



# 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 28 PM 12:38

Date Received: \_\_\_\_\_

Permit No.: B16003367

Building Address: 2970 HOBBS RD  
 City: GLENWOOD State: MD Zip Code: 21738  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: 04-34567 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: MARTIN WRIGHT  
 Address: 2970 HOBBS RD  
 City: GLENWOOD State: MD Zip Code: 21738  
 Phone: 240-375-4244 Fax: 4263  
 Email: \_\_\_\_\_

Existing Use: HOME  
 Proposed Use: HOME  
 Estimated Construction Cost: \$ 100,000.00 ATTACHE  
 Description of Work: GARAGE LAUNDRY ROOM ADDITION

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: AMERICRAFT  
 Address: 2900 GLENWOOD SQ. DR.  
 City: GLENWOOD State: MD Zip Code: 21738  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Occupant or Tenant: MARTIN WRIGHT  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: MARTIN WRIGHT  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 240-375-4263 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: AMERICRAFT HOME IMPROVEMENT  
 Contact Person: KEN CALVIN  
 Address: 2900 GLENWOOD SQ. DR.  
 City: GLENWOOD State: MD Zip Code: 21738  
 License No.: 216449  
 Phone: 240-375-4241 Fax: 410-484-0505  
 Email: AMERICRAFT@AMERICRAFT.COM

Engineer/Architect Company: JA ARCHITECTURE  
 Responsible Design Prof.: JON RIVERA  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: 443-226-8745 Fax: \_\_\_\_\_  
 Email: JONATHAN@RIVERA.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 <sup>st</sup> floor: <u>30</u> <u>27</u>
Area of construction (sq. ft.):	2 <sup>nd</sup> floor: <u>30</u> <u>27</u>
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
<b>Construction type:</b>	No. of Bedrooms: <u>2</u>
<input type="checkbox"/> Reinforced Concrete	<b>Multi-family Dwelling</b>
<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 checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

<b>Utilities</b>	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Heating System</b>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Grading Permit Number:</b>	
<b>Building Shell Permit Number:</b>	

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: \_\_\_\_\_  
 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>8/25/16</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>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check # <u>M17</u>	# <u>17-05171</u>

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

Date: 8-22-16

To: MR FREEMAN H.O. - Health Dept.  
(Person's Name and Division)

From: AMERICRAFT ( )  
(Your Name, Company Name and Telephone Number)

Subject: Project name 2970 HOBBS RD  
Project site address \_\_\_\_\_  
Permit # B 16003367 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 S.D.A. LOCATION (be specific).
- 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)**

KEN GARUFI  
Please Print Name

Telephone No: 240-375-4241

E-Mail Address: AMERICRAFT@AOL.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 Kenn Garufi

CC: Plan Review

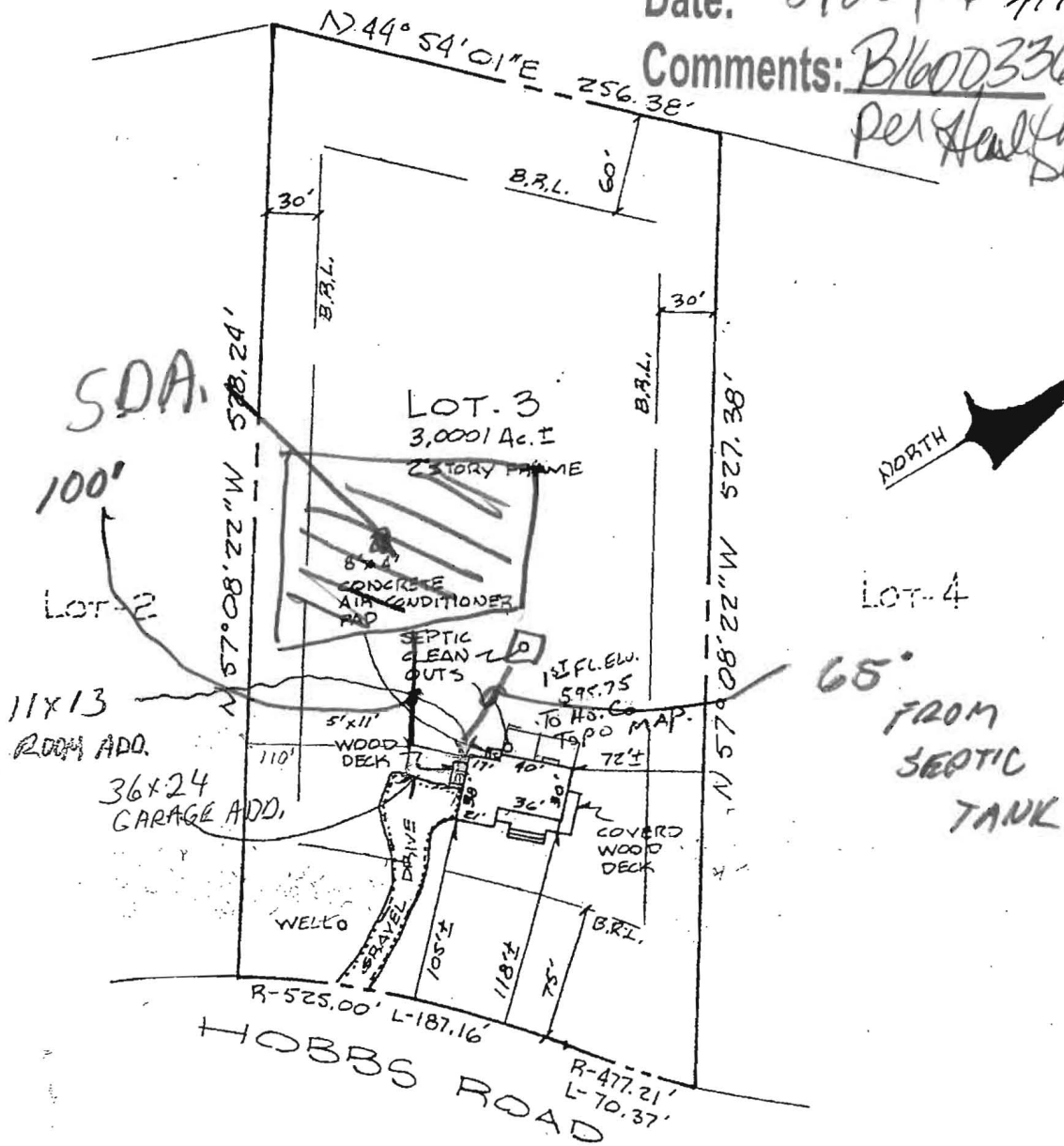
DILP 2016 AUG 22 PM2:52

REVISED

Date: 8/28/16 Approved  
8/25/16

Comments: B/6003367

Per Health Dept

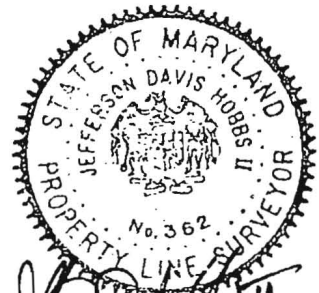


### BUILDING LOCATION PLAT

GLENWOOD SPRINGS - LOT-3  
GOLD SMITH PROPERTY  
SCALE: 1"=100' DATE: 7-22-89

I CERTIFY TO THE BEST OF MY KNOWLEDGE AND ABILITY THAT ON JULY 22nd, 1989 A TAPE LOCATION OF THE IMPROVEMENT TO LOT 3, GLENWOOD SPRINGS, ELECTION DISTRICT 4, HOWARD COUNTY, MARYLAND, AS SHOWN ON A PLAT OF RECORD, RECORDED IN THE LAND RECORDS OF HOWARD COUNTY, MARYLAND WAS PERFORMED. THOSE IMPROVEMENTS ARE SHOWN HERE ON.

THIS PLAT IS NOT INTENDED FOR USE IN ESTABLISHMENT OF PROPERTY CORNERS



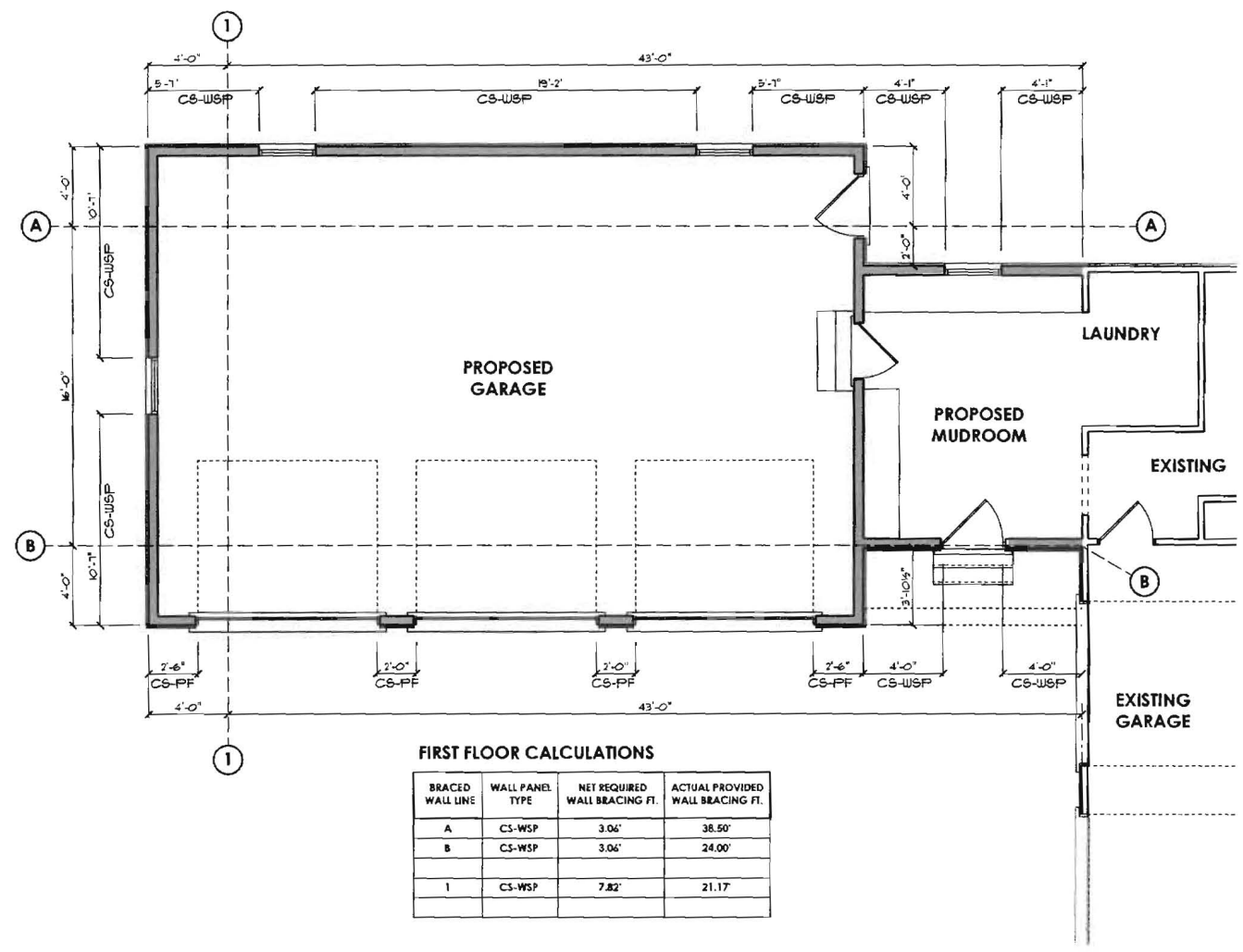
Signature of Jefferson Davis Hobbs II

PREPARED BY  
JEFFERSON D. HOBBS  
2733 FREDERICK RD  
CATONSVILLE MD.

Approved B1600 5367  
R/E 8/25/16

PROFESSIONAL CERTIFICATION  
I 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 Number #14478  
Expiration Date: 4/30/2018

Jonathan Rivera  
License Number 414478



FIRST FLOOR CALCULATIONS

BRACED WALL LINE	WALL PANEL TYPE	NET REQUIRED WALL BRACING FT.	ACTUAL PROVIDED WALL BRACING FT.
A	CS-WSP	3.06'	36.50'
B	CS-WSP	3.06'	24.00'
1	CS-WSP	7.82'	21.17'

REVISIONS  
 ▲ 06-04-16 REVIEW SET  
 ▲  
 ▲  
 ▲  
 ISSUE DATES:  
 06-04-16 REVIEW SET

SCALE: 1/4" = 1'-0"

BRACING PLAN

**3.51**

PRINT DATE:  
Friday, July 01, 2016

**Wright Residence**  
 PROPOSED ADDITION  
 2970 Hobbs Road, Glenwood, Maryland 21738