



Building Permit Application

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

DILP 2018 APR 4 PM 1:47

Date Received: _____

Permit No.: B18001088

Building Address: 12410 Hill Crest
 City: Fulton State: MD Zip Code: 20757
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 6
 Tax Map: 415 Parcel: 601 Grid: 5
 Zoning: _____ Map Coordinates: _____ Lot Size: 3,470
 Existing Use: SDP
 Proposed Use: SDP w/ 1st floor Paper Truck
 Estimated Construction Cost: \$ 3000
 Description of Work: _____
1st floor 1000 sq ft 1st floor Paper Truck
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Rati Sood
 Address: 17306 Greenway St
 City: Bethesda State: MD Zip Code: 20814
 Phone: 301-226-1794 Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Amelie Cleaning
 Address: PO Box 710
 City: Perry Hall State: MD Zip Code: 21276
 Phone: 410-326-7511 Fax: _____
 Email: amelie@ameliecleaning.com
 Contractor Company: _____
 Contact Person: Dennis Egan
 Address: 11625 Woodbridge Rd
 City: Greenbelt State: MD Zip Code: 21041
 License No.: 31215
 Phone: 410-394-5141 Fax: _____
 Email: _____
 Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Compton Ave
 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 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 checked="" type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input 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 checked="" 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: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: 4/2/18

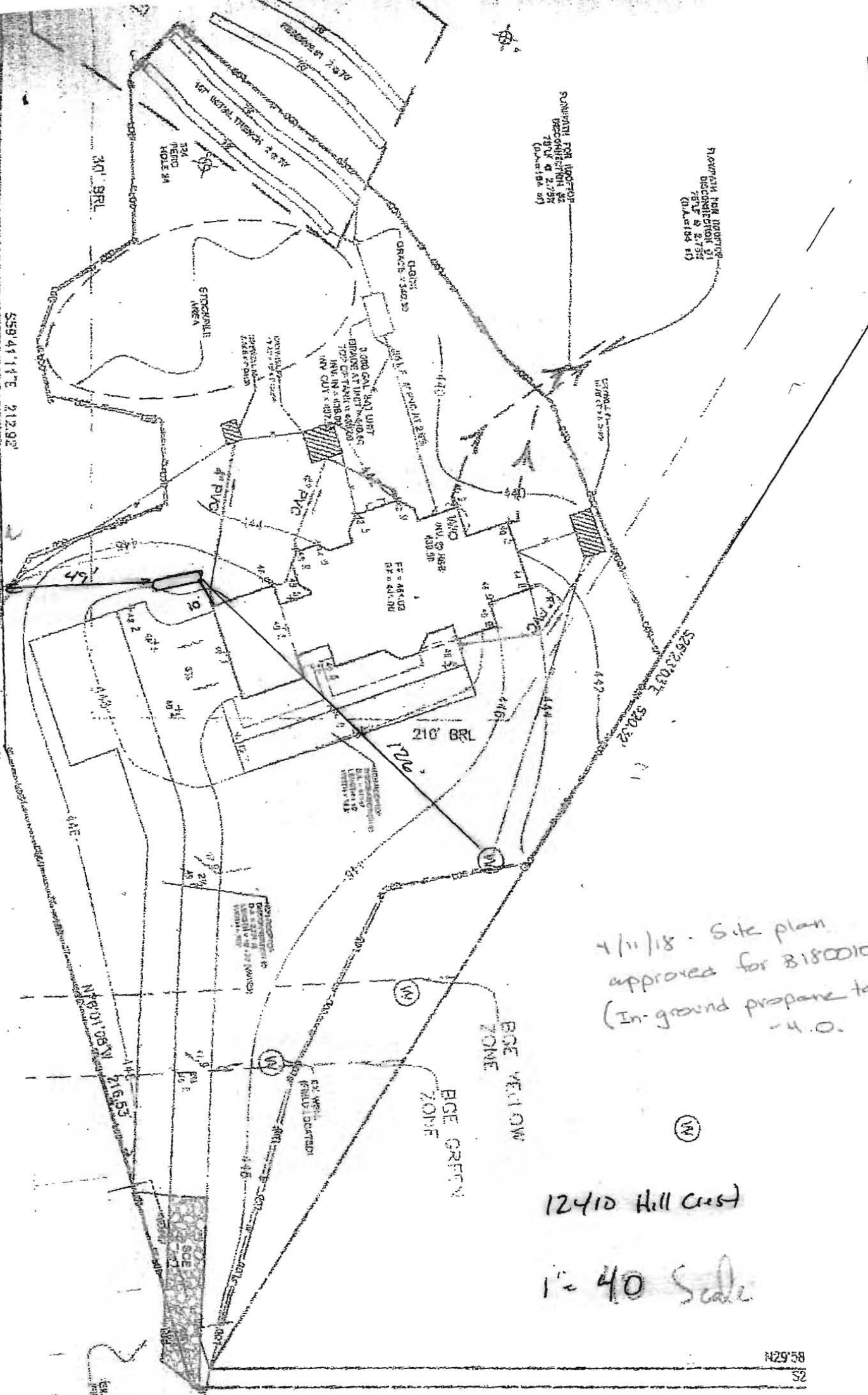
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>4/11/18</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>110.00</u>
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>4570</u>



REQUIREMENT FOR LIQUID PROPANE
 DISCONNECTED FROM GAS
 SERVICE AT 2.75' (0.84m) FROM
 (0.84m) FROM GAS

REQUIREMENT FOR LIQUID PROPANE
 DISCONNECTED FROM GAS
 SERVICE AT 2.75' (0.84m) FROM
 (0.84m) FROM GAS

7/11/18 - Site plan
 approved for 318001088
 (In-ground propane tank)
 -4.0.

12410 Hill Crest

1" = 40' Scale

5594117E 21292

30' BRL

STOCKPILE AREA

210' BRL

E2E YELLOW ZONE

E2E GREEN ZONE

FOR APPROVAL DRAWING
 DATE: 7/11/18

N2958
 52



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.: B17003891

Building Address: 12410 Hill Crest

City: Fulton State: MD Zip Code: 20759

Suite/Apt. #: _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 6

Tax Map: 45 Parcel: 64 Grld: 5

Zoning: _____ Map Coordinates: _____ Lot Size: 3.88 AC

Existing Use: SF Vacant Lot

Proposed Use: SFD

Estimated Construction Cost: \$ 250,000

Description of Work: Custom Home - see

plans 5 Bedroom unfinished
Attic Finished Basement 3 Car Garage

Occupant or Tenant: owner

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Sood Rati Sood

Address: 17006 Benjamin St

City: Beltsville State: MD Zip Code: 20705

Phone: 301-748-5866

Applicant's Name & Mailing Address (if other than stated herein)

Applicant's Name: Rachel Cary

Address: 10557 Baltimore Lane

City: Chattanooga State: MD Zip Code: 21029

Phone: 410-988-7309 Fax: _____

Contractor Company: Craftman Homes

Contact Person: Dana Pastva

Address: 1355 Beverly Rd, Ste 300

City: McLean State: VA Zip Code: 22101

License No.: 451-1182

Phone: 703-745-5866

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 type="checkbox"/> Public	RECEIVED OCT 27 2017 LICENSES & PERMITS DIVISION
<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 type="checkbox"/> Yes <input type="checkbox"/> No	
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 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 NOT 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: carrache@gmail.com
Title/Company: owner/ops

Print Name: Rachel Cary
Date: 9/20/17

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>11/26/17</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>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	# _____

RECEIVED

APR 25 2018

LICENSES & PERMITS
DIVISION

CPS

CARR PERMITTING SOLUTIONS

4/20/2018

Howard County Department of Inspections, Licensing, and Permits

re: Lot # 6, Hill Crest - Building #B17003891

Dear Cathy:

Please amend this permit to include the

- 1) increase the back of the garage by 3' 2"
- 2) addition of a walk-in finished closet above the garage, 12' 6" by 19' 6"

Please see attached:

3 sets of construction drawings

3 copies of truss drawings

Application Fee

+ Plot Plans

INV # 530732

CK # 8888 B - 8889637

OK reB
5/7/18

Thank you,

Rachel E. Carr

Rachel E. Carr

Carr Permitting Solutions for Craftmark Homes

PTZ
Heck/461

AKH

REVISED

Date: 4/25/18

Comments: B1700389

INCREASE SIZE OF GARAGE + ADD WIC ABOVE

Approved Septic System Plan
Howard County Health Department

*Sidewalk - load garage
slightly larger and
slightly walk-in closet above
has
5/7/18
Date
P. Bink
Signature*

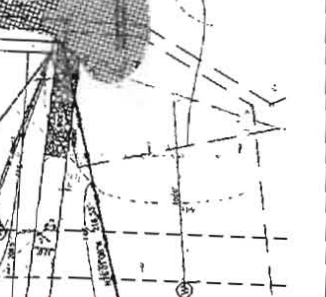


GENERAL NOTES
1. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
2. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
3. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
4. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
5. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
6. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
7. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
8. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
9. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
10. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
11. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
12. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
13. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
14. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
15. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
16. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
17. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
18. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
19. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.
20. THE SEPTIC SYSTEM SHALL BE DESIGNED AND CONSTRUCTED IN ACCORDANCE WITH THE CURRENTLY APPLICABLE SEPTIC SYSTEM DESIGN MANUAL.

DEVELOPER'S CERTIFICATE
I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same has been prepared in accordance with the provisions of the applicable laws and regulations.
DATE: 4/25/18
DEVELOPER: [Signature]

ENGINEER'S CERTIFICATION
I, the undersigned, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the same has been prepared in accordance with the provisions of the applicable laws and regulations.
DATE: 4/25/18
ENGINEER: [Signature]

PLAT PLAN & SEDIMENT CONTROL PLAN
12410 HILL CREST LANE - LOT 6, BLOCK 5
SINGLE FAMILY RESIDENTIAL
TAX MAP - 45 GRID - 5 PARCEL - 64 PLAT NO. 24086
HILL PROPERTY
FIFTH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
Charles P. Johnson & Associates, Inc.
Professional Engineers - Plumbers - Landscape Architects - Surveyors
12410 Hill Crest Lane, Suite 200, Green Spring, MD 21043-3600, Tel: 410-278-2000, Fax: 410-278-2001
CPJ ASSOCIATES
12410 Hill Crest Lane, Suite 200, Green Spring, MD 21043-3600, Tel: 410-278-2000, Fax: 410-278-2001



LONG KIN ROAD

SEPTIC LANE

2009 4,10,9,10,20

5/7/18

Date

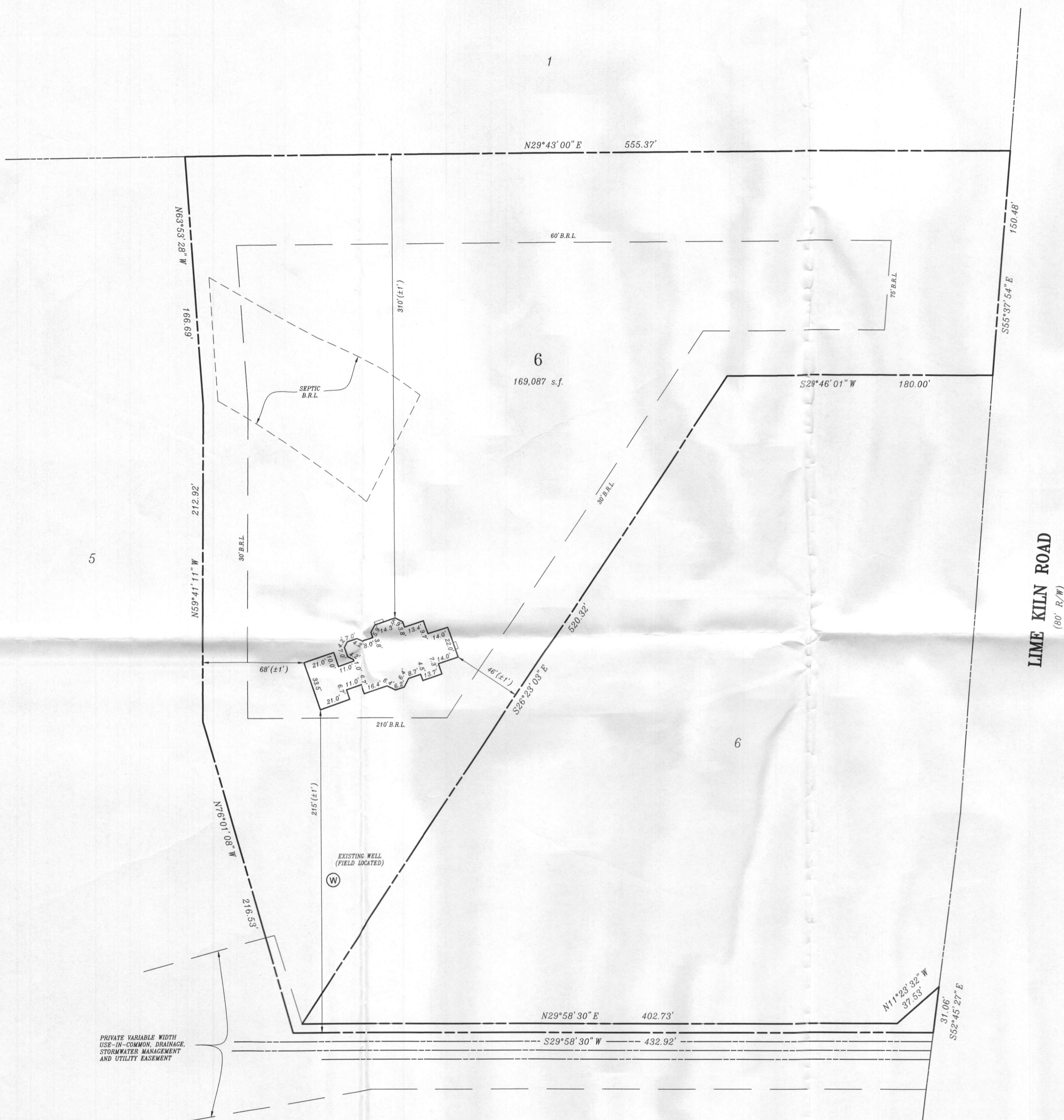
P. Bink

Signature

Prepared by
JAMES WHITE, REGISTERED
L. 10887 / 041

WALL CHECK EXHIBIT
 12410 HILL CREST LANE
 LOT 6
HILL PROPERTY
 CLARKSVILLE (5th) ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

SCALE: 1"=50'
 MD COORDINATE SYSTEM MAD 83 (2011)
 NW088



THE SUBJECT PROPERTY LIES WITHIN FLOOD ZONE "X" - AREA OF MINIMAL FLOODING (X- AREAS DETERMINED TO BE OUTSIDE THE 0.2% ANNUAL CHANCE FLOODPLAIN) AS SHOWN ON THE FEMA FLOOD INSURANCE RATE MAP FOR HOWARD COUNTY, MARYLAND, COMMUNITY-PANEL No. 24031C0240D, EFFECTIVE DATE SEPTEMBER 29, 2006.



TOP of FOUNDATION WALL ELEV.: 449.81'
 FOUNDATION SURVEY: 05/01/2018

PERMIT NUMBER: B17003891

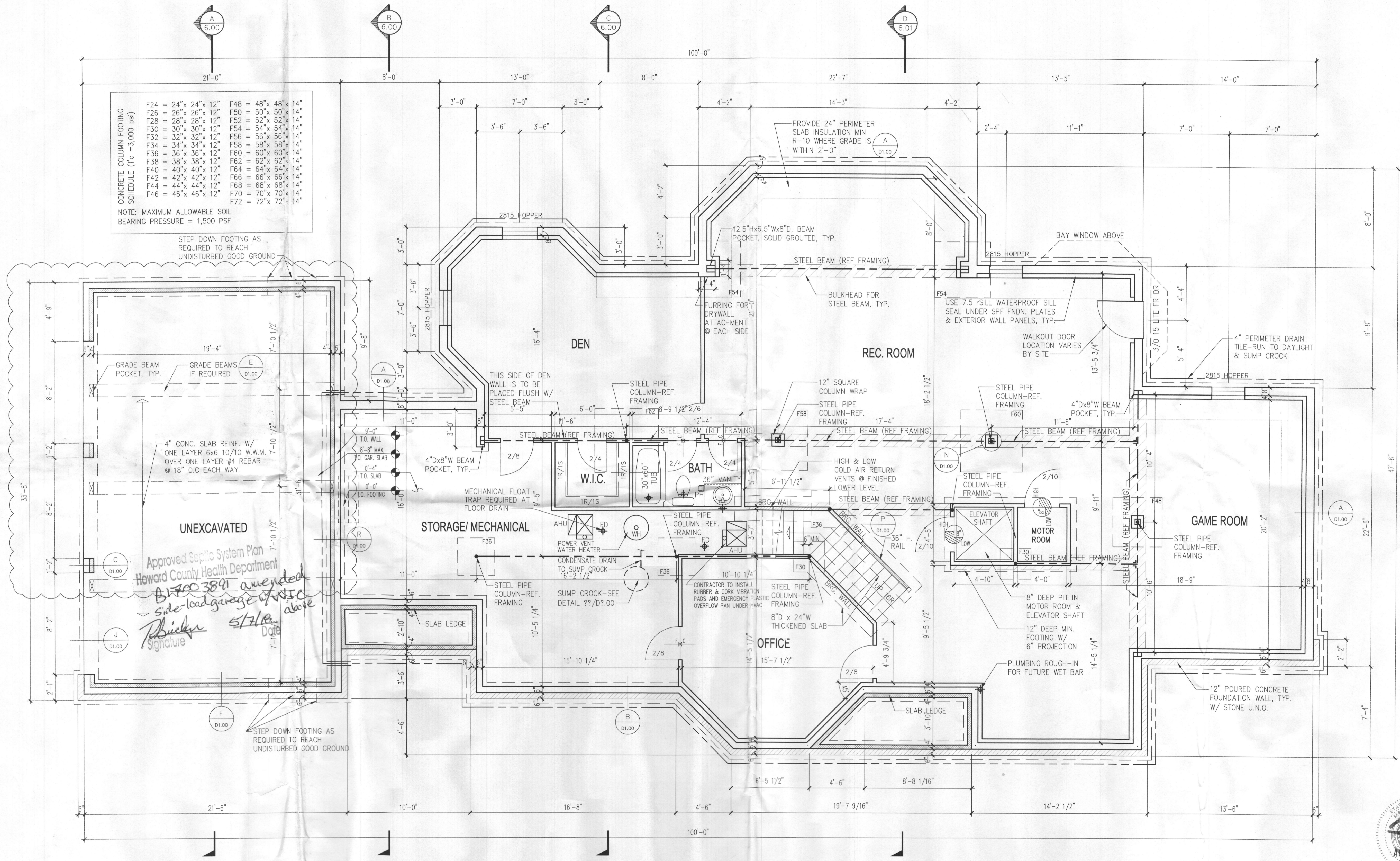
HILL CREST LANE
 (PRIVATE STREET)

SURVEYORS CERTIFICATE
 I hereby certify that the position of the existing improvements shown hereon have been carefully established under my responsible charge using accepted land surveying practices. The plan is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plan is not to be relied upon for the establishment or location of fences, garages, buildings, easements, or other existing or future improvements. The plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing. This drawing was prepared w/o the benefit of a title report. This drawing and the survey on which it is based are in compliance with COMAR Reg. 9-13.06.06 and 9-13.06.12.

CPI Charles P. Johnson & Associates, Inc.
 Civil and Environmental Engineers • Planners • Landscape Architects • Surveyors
 1751 Elton Rd., Ste. 300 Silver Spring, MD 20903 301-434-7000 Fax: 301-434-9594
 www.cpi.com • Silver Spring, MD • Gaithersburg, MD • Annapolis, MD • College Park, MD • Frederick, MD • Fairfax, VA

REFERENCE	Drawn by WRJ	Checked by WCR
	Date 06/11/2018	Record No.
Plot No. 24086	Scale 1" = 50'	47-216-88.06

6-11-18 *RDB*
 RAYMOND D. BURKE
 REG. PROPERTY LINE SURVEYOR MD.
 NO. 476 EXP. 1/09/2019



FOUNDATION / BASEMENT PLAN
 SCALE: 1/4" = 1'-0"

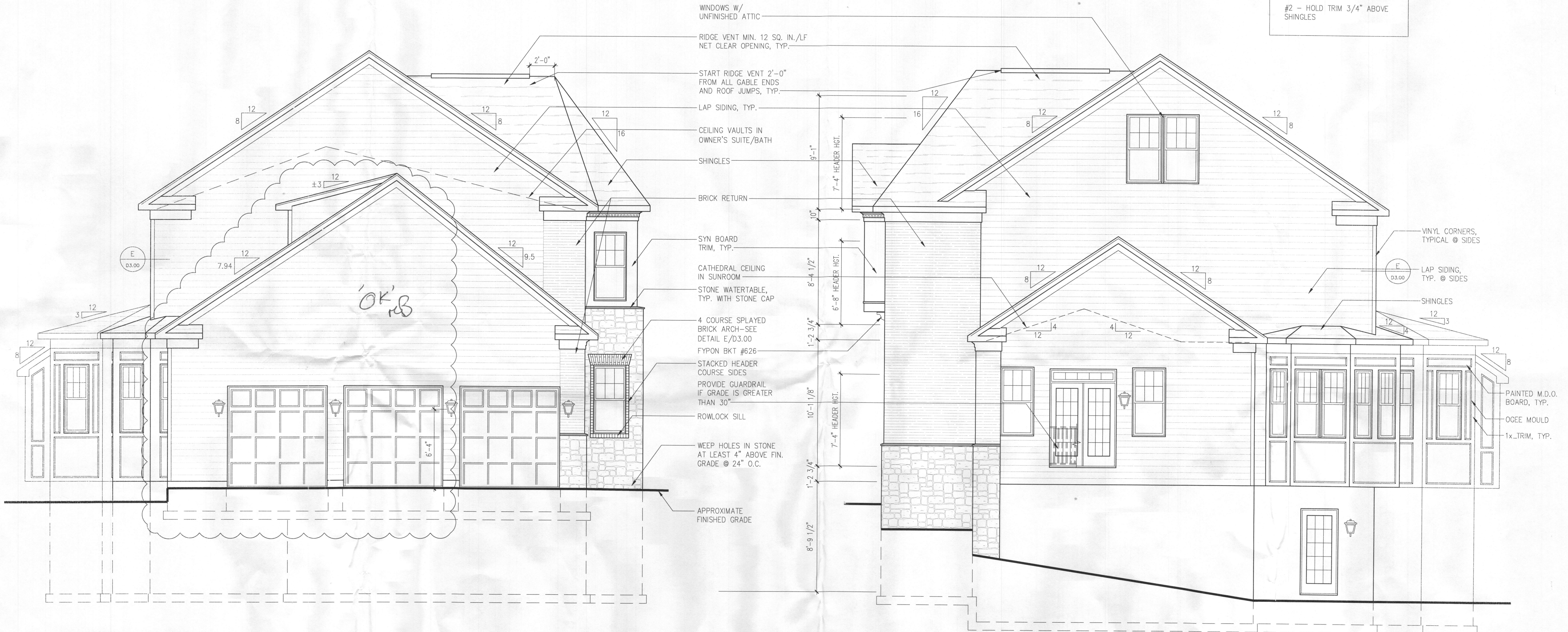
NOTES:
 #1 - USE STEEL SHIMS AT STEEL BEAM POCKETS AND ALL STEEL COLUMN LOCATIONS. (NO BRICK SHIMMING)
 #2 - BOLT TOP OF ADJ. STEEL COLUMN TO BOTTOM OF STEEL I-BEAM BEFORE FRAMING FINISHED LOWER LEVELS.

REVISED
 Date: 4/25/18
 Comments: B17003891
 INCREASE SIZE OF GARAGE +
 ADD WIC ABOVE

I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NUMBER 9438, EXPIRATION DATE 03/09/19

DRAWN BY:	????/2017
REV No.	DATE
P7510200	
SHEET No.	

NOTES:
 #1 - ROOF SHINGLE OVERHANG
 (PER MANUFACTURER)
 #2 - HOLD TRIM 3/4" ABOVE
 SHINGLES



LEFT SIDE ELEVATION

SCALE: 1/4" = 1'-0"

RIGHT SIDE ELEVATION

SCALE: 1/4" = 1'-0"

LEFT & RIGHT SIDE ELEVATIONS
CRAFTMARK HOMES - 12410 HILL CREST, FULTON MD.

DRAWN BY:

??/??/2017

REV No. DATE



P7510401

SHEET No.

4.01

I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME
 AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE
 STATE OF MARYLAND, LICENSE NUMBER 9438, EXPIRATION DATE 03/09/19

