



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: 6/2/14

Permit No.: B14001831

Building Address: 13554 MITCHELLSWAY
City: West Friendship State: MD Zip Code: 21794
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: CLOVERFIELD
Section: _____ Area: _____ Lot: 9
Tax Map: 0015 Parcel: 0004 Grid: 0008
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Cloverfield lot 9 Holding Co
Address: 2330 W Joppa Rd Ste 395
City: Lutherville State: MD Zip Code: 21093
Phone: 410-616-9631 Fax: _____
Email: clay.goodier@goodierbaker.com

Existing Use: VACANT LAND
Proposed Use: SFD
Estimated Construction Cost: \$ 275,000
Description of Work: construct single family dwelling

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Jeannine Ducey
Address: 2330 W Joppa Rd Ste 395
City: Lutherville State: MD Zip Code: 21093
Phone: 443-691-2725 Fax: _____
Email: J.Ducey@goodier.com

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

Contractor Company: GOODIER BAKER HOMES LLC
Contact Person: Clay Goodier
Address: 2330 W Joppa Rd Ste 395
City: Lutherville State: MD Zip Code: 21093
License No.: 6462
Phone: 410-616-9631 Fax: _____
Email: clay.goodier@goodierbaker.com

Engineer/Architect Company: FISHER COLLINS & CARTER INC
Responsible Design Prof.: DAVE HARWARD
Address: 10272 BALTIMORE NATIONAL PIKE
City: ELICOTT CITY State: MD Zip Code: 21042
Phone: 410-461-2855 Fax: 410-750-3784
Email: partners@fcc-eng.com

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>42'</u>	<u>77'</u>
	2 nd floor: <u>42'</u>	<u>77'</u>
Area of construction (sq. ft.):	Basement:	
Use group:	<input checked="" 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: <u>5</u>	
<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 type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input type="checkbox"/> 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 checked="" 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 checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G14000162</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: J. Ducey Print Name: Jeannine Ducey
Email Address: J.Ducey@goodier.com Date: 6/2/14
Title/Company: ADMIN/GOODIER BAKER HOMES

RECEIVED
JUN 02 2014
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
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>6/30/14 [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>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>10719</u>



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
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Date Received: 5-1-15

Permit No.: B15001624

Building Address: 13554 Mitchell's Way
 City: West Friendship State: MD Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Clow Field
 Section: _____ Area: _____ Lot: 9
 Tax Map: 15 Parcel: 7 Grid: 8
 Zoning: _____ Map Coordinates: _____ Lot Size: 56,628

Existing Use: Vacant
 Proposed Use: New Home
 Estimated Construction Cost: \$ 300,000
 Description of Work:
Construct New Single Family Home

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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input 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:	
<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:	
<input type="checkbox"/> Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: Salcem Ahmad
 Address: 2107 Cross Trails
 City: Windsor Mill State: MD Zip Code: 21244
 Phone: 410 369 6590 Fax: _____
 Email: Salcemrph@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: Colonial Design+Build
 Contact Person: Kevin Slezak
 Address: 5241 Turkey Point Rd
 City: North East State: MD Zip Code: 21501
 License No.: 5814
 Phone: 443 752 5621 Fax: _____
 Email: Kvslezak@yahoo.com

Engineer/Architect Company: Design Plus
 Responsible Design Prof.: _____
 Address: 903 9th Street
 City: Pasadena State: MD Zip Code: 21122
 Phone: 443 520 3585 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input 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>G15000147</u>	
Building Shell Permit Number: _____	

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Applicant's Signature: Kevin Slezak Print Name: Kevin Slezak
 Email Address: kvslezak@yahoo.com Date: 5/1/15
 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		

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>50</u>
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



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Permit No.: B15001624

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 City: _____ State: _____ Zip Code: _____
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: West 10
 Section: _____ Area: _____ Lot: 9
 Tax Map: S Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: vacant
 Proposed Use: New home
 Estimated Construction Cost: \$ 300,000
 Description of Work: New home

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

Property Owner's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: 443 757 5071 Fax: _____
 Email: van@etol.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: 443 757 5071 Fax: _____
 Email: _____

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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input 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:	
<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 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 type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input 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:	<u>615000147</u>
Building Shell Permit Number:	

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Applicant's Signature: van, etol.com
 Email Address: _____
 Title/Company: _____

Print Name: _____
 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	<u>6-30-15</u>	<u>Rena Leonard</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>50</u>
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	
Check	#	

ENTRANCE PERMIT

(410) 313-1810

HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES & PERMITS

Permission is hereby granted by the Howard County Department of Inspections, Licenses & Permits for an entrance permit:

Owner Saleem Ahmad Phone 410 369 6590
Address 207 Windsor Mill, MD 21244
New Building Address 13554 Mitchells way, West Friendship
For what use: Entrance To Kevin Home
Name of Contractor or Builder Kevin Colonial Design + Build
Address 5241 Turkey Point Rd, North East, MD 21501

The applicant hereby certifies and agrees as follows: (1) that he is the owner or the duly authorized agent of the owner to make this application; (2) that he has read all of the information set forth and that the same is correct; (3) that the permit, when issued, may be declared void should said information be incorrect; (4) that he will comply with all rules and regulations of Howard County Bureau of Highways; (5) that he will perform no work on the entrance not specifically described in this permit.

It must be noted that a use & occupancy permit will not be issued until entrance is completed to Bureau of Highways Standards & Specifications.

- A. It is agreed and understood by the acceptance of this permit, the following conditions will be followed. The construction of the entrance or approach will, in no way, change the grade/and or alignment of any existing drainage ditches or structures. In the event same are damaged or destroyed, they shall be replaced to the satisfaction of the Howard County Bureau of Public Works representative.
- B. The right-of-way, affected by this permit, will be left in a neat and clean condition and no excess material will be permitted to remain on or adjacent to the right-of-way. Shoulders and flow-line areas disturbed shall be shaped up according to the Howard County Bureau of Highways Standards and Specifications. (For Driveway and Flow-line area.)

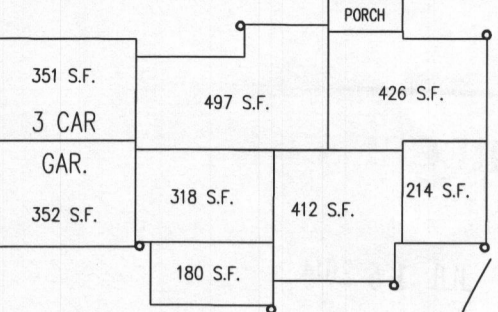
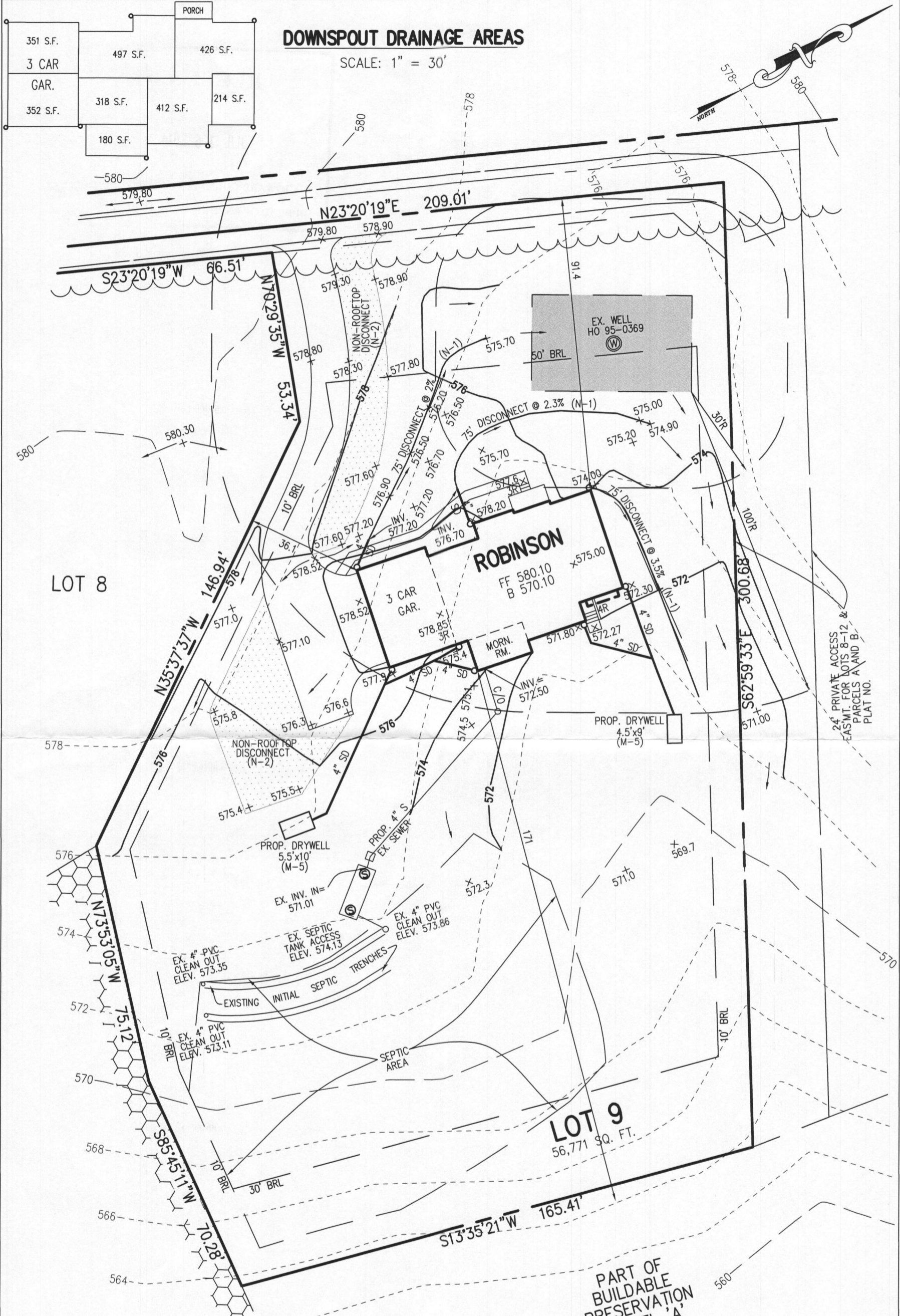
In consideration of the issuance of this permit, the applicant agrees that if he fails to comply with the above set-out standards and thereby causes damage to the Howard County Road System, that the applicant will be responsible to Howard County for such damage to its road system.

Sign [Signature] Approved Kevin Skozak
(Name of applicant)

Address _____
Date _____
ATTENTION: The permit, when issued, is valid for period not to exceed six months.

DOWNSPOUT DRAINAGE AREAS

SCALE: 1" = 30'



LOT 8

ROBINSON

LOT 9
56,771 SQ. FT.

PART OF
BUILDABLE
PRESERVATION
PARCEL 'A'

NOTE:

THE EXISTING WELL, TAG NO. HO-95-0369, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

**PERMIT PLAN
LOT 9
CLOVERFIELD**

13554 MITCHELLS WAY
ZONED: RC-DEO
TAX MAP NO.: 15 PARCEL NO.: 4 GRID NO.: 8
3RD ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: JULY 07, 2014

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLCOTT CITY, MARYLAND 21042
(410) 461 - 2855

Bernard, Dana

From: Bernard, Dana
Sent: Tuesday, June 30, 2015 5:24 PM
To: 'Dave Harward, III'
Subject: RE: Cloverfield Lot 9, #B15001624

Please have it sent over tomorrow. I will take care of this today. Thanks Dana Have a great holiday weekend.

From: Dave Harward, III [mailto:DaveH@fcc-eng.com]
Sent: Tuesday, June 30, 2015 5:15 PM
To: Bernard, Dana
Subject: RE: Cloverfield Lot 9, #B15001624

Is this got it covered? Thanks.

From: Bernard, Dana [mailto:dbarnard@fcc-eng.com]
Sent: Tuesday, June 30, 2015 5:09 PM
To: Dave Harward, III
Subject: RE: Cloverfield Lot 9, #B15001624

The note must be adjusted to reflect that there will not be a bedroom or bathroom in the basement because the current septic system can only accommodate a 5 bedroom house.

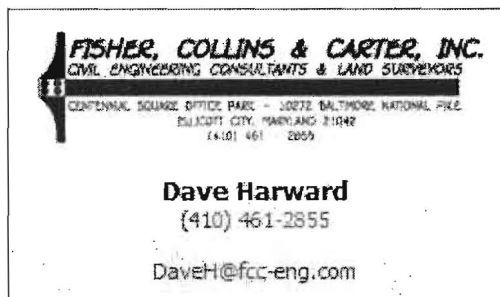
From: Dave Harward, III [mailto:DaveH@fcc-eng.com]
Sent: Tuesday, June 30, 2015 5:05 PM
To: Bernard, Dana
Subject: Cloverfield Lot 9, #B15001624

Dana,

Stephanie mentioned that you were going to be out the rest of the week. I just realized that this plan is on a 11"x17" size sheet, so you may be able to print it out there. So I've added the note to the plan and the new plan is attached to this email. I can still send a copy by courier tomorrow if necessary, but would you approve the building permit today, seeing that this note has been added. That would help make the builder and homebuyer much happier.

Thank You for your help,

Dave



Right Click this card to add me to your Contacts