



# 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.: P160004110

Building Address: 3250 Starting Gate Ct  
 City: \_\_\_\_\_ State: MD Zip Code: 21777  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 \_\_\_\_\_

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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	<b>Depth</b> <b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:
	2 <sup>nd</sup> floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>
<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:
<b>➤ Roadside Tree Project Permit</b>	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: \_\_\_\_\_  
 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: \_\_\_\_\_

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: \_\_\_\_\_

Utilities
<b>Water Supply</b>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<b>Sewage Disposal</b>
<input type="checkbox"/> Public
<input type="checkbox"/> Private
Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heating System</b>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:
<b>Sprinkler System:</b>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Grading Permit Number:</b>
<b>Building Shell Permit Number:</b>

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: \_\_\_\_\_

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	3/24/16	[Signature]

Is Sediment Control approval required for issuance?  Yes  No  
 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	#

THIS DOCUMENT CERTIFIED TO:

**Emerald Title & Escrow, Inc.**

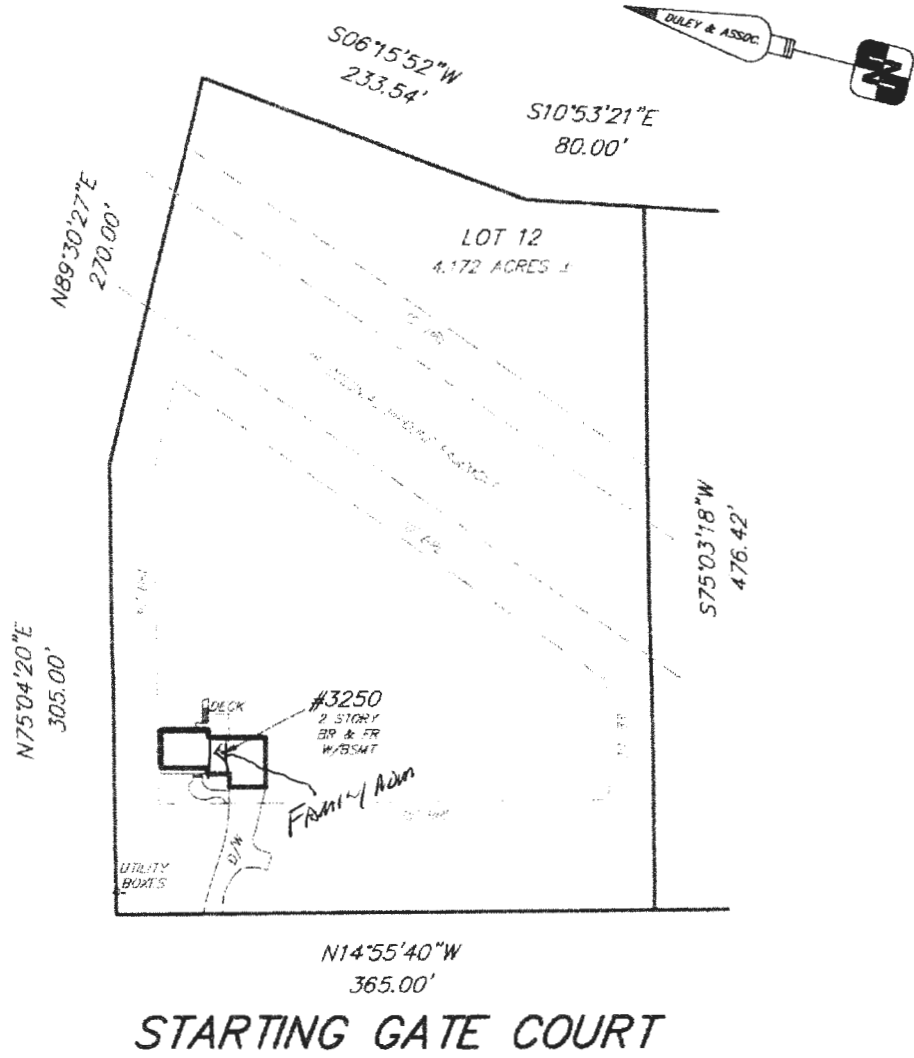
11 Norwich Court  
Gaithersburg, MD 20878-2852  
Phone: (301) 947-9080  
Fax: (301) 947-0675



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Gaithersburg, MD 20878-2852  
Phone: (301) 947-9080  
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CASE #: 12-8242



LOCATION DRAWING OF:  
**#3250 STARTING GATE COURT**  
**LOT 12**  
**FOURTH ELECTION DISTRICT**  
**CABIN BRANCH FARM**  
**PLAT NO. 10477**  
**HOWARD COUNTY, MARYLAND**  
**SCALE: 1"=100' DATE: 5-4-12**  
**DRAWN BY: AP FILE #: 121650-565**

**LEGEND:**  
 -X- - FENCE  
 B/E - BASEMENT ENTRANCE  
 B/W - BAY WINDOW  
 BR - BRICK  
 BR/L - BLDG. RESTRICTION LINE  
 BSMT - BASEMENT  
 C/S - CONCRETE STOOP  
 CONC - CONCRETE  
 D/W - DRIVEWAY  
 TRM - TRAIL  
 MAC - MACADAM  
 O/H - OVERHANG  
 PUE - PUBLIC UTILITY ESMT.

**COLOR KEY:**  
 (RED) - RECORD INFORMATION  
 (BLUE) - IMPROVEMENTS  
 (DOTTED) - EASEMENTS & RESTRICTION LINES

A Land Surveying Company

**DULEY**  
and Associates, Inc.

Serving D.C. and MD.  
14604 Elm Street, Upper Marlboro, MD 20772

Phone: 301-888-1111 Fax: 301-888-1114  
 Phone: 1-888-88-DULEY Fax: 1-888-55-DULEY



**SURVEYOR'S CERTIFICATE**

I HEREBY STATE THAT I WAS IN RESPONSIBLE CHARGE OVER THE PREPARATION OF THIS DRAWING AND THE SURVEY WORK REFLECTED HEREON AND IT IS IN COMPLIANCE WITH THE REQUIREMENTS SET FORTH IN REGULATION 12 CHAPTER 05.13.06 OF THE CODE OF MARYLAND ANNOTATED REGULATIONS. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF FENCES, BUILDING OR OTHER IMPROVEMENTS. THIS PLAT 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 PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1/4" AND TITLE REPORT WAS FURNISHED TO AND DONE BY THIS COMPANY. SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS MAY NOT BE SHOWN ON THIS SURVEY. IMPROVEMENTS WHICH IN THE SURVEYOR'S OPINION APPEAR TO BE IN A STATE OF DISREPAIR OR MAY BE CONSIDERED "TEMPORARY" MAY NOT BE SHOWN, IF IT APPEARS ENCROACHMENTS MAY EXIST, A BOUNDARY SURVEY IS RECOMMENDED TO DETERMINE THE EXACT LOCATION OF IMPROVEMENTS.

**DULEY & ASSOC.**

WILL GIVE YOU A 100% FULL CREDIT TO UPGRADE THIS SURVEY TO A "BOUNDARY/STAKE" SURVEY FOR ONE YEAR FROM THE DATE OF THIS SURVEY

EXTON/OWINGDON & BALT CITY



Office of the Health Officer

8930 Stanford Drive, MD 21045

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

[www.hchealth.org](http://www.hchealth.org)

Facebook: [www.facebook.com/hocohealth](https://www.facebook.com/hocohealth)

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

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DATE: February 18, 2016

TO: Applicant: Joseph Dorsey  
Dorsey Kustom Carpentry, Inc.  
Via E-mail: [FOURWHEELING1@AOL.COM](mailto:FOURWHEELING1@AOL.COM)

RE: **Building Permit # B16000410**  
**3250 Starting Gate Court**  
**Woodbine, Maryland 21797**

Mr. Dorsey,

Our requirements for building permits are a complete file for application approval. Therefore, a percolation certification plan (***Percolation certification checklist included***) will be required to complete your file. However, you may apply for a waiver for the percolation certification plan. Submit your variance to Michael Davis, Deputy Director of the Howard County Health Department. Variance reviews are subject to a three week review period, however every effort will be made to review the request as soon as possible.


This plan along with the following requirements will complete your file and allow us to review your building application.

Further review is also contingent upon submission of a revised building plan showing the following:

- Plan must be to scale.
- Floor plans for the existing house and proposed addition are needed for review to determine the number of bedrooms.
- The well and septic system must be shown on plan for review to determine if the addition is not encroaching on the required setbacks. Septic system and all of its components must be shown on plan.
- After review if the well needs to be brought above grade or replaced, a percolation certification will be required for the new well location and the well will need to be completed prior to Building permit issuance.
- If your system is inadequate, your system may have to be upgraded to accommodate the new addition and the decision will be based on the final review of the floor plans and current septic system conditions.

- If your septic system has to be upgraded, we have new requirements as of January 1, 2013. All new construction is required to use the "**Best Available Technology**" (**BAT**) for septic installation. **Before** building permit approval, a BAT site plan must be submitted along with your building application and building plan. (**BAT plan checklist attached**)

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,   
Dana Bernard, REHS/RS  
Environmental Specialist II  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file  
Jared and Christine Hughes  
Via: PP

ATTENTION DANA BELLHARD

BUILDING PERMIT - B16000410

ADDRESS IS 3250 STARTING GATE CT.  
WOODBINE MO 64797

ADDITION IS TO BE BUILT ON EXISTING  
FOOTPRINT OF HOUSE. NO NEW FOUNDATION,  
REMOVAL OF EXISTING FAMILY ROOM ROOF  
AND ADD A SECOND FLOOR LOFT OR  
PLAY AREA. NO BEDROOMS, NO CLOSETS  
NO DOORS. NO BATHROOMS.

ADDITION IS 248 SQ FT.

THANKS.

JOE DUNN



TO DANA BERNARD

PERMIT # B 16000410

LOCATION OF EXISTING WELL

AND SEPTIC TANK CLEANOUT - ON SURVEY

WELL 61' FROM FRONT LEFT CORNER

SEPTIC TANK - 30' FROM REAR OF HOUSE

ON BACK RIGHT CORNER

THANK YOU.

JOE DORSEY - CELL 443-309-7043

EMAIL FOULWHEELING1@aol.com

THIS DOCUMENT CERTIFIED TO:

**Emerald Title & Escrow, Inc.**

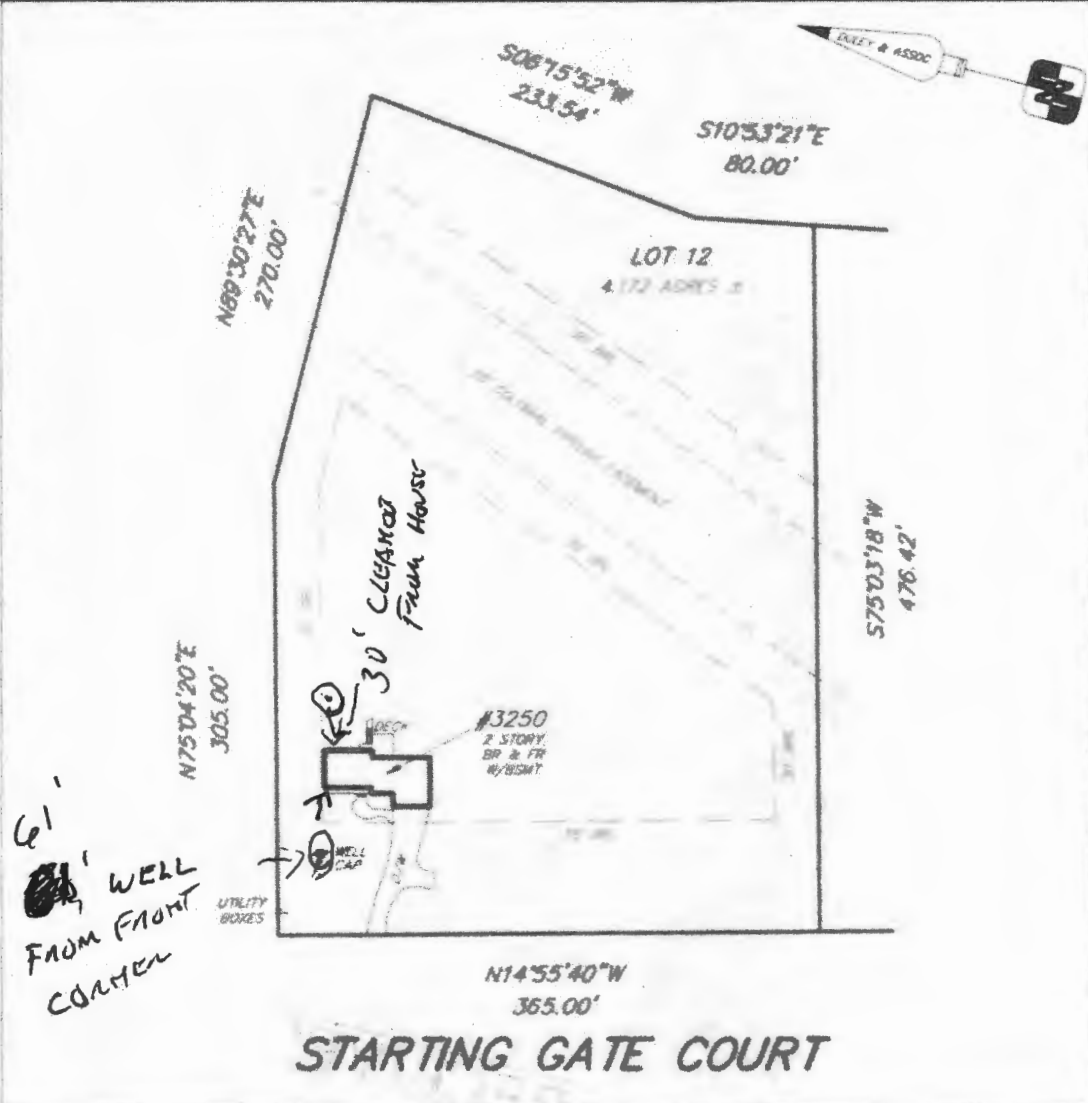
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CASE # 12-8242



61'  
WELL  
FROM FRONT  
CORNER

LOCATION DRAWING OF:  
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**DULEY & ASSOC.**

WILL GIVE YOU A 100% FULL CREDIT TO UPGRADE THIS SURVEY TO A "BOUNDARY/STAKE" SURVEY FOR ONE YEAR FROM THE DATE OF THIS SURVEY

PROFESSIONAL CERTIFICATION  
I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.  
License Number #14678  
Expiration Date: 6/30/2016

Jonathan Rivera  
License Number #14678

# Hughes Residence

PROPOSED ADDITION

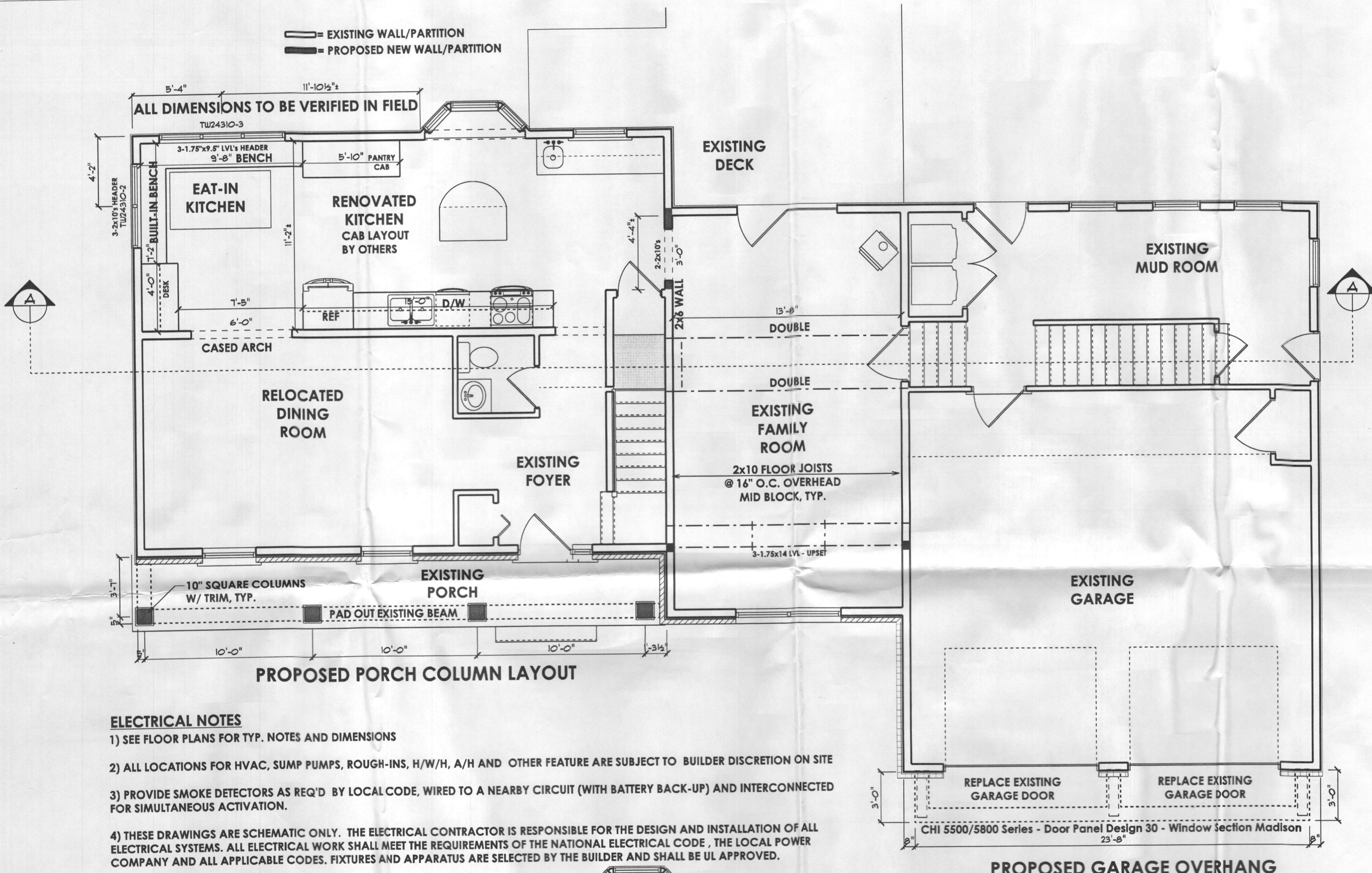
3250 Starting Gate Ct, Woodbine, MD 21797

REVISIONS

1	08-21-15	REVIEW SET
2		
3		
4		

ISSUE DATES:

08-21-15	REVIEW SET
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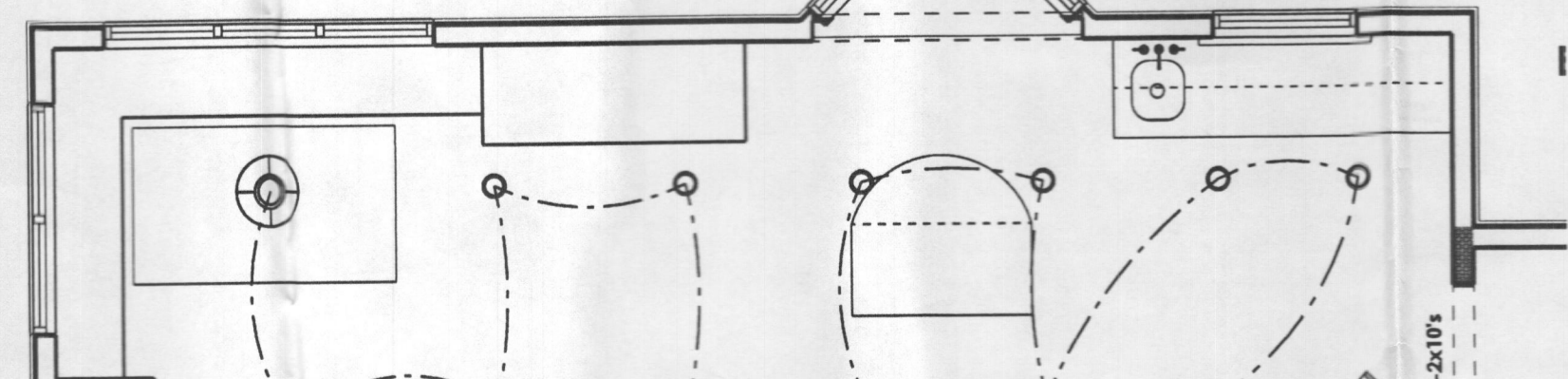


**ELECTRICAL NOTES**

- 1) SEE FLOOR PLANS FOR TYP. NOTES AND DIMENSIONS
- 2) ALL LOCATIONS FOR HVAC, SUMP PUMPS, ROUGH-INS, H/W/H, A/H AND OTHER FEATURE ARE SUBJECT TO BUILDER DISCRETION ON SITE
- 3) PROVIDE SMOKE DETECTORS AS REQ'D BY LOCAL CODE, WIRED TO A NEARBY CIRCUIT (WITH BATTERY BACK-UP) AND INTERCONNECTED FOR SIMULTANEOUS ACTIVATION.
- 4) THESE DRAWINGS ARE SCHEMATIC ONLY. THE ELECTRICAL CONTRACTOR IS RESPONSIBLE FOR THE DESIGN AND INSTALLATION OF ALL ELECTRICAL SYSTEMS. ALL ELECTRICAL WORK SHALL MEET THE REQUIREMENTS OF THE NATIONAL ELECTRICAL CODE, THE LOCAL POWER COMPANY AND ALL APPLICABLE CODES. FIXTURES AND APPARATUS ARE SELECTED BY THE BUILDER AND SHALL BE UL APPROVED.

**ELECTRICAL LEGEND**

⊕	DUPLEX RECEPT.
⊕	GFCI GROUND FAULT CIRCUIT INTERRUPTER
⊕	SINGLE POLE SWITCH
⊕	3-WAY SWITCH
⊕	4-WAY SWITCH



**Hughes Residence**  
PROPOSED ADDITION  
3250 Starting Gate Ct, Woodbine, MD 21797

REVISIONS

△ 08-21-15 REVIEW SET

△

△

△

△

ISSUE DATES:

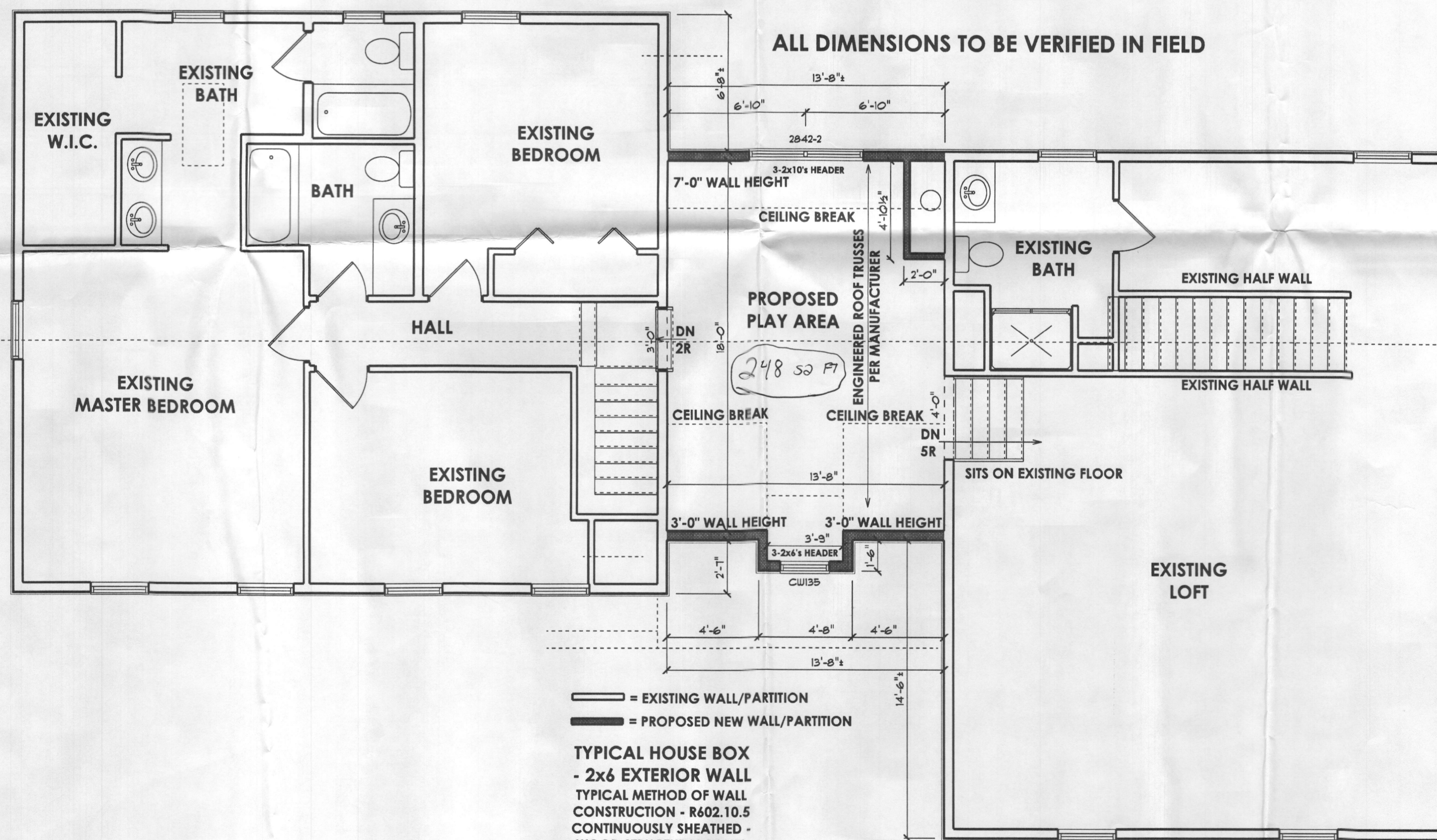
08-21-15 REVIEW SET

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

FLOOR PLANS

**2.02**

PRINT DATE:  
Monday, January 18, 2016



**PROPOSED ADDITION  
2ND FLOOR PLAN**