



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: 2/19/17

Permit No.: B17000582

Building Address: 11041 FUZZY HOLLOW WAY
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: 1-13-075
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 4
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 4472
 Existing Use: _____
 Proposed Use: 2 BR, 2000
 Estimated Construction Cost: \$ _____
 Description of Work: _____
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: WILLIAMSBURG
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: marina.morris@williamsburg11c.com
 Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 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: | <u>Depth</u> | <u>Width</u> |
| 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"/> Craw 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 type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Water Supply | |
| <input type="checkbox"/> Public | |
| <input type="checkbox"/> Private | |
| Sewage Disposal | |
| <input type="checkbox"/> Public | |
| <input 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: <u>617000582</u> | |
| 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 _____
 Email Address _____ Date _____
 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>3/17/2017</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: | |

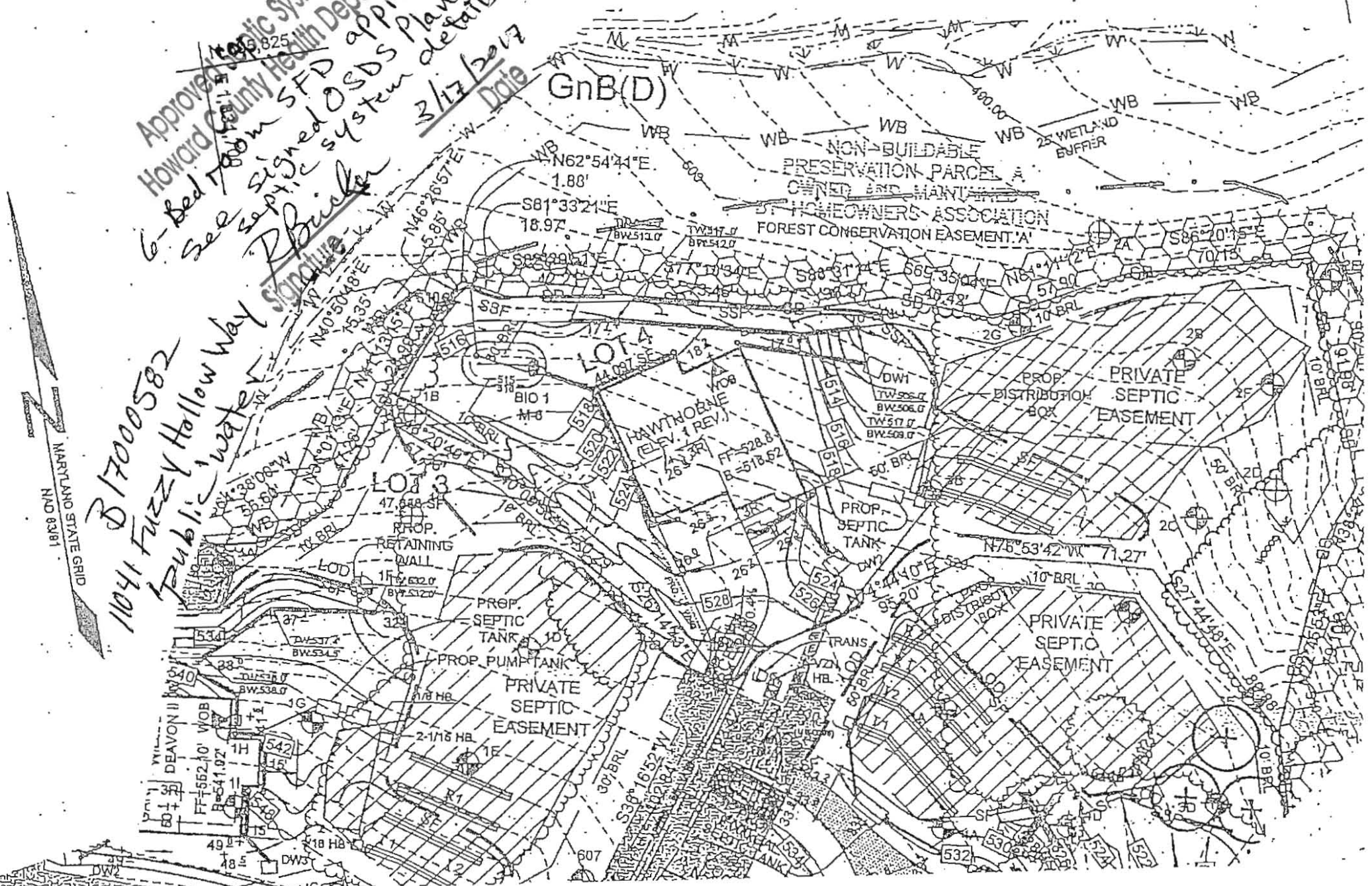
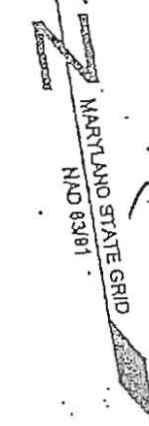
| | |
|-----------------|----|
| Filing Fee | \$ |
| Permit Fee | \$ |
| Tech Fee | \$ |
| Excise Tax | \$ |
| PSFS | \$ |
| Guaranty Fund | \$ |
| Add'l per Fee | \$ |
| Total Fees | \$ |
| Sub- Total Paid | \$ |
| Balance Due | \$ |
| Check | # |

N 605,825

E 1,332,150

Approved Septic System Plan
Howard County Health Department
6-Bed Room SFD approved
See signed OSDS Plan for
septic system details
3/17/2017
Date

1041 Fuzzy Hollow Way
Public water



GNB(D)

NON-BUILDABLE
PRESERVATION PARCEL A
OWNED AND MAINTAINED BY
ST. HOMEOWNERS ASSOCIATION
FOREST CONSERVATION EASEMENT 'A'

PRIVATE SEPTIC EASEMENT
PROP. DISTRIBUTION BOX

PRIVATE SEPTIC EASEMENT
PROP. SEPTIC TANK
PROP. PUMP TANK

PRIVATE SEPTIC EASEMENT
PROP. DISTRIBUTION BOX

DEAVON II
FF-552.10' WOB
Res-541.02'

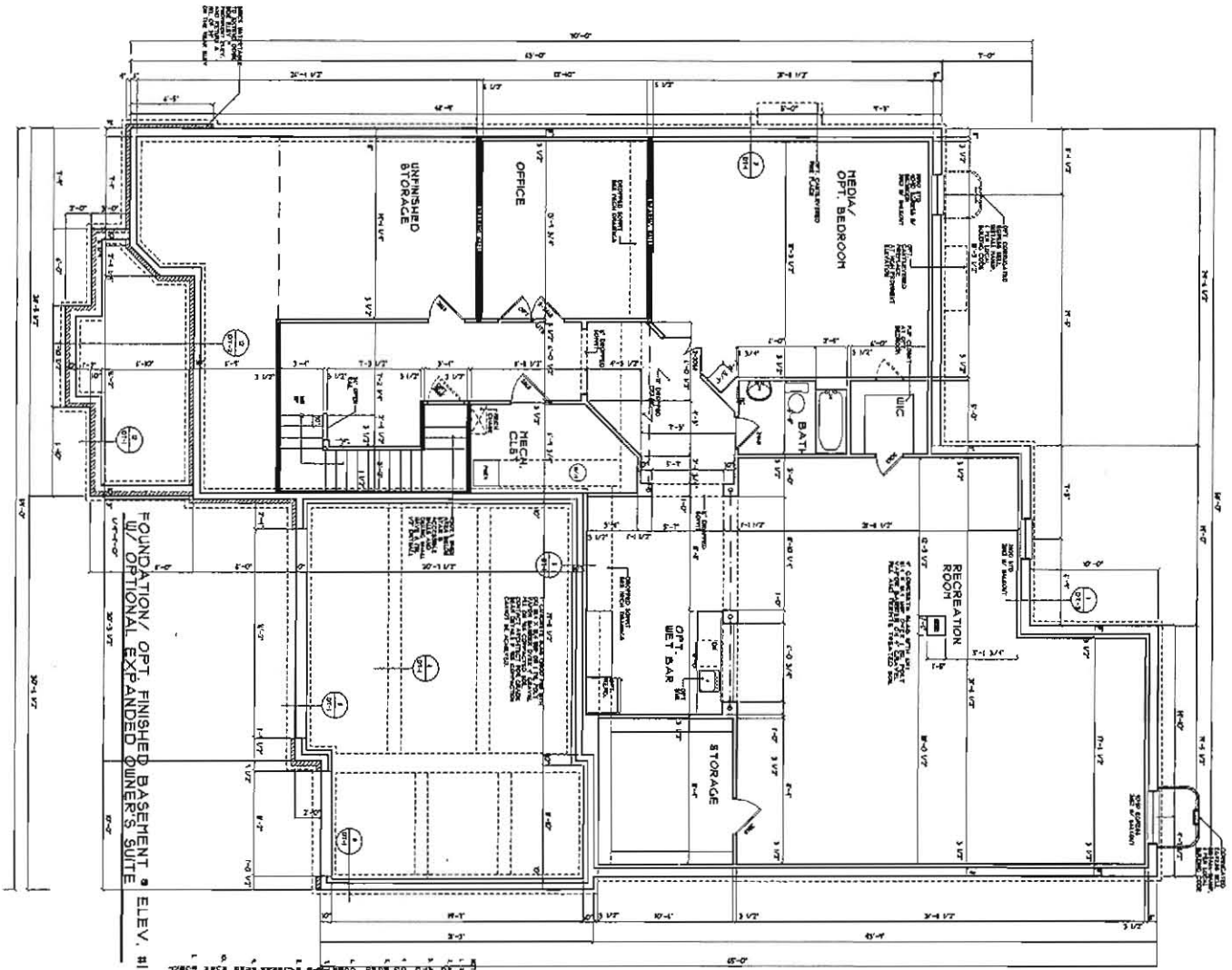
HAWTHORNE
Elev. 1 REV. 1
FF-528.8
E-518.62

LOT 3
47,548 SF
PROP. RETAINING WALL
115.632' B/W 532.0'

LOT 4
40,075 SF
PROP. SEPTIC TANK
174' B/W 512.0'

DW1
TW-506.0'
B/W-506.0'
TW-517.0'
B/W-509.0'

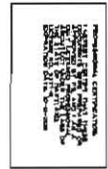
Signature
P. Bricker



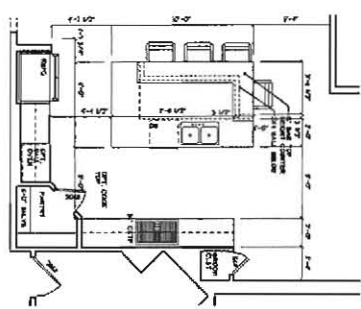
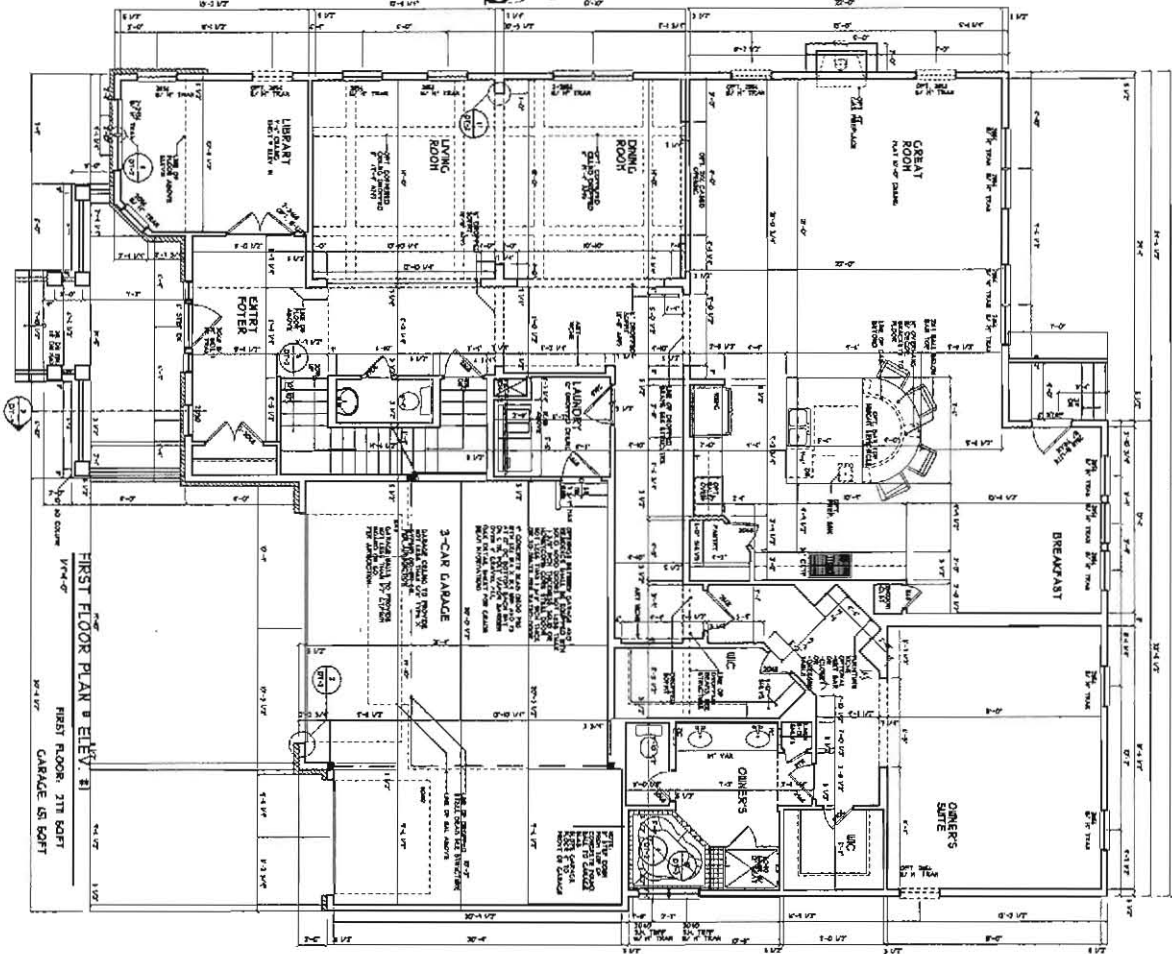
FOUNDATION/ OPT. FINISHED BASEMENT
W/ OPTIONAL EXPANDED OWNER'S SUITE

ELEV. #1

1. SEE ARCHITECT'S SCHEDULE FOR MORE AND LOCATIONS.
2. ALL DIMENSIONS ARE TO FACE UNLESS NOTED OTHERWISE.
3. THE INTERIOR FINISHES SHOWN ARE FOR INFORMATION ONLY. THE FINISHES TO BE USED SHALL BE DETERMINED BY THE ARCHITECT AT THE TIME OF CONSTRUCTION.
4. ROOM DIMENSIONS SHALL BE TO THE INTERIOR FACE OF WALLS UNLESS NOTED OTHERWISE.
5. ALL WALLS SHALL BE CONCRETE BLOCK WITH INTERIOR FINISHES AS SHOWN UNLESS NOTED OTHERWISE.
6. ALL FLOORS SHALL BE CONCRETE WITH FINISHES AS SHOWN UNLESS NOTED OTHERWISE.
7. ALL CEILING SHALL BE CONCRETE WITH FINISHES AS SHOWN UNLESS NOTED OTHERWISE.
8. ALL DOORS SHALL BE 1-1/2" THICK UNLESS NOTED OTHERWISE.
9. ALL WINDOWS SHALL BE 1-1/2" THICK UNLESS NOTED OTHERWISE.
10. ALL STAIRS SHALL BE CONCRETE WITH FINISHES AS SHOWN UNLESS NOTED OTHERWISE.
11. ALL MECHANICAL EQUIPMENT SHALL BE AS SHOWN UNLESS NOTED OTHERWISE.
12. ALL ELECTRICAL EQUIPMENT SHALL BE AS SHOWN UNLESS NOTED OTHERWISE.
13. ALL PLUMBING EQUIPMENT SHALL BE AS SHOWN UNLESS NOTED OTHERWISE.
14. ALL FINISHES SHALL BE TO THE FACE UNLESS NOTED OTHERWISE.
15. ALL DIMENSIONS SHALL BE TO THE FACE UNLESS NOTED OTHERWISE.



'OK' reB
 1st Floor
 1 Bedroom
 11041 Fuzzy Hollow Way
 B17000582



- NOTES
1. SEE ELECTRICAL PLAN FOR WIRE AND LOCATIONS.
 2. SEE MECHANICAL PLAN FOR VENTILATION AND LOCATIONS.
 3. SEE PLUMBING PLAN FOR TUB, SHOWER, SINK, AND TOILET LOCATIONS.
 4. SEE FINISH SCHEDULE FOR FINISHES AND LOCATIONS.
 5. SEE FINISH SCHEDULE FOR FINISHES AND LOCATIONS.
 6. SEE FINISH SCHEDULE FOR FINISHES AND LOCATIONS.
 7. SEE FINISH SCHEDULE FOR FINISHES AND LOCATIONS.
 8. SEE FINISH SCHEDULE FOR FINISHES AND LOCATIONS.
 9. SEE FINISH SCHEDULE FOR FINISHES AND LOCATIONS.
 10. SEE FINISH SCHEDULE FOR FINISHES AND LOCATIONS.

PROFESSIONAL CERTIFICATION
 I, the undersigned, being a duly licensed Professional Engineer in the State of Virginia, do hereby certify that the above is a true and correct copy of the original as submitted to me for record.

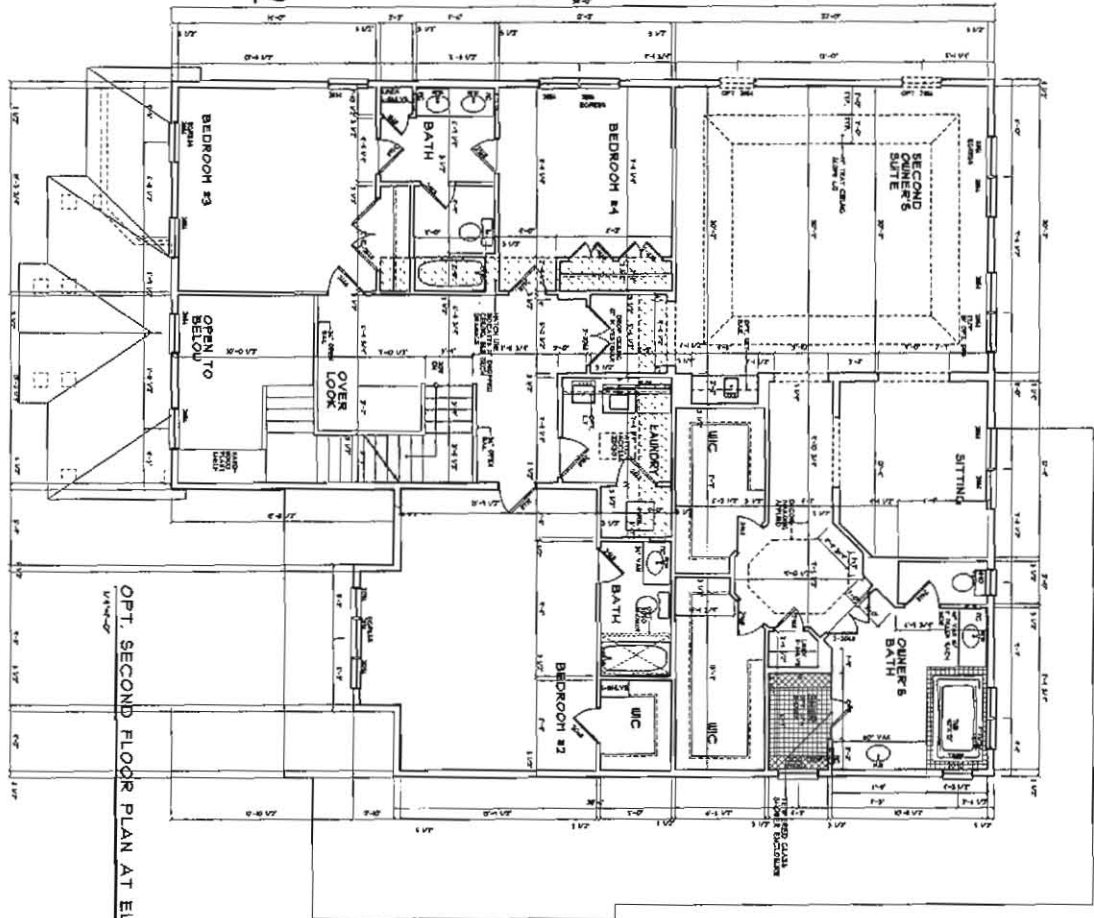
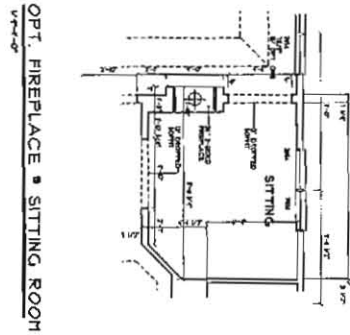
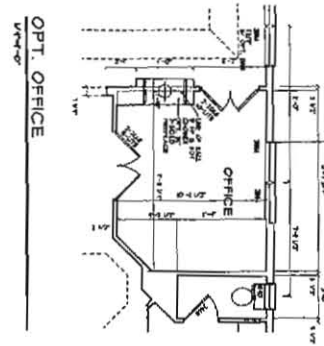
| | | |
|-----|------|----------|
| NO. | DATE | REVISION |
| | | |
| | | |
| | | |

WILLIAMSBURG HOMES
 HAWTHORNE II

110 CASH BRIDGE ROAD • 1007 PABAL VIRGINIA 23181 • 804-693-1111
Devereaux & Associates
 ARCHITECTS AND PLANNERS

2nd Floor
'OK'
4 Bedrooms
reb

11041 Fuzzy Hollow Way
B 17000582



NOTES:
1. ALL DIMENSIONS ARE FROM FACE OF WALL UNLESS NOTED OTHERWISE.
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3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 11041 Fuzzy Hollow Way
 City: Marriottsville State: MD Zip Code: 21104
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Melchior Prop
 Section: _____ Area: _____ Lot: 4
 Tax Map: 10 Parcel: 184 Grid: 13
 Zoning: _____ Map Coordinates: _____ Lot Size: 1.01AC
 Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ 12,500
 Description of Work: Construct 16' x 24' irregular shape deck w/ steps
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Williamsburg Group LLC
 Address: 5485 Harpers Farm Rd
 City: Columbia State: MD Zip Code: 21044
 Phone: _____ Fax: _____
 Email: _____
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Josh Simpson
 Address: 8057 Veterans Hwy
 City: Millersville State: MD Zip Code: 21108
 Phone: 410-969-4444 Fax: _____
 Email: permits@fencedeckconnect.com
 Contractor Company: Fence & Deck Connection
 Contact Person: Josh Simpson
 Address: SAA
 City: _____ State: _____ Zip Code: _____
 License No.: MHIC 45700
 Phone: SAA Fax: _____
 Email: _____
 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: | |
| Area of construction (sq. ft.): | 2 nd floor: | |
| Use group: | Basement: | |
| | <input type="checkbox"/> Finished Basement | |
| | <input type="checkbox"/> Unfinished Basement | |
| | <input type="checkbox"/> Crawl Space | |
| | <input type="checkbox"/> Slab on Grade | |
| Construction type: | No. of Bedrooms: | |
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| <input type="checkbox"/> Structural Steel | Multi-family Dwelling | |
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| | Other Structure: | |
| | Dimensions: | |
| | Footings: | |
| | Roof: | |
| | <input type="checkbox"/> State Certified Modular | |
| | <input type="checkbox"/> Manufactured Home | |

Roadside Tree Project Permit
 Yes No
 Roadside Tree Project Permit # _____

| Utilities | |
|---|---|
| Electric: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Gas: | <input type="checkbox"/> Yes <input checked="" 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: [Signature]
 Email Address: permits@fencedeckconnect.com
 Agent for Contractor: _____
 Title/Company: _____

Print Name: Josh Simpson
 Date: 9/18/17

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

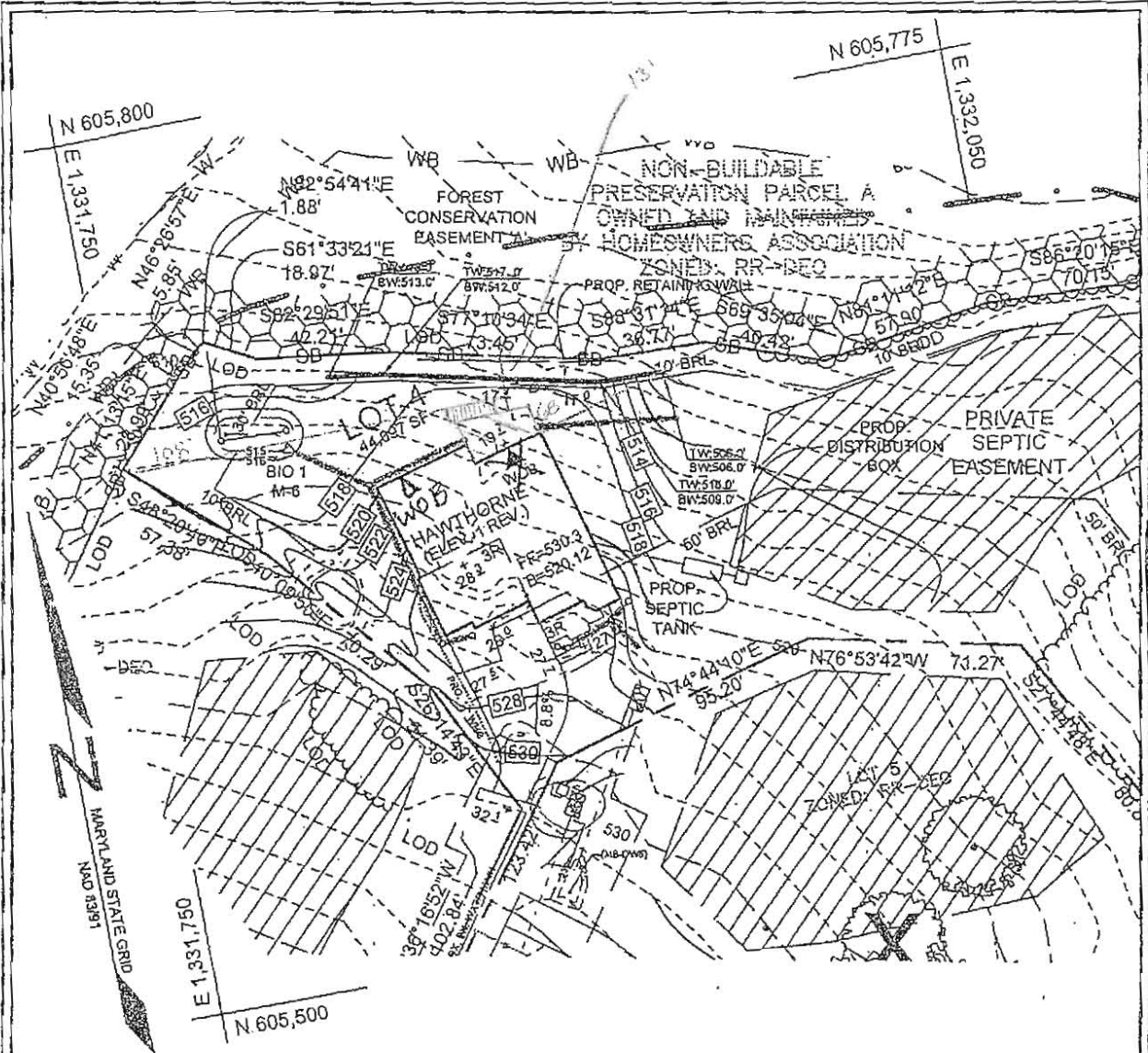
| AGENCY | DATE | SIGNATURE OF APPROVAL |
|---|----------------|-----------------------|
| State Highways | | |
| Building Officials | | |
| PSZA (Zoning) | | |
| PSZA (Engineering) | | |
| Health | <u>9/20/17</u> | <u>[Signature]</u> |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START | | |

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? Yes No
 Is Entrance Permit Required? Yes No
 Historic District? Yes 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 | # |

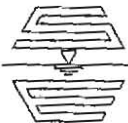
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



#26 1420
 of steps as shown

APPROVED
 WALKTHRU BUILDING PERMIT

11130 Dovedale Court, Suite 200
 Marriottsville, Maryland 21104
 Phone: 443.325.5076
 Fax: 410.696.2022
 Email: info@sillengineering.com
 Civil Engineering for Land Development



**SILL
 ENGINEERING
 GROUP, LLC**

DESIGN BY: PS
 DRAWN BY: AEA
 CHECKED BY: PS

HOUSE RESITE

11260