



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.: B16001153

Building Address: 13533 Paternal Gift Drive
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Paternal Gift
 Section: _____ Area: _____ Lot: 8
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 48,928 SF

Existing Use: SFD
 Proposed Use: SFD w/ Addition
 Estimated Construction Cost: \$ 500,000
 Description of Work: Addition and renovation New Garage

Occupant or Tenant: Owner
 Was tenant space previously occupied? Yes No
 Contact Name: N/A
 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>17' x 40'</u> 2 nd floor: <u>17' x 40'</u>
Area of construction (sq. ft.):	Basement: <u>n/a</u>
Use group:	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: <u>2</u> Multi-family Dwelling
<input type="checkbox"/> Reinforced Concrete	No. of efficiency units: _____
<input type="checkbox"/> Structural Steel	No. of 1 BR units: _____
<input type="checkbox"/> Masonry	No. of 2 BR units: _____
<input checked="" type="checkbox"/> Wood Frame	No. of 3 BR units: _____
<input type="checkbox"/> State Certified Modular	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
<u>n/a</u>	<input type="checkbox"/> Manufactured Home

Property Owner's Name: William and Julianne Fa
 Address: 13533 Paternal Gift Drive
 City: Highland State: MD Zip Code: 20777
 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: Wivell Homes, LLC
 Contact Person: Andrew Wivell
 Address: 10025 Four Points Road
 City: Rocky Ridge State: MD Zip Code: 21778
 License No.: MHC 127580
 Phone: 301-748-5344 Fax: _____
 Email: andrew@wivellhomes.com

Engineer/Architect Company: A.F. McCormick Struct
 Responsible Design Prof.: Alicia McCormick
 Address: P.O. Box 3604
 City: Shepherdstown State: WV Zip Code: 25443
 Phone: 304-876-1661 Fax: _____
 Email: aliciafmcormick@gmail.com

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 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	
Sprinkler System:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number:	<u>n/a</u>
Building Shell Permit Number:	RECEI

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: Andrew P. Wivell
 Email Address: andrew@wivellhomes.com
 Title/Company: Owner / Wivell Homes

Print Name: Andrew P. Wivell
 Date: 3-16-16
 MAR 16 2016
 LICENSES & 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		

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

DISTRICT 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	
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
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: SMA

Septic System - This has already been upgra
under Permit #

In-law Suite - This has already been app
by Planning and Zoning under Accessory &
Apartment

(IN FEET)
1 inch = 30 ft.

PATERNAL GIFT FARM
PRESERVATION PARCEL "A"
(ARGICULTURAL PRESERVATION)

LOT 8
48,928 S.F.±

LOT 7

L=43.96'
R=225.00'

S 58°25'28" W

15' BRL

259.19

15' BRL

S 04°13'50" W

75.9'

S 80°09'31" W
46.06'

EX. INLET

EX. A/C UNITS
EX. CONC. STAIRWELL

EX. SLATE PATIO
EX. BRICK PORCH
EX. COVERED BRICK PORCH

EX. SLATE (TO BE REMOVED)

EX. SEPTIC AREA

EX. SLATE PATIO (TO BE REMOVED)

EX. SLATE (TO BE REMOVED)

#13533
EXISTING
2 STORY
BRICK & FRAME
WITH BASEMENT

EX. DECK (TO BE REMOVED)

PROPOSED
ADDITION

EXISTING
3 CAR
GARAGE

EX. FENCE (TO BE REMOVED)

PROP. PORCH
EX. ASPHALT DRIVEWAY

EX. GENERATOR
EX. GAS
EX. ELEC.
SAT. DISH

EX. COVERED BRICK PORCH

EX. COVERED BRICK PORCH
EX. BRICK WALK

EX. ASPHALT DRIVEWAY

60' BRL

EX. CULVERT

TELE

ARC=268.08'
RAD.=225.00'

EX. CULVERT

CATV

PATERNAL GIFT DRIVE
50' R.W.

HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043

Residential Addition Single Family Dwelling Permit

PERMIT NUMBER: B16001153

APPLICATION DATE: 3/16/2016

ISSUE DATE: 5/13/2016

SITE ADDRESS:

13533 PATERNAL GIFT DR
HIGHLAND, MD 20777

PROPERTY OWNER INFO:

WILLIAM & JULIANNE FARMER
13533 PATERNAL GIFT DR
HIGHLAND, MD 20777

Subdivision:

Lot No.: 8

Tax Map: 40

Grid: 40-10

ADC Map: 5051-G3

SDP No.:

Zoning: RR-DEO

Census Tract: 605102

DESCRIPTION OF WORK:

SFD/ 2 STORY ADDITION, PART. BSMT., PART SLAB, 6R, 2FB, 2 CAR GARAGE (2BR), GUEST LOUNGE, ELEVATOR, 2ND FLR. ADDITION OVER EXISTING GARAGE, PORCH / ENERGY CODE PRESCRIPTIVE METHOD

PRIMARY CONTRACTOR INFO:

Contractor License No.: 08050127580

WIVELL HOMES LLC

License Address: ANDREW PHILIP WIVELL

10025 FOUR POINTS ROAD

Phone #: ROCKY RIDGE, MD 21778-0000

301-748-5344

PRIMARY CONTACT INFO:

Contact Type: CONTACT

WIVELL HOMES LLC

10025 FOUR POINTS ROAD
ROCKY RIDGE, MD 21778-0000

Phone #: 301-748-5344

Building/Lot Characteristics

Legal Description: IMPSLOT 8 1.123 A[]13533 PATERNAL GIFT DR[]PATERNAL GIFT FARM

Existing Use: Existing Structure

Water Supply: Public

Height:

Sewage Disposal: Public

Basement: Unfinished

SF # of Bedrooms: 2

SF # of Full Baths: 2

SF # of Half Baths:

Zoning Setback Requirements:

Front - Proposed: n/a **Required:** 60

Rear - Proposed: n/a **Required:**

Side - Proposed: 15 **Required:** 15

Side Street - Proposed: n/a **Required:** n/a

Meets Minimum Required Setbacks?: Yes **Lot Coverage for NT Zoning:**

Permit Fees:

Total Fees Invoiced: \$12,159.43

Total Fees Paid: \$12,159.43

Balance Due: \$0.00

To schedule an inspection or check the results of an inspection please call (410) 313-3800

APPROVED BY THE DIRECTOR OF INSPECTIONS, LICENSES AND PERMITS - BUILDING OFFICIAL



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
3430 Courthouse Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2350

Valdiz Lazdins, Director

www.howardcountymd.us

FAX 410-313-3391

TDD 410-313-2323

March 3, 2016

Andrew Wivell
Wivell Homes, LLC
10025 Four Points Road
Rocky Ridge, MD 21778

RE: Accessory Apartment
13533 Paternal Gift Drive

Dear: Mr. Wivell:

In response to your Accessory Apartment Application, the following is provided for your information and use.

The subject property is zoned R-R (Rural Residential). The information you have provided indicates **compliance** with Sections 105.0.C.3 and 128.0.A.13 of the Howard County Zoning Regulations that regulate the creation and maintenance of accessory apartments. Please note that your accessory apartment must be maintained in compliance with the following regulations of Sections 105.0.C.3 and 128.0.A.13 including, but not limited to, the following:

1. The floor area of the apartment, including one-third of the floor area of any shared storage or utility areas, shall not occupy more than one-third of the net floor area, up to a maximum of 1,500 square feet.
2. The accessory apartment must be located within an owner-occupied dwelling. The owner may occupy either the principle dwelling or the accessory apartment.

Please note that Section 133.0.D of the Howard County Zoning Regulations requires a minimum of two off-street parking spaces for the residents of the subject property plus one additional parking space for the accessory apartment.

Additionally, please be advised, this approval is based on the building plans submitted to this Department. Any changes to those plans will require further review by this Department. Should you have any questions please contact me at 410-313-2350.

Sincerely,

Anthony N. LaRose,
Zoning Supervisor
Division of Public Service and
Zoning Administration

Enclosure

ANL