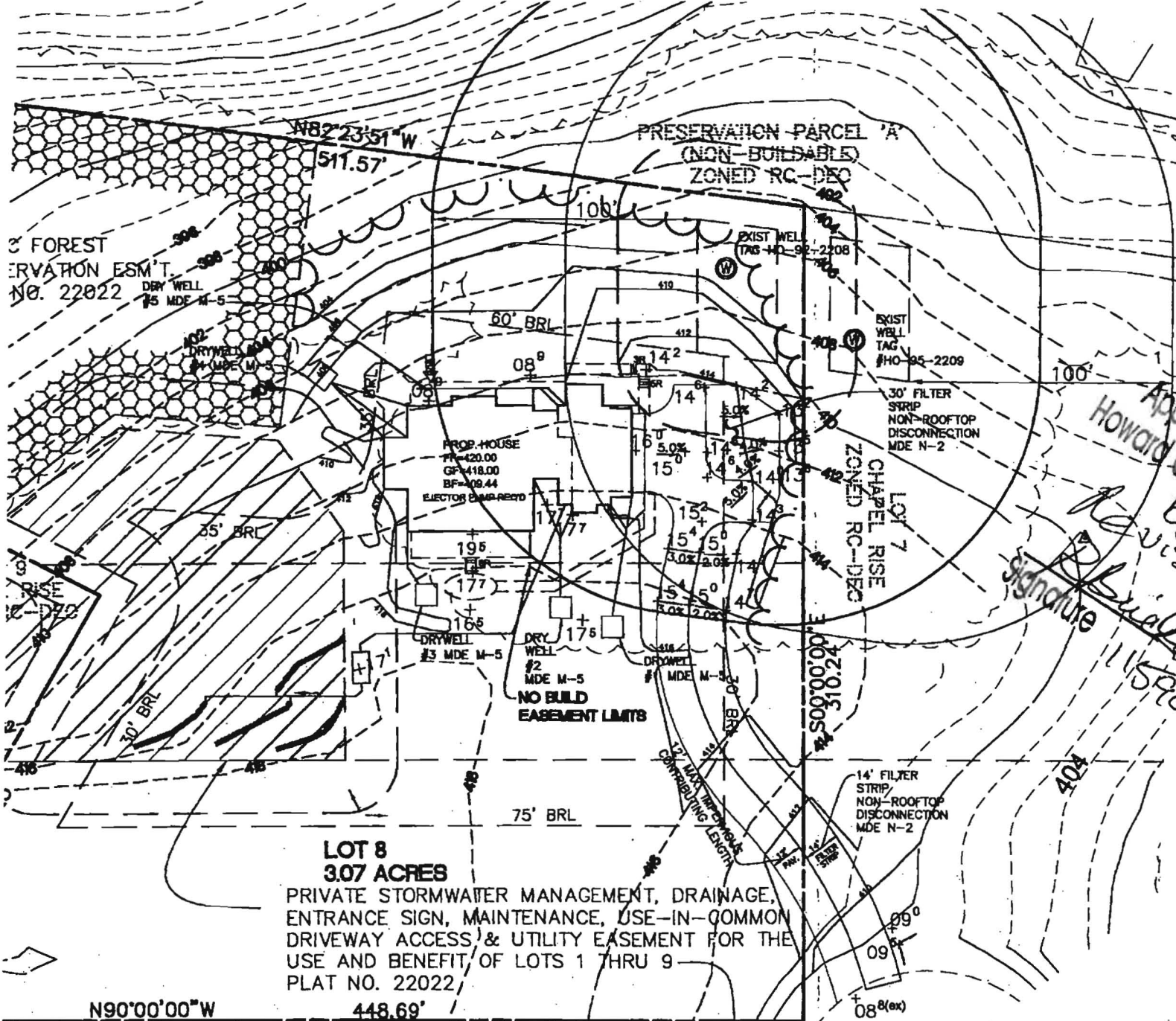
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check #	<u>2057</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 Approved for SDP only
 Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering
 Pink: Health Gold: SHA



4 BR potential 5

PROJECT TITLE ALLEN RESIDENCE	
COMMENT SECOND FLOOR PLAN	
SHEET NO. 2618	SHEET TITLE A4.1



LOT 8
3.07 ACRES
 PRIVATE STORMWATER MANAGEMENT, DRAINAGE,
 ENTRANCE SIGN, MAINTENANCE, USE-IN-COMMON
 DRIVEWAY ACCESS & UTILITY EASEMENT FOR THE
 USE AND BENEFIT OF LOTS 1 THRU 9
 PLAT NO. 22022

N90°00'00"W 448.69'

PLAN VIEW

Approved Septic System Plan
 Howard County Health Department
 Bill 00346
 Revised Plot Plan
 11/5/20
 10/31/2014
 Date
 Chapel Rise

Signature



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: 1/14/16
Permit No.: B16000249

Building Address: 11590 Chapel Rise
City: Clarksville State: MD Zip Code: 21044
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: 605101 Subdivision: 2020 Chapel Rise
Section: _____ Area: _____ Lot: 8
Tax Map: 29 Parcel: 26 Grid: 29-8
Zoning: RC-DEO Map Coordinates: _____ Lot Size: 3.07 Acres

Existing Use: Field
Proposed Use: Single Family
Estimated Construction Cost: \$ 1.0m
Description of Work: Construct residential single family - 4BR, 3 1/2 Bath home

Occupant or Tenant: N/A
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:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
Use group:	<input type="checkbox"/> Finished Basement
	<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:
<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: Sophie Gorski-Cullen, Chuck Cull
Address: 6024 Towenna Oak Park
City: Columbia State: MD Zip Code: 21044
Phone: 443-838-8322 Fax: _____
Email: csqcullen@gmail.com

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

Contractor Company: Goal Construction Corp.
Contact Person: Bobby Golsrani
Address: 8370 Greensboro Dr. Unit 911
City: McLean State: VA Zip Code: 22102
License No.: 7675
Phone: 703-568-5888 Fax: _____
Email: Bobby@goalconstructioncorp.com

Engineer/Architect Company: DW Taylor
Responsible Design Prof.: Don Taylor
Address: 5024 Dorsey Hall Drive
City: Ellicott City State: MD Zip Code: 21042
Phone: 410-964-1181 Fax: 410-997-2924
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: _____
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 THE COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: Sophie Gorski-Cullen
Email Address: csqcullen@gmail.com
Title/Company: _____

Print Name: Sophie Gorski-Cullen
Date: 1/14/16

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>29-11-16</u>	<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	\$ <u>5000</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1869</u>



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: 9/23/14

Permit No.: B14003467

Building Address: 11590 Chapel Rise
 City: Chicksville State: MD Zip Code: 21044
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: 2001 Maple Ridge
 Section: _____ Area: _____ Lot: 2
 Tax Map: 29 Parcel: 46 Grid: _____
 Zoning: RC-D-ED Map Coordinates: _____ Lot Size: 2.01
ACRES

Property Owner's Name: Sophie Gorkin-Giblin, Cheryl Gullotta
 Address: 101 + 11 Woodway Circle
 City: Columbia State: MD Zip Code: 21044
 Phone: 410-338-2022 Fax: _____
 Email: csacull@regional.com

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

Existing Use: Field
 Proposed Use: single family
 Estimated Construction Cost: \$ 1.1M
 Description of Work: 1st floor addition including
family room, 4th bedroom, 1st P, kitchen, 5th
BR & 3rd Bath
 Occupant or Tenant: N/A

Contractor Company: NDI Homes Maryland
 Contact Person: John Kelly
 Address: 134 Maryland Ave, Suite 200
 City: Chicksville State: MD Zip Code: 21044
 License No.: 1111153016
 Phone: 410-338-2022 Fax: _____
 Email: john@ndihomes.com

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

Engineer/Architect Company: Struct Design
 Responsible Design Prof.: James H. ...
 Address: 11111 ...
 City: Chicksville State: MD Zip Code: 21044
 Phone: 410-338-2022 Fax: _____
 Email: info@structdesign.com

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>14-11-11</u>	2 nd floor: <u>11-11-11</u>
Area of construction (sq. ft.):	Basement:	
Use group:	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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 type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Heating System	
<input 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 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: _____ Print Name: _____
 Email Address: _____ Date: _____
 Title/Company: _____

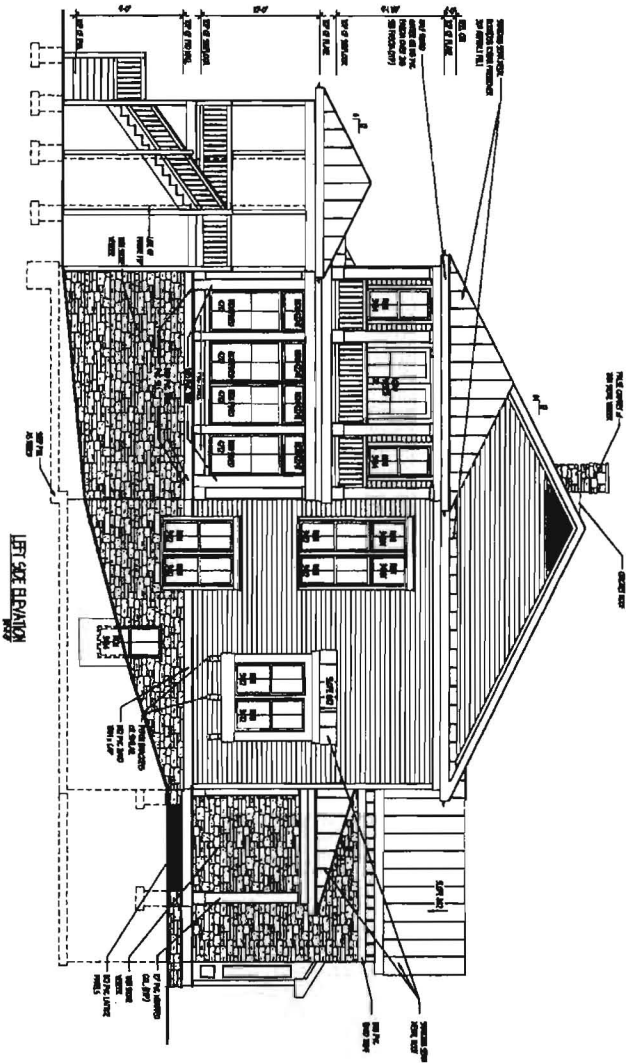
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/31/14</u>	<u>J. Brink</u>

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

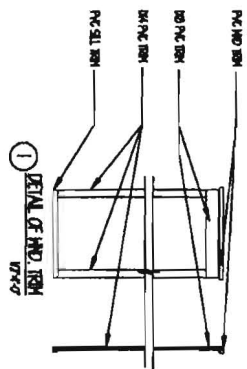
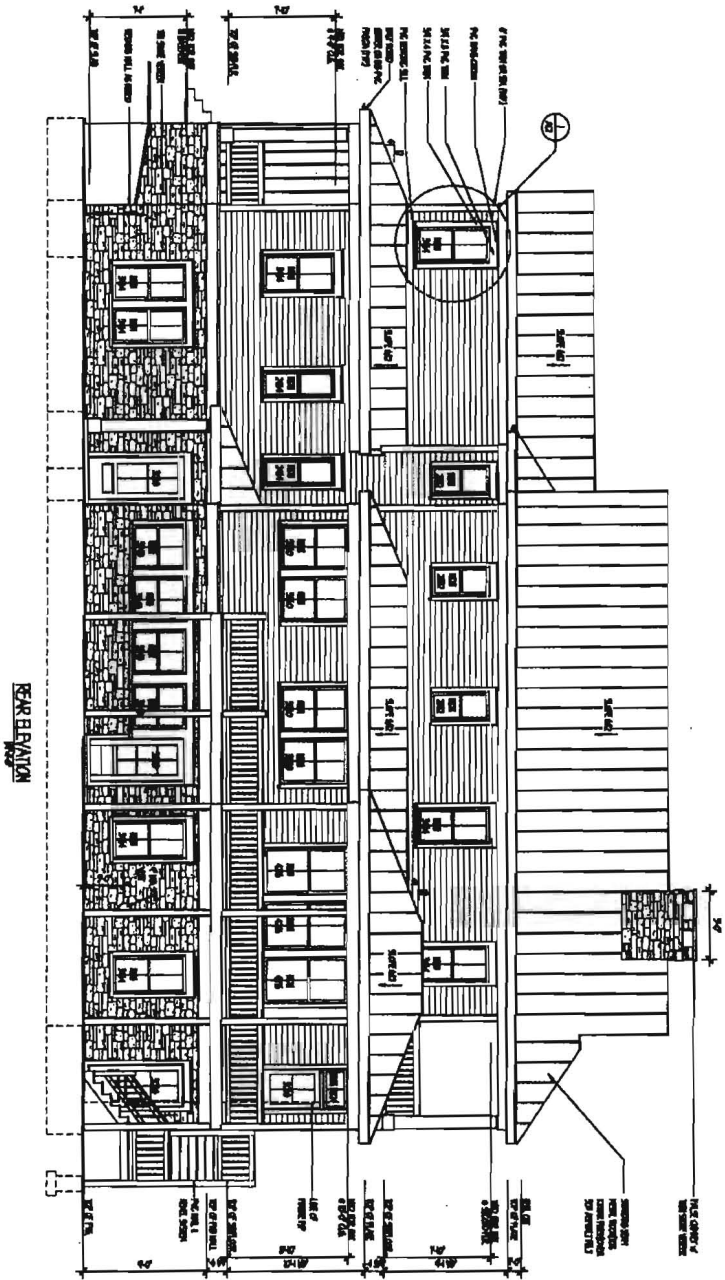
OPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot 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>500.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>160</u>



dw Taylor ARCHITECTS 1000 10th St. N.E. Atlanta, Georgia 30309 Phone: 404.525.1111		2618		A1.3	
PROJECT TITLE OILIER RESERVE					
OWNER LEFT SIDE ELEVATION					
DATE 2018					

dw Taylor ARCHITECTS 1000 10th St. N.E. Atlanta, Georgia 30309 Phone: 404.525.1111		2618		A1.4	
PROJECT TITLE OILIER RESERVE					
OWNER RIGHT SIDE ELEVATION					
DATE 2018					



BD AND FRONT SET	
PROJECT NUMBER	2618
PROJECT TITLE	OLIH RESIDENCE
DATE	04-20-08
CONTENT	REAR ELEVATION
PROJECT NUMBER	A12

