



HEALTH

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.: B18000055

1/10/18
Building Address: 1023 Fairlane Rd
City: Woodbine State: MD Zip Code: 21797
Suite/Apt. # _____ SDP/WP/BA #: GP
Census Tract: _____ Subdivision: Fairlane Farm
Section: _____ Area: _____ Lot: 18
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot
Proposed Use: Single family house
Estimated Construction Cost: \$ 230,000
Description of Work: New 2 story "Manservant" with 2 car garage, and finished lower level (see RM, Bedroom + Bathroom)
Occupant of Tenant: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: NVR Inc
Address: 9720 Patuxent Woods Drive
City: Columbia State: MD Zip Code: 21046
Phone: 410-379-5956 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: Decatur Building Services
Address: PO Box 552
City: Woodbine State: MD Zip Code: 21797
Phone: 410-309-7792 Fax: _____
Email: Jim@DecaturbuildingServices.com

Contractor Company: NV Homes
Contact Person: Taylor Faris
Address: 9720 Patuxent Woods Drive
City: Columbia State: MD Zip Code: 21046
License No.: 56
Phone: 410-379-5956 Fax: _____
Email: Tfaris@NVHomes.com

Engineer/Architect Company: _____
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:	
	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	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input checked="" 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 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 THERE TO; (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: Jim Kerwin
Email Address: Jim@DecaturbuildingServices.com
Title/Company: AGENT NV Homes

Print Name: JIM KERWIN
Date: 1/10/2018
RECEIVED
JAN 10 2018
LICENSES & PERMITS DIVISION

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

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>1/19/18</u>	<u>H. Oswald</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>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>1502200</u>



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: 4/2/18

Permit No.: B18001037

Building Address: 1023 Fairlane Rd
 City: Columbia State: MD Zip Code: 21046
 Site/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Fairlane
 Section: _____ Area: _____ Lot: 18
 Tax Map: 8 Parcel: 4 Grid: 2
 Zoning: _____ Map Coordinates: _____ Lot Size: 47,334

Existing Use: Set
 Proposed Use: 4th of paper
 Estimated Construction Cost: \$ 3,000
 Description of Work: _____

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

Property Owner's Name: _____
 Address: 9720 Parkcrest
 City: Columbia State: MD Zip Code: 21046
 Phone: 410-377-1111 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Micahelle Craine
 Address: 1501 4th St
 City: Deer Creek State: MD Zip Code: 21128
 Phone: 410-219-7514 Fax: _____
 Email: Micahelle@holladayandassociates.com

Contractor Company: Toul Air
 Contact Person: Debra Fegan
 Address: 1501 4th St
 City: Deer Creek State: MD Zip Code: _____
 License No.: B1215
 Phone: 410-219-7514 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 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: _____
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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	
Electric:	<input 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.

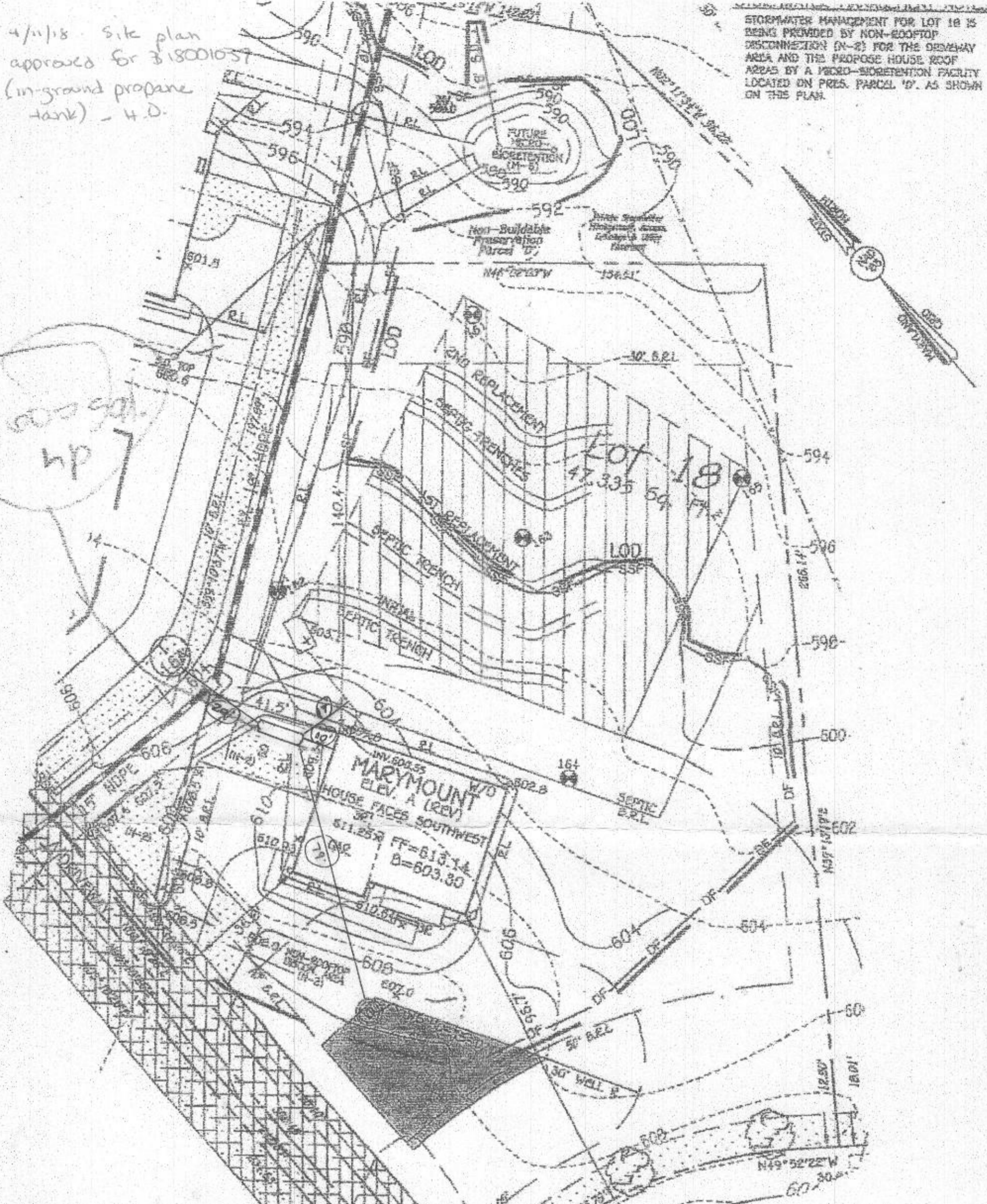
Applicant's Signature: _____ Print Name: Micahelle Craine
 Email Address: _____ Date: 3/26/18
 Title/Company: _____

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

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee	\$
State Highways			Front: _____	Permit Fee	\$ 100
Building Officials			Rear: _____	Tech Fee	\$ 10
PSZA (Zoning)			Side: _____	Excise Tax	\$
PSZA (Engineering)			Side St.: _____	PSFS	\$
Health	<u>4/11/18</u>	<u>H. Oswald</u>	All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START			Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$ 110
			Lot Coverage for New Town Zone: _____	Sub- Total Paid	\$
			SDP/Red-line approval date: _____	Balance Due	\$
				Check	# 105107

4/11/18 Site plan approved for 318001057 (in-ground propane tank) - 4.0.

STORMWATER MANAGEMENT FOR LOT 18 IS BEING PROVIDED BY NON-ROOFTOP DISCONNECTION (N-2) FOR THE DRIVEWAY AREA AND THE PROPOSE HOUSE ROOF AREAS BY A MICRO-SRETENTION FACILITY LOCATED ON PRES. PARCEL 'D'. AS SHOWN ON THIS PLAN.



OWNER/DEVELOPER
 BY NOTES
 9725 PATRICK WOODS DRIVE
 COLLEGE, MD 21046
 410-579-5956

NOTE:
 THE EXISTING WELL SHOWN ON THIS PLAN, NO-15-0217, HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 10000 WOODBURN ROAD
 BELLEVILLE, MD 21015
 (410) 579-1000

PLAN
 SCALE: 1" = 30'

FAIRLANE ROAD

PERMIT SITE PLAN
LOT 18
 1023 FAIRLANE ROAD
FAIRLANE FARMS

PHASE ONE
 ZONED: RC-DEO
 TAX MAP NO.: 5 GRID NO.: 2 PARCEL NO.: 6
 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 DATE: JAN. 8, 2016
 SHEET 1 OF 1

1/26/18

APPROVED FOR CONSTRUCTION

Oswald, Hank

From: Cagle, Clint <ccagle@nvrinc.com>
Sent: Friday, January 19, 2018 1:43 PM
To: Oswald, Hank
Cc: Dave Harward, III; Hanauer, Brent
Subject: RE: Floor Plan Question_Fairlane Farms_Lot 18

Hello Hank,

The front porch is constructed on footers. Please let me know if you need anything else from us.

Thanks,

Clint Cagle | NVHomes | 301-237-5776

From: Oswald, Hank [<mailto:hoswald@howardcountymd.gov>]
Sent: Friday, January 19, 2018 11:40 AM
To: Cagle, Clint <ccagle@nvrinc.com>
Subject: [Ext] Floor Plan Question_Fairlane Farms_Lot 18

Hi Clint:

I have a quick question about the floor plan for 1023 Fairlane Road. Is the front porch constructed on footers or is it a slab? If the front porch is a concrete slab (not on footers) then we want to see it located outside the 30 foot well radius on the septic plan.

Please let me know as soon as you can so I can respond back to the engineer.

Thanks,

Hank

Hank Oswald
Licensed Environmental Health Specialist
Howard County Health Department
Bureau of Environmental Health
Well & Septic Program
8930 Stanford Boulevard
Columbia, MD 21045
410.313.1786 (Office)
hoswald@howardcountymd.gov

CONFIDENTIALITY NOTICE

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LEGEND

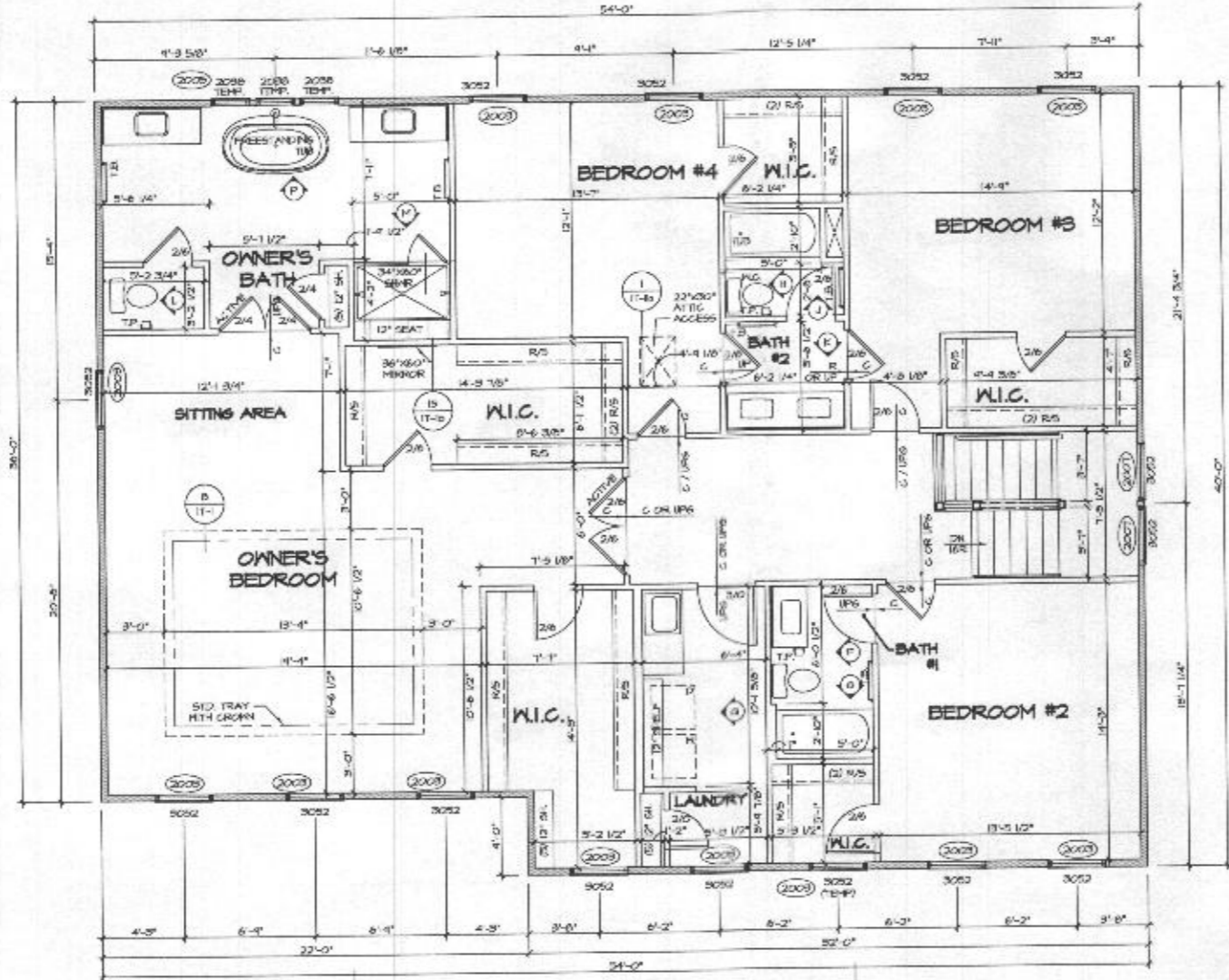
- ▬ BEARING WALL
- ▬ NON BEARING WALL
- ⊙ INDICATES BEARING FROM POINT LOAD ABOVE
- ⊥ JACKS
- ⊕ BEAM/BLOCK
- ⊕ PAD FOOTING
- ⊕ STEEL COLUMN
- ⊕ PORTAL FRAME
- ⊕ JOIST/TRUSS
- ⊕ LVL
- ⊕ ENGINEERING PANE MEMBER

SEE FC DETAILS FOR FRAMING CONNECTORS

- FLOOR PLAN NOTES**
1. ALL HEADERS ARE (2) 2x6 W/ 2x4 HALLS OR (2) 2x6 W/ 2x4 HALLS, UNLESS OTHERWISE NOTED.
 2. ALL HEADERS TO HAVE (2) 2x4 OR 2x6 JACK EACH END, UNLESS OTHERWISE NOTED.
 3. ALL EXTERIOR WALLS TO BE 4" AND ALL INTERIOR WALLS TO BE 5/2" UNLESS OTHERWISE NOTED.
 4. HATCHED AREAS INDICATE DROPPED CEILING. ALL DROPPED CEILING ARE 2" UNLESS OTHERWISE NOTED. SEE FRAMED WALL PANEL DETAIL SHEET FOR SPECIAL WALL FRAMING LOCATIONS AND HEADER SIZES, IF APPLICABLE.
 5. ALL WINDOWS HAVE 1-0 1/2" HEADER HEIGHT UNLESS OTHERWISE NOTED.
 6. ALL CASED OPENINGS AT 1-1/2", UNLESS OTHERWISE NOTED.

SECOND FLOOR JACK SCHEDULE

IDENTIFIER	DESCRIPTION	OPTIONS	ENG. NBR.	REMARKS



SECOND FLOOR PLAN
SCALE: 1/4" = 1'-0"

NOT TO SCALE. ALL DIMENSIONS TO FACE UNLESS OTHERWISE NOTED. THIS DRAWING IS THE PROPERTY OF NVR INC. AND IS TO BE USED ONLY FOR THE PROJECT AND SITE SPECIFICALLY IDENTIFIED HEREIN. ANY REUSE OR MODIFICATION OF THIS DRAWING WITHOUT THE WRITTEN CONSENT OF NVR, INC. IS STRICTLY PROHIBITED.

NVR
NVR, Inc.
Architectural Services
5285 Reservoir Drive, Suite 100
Preston, MD 21155

SET NO. 12000	VERSION 01
DRAWN BY	DATE:
OPTION	OPTION
MODEL: MARYMOUNT DRAWING TITLE: SECOND FLOOR PLAN SHEET NO. A-8 SHEET DESCRIPTION:	
28	

C:\WORKSPACE\MARYMOUNT_12000_01\NVR\PROJECTS\028764\MARYMOUNT_028764_A-R_PLAN_12000_01.dwg 12/28/11 3:18 PM