



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: 2775 FLORENCE RD
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/APP/BA #: 2918 SUBDIVISION
 Census Tract: _____ Subdivision: LAYTON RIDGE
 Section: _____ Area: _____ Lot: 2
 Tax Map: 0007 Parcel: 0112 Grid: 0019
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.39

Property Owner's Name: S M MANCUSO / D.A. MANCUSO
 Address: 2775 FLORENCE RD
 City: WOODBINE State: MD Zip Code: 21797
 Phone: 240-876-0588 Fax: _____
 Email: DAMSM@COMCAST.NET

Existing Use: RESIDENTIAL
 Proposed Use: SIA
 Estimated Construction Cost: \$ 15,000
 Description of Work: FINISH BASEMENT AREA WITH FRAMING, ELEC + DRY WALL

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

Occupant/Tenant Name: OCCUPANT
 Was tenant space previously occupied? Yes No
 Contact Name: SALVATORE MANCUSO
 Address: 2775 FLORENCE RD
 City: WOODBINE State: MD Zip Code: 21797
 Phone: 240-876-0588 Fax: _____
 Email: DAMSM@COMCAST.NET

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

Engineer/Architect Company: NONE
 Responsible Design Prof.: _____
 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>46'</u> <u>34'</u>
	2 nd floor: <u>34'</u> <u>34'</u>
Area of construction (sq. ft.): _____	Basement: _____
	<input type="checkbox"/> Finished Basement
Use group: _____	<input checked="" 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>3</u>
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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	
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 checked="" type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" 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 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]
DAMSM@COMCAST.NET
 Email Address
 Title/Company: _____

Print Name: SALVATORE MICHAEL MANCUSO
 Date: 10/16/2017

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>10/16/17</u>	<u>H. COLWELL</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

APPROVED

WALK-THRU BUILDING PERMIT

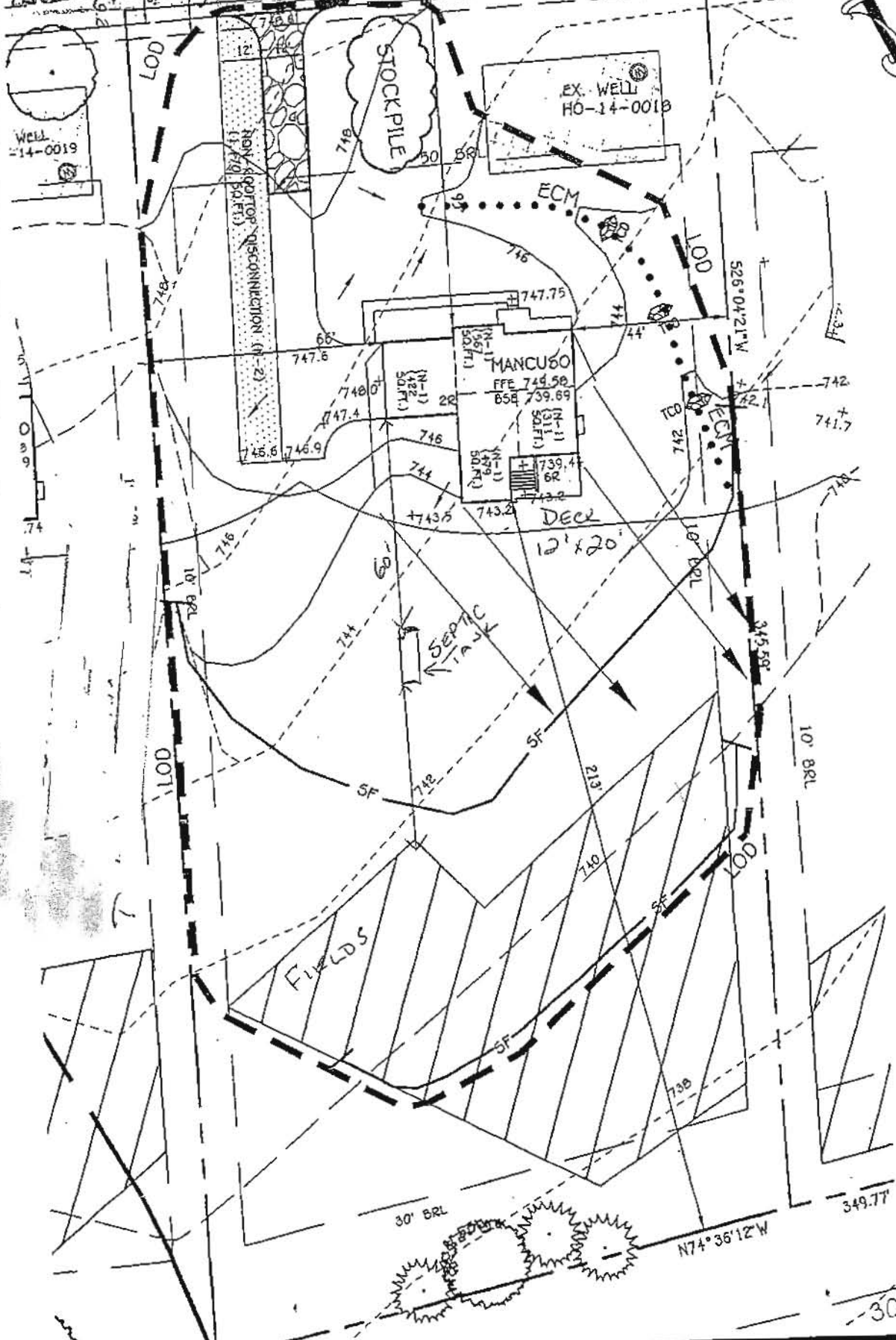
to FLORENCE ROAD

1" = 40'

BP# _____ A# _____
APP. SAN H. Oswald DATE: 10/16/17

DESC OF WORK: Finish basement
excavating, framing, elect & dry wall

EX. DRIVE



FRAMING PLAN

APPROVED

WALK-THRU BUILDING PERMIT

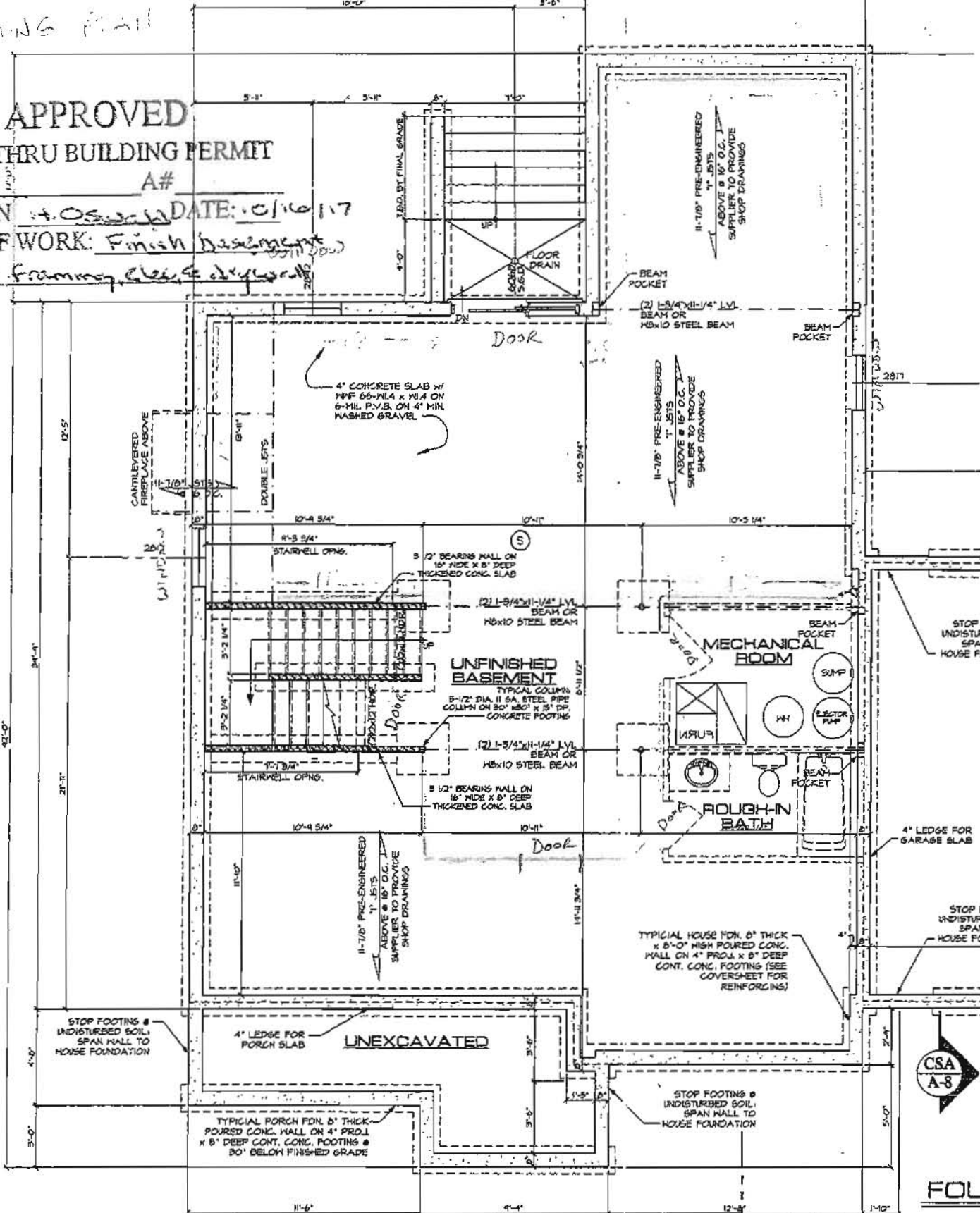
BP#

A#

APP. SAN. *H. OSWALD* DATE: *01/10/17*

DESC. OF WORK: *Finish basement*

area w/ framing, elec. & drywall



UNFINISHED AREAS

DOORS

AREA TO BE FINISHED

FRAMING WINDOWS

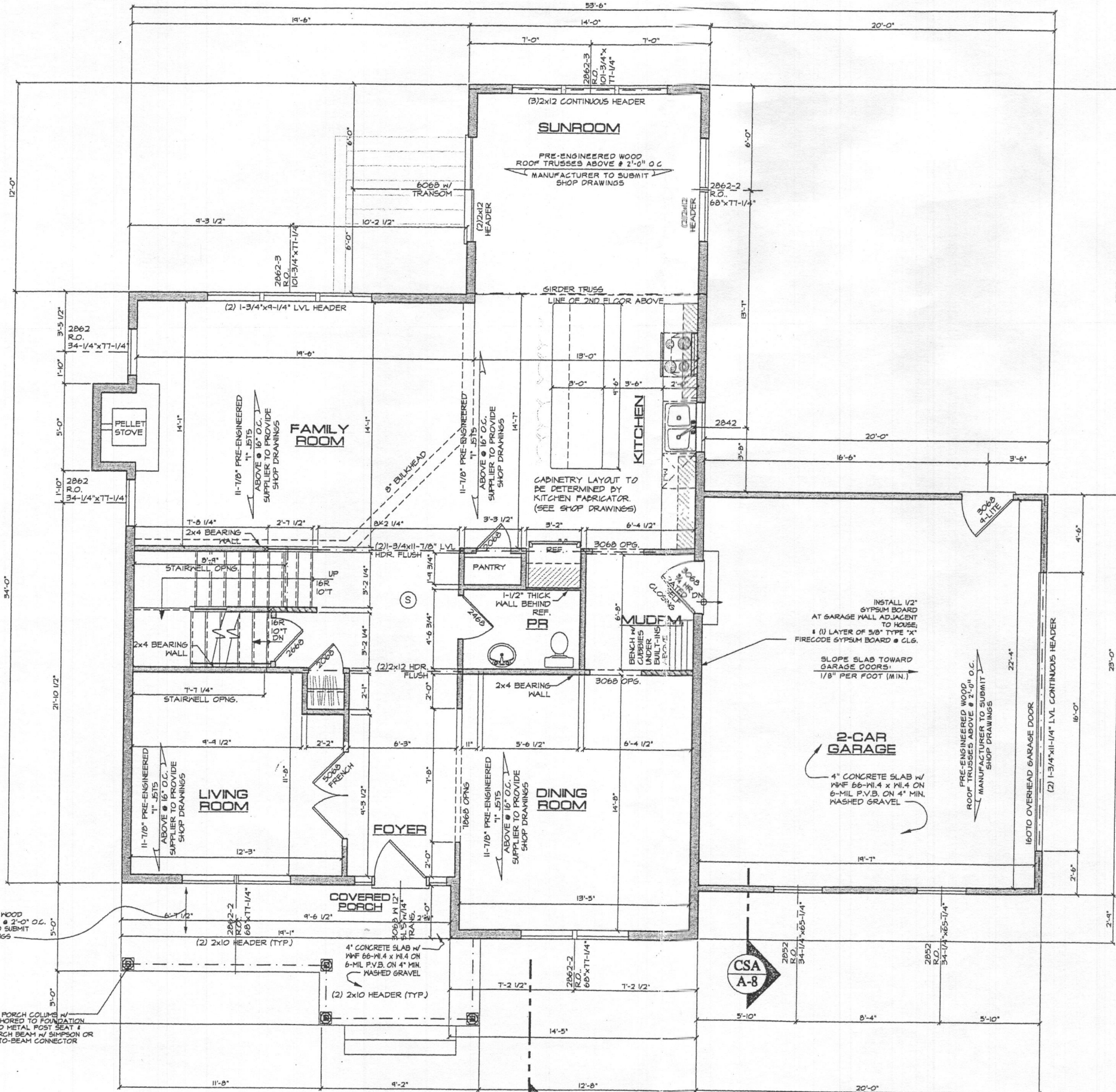


FOUR

578 SQFT TO BE FINISHED

RE-ENGINEERED WOOD ROOF TRUSSES ABOVE @ 2'-0" O.C. MANUFACTURER TO SUBMIT SHOP DRAWINGS

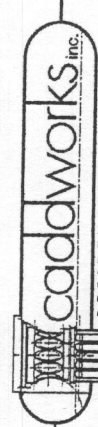
8" SQUARE PORCH COLUMN W/ 4x4 POST- ANCHORED TO FOUNDATION W/ GALVANIZED METAL POST SEAT & ATTACHED TO PORCH BEAM W/ SIMPSON OR EQUAL POST-TO-BEAM CONNECTOR



CSB A-9

FIRST FLOOR PLAN

1350 SQ. FT. 1ST FLR SCA 1/4" = 1'-0"



RESIDENTIAL DESIGN
332 WEST PATRICK STREET / FREDERICK, MD / 21701
(Y) 301.695.9721 (E) DESIGN@CADDWORKS.NET
(F) 301.695.4868 (W) WWW.CADDWORKS.NET

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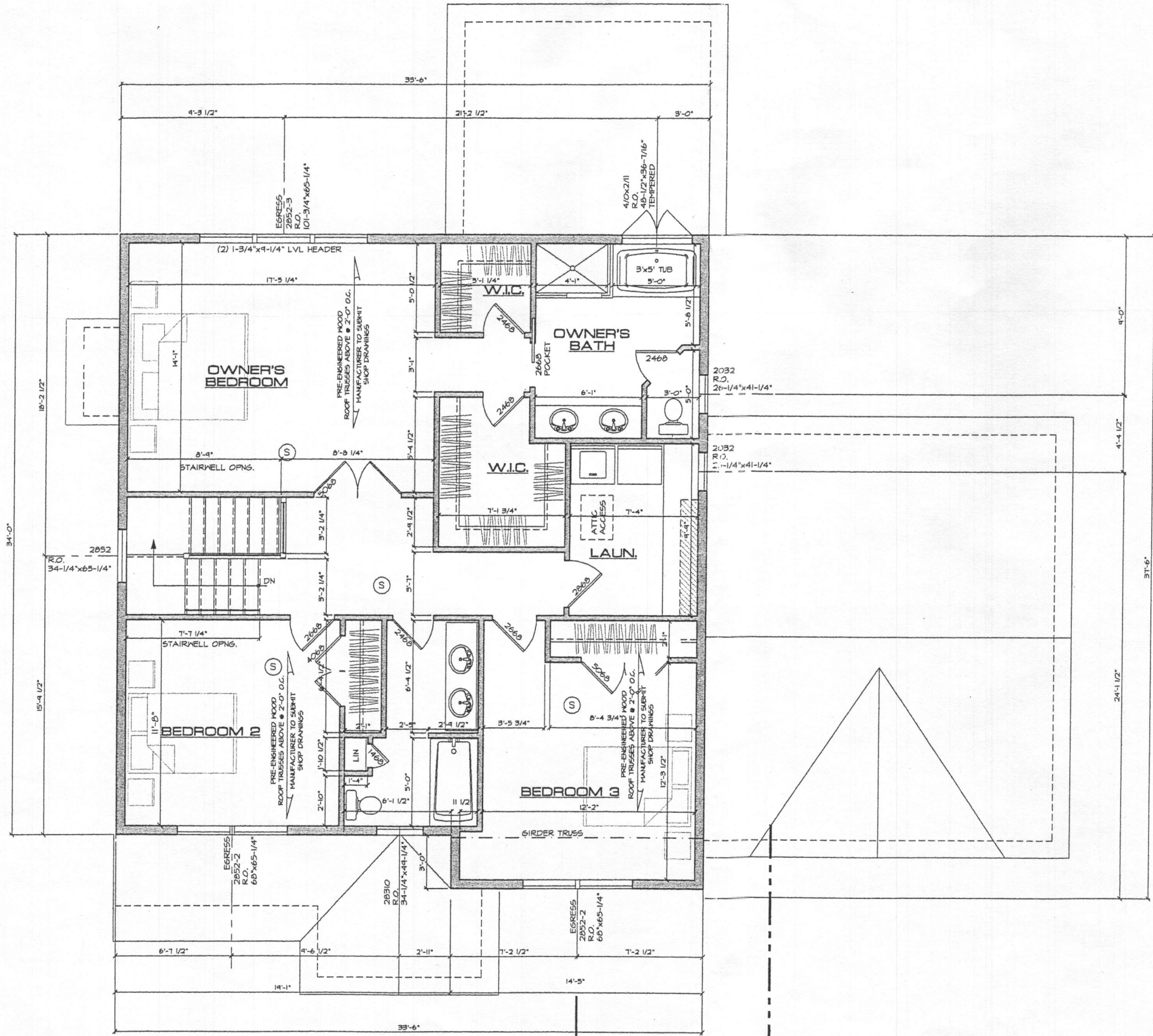
SUBMITTALS

ISSUE DATE	DRAWN BY	REMARKS
4-1-10	DNR	PRELIM PLANS
4-13-10	DNR	REVISED PRELIM PLANS

FIRST FLOOR PLAN

CUMBERLAND DEVELOPMENT
MODIFIED OLIVIA
THE MANCUSO RESIDENCE
LAYTON KNOLL, HOWARD MARYLAND

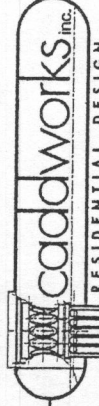
SHEET NO. 3



CSB
A-9

CSA
A-8

SECOND FLOOR PLAN



RESIDENTIAL DESIGN
332 WEST PATRICK STREET / FREDERICK, MD / 21701
(V) 301.695.9121 (E) DESIGN@CADDWORKS.NET
(F) 301.695.4868 (W) WWW.CADDWORKS.NET

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SUBMITTALS		REMARKS
ISSUE	DATE	
4-1-B		PRELIM PLAN
4-2-B		REVISED PRELIM PLANS

SECOND FLOOR PLAN

CUMBERLAND DEVELOPMENT
MODIFIED OLIVIA
THE MANCUSO RESIDENCE
LAYTON KNOLL, HOWARD MARYLAND

SHEET NO.
A-2