



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 AUG 31 PM 1:33

Date Received: _____

Permit No.: B18003135

Health

Building Address: 1044 FAIRLANE ROAD
 City: WOODBINE State: MD Zip Code: 21797
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: FAIRLANE FARMS
 Section: _____ Area: _____ Lot: 21
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 40423

Existing Use: SFD
 Proposed Use: SFD W/PROPANE TANK
 Estimated Construction Cost: \$ 4,000
 Description of Work:
INSTALL 1000 GAL UNDERGROUND PROPANE TANK

Occupant/Tenant Name: OWNER
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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 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

Property Owner's Name: NVR INC
 Address: 9720 PATUXENT WOODS DRIVE
 City: COLUMBIA State: MD Zip Code: 21046
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: MICHELLE CLANCY
 Address: PO BOX 310
 City: PERRY HALL State: MD Zip Code: 21128
 Phone: 443-610-7514 Fax: _____
 Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: TECH AIR
 Contact Person: DENNIS FEAGA
 Address: 1560 A-D CATON CENTER DRIVE
 City: BALTIMORE State: MD Zip Code: 21227
 License No.: 81215
 Phone: 410-984-5681 Fax: _____
 Email: _____

Engineer/Architect Company: CONTRACTOR
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Utilities	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input checked="" 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.

Michelle Clancy
 Applicant's Signature
MICHELLE@APPLIEDANDAPPROVED.COM
 Email Address
PERMITS
 Title/Company

MICHELLE CLANCY
 Print Name
8/31/18
 Date
RECEIVED
AUG 31 2018

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 DIVISION

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/12/18</u>	<u>H. Osmond</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	\$ <u>108</u>
Tech Fee	\$ <u>108</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>6282</u>

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

AK



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: 7/24/18

Permit No.: B18002655

Building Address: 1044 Fairlane Road
 City: Woodbine State: MD Zip Code: 21797
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Fairlane Farms
 Section: _____ Area: _____ Lot: 21
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot
 Proposed Use: Single family home
 Estimated Construction Cost: \$ 230,000
 Description of Work: New 2 story "Mansions" with 2 car garage, 1 car side attached, and finished lower level (Rec rm, bath rm + Bedroom)
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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>40</u>	<u>54</u>
Area of construction (sq. ft.):	2 nd floor: <u>45</u>	<u>54</u>
Use group:	Basement: <u>46</u>	<u>54</u>
Construction type:	<input checked="" type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____	
Roadside Tree Project Permit #	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
	Footings: _____	
	Roof: _____	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

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: 443-309-7792 Fax: _____
 Email: Jim@DecaturbuildingServices.com
 Contractor Company: NV Homes
 Contact Person: Clint Cagle
 Address: 9720 Patuxent Woods Drive
 City: Columbia State: MD Zip Code: 21046
 License No.: 56
 Phone: 410-379-5956 Fax: _____
 Email: CCagle@NVRInc.com
 Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	RECEIVED JUL 24 2018 LICENSES & PERMITS DIVISION
<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: <u>G18000182</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: Jim Kerwin Print Name: Jim Kerwin
 Email Address: Jim@DecaturbuildingServices.com Date: 7/23/2018
 Title/Company: AGENT NV Homes

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>8/6/18</u>	<u>H. Oswald</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

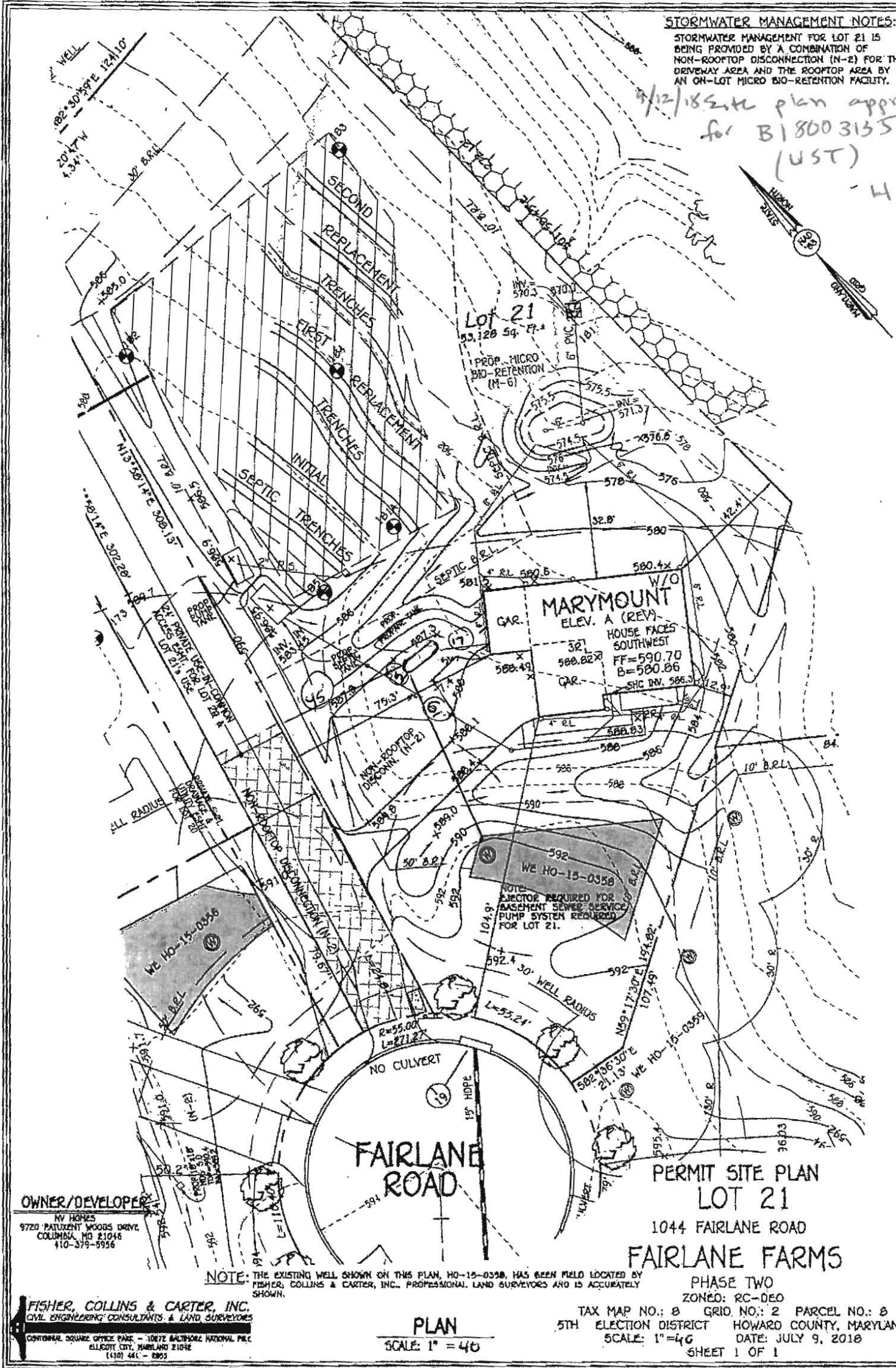
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>210102</u>

STORMWATER MANAGEMENT NOTES:

STORMWATER MANAGEMENT FOR LOT 21 IS BEING PROVIDED BY A COMBINATION OF NON-ROOFTOP DISCONNECTION (N-2) FOR THE DRIVEWAY AREA AND THE ROOFTOP AREA BY AN ON-LOT MICRO BIO-RETENTION FACILITY.

8/12/18 Site plan approval for B18003135 (UST) - H.O.



OWNER/DEVELOPER
 NV HOMES
 9720 PATUXENT WOODS DRIVE
 COLUMBIA, MD 21048
 410-379-5956

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTRAL SQUARE OFFICE PARK - 10672 BALTIMORE NATIONAL PIKE
 ELLSGOTT CITY, MARYLAND 21042
 (410) 441-2803

NOTE: THE EXISTING WELL SHOWN ON THIS PLAN, HO-15-0358, HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC., PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

PLAN
 SCALE: 1" = 40'

PERMIT SITE PLAN
LOT 21
 1044 FAIRLANE ROAD
FAIRLANE FARMS

PHASE TWO
 ZONED: RC-DEO
 TAX MAP NO.: B GRID NO.: 2 PARCEL NO.: 8
 5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=40' DATE: JULY 9, 2018
 SHEET 1 OF 1

Permit # B 18002655

* 5' From Septic Line

BASEMENT JACK SCHEDULE				
IDENTIFIER	DESCRIPTION	OPTIONS	ENG. NUM.	REMARKS
J001	JACK - (2) 2x4 SFF STUD GRADE		B0011	

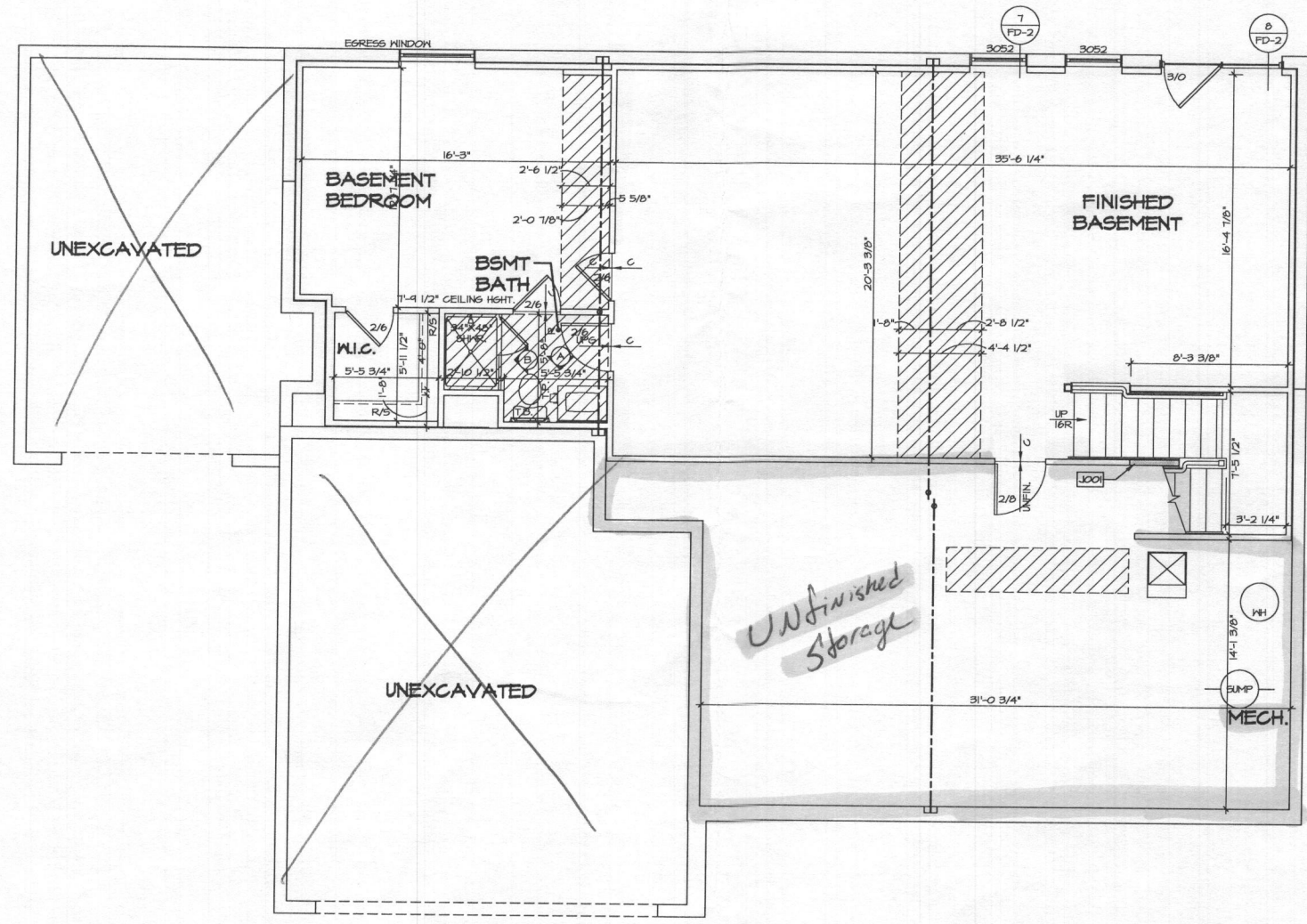
1 BR

LEGEND	
	BEARING WALL
	NON BEARING WALL
	INDICATES BEARINGS FROM POINT-LOAD ABOVE
	JACKS
	BEAMHEADER
	PAD FOOTING
	STEEL COLUMN
	PORTAL FRAME
	JOIST/TRUSS
	LVL
	ENGINEERING PAGE NUMBER

SEE FC DETAILS FOR FRAMING CONNECTORS

- FLOOR PLAN NOTES**
- ALL HEADERS ARE (2) 2x6 W/ 2x4 WALLS OR (3) 2x6 W/ 2x6 WALLS, UNLESS OTHERWISE NOTED.
 - ALL HEADERS TO HAVE (1) 2x4 OR 2x6 JACK EACH END, UNLESS OTHERWISE NOTED.
 - ALL EXTERIOR WALLS TO BE 4" AND ALL INTERIOR WALLS TO BE 3 1/2", UNLESS OTHERWISE NOTED.
 - HATCHED AREAS INDICATE DROPPED CEILINGS. ALL DROPPED CEILINGS ARE 12" UNLESS OTHERWISE NOTED.
 - SEE "BRACED WALL PANEL DETAIL SHEET" FOR SPECIAL WALL FRAMING LOCATIONS AND HEADER SIZES, IF APPLICABLE.
 - ALL WINDOWS HAVE 1'-0" 1/2" HEADER HEIGHT UNLESS OTHERWISE NOTED.
 - ALL GASED OPENINGS AT 1'-11", UNLESS OTHERWISE NOTED.

- GYPSUM NOTES**
- AT GARAGE:
5/8" DRYWALL ON COMMON WALLS, CEILING, AND BEARING WALLS AS REQUIRED.
- AT STAIRS:
1/2" GYPSUM BOARD AT UNDERSIDE OF STAIRS AND WALLS IN CLOSET
- WITH OPTION "SC1" - DRYWALL UNFINISHED BASEMENT CEILING AREA
- NOTES:**
- 1/2" GYPSUM WALL BOARD REQUIRED ON CEILING IN UNFINISHED AREAS WHEN NO SPRINKLER SYSTEM IS INSTALLED.
 - A MAXIMUM AREA OF 80 SQ FT MAY BE OMITTED AS NEEDED FOR INSTALLATION OF PLUMBING, ELECTRICAL, AND/OR HVAC (TYPICALLY AN 8'-0"x8'-0" CEILING SPACE ABOVE MECHANICAL AREA).
 - PROVIDE FIRE BLOCKING AS REQUIRED AT PERIMETER OF ANY AREAS WHERE DRYWALL HAS BEEN OMITTED.



1
A-6 **BASEMENT FLOOR PLAN**
SCALE: 1/4" = 1'-0"

REV. NO.	DATE	REMARKS

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NVR
NVR, Inc.
Architectural Services
5285 Washburn, Suite 100
Frederick, MD 21703

SET NO. 12000	VERSION 01
DRAWN BY	DATE:
OPTION	OPTION

PROJECT NO. MARYMOUNT	DRAWING TITLE BASEMENT FLOOR PLAN
SHEET NO. A-6	OPTION DESCRIPTION

22

SECOND FLOOR JACK SCHEDULE				
IDENTIFIER	DESCRIPTION	OPTIONS	ENG. NUM.	REMARKS

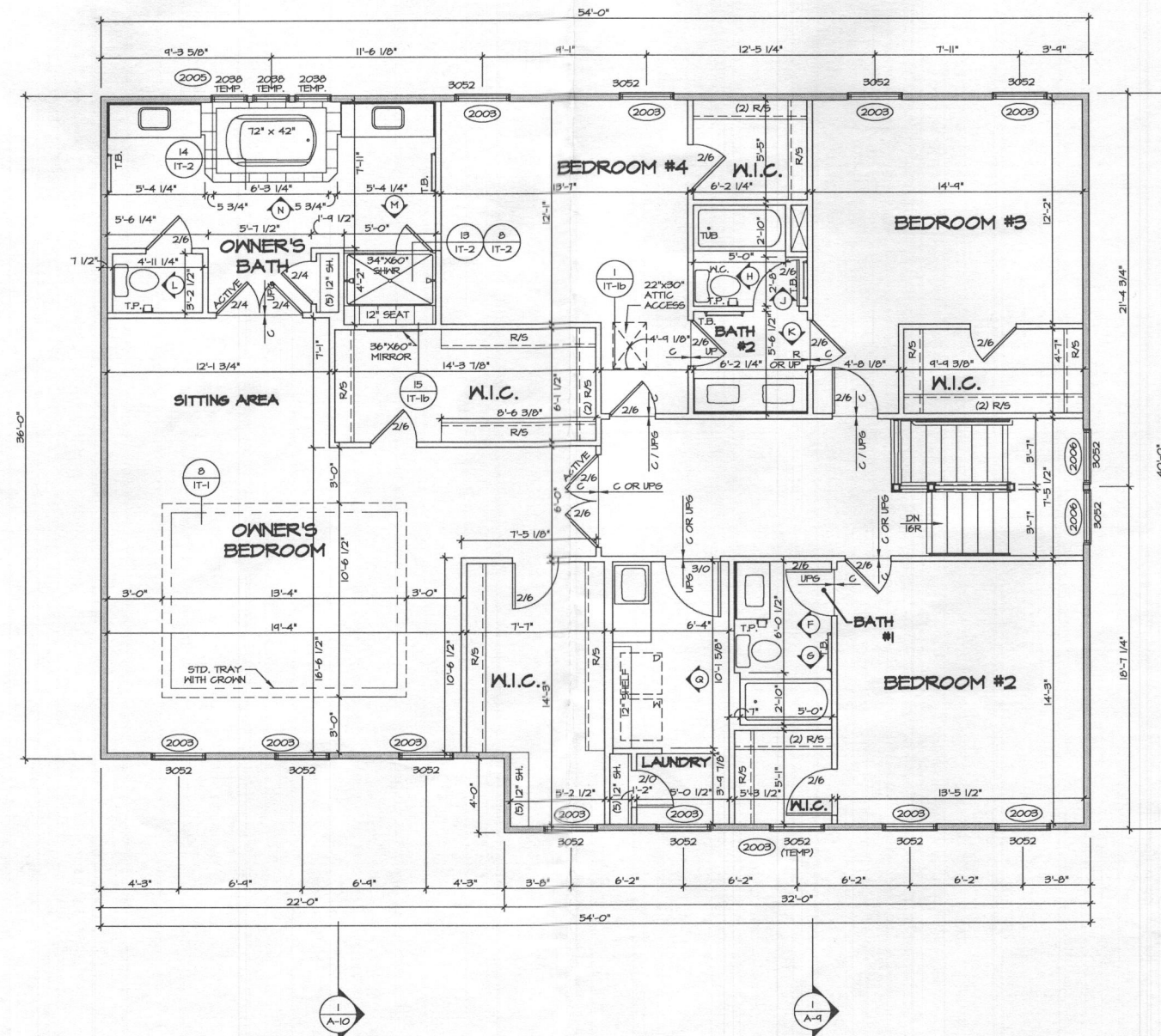
4 BR

- FLOOR PLAN NOTES**
- ALL HEADERS ARE (2) 2x6 w/ 2x4 WALLS OR (3) 2x6 w/ 2x6 WALLS, UNLESS OTHERWISE NOTED.
 - ALL HEADERS TO HAVE (1) 2x4 OR 2x6 JACK EACH END, UNLESS OTHERWISE NOTED.
 - ALL EXTERIOR WALLS TO BE 4" AND ALL INTERIOR WALLS TO BE 3 1/2", UNLESS OTHERWISE NOTED.
 - HATCHED AREAS INDICATE DROPPED CEILINGS. ALL DROPPED CEILINGS ARE 12" UNLESS OTHERWISE NOTED. SEE BRACED WALL PANEL DETAIL SHEET FOR SPECIAL WALL FRAMING LOCATIONS AND HEADER SIZES, IF APPLICABLE.
 - ALL WINDOWS HAVE T-O 1/2" HEADER HEIGHT UNLESS OTHERWISE NOTED.
 - ALL CASED OPENINGS AT T-11", UNLESS OTHERWISE NOTED.

LEGEND

	BEARING WALL
	NON BEARING WALL
	INDICATES BEARING FROM POINT-LOAD ABOVE
	JACKS
	BEAM/HEADERS
	PAD FOOTING
	STEEL COLUMN
	PORTAL FRAME
	JOIST/TRUSS
	LVL
	ENGINEERING PAGE NUMBER

SEE FC DETAILS FOR FRAMING CONNECTORS



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

REMARKS

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NVR, Inc.
Architectural Services
100
585 West
Frederick, MD 21703

MODEL	SET NO. 12000
DRAWING TITLE	VERSION 01
SECOND FLOOR PLAN	DRAWN BY
OPTION DESCRIPTION	DATE:
	OPTION

SHEET NO. **A-8**
29