



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.: _____

Building Address: 8111 Holly Manor Way
 City: Fulton State: Md Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____
 Existing Use: Garage
 Proposed Use: Master Suite
 Estimated Construction Cost: \$ 59000
 Description of Work: Turn existing garage into master suite, Build new Garage with breezeway connected to house
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: David Hart
 Address: 8111 Holly Manor Way
 City: Fulton State: Md Zip Code: 20759
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: David Nelson
 Address: 7308 Family Acres Rd
 City: Hanover State: Md Zip Code: 21076
 Phone: 410 591 8868 Fax: _____
 Email: davesbowling@hotmail.com
 Contractor Company: Well Constructed HS
 Contact Person: David Nelson
 Address: 7308 Family Acres Rd
 City: Hanover State: Md Zip Code: 21076
 License No.: 96283
 Phone: 410 591 8868 Fax: _____
 Email: davesbowling@hotmail.com
 Engineer/Architect Company: Ron Johnston
 Responsible Design Prof.: _____
 Address: 11407 Barley Field Way
 City: Marriottsville State: Md Zip Code: 21104
 Phone: 410 412 3667 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 checked="" 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: <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	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input 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 type="checkbox"/> Natural Gas <input checked="" 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: [Signature]
 Email Address: davesbowling@hotmail.com
 Owner: Well Constructed Home Services
 Title/Company: _____

Print Name: David Nelson
 Date: 4-18-17

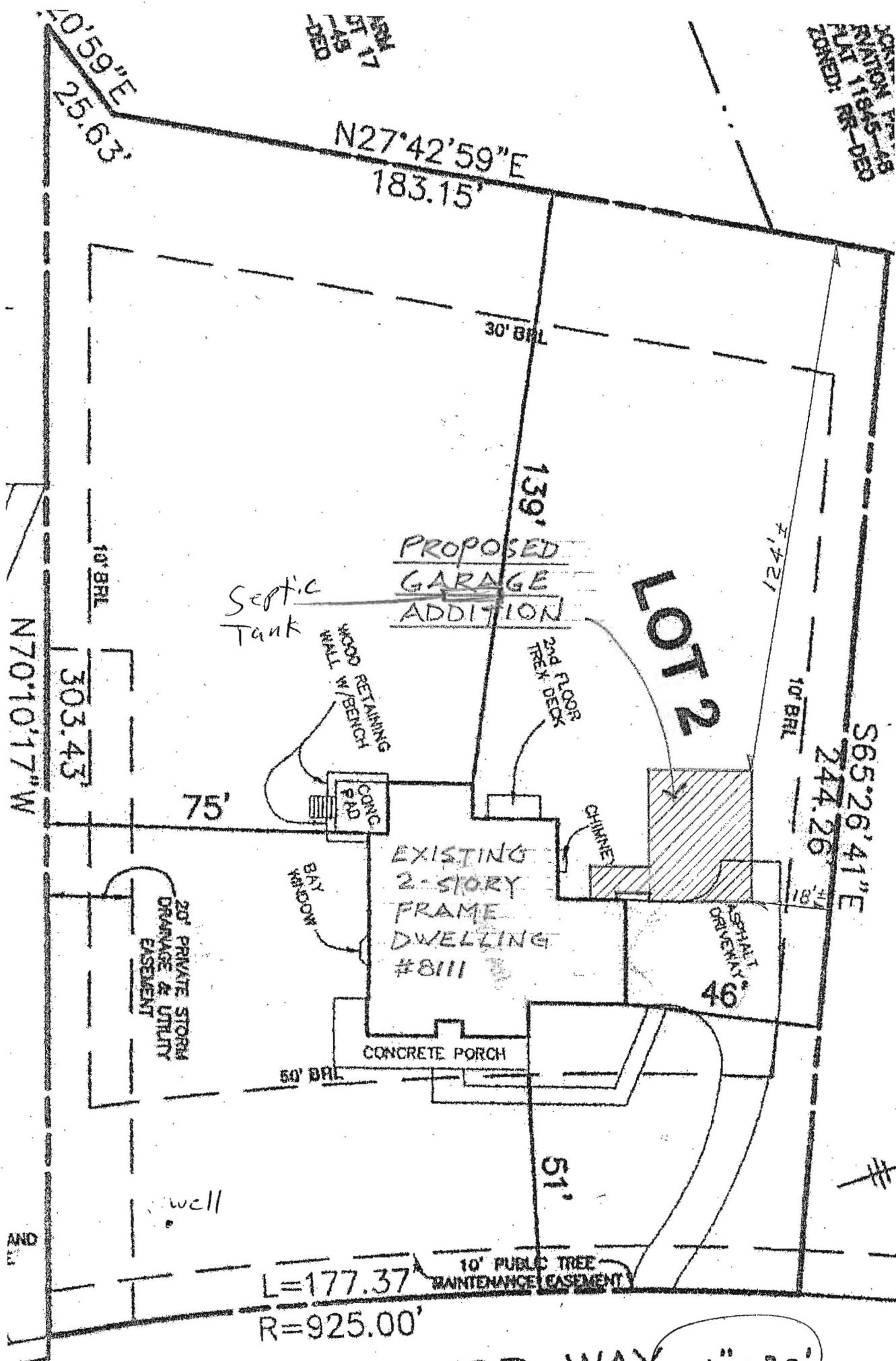
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/18/17</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	#



ZONED: R1
 1945-DEB
 1947-1948-DEB

1947
 1948
 1949
 1950

HOLLY MANOR WAY 1" = 30'

APPROVED

WALK-THRU BUILDING PERMIT

BP#

APP. SAN *Buck* A#

DATE: 4/10/2017

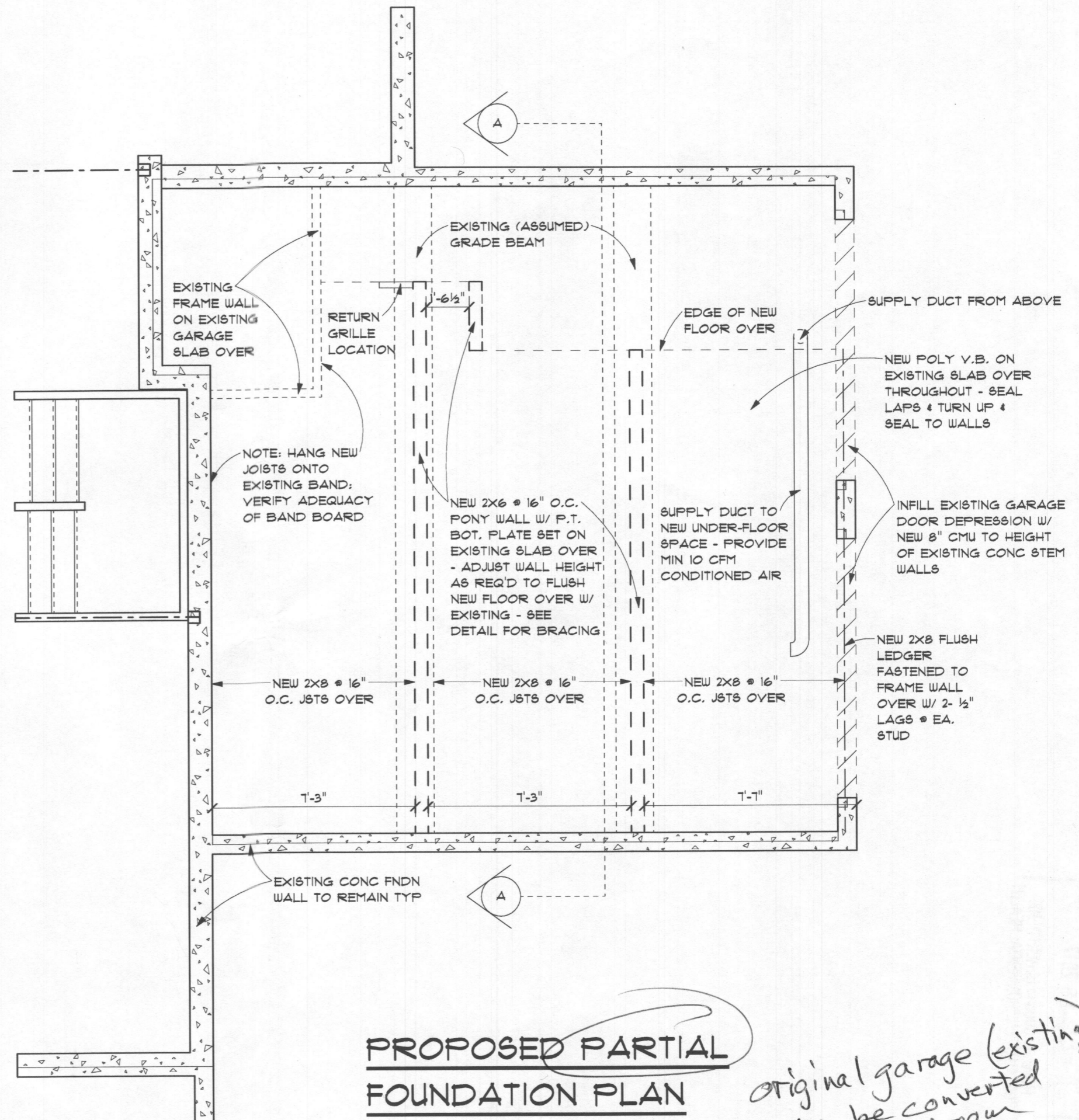
DESC. OF WORK: convert existing garage to master suite & construct new garage

Septic system installed 5/6/2011
 has capacity for 7 bedrooms.
 New master suite is 5th Bedroom. ref 4/10/2017
 Floor Plan for Basement is not available.

GENERAL NOTES

1. THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS. CONSTRUCTION SHALL BE IN FULL ACCORDANCE WITH ALL LOCAL CODES AND REGULATIONS IN EFFECT AT THE TIME OF PERMIT ISSUANCE.
2. ANY DAMAGE OR LOSS TO ANY PROPERTY REFERENCED IN ITEM #3 CAUSED IN WHOLE OR IN PART BY THE CONTRACTOR, ANY OF HIS SUBCONTRACTORS, OR BY ANYONE DIRECTLY OR INDIRECTLY EMPLOYED BY ANY OF THEM SHALL BE REMEDIED BY THE CONTRACTOR.
3. THE CONTRACTOR SHALL BE RESPONSIBLE FOR INITIATING, MAINTAINING AND SUPERVISING ALL SAFETY PROGRAMS AND PRECAUTIONS IN CONNECTION WITH THE WORK. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS AND PROVIDE ALL REASONABLE PROTECTION TO PREVENT DAMAGE, INJURY OR LOSS TO: ALL EMPLOYEES ON THE WORK AND ALL OTHER PERSONS WHO MAY BE AFFECTED THEREBY, INCLUDING THE HOMEOWNER, HIS FAMILY, AND OTHERS WHO MAY BE ON THE PREMISES FROM TIME TO TIME; ALL THE WORK AND ALL MATERIALS AND EQUIPMENT TO BE INCORPORATED THEREIN; AND OTHER PROPERTY AT THE SITE OR ADJACENT THERETO, INCLUDING THE EXISTING RESIDENCE, DRIVEWAYS, LEAD WALKS, OR OTHER STRUCTURES.
4. IF, WITHIN ONE YEAR AFTER THE WORK HAS BEEN ACCEPTED BY THE OWNER, ANY OF THE WORK IS FOUND TO BE DEFECTIVE OR NOT IN CONFORMANCE WITH THE CONTRACT DOCUMENTS, THE CONTRACTOR SHALL CORRECT IT PROMPTLY UPON RECEIPT OF WRITTEN NOTICE BY THE OWNER TO DO SO, AND SHALL BEAR ALL COSTS FOR SUCH CORRECTION, UNLESS THE OWNER HAS PREVIOUSLY PROVIDED THE CONTRACTOR WRITTEN NOTICE OF ACCEPTANCE OF SUCH CONDITION.
5. ALL PROJECT DEBRIS SHALL BE DISPOSED OF OFF THE SITE BY THE CONTRACTOR.
6. THE CONTRACTOR SHALL PROPERLY EXTEND, TERMINATE OR OTHERWISE MODIFY EXISTING UTILITIES, INCLUDING, BUT NOT LIMITED TO, MECHANICAL, ELECTRICAL AND PLUMBING INSTALLATIONS, AS MAY BE REQUIRED.
7. COLORS, MATERIALS AND FINISH DETAILS OF NEW CONSTRUCTION SHALL MATCH EXISTING AS CLOSELY AS POSSIBLE, UNLESS OTHERWISE SPECIFIED. FEATHER OR TOOTH IN NEW FINISHES TO EXISTING, WHERE APPLICABLE, TO MINIMIZE APPEARANCE OF JOINTS.
8. ON-SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR AND HIS SUBCONTRACTORS. CONTRACTOR SHALL VERIFY ADEQUACY OF EXISTING STRUCTURE TO RECEIVE NEW CONSTRUCTION.
9. PROVIDE ACCESS PANELS AS REQUIRED AT ALL VALVES, CLEANOUTS, UTILITY PANELS, CABLE HOME RUNS, AND ALL OTHER LOCATIONS THAT READY ACCESS MAY BE REQUIRED.

NOTE: NO EXHAUSTIVE OR INVASIVE INVESTIGATION OF EXISTING CONDITIONS WAS PERFORMED. CONTRACTOR SHALL FIELD-VERIFY ALL CONDITIONS AND DIMENSIONS. IF A SIGNIFICANT DISCREPANCY OR UNANTICIPATED CONDITION IS DISCOVERED, CONTRACTOR SHALL NOTIFY ARCHITECT AND OWNER BEFORE PROCEEDING WITH THE WORK, AND SHALL NOT PROCEED UNTIL A MUTUALLY ACCEPTABLE RESOLUTION IS REACHED.



**PROPOSED PARTIAL
FOUNDATION PLAN**

*original garage (existing)
-to be converted
to bedroom
refB*

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ASSOCIATES, ARCHITECTS

11407 BARLEY FIELD WAY
MARRIOTTSVILLE, MD 21104 • 410-442-3667

PROPOSED ALTERATIONS TO THE

HART RESIDENCE

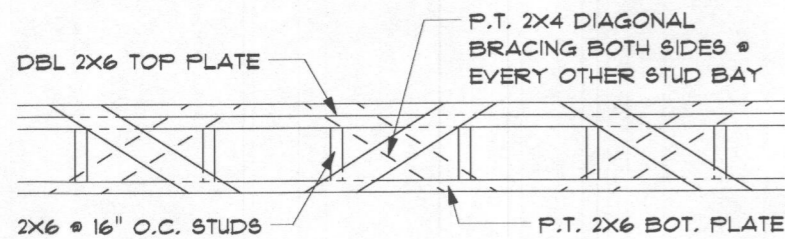
SCALE:
1/4" = 1'-0"
OR AS NOTED

REVISIONS

DATE
01-13-2017

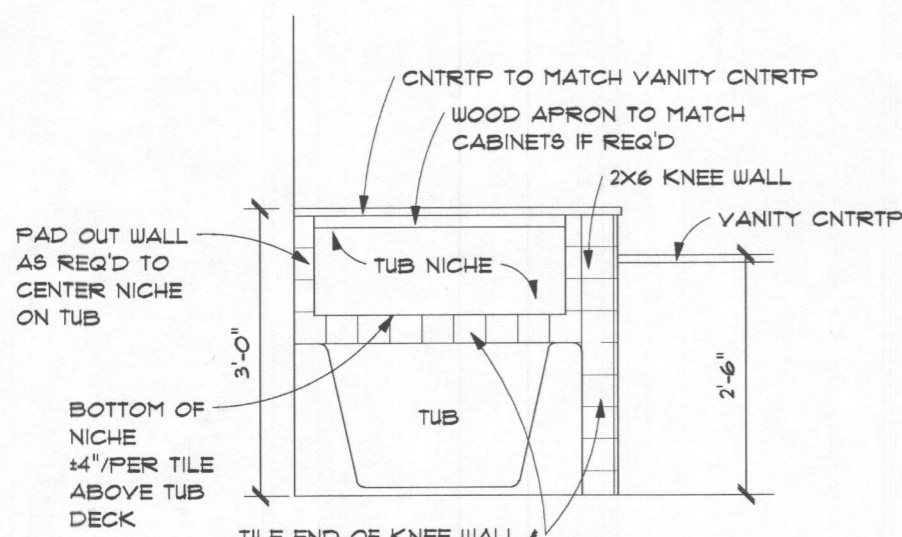
SHEET NO.

A-1



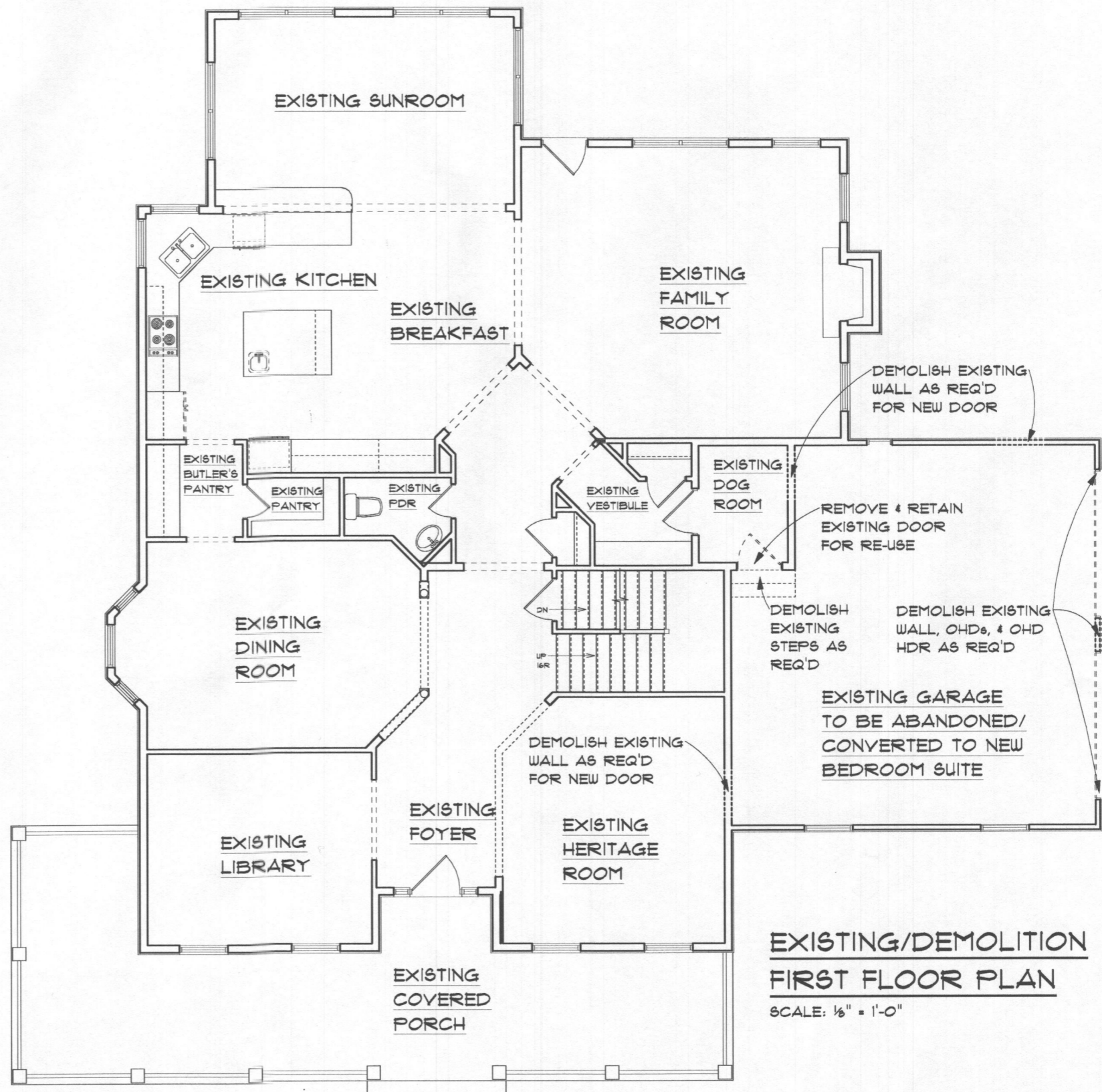
PONY WALL BRACING DETAIL

SCALE: 1/2" = 1'-0"



INTERIOR ELEVATION 1

SCALE: 1/2" = 1'-0"



**EXISTING/DEMOLITION
FIRST FLOOR PLAN**

SCALE: 1/8" = 1'-0"

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PROPOSED ALTERATIONS TO THE

HART RESIDENCE

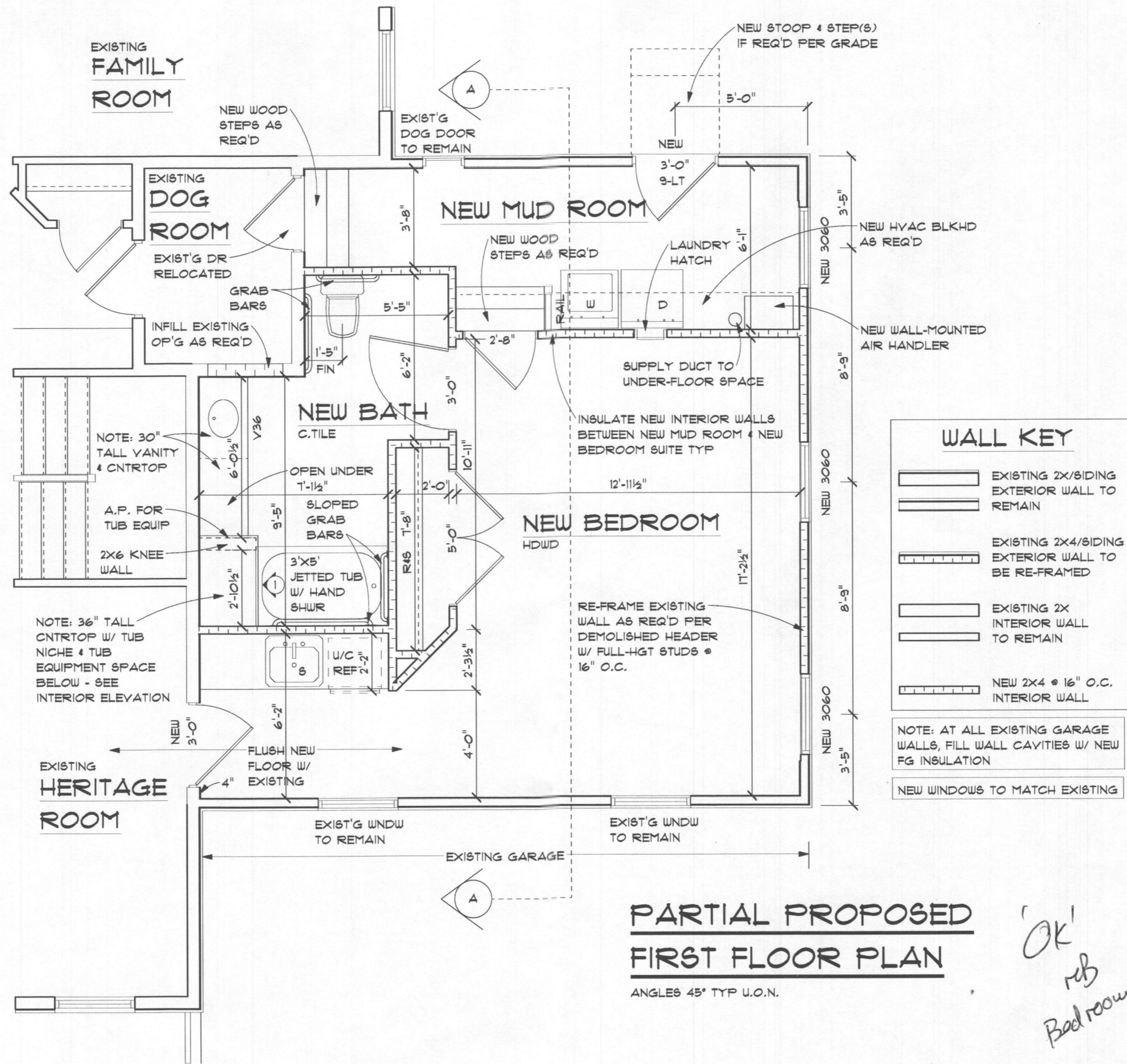
SCALE: 1/4" = 1'-0" OR AS NOTED

REVISIONS

DATE
01-13-2017

SHEET NO.

A-2

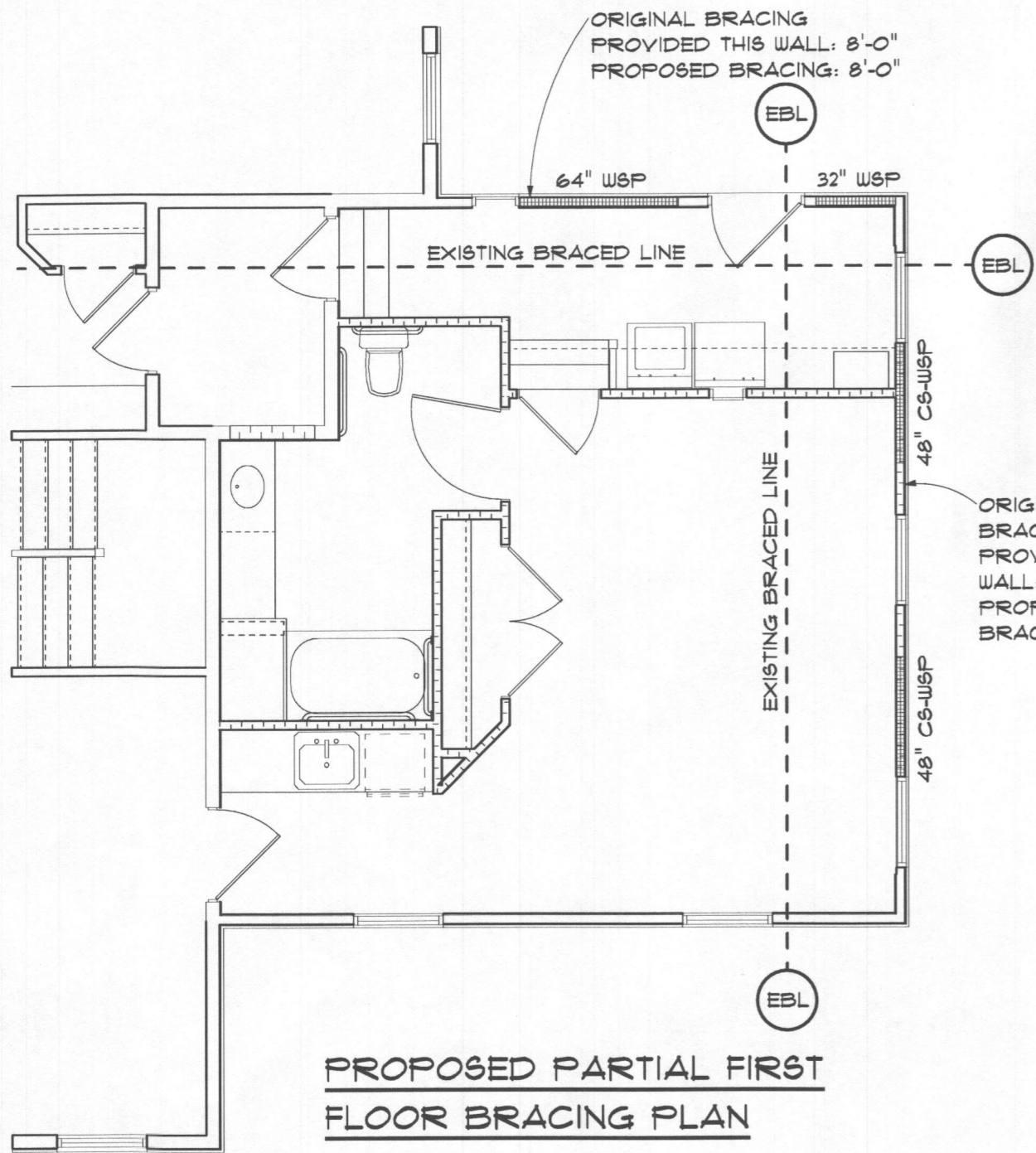


**PARTIAL PROPOSED
FIRST FLOOR PLAN**

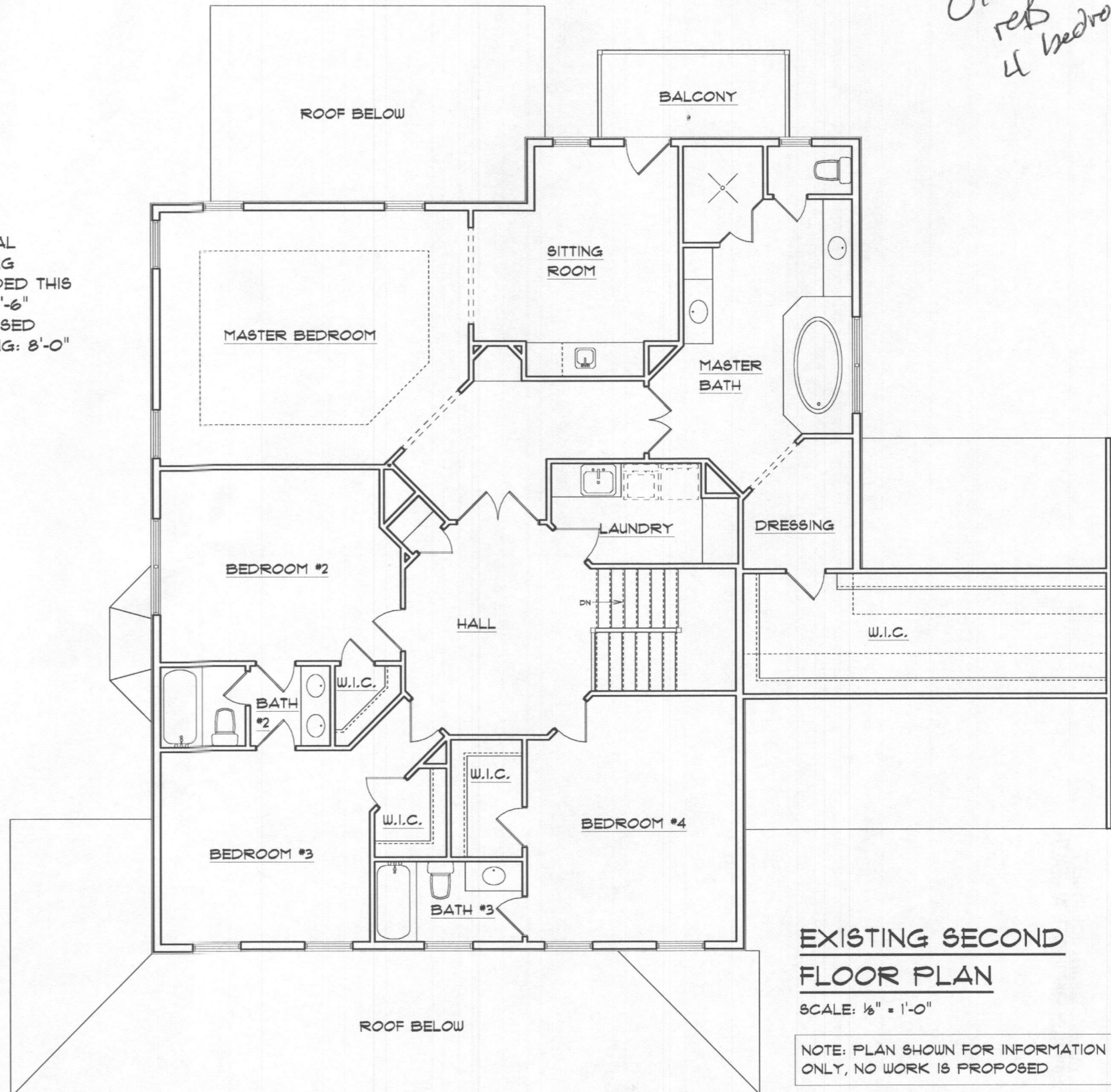
ANGLES 45° TYP U.O.N.

HART RESIDENCE

REVISIONS



PROPOSED PARTIAL FIRST FLOOR BRACING PLAN



EXISTING SECOND FLOOR PLAN

SCALE: 1/8" = 1'-0"

NOTE: PLAN SHOWN FOR INFORMATION ONLY, NO WORK IS PROPOSED

OK! ref 4 bedrooms

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PROPOSED ALTERATIONS TO THE

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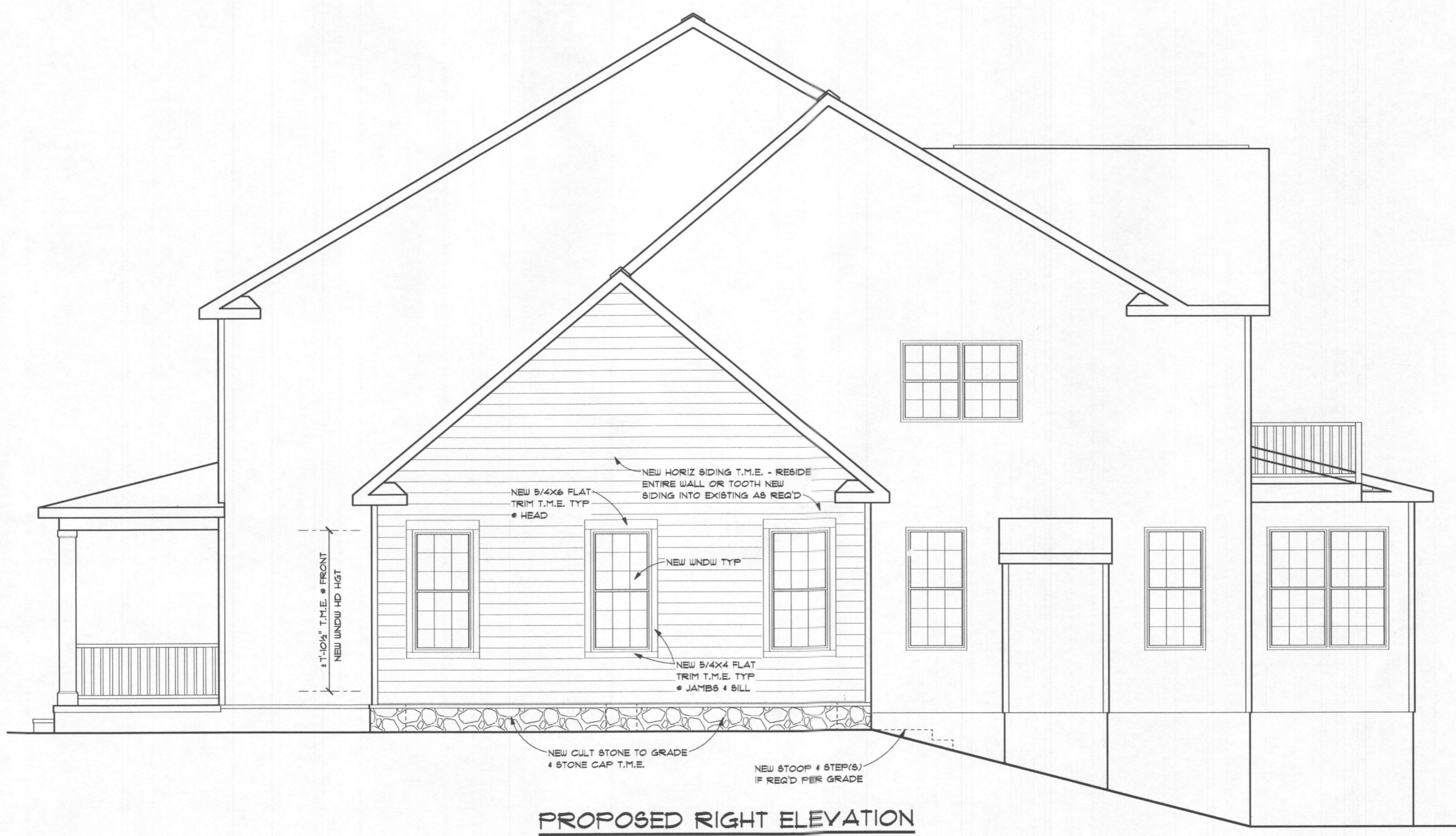
SCALE: 3/16" = 1'-0" OR AS NOTED

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DATE
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SHEET NO.

A-4



PROPOSED RIGHT ELEVATION

T.M.E. = TO MATCH EXISTING

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PROPOSED ALTERATIONS TO THE

HART RESIDENCE

SCALE:
 3/16" = 1'-0"
 OR AS NOTED

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A-5



PROPOSED REAR ELEVATION

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PROPOSED ALTERATIONS TO THE

HART RESIDENCE

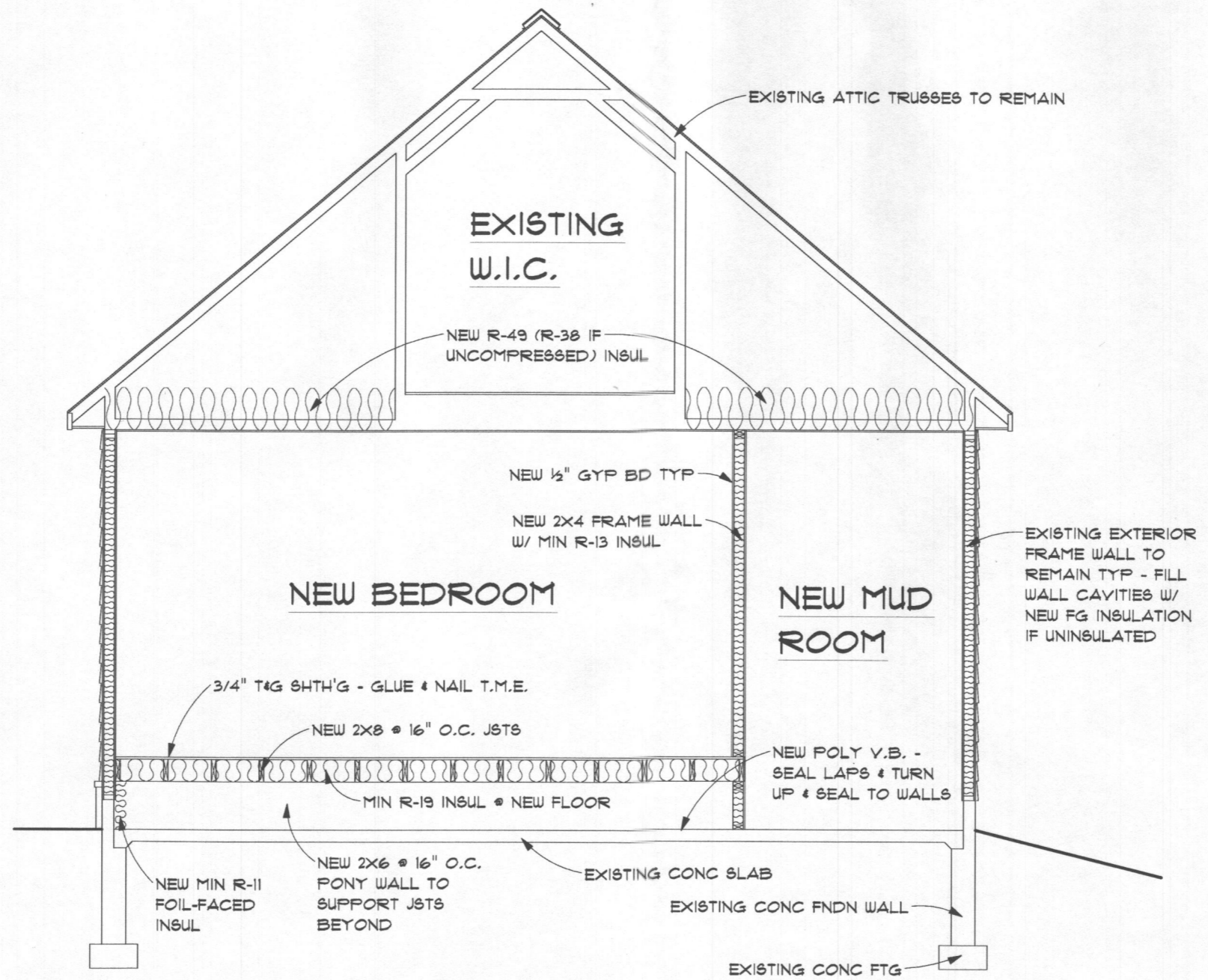
SCALE:
3/16" = 1'-0"
OR AS NOTED

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A-6



PROPOSED SECTION A

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PROPOSED ALTERATIONS TO THE

HART RESIDENCE

SCALE:
 1/4" = 1'-0"
 OR AS NOTED

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DATE
 01-13-2017

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A-7