

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

Date: 1/17/16

To: DAW. Swinder
(Person's Name and Division)

From: Nichole Tiede CT Contracting (443) 277-3191
(Your Name, Company Name and Telephone Number)

Subject: Project name Eyre Remodel
Project site address 2710 Duvall Rd.
Permit # B15005341 SDP # _____
Other information pertinent to this project _____

HEALTH

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 _____ (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)

Chris Tiede
Please Print Name

Telephone No: 443-277-2970.
E-Mail Address: chris@ctcontracting.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]



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.: 815005341

Building Address: 2710 N. Duvall Rd
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: 31 Grid: 1036
 Zoning: _____ Map Coordinates: _____ Lot Size: 5600

Existing Use: PH Building
 Proposed Use: PH Building
 Estimated Construction Cost: \$ _____
 Description of Work: 60' x 16' 4" lot with 2' x 6' x 12' back addition, 2' x 6' x 12' front addition
 Occupant or Tenant: Ron Eyre
 Was tenant space previously occupied? Yes No
 Contact Name: Ron Eyre
 Address: 2710 Duvall Rd
 City: Woodbine State: MD Zip Code: 21797
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Ron Eyre
 Address: 2710 Duvall Rd
 City: Woodbine State: MD Zip Code: 21797
 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: J.T. Construction, Inc
 Contact Person: John T. Trench
 Address: 11307 W. 11th St
 City: Woodbine State: MD Zip Code: 21796
 License No.: 7154
 Phone: 410-377-8170 Fax: _____
 Email: _____

Engineer/Architect Company: Woodbury Masonry
 Responsible Design Prof.: _____
 Address: 1242 N. Morgan St
 City: Woodbine State: MD Zip Code: 21797
 Phone: _____ 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:	
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: _____
 Email Address: _____
 Title/Company: _____

Print Name: John T. Trench
 Date: 12/11/15

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>12/23/15</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</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>9152</u>

Eyre Residence
 PROPOSED ADDITION
 2710 Duvall Rd, Woodbine, Maryland 21797

REVISIONS

NO.	DATE	DESCRIPTION
1	7-07-15	SCHEMATIC REVIEW

ISSUE DATES:
 8-24-15 REVIEW

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

ELEVATIONS

1.01

PRINT DATE:
 Wednesday, November 11, 2015

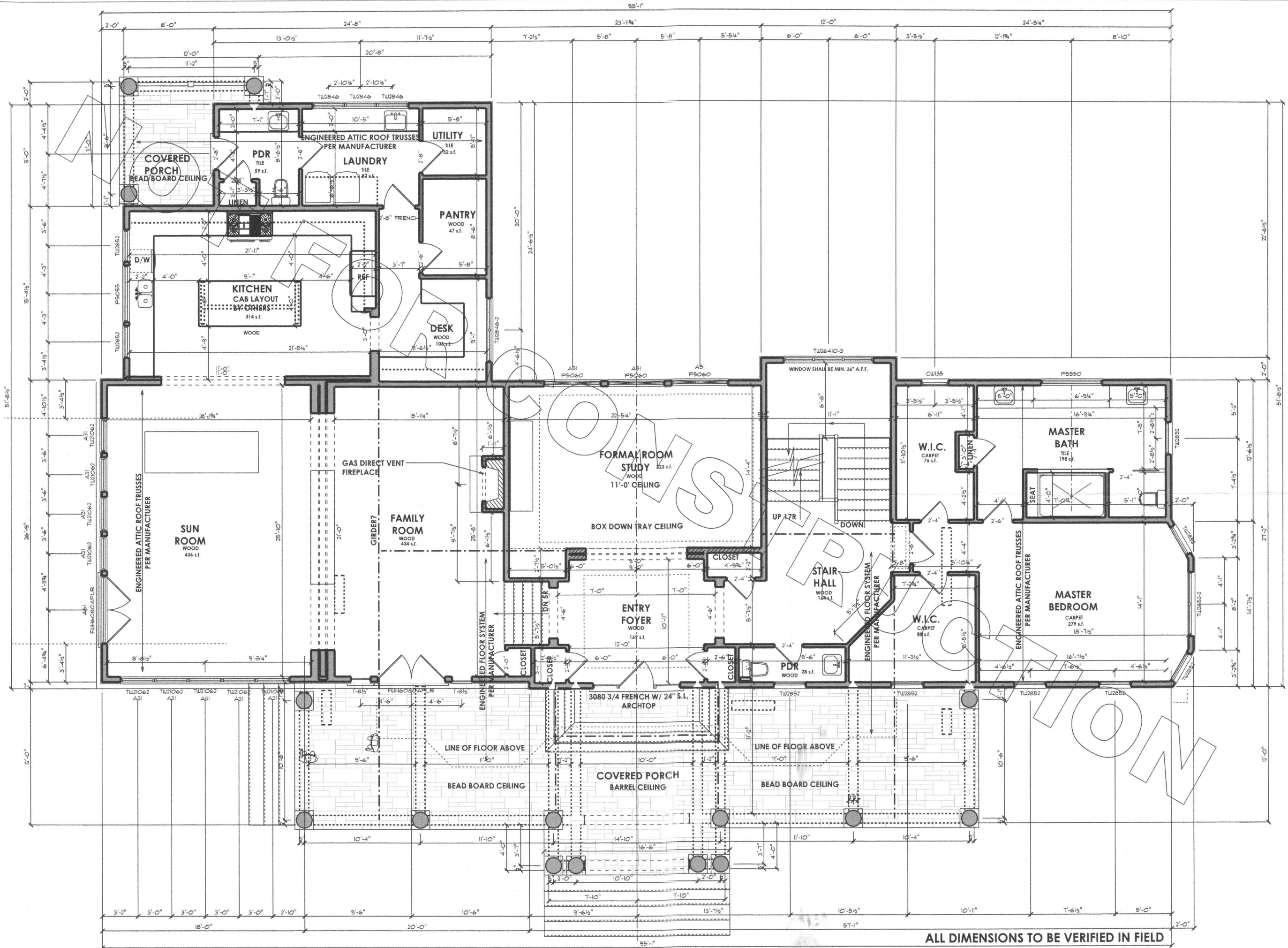
NOT FOR CONSTRUCTION



FRONT ELEVATION

NOTE:
 STAIRS WITH 2 OR MORE RISERS SHALL BE PROVIDED WITH HANDRAILS. HANDRAILS SHALL BE A MINIMUM OF 34" IN HEIGHT AND NOT MORE THAN 38" IN HEIGHT. RAILS ARE TO BE MEASURED VERTICALLY FROM THE NOSING OF THE TREADS.
 PORCHES, DECKS, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS A MINIMUM OF 36" HIGH.
 RISERS ARE TO BE CLOSED SUCH THAT THE OPENING BETWEEN THE TREADS DOES NOT PERMIT THE PASSAGE OF A 4" DIA SPHERE.

Eyre Residence
 PROPOSED ADDITION
 2710 Duvall Rd, Woodbine, Maryland 21797



ALL DIMENSIONS TO BE VERIFIED IN FIELD

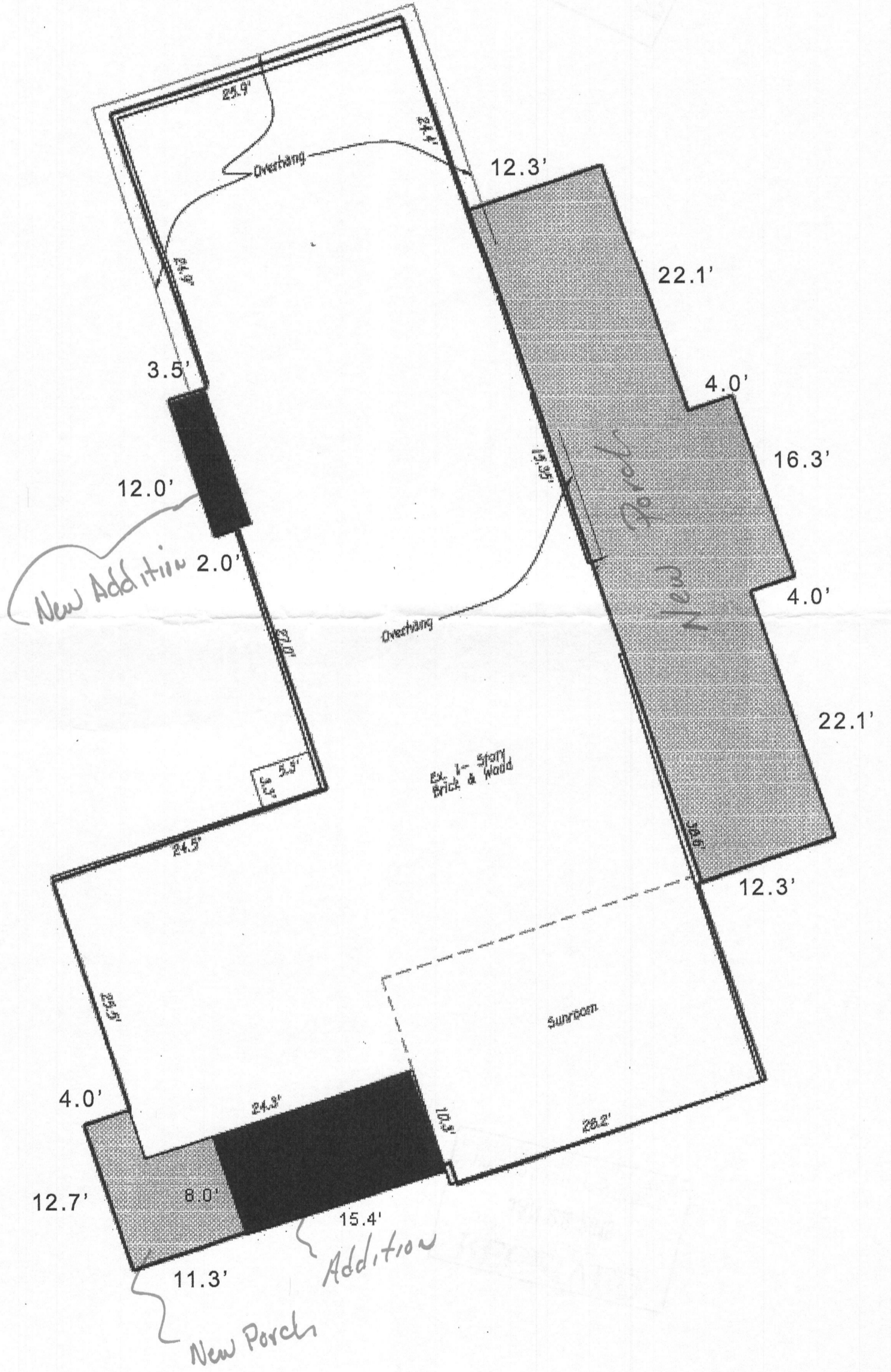
REVISIONS

▲	7-07-15	SCHEMATIC REVIEW
▲		
▲		
▲		
▲		
▲		
▲		

ISSUE DATES:

8-24-15	REVIEW

SCALE: 1/4" = 1'-0"
1ST FLOOR
3.01
 PRINT DATE:
 Wednesday, November 11, 2



BUILDING DIMENSIONS
 SCALE: 1" = 10'

