



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2017 AUG 29 PM 2:28

Date Received: _____

Permit No.: B17003219

Building Address: 14845 Bushy Park Rd
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Wungkeon Cha
Address: 14845 Bushy Park Rd
City: Woodbine State: MD Zip Code: 21797
Phone: 301 461 7289 Fax: _____
Email: charlie.w.cha@gmail.com

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

Existing Use: (CFD)
Proposed Use: shed 12' x 24' (288 sq ft)
Estimated Construction Cost: \$ 4000
Description of Work: install 12 x 24 shed for storage

Contractor Company: OWNER
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

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

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
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 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 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: Charlie W. Cha
Email Address: charlie.w.cha@gmail.com

Print Name: Wungkeon Cha
Date: 8/21/2017

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		<u>9/17 Dana Bernick</u>

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>5500</u>
Permit Fee	\$ <u>5500</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>198</u>

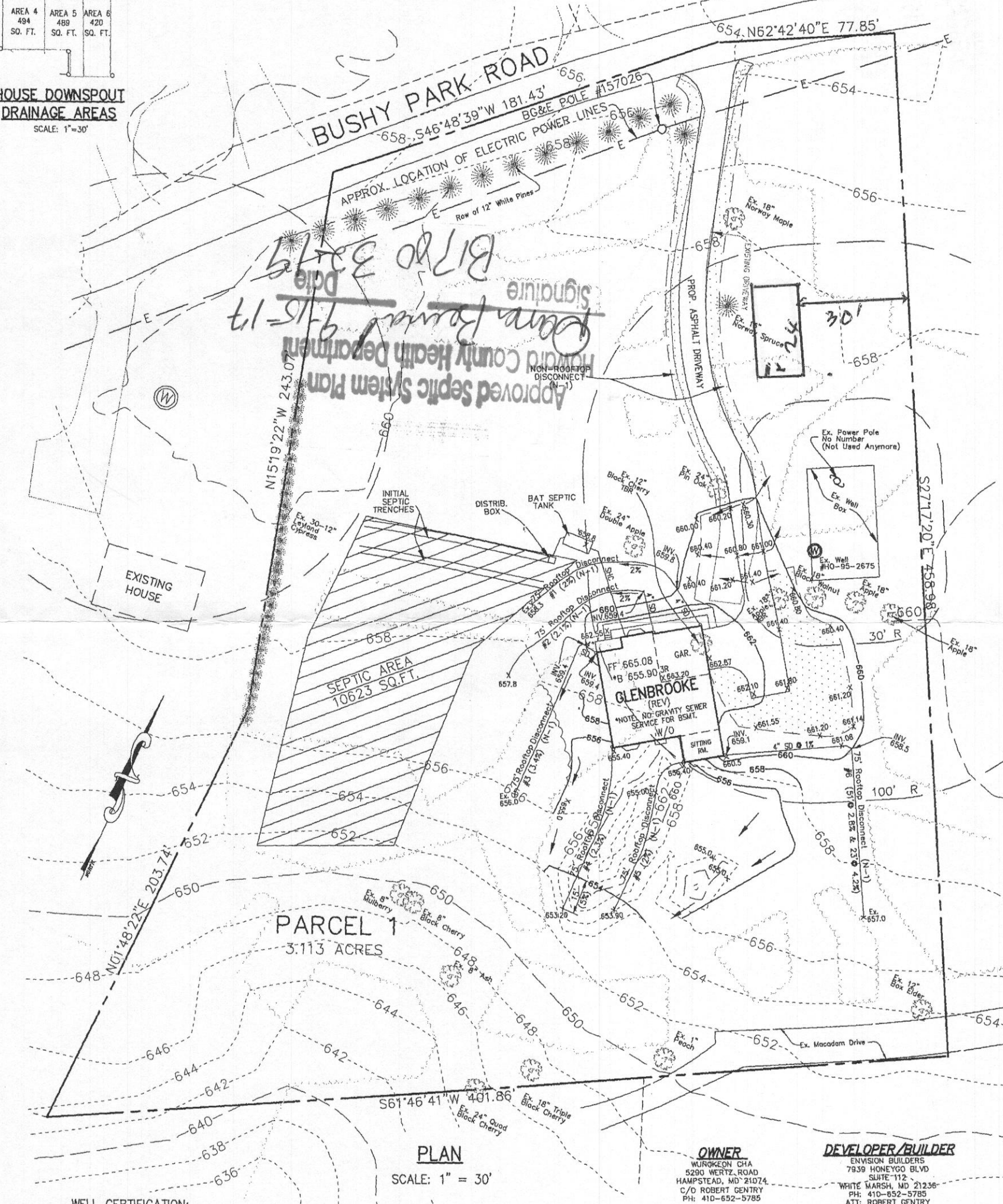
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

EMAIL TO OWNER

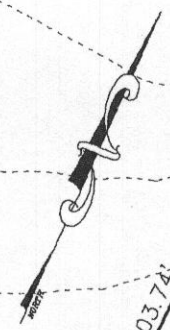
AREA 3 498 SQ. FT.	AREA 2 266 SQ. FT.	AREA 1 GAR. 266 SQ. FT.
AREA 4 494 SQ. FT.	AREA 5 489 SQ. FT.	AREA 6 420 SQ. FT.

HOUSE DOWNSPOUT DRAINAGE AREAS
SCALE: 1"=30'

NOTE:
THE DOWNSPOUT LOCATIONS SHOWN ON THE PLAN MUST BE INSTALLED AS SHOWN ON THE PLAN, TO ENABLE THE ROOFTOP DISCONNECTIONS TO BE PROVIDED AS SHOWN ON THE PLAN.



Approved Septic System Plan
 Howard County Health Department
 Permit # 15-17
 Date 3-27-15
 Signature
 [Signature]



PLAN
SCALE: 1" = 30'

WELL CERTIFICATION:
THE EXISTING WELL, TAG NO. HO-95-2675, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
SENTINEL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELICOTT CITY, MARYLAND 21042

OWNER
WUROKON CHA
5200 WERTZ ROAD
HAMPSTEAD, MD 21074
C/O ROBERT GENTRY
PH: 410-652-5785

DEVELOPER/BUILDER
ENVISION BUILDERS
7839 HONEYGO BLVD
SUITE 112
WHITE MARSH, MD 21236
PH: 410-652-5785
ATT: ROBERT GENTRY

PERMIT SITE PLAN FOR PARCEL 1
14845 BUSHY PARK ROAD

C J SANDS
DEEDED PARCEL 1
14845 BUSHY PARK ROAD
ZONED: RC-DEO
TAX MAP NO.: 8 GRID NO.: 22 PARCEL NO.: 90
4TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1" = 30' DATE: JULY 23, 2014
SHEET 1 OF 1

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

Date: 8-31-17
To: Daniel Swinder
(Person's Name and Division)
From: Teresa McKenzie (410) 409-0812
(Your Name, Company Name and Telephone Number)
Subject: Project name Detached Garage
Project site address 7386 Guilford Rd Clarksville MD 21029
Permit # B17000409 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
 5 Copies of revised plans + plot (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)

Teresa McKenzie
Please Print Name

Telephone No: 410 409 0812

E-Mail Address: mckenzie.services@msn

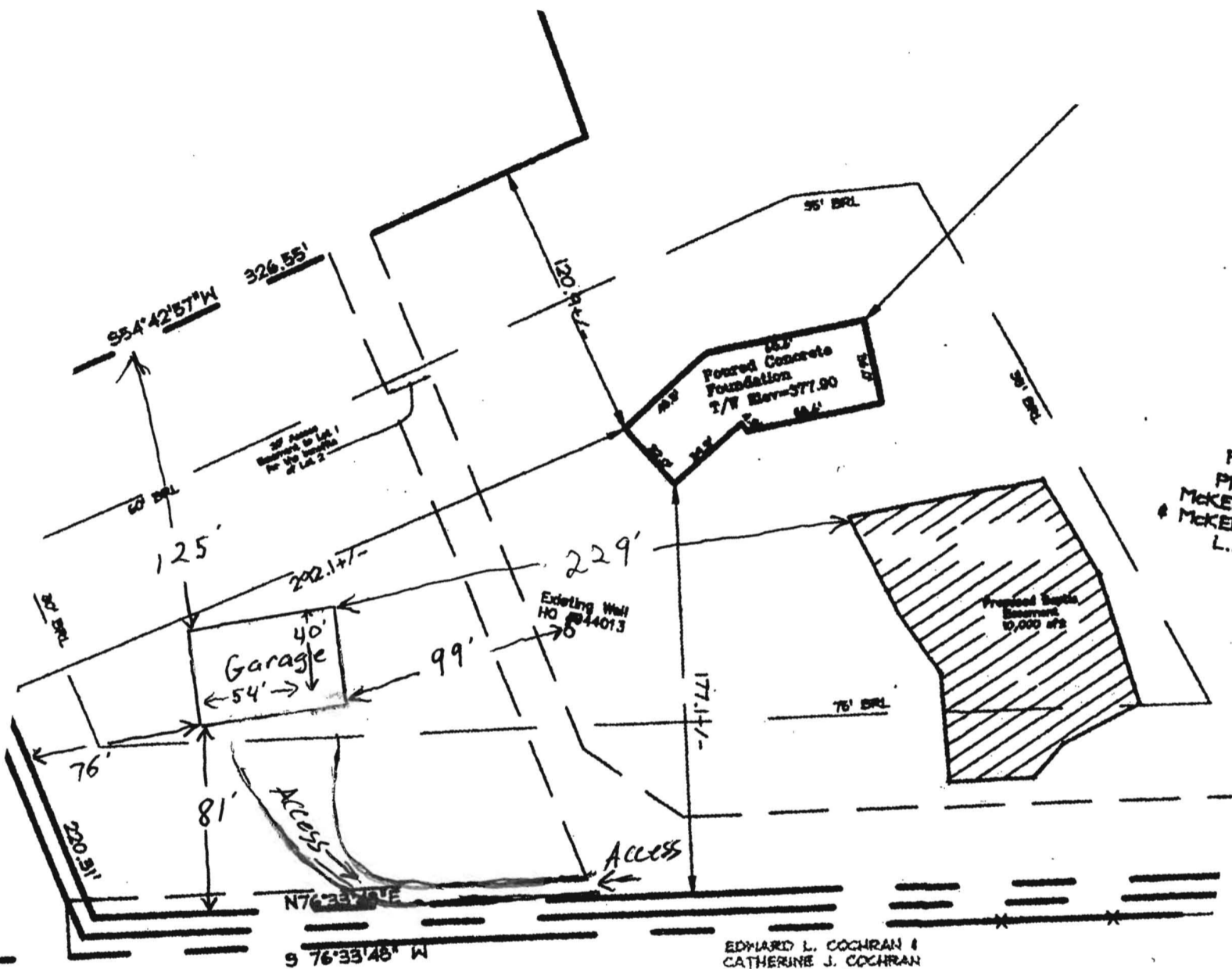
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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

A. Zerman

cc: DPZ
DED
Health

REVISED
Date: 8/31/17
Comments: B1700



10
Plan
PRO
McKENZ
& McKENZ
L.106

EDWARD L. COCHRAN &
CATHERINE J. COCHRAN
L. 8420, P. 168
PARCEL 146