



# 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.: B19001843

Building Address: 1857 FLORENCE RD  
 City: MT AIRY State: MD Zip Code: 21771  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: 1 Tax Map: 6 Parcel: 238

Existing Use: SFD  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 740,000

Description of Work: BUILD IN-LAW SUITE, APPROX. 33'6" x 30'6" WITH 5'X16' PORCH WITHIN THAT FOOTPRINT, ATTACHED TO LEFT ELEVATION WALL OF SFD.

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

Property Owner's Name: KEVIN & JANET CULP  
 Address: 1857 FLORENCE RD  
 City: MT AIRY State: MD Zip Code: 21771  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: TIM CABRAL FROM ELEVATE D&B  
 Address: 1714 USHER PL  
 City: CROFTON State: MD Zip Code: 21114  
 Phone: 443 744 7565 Fax: \_\_\_\_\_  
 Email: JIM@ELEVATEDESIGN-BUILD.COM

Contractor Company: ELEVATE DESIGN BUILD  
 Contact Person: TIM CABRAL  
 Address: 1714 USHER PL  
 City: CROFTON State: MD Zip Code: 21114  
 License No.: 131735  
 Phone: 443 744 7565 Fax: \_\_\_\_\_  
 Email: JIM@ELEVATEDESIGN-BUILD.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 <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 checked="" 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:	
<input checked="" type="checkbox"/> <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	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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] Print Name: JIM CABRAL  
 Email Address: JIM@ELEVATEDESIGN-BUILD.COM Date: 6-4-19  
 Title/Company: ELEVATE DESIGN BUILD

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>8/9/19</u>	<u>R. Buckler</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	#

# COMPLETE THIS FORM WHEN DROPPING OFF ANY CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:

Date: 8-7-19

To: ROBERT BRICKER ENVIRONMENTAL HEALTH  
(Person's Name and Division)

From: JIM CABRAL - ELEVATE DESIGN BUILD (443) 744 7565  
(Your Name, Company Name and Telephone Number)

Subject: Project name CULP

Project site address 1857 FLORENCE RD

Permit # B19001843 SDP # \_\_\_\_\_

Other information pertinent to this project \_\_\_\_\_

Please check the attachments below that you are submitting with this transmittal:

Letter of response to address plan review comment letter

Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.

Letter Summarizing Changes

Energy conservation calculations

3- Copies of ENVIRONMENTAL SITE PLAN (be specific).

REVISED SEPTIC

Health Department Request  DPZ/ DED Request  Applicant's Request

Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_

Other \_\_\_\_\_

### Contact Person Information: (Required)

JIM CABRAL  
Please Print Name

Telephone No: 443.744.7565

E-Mail Address: JIM@ELEVATEDDESIGN-BUILD.COM

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by AKH

PER HEALTH DEPT

Real Property Data Search ( w2)

Search Result for HOWARD COUNTY

View Map		View GroundRent Redemption			View GroundRent Registration				
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>							
<b>Exempt Class:</b>		NONE							
<b>Account Identifier:</b>		District - 04 Account Number - 338243							
Owner Information									
<b>Owner Name:</b>		CULP KEVIN HERMAN JANET			<b>Use:</b>		RESIDENTIAL		
<b>Mailing Address:</b>		1857 FLORENCE RD MOUNT AIRY MD 21771-3717			<b>Principal Residence:</b>		YES		
					<b>Deed Reference:</b>		/18564/ 00095		
Location & Structure Information									
<b>Premises Address:</b>		1857 FLORENCE RD MT AIRY 21771-0000			<b>Legal Description:</b>		LOT1 2.126AR 1857 FLORENCE RD FLORENCE ESTATES		
<b>Map:</b>	<b>Grid:</b>	<b>Parcel:</b>	<b>Sub District:</b>	<b>Subdivision:</b>	<b>Section:</b>	<b>Block:</b>	<b>Lot:</b>	<b>Assessment Year:</b>	<b>Plat No:</b>
0006	0023	0238		0000			1	2017	<b>Plat Ref:</b>
<b>Special Tax Areas:</b>					<b>Town:</b>		NONE		
					<b>Ad Valorem:</b>		100		
					<b>Tax Class:</b>				
<b>Primary Structure Built</b>		<b>Above Grade Living Area</b>		<b>Finished Basement Area</b>		<b>Property Land Area</b>		<b>County Use</b>	
1979		2,141 SF				2.1200 AC			
<b>Stories</b>	<b>Basement</b>	<b>Type</b>	<b>Exterior</b>	<b>Full/Half Bath</b>	<b>Garage</b>	<b>Last Major Renovation</b>			
1 1/2	YES	STANDARD UNIT	BRICK	3 full	1 Attached				
Value Information									
		<b>Base Value</b>		<b>Value</b>		<b>Phase-in Assessments</b>			
				As of		As of		As of	
				01/01/2017		07/01/2018		07/01/2019	
<b>Land:</b>		211,200		211,200					
<b>Improvements</b>		187,000		261,400					
<b>Total:</b>		398,200		472,600		447,800		472,600	
<b>Preferential Land:</b>		0						0	
Transfer Information									
<b>Seller:</b> SHOUSE JOHN P			<b>Date:</b> 02/26/2019			<b>Price:</b> \$576,500			
<b>Type:</b> ARMS LENGTH IMPROVED			<b>Deed1:</b> /18564/ 00095			<b>Deed2:</b>			
<b>Seller:</b> GARTNER THOMAS R SR			<b>Date:</b> 09/08/1999			<b>Price:</b> \$290,000			
<b>Type:</b> ARMS LENGTH IMPROVED			<b>Deed1:</b> /04874/ 00223			<b>Deed2:</b>			
<b>Seller:</b> BALTROTSKY RICHARD E			<b>Date:</b> 09/26/1989			<b>Price:</b> \$270,000			
<b>Type:</b> ARMS LENGTH IMPROVED			<b>Deed1:</b> /02063/ 00016			<b>Deed2:</b>			
Exemption Information									
<b>Partial Exempt Assessments:</b>		<b>Class</b>		07/01/2018		07/01/2019			
<b>County:</b>		000		0.00					
<b>State:</b>		000		0.00					
<b>Municipal:</b>		000		0.00 0.00		0.00 0.00			
<b>Tax Exempt:</b>		<b>Special Tax Recapture:</b>							
<b>Exempt Class:</b>		NONE							
Homestead Application Information									
<b>Homestead Application Status:</b> Approved 05/16/2019									
Homeowners' Tax Credit Application Information									

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B19001843	06/04/2019
Description of Work		
SFD / CULP HOME / ADDITION		

check spelling

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
1857	FLORENCE	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.14252	39.31853
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
909900	238	2.12	211200	398200	187000	RURAL
Legal Description						
IMPSLOT1 2.126AR[ ]1857 FLORENCE RD[ ]FLORENCE ESTATES						

check spelling

Block	Lot	Census Tract	Council Dist	Supervisor Dist	Map #	DAP Zone	Primary
	1	604001	5				Yes
Plan Area	State Tax Id	Subdivision Name					
	1404338243	FLORENCE ESTATES					
Section	Area	Tax Map					
		6					
Grid	Zoning District	ADC Map					
6-23	RC-DEO	4690-H10					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.					
3863							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1979	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-04	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *
KEVIN AND JANET CULP
Address Line 1
1857 FLORENCE RD
Address Line 2
Address Line 3

<b>Mail City</b>	<b>Mail State</b>	<b>Mail Zip Code</b>
MOUNT AIRY	MD	21771
<b>Phone</b>	<b>Primary</b>	
	Yes <input type="checkbox"/>	
<b>E-mail</b>		
<b>Cell Number</b>	<b>Fax Number</b>	

**Professionals** (This section is not required.)

Search    Reset    Clear

<b>License # *</b>	<b>Business Name</b>		
08050131735	ELEVATE DESIGN BUILD LLC		
<b>License Type *</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
MHIC Co <input type="checkbox"/>	WESLEY		WESTCOTT
<b>Primary</b>	<b>Address Line 1</b>		
Yes <input type="checkbox"/>	1714 USHER PLACE		
<b>Address Line 2</b>			
<b>City</b>		<b>State</b>	<b>ZIP Code</b>
CROFTON		MD	21114-0000
<b>Phone 1</b>	<b>Phone 2</b>	<b>Fax</b>	
4432507042		0000000000	
<b>E-mail</b>			
WES@ELEVATEDESIGN-BUILD.COM			

**Applicant** (This section is not required.)

Search    As Owner    As Lic. Prof    As Contact

<b>Type *</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Applicant <input type="checkbox"/>	JIM		CABRAL
<b>Relationship</b>	<b>Full Name</b>		
Applicant <input type="checkbox"/>	JIM CABRAL		
<b>Primary</b>	<b>Organization Name</b>		
No <input type="checkbox"/>	ELEVATE DESIGN BUILD LLC		
<b>Street Address</b>			
1714 USHER PLACE			
<b>Address Line 2</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
CROFTON		MD	21114-0000
<b>Phone</b>	<b>Cell</b>	<b>Fax</b>	
4432507042		0000000000	
<b>E-mail *</b>			
JIM@ELEVATEDESIGN-BUILD.COM			

**Contact** (This section is not required.)

Search    As Owner    As Lic. Prof    As Contact

<b>Type</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Contact <input type="checkbox"/>	JIM		CABRAL
<b>Relationship</b>	<b>Full Name</b>		
Licensed Professional <input type="checkbox"/>	JIM CABRAL		
<b>Primary</b>	<b>Organization Name</b>		
Yes <input type="checkbox"/>	ELEVATE DESIGN BUILD LLC		
<b>Street Address</b>			
1714 USHER PLACE			
<b>Address Line 2</b>			
<b>City</b>		<b>State</b>	<b>Zip Code</b>
CROFTON		MD	21114-0000
<b>Phone</b>	<b>Cell</b>	<b>Fax</b>	
4432507042		0000000000	
<b>E-mail</b>			
JIM@ELEVATEDESIGN-BUILD.COM			

Addtl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
240000	0	0	No
Construction Type			
--Select--			

RESIDENTIAL ADDITION INFORMATION

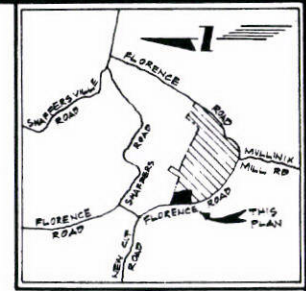
RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee *	Capital Project Number	Fee Exempt *	Roadside Tree Project Permit	Roadside Tree Project Permit #
<input type="radio"/> Yes <input checked="" type="radio"/> No		<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Change In Use	Existing Use	1st Floor Depth	1st Floor Width	2nd Floor Depth
<input type="radio"/> Yes <input checked="" type="radio"/> No	Existing Structure			
Basement Width	Height	Total Square Footage *	Occupiable Square Footage *	Bedrooms *
		0	0	0
Foundation	Basement	Other Structure	W & S Fees Paid	Water
--Select--	--Select--	--Select--	<input type="radio"/> Yes <input checked="" type="radio"/> No	Private
Sewage	Utilities	Heating System	Sprinkler System	Type of Fireplace
Private	Electric	Electric	None	--Select--
No of Fireplaces	Grading Permit No	Expiration Date		
		12/21/2019		

PAYMENT INFORMATION

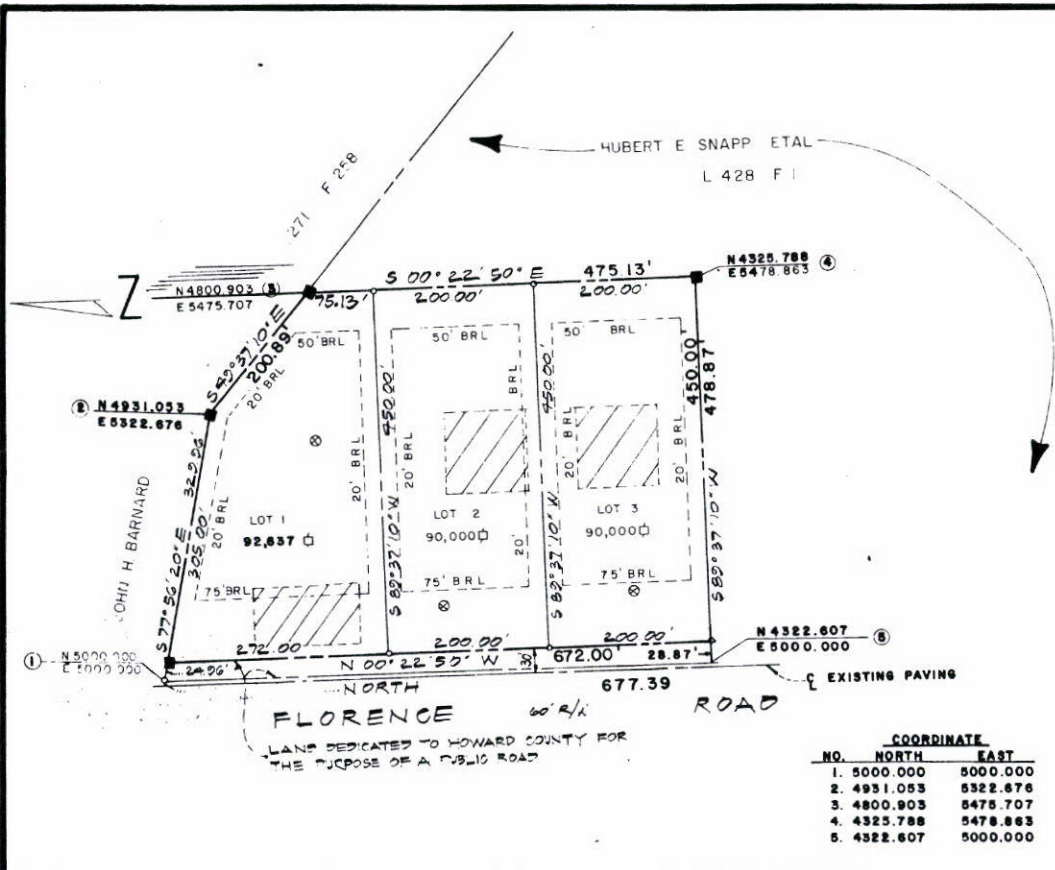
Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered

Submit Cancel



VICINITY MAP  
NO SCALE

OWNERS ADDRESS  
HUBERT E SNAPP, ET-AL  
25641 RIDGE ROAD  
DAMASCUS, MD. 20750



NO.	COORDINATE	
	NORTH	EAST
1.	5000.000	5000.000
2.	4931.053	5322.676
3.	4800.903	5475.707
4.	4325.788	5478.863
5.	4322.607	5000.000

- NOTES
1. THE LOTS SHOWN HEREON COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPT OF HEALTH AND MENTAL RESOLUTION
  2. COORDINATES ARE IN ASSUMED DATUM
  3. DESIGNATES A PREVIOUSLY ESTABLISHED SEPTIC RESERVE AREA OF 10,000 SQ FT OR MORE AS REQUIRED BY THE MD STATE HEALTH DEPT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA RESTRICTED UNTIL PUBLIC SEWAGE IS AVAILABLE.
  4. BRL REPRESENTS BUILDING RESTRICTION LINE
  5. REPRESENT CONC MON
  6. PROPOSED WELL
  7. PLAN SUBJECT TO VD 73-10

RECEIVED

TOTAL NO OF LOTS - 3

TOTAL AREA OF LOTS - 6.2589 AC

TOTAL AREA OF ROADWAYS - 0.3774 AC

TOTAL AREA OF SUBDIVISION 6.6363 AC

APPROVED FOR PRIVATE WATER & PRIVATE SEWERAGE SYSTEMS, HOWARD COUNTY HEALTH DEPT.

*John W. Boyer* (10-17-77)  
COUNTY HEALTH OFFICER DATE

APPROVED HOWARD COUNTY OFFICE OF PLANNING & ZONING

*John W. Boyer* (10-17-77)  
DIRECTOR DATE

APPROVED FOR STORM DRAINAGE SYSTEMS & PUBLIC UTILITIES

OWNER'S DEDICATION

WE, M Mc KENDREE & HELEN W BOYER (his wife), and HUBERT E. & JANE S SNAPP (his wife) owners, of the property shown and described hereon, hereby adopt this plan of subdivision, and in consideration of the approval of this Final Plat by the Office of Planning and Zoning, establish the minimum building restriction line grant unto Howard Co., Maryland, its successors and assigns, (1) the right to lay, construct and maintain sewers, drains, water pipes and other municipal utilities and services in and under all roads and street right-of-ways and the specific easement areas shown hereon; (2) dedicate to public use the beds of the streets and/or roads and floodplains and open space where applicable, and for One Dollar (\$1.00) consideration, hereby grant the right and option to Howard County to acquire the fee simple title to the beds of the streets and/or roads and floodplains and open space where applicable; (3) that no building or similar structure of any kind shall be erected on or over the said easements and right-of-ways; and (4) it is further agreed that maintenance of all storm drains, drainage easements and/or floodplains shown hereon are the responsibility of the property owners, its successors and assigns. Witness our hands this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_.

WITNESS AS TO ALL SIGNATURE

*John W. Boyer*  
M Mc KENDREE BOYER  
*Helen W. Boyer*  
HELEN W BOYER

SURVEYOR'S CERTIFICATE

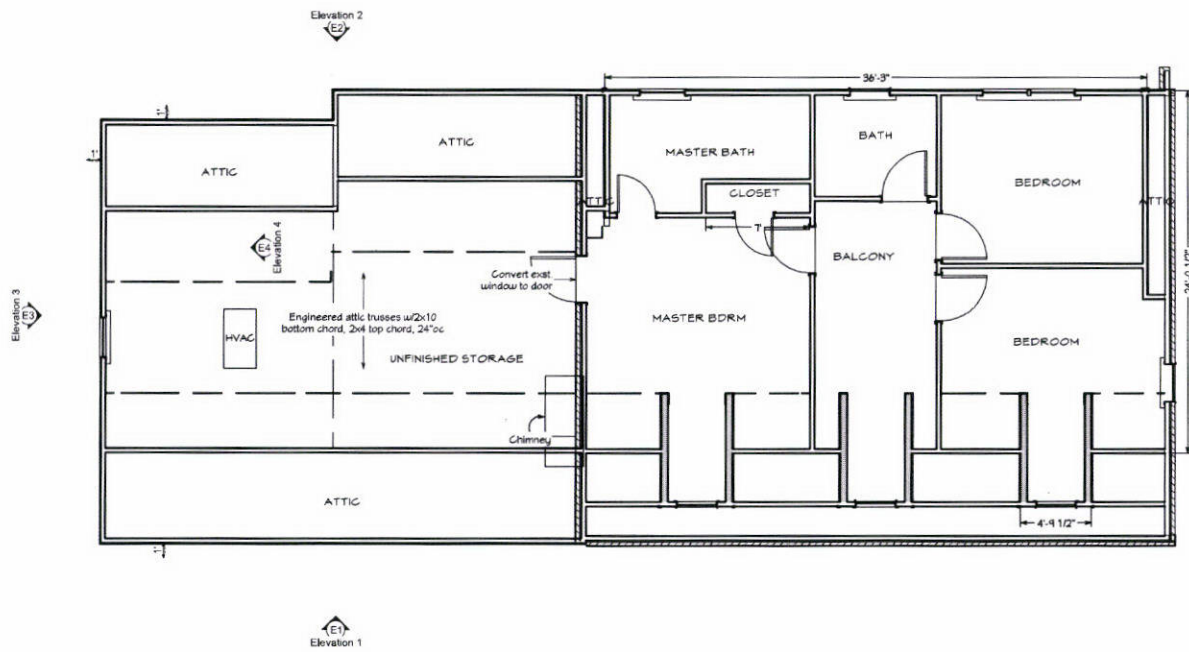
I, hereby certify that the Final Plat shown hereon is correct, that it is a subdivision of part of the lands conveyed by James Washington & Nellie Barnard to M. Mc Kendree & Helen N. Boyer and Hubert E. & Jane S. Snapp by deed dated November 11, 1964, and recorded in the Land Records of Howard County, in Liber 428, Folio 1, and that all monuments are in place as shown, in accordance with the Annotated Code of Maryland, as amended.

DATE \_\_\_\_\_ ELWOOD L. RENN R.P.L. MD # 3383

RENN SURVEYS, INC.  
BOX 55 DAMASCUS, MD 20750  
PHONE - 253-3591

LOTS 1 THRU 3  
**FLORENCE ESTATES**

FOURTH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE = 1" = 100' MAY, 1977



DESIGNED FOR  
 Culp Accessory Dwelling  
 BY  
 Jim Cabral

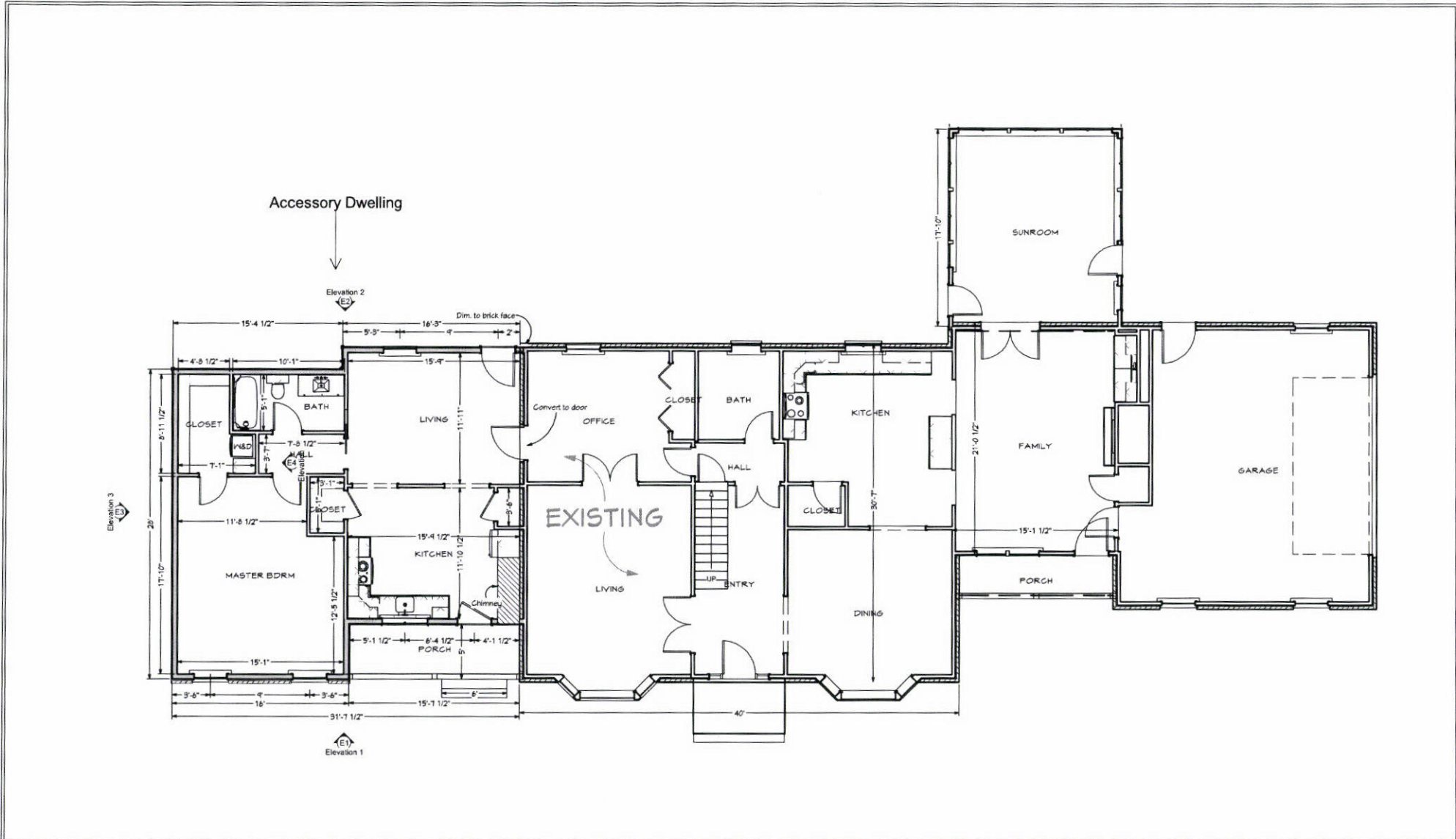
1857 Florence Rd.  
 Mt. Airy, MD 21771



	DATE	BY
DWN	6/26/2019	JC
REV		

SCALE

SHEET #
3



DESIGNED FOR  
**Culp Accessory Dwelling**  
 BY  
**Jim Cabral**

1857 Florence Rd.  
 Mt. Airy, MD 21771


	DATE	BY
DWN	6/26/2019	JC
REV		


SCALE  
**1/8"=1ft**

SHEET #  
**2**



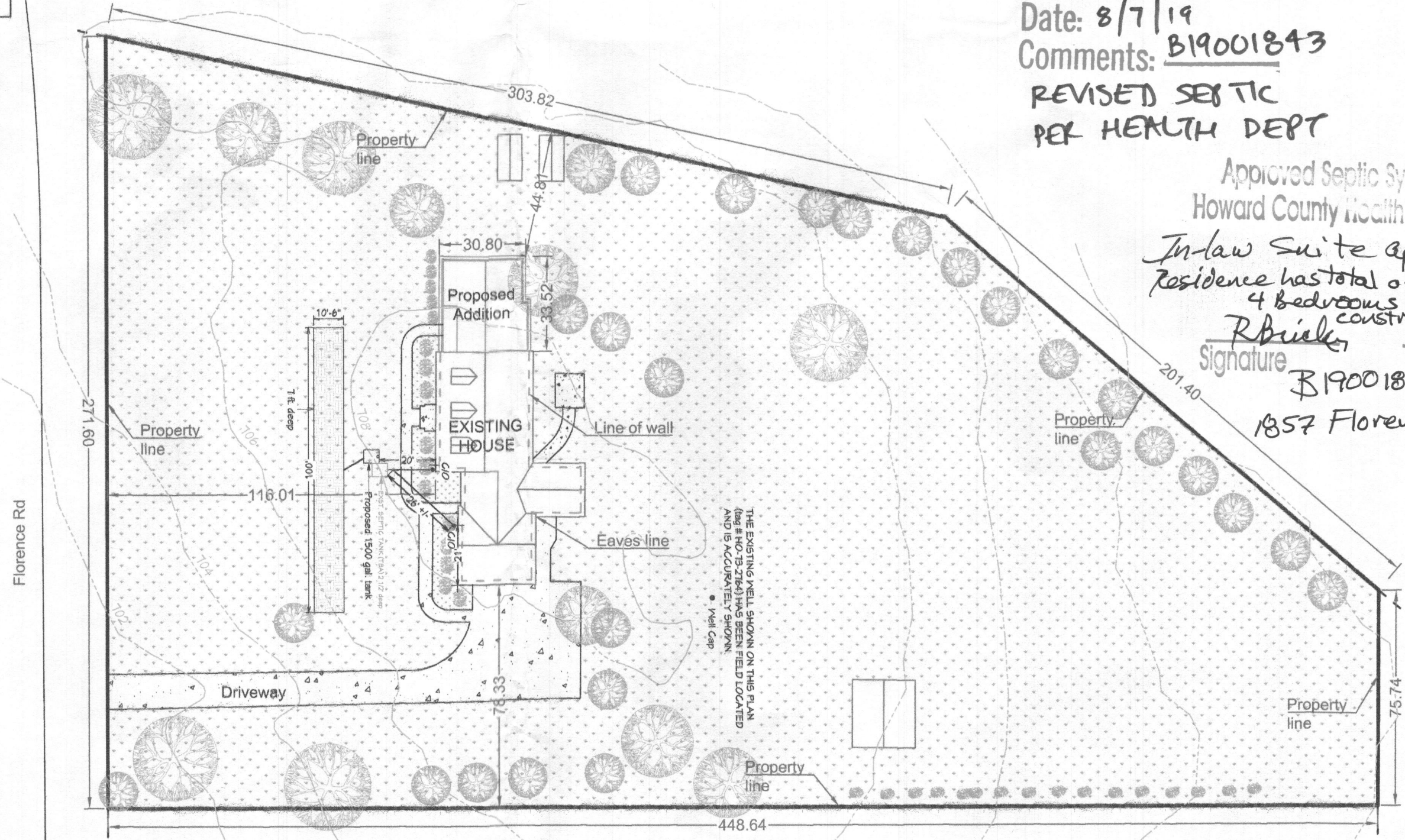


REVISED  
Date: 8/7/19  
Comments: B19001843  
REVISED SEPTIC  
PER HEALTH DEPT

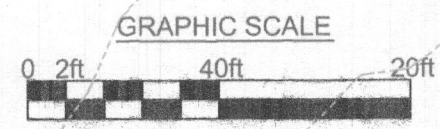
Approved Septic System Plan  
Howard County Health Department

*In-law Suite approved  
Residence has total of 6  
4 bedrooms after  
construction*

*R. Bricker 8/9/19*  
Signature B19001843  
1857 Florence Rd.



THE EXISTING WELL SHOWN ON THIS PLAN (tag # HO-19-2764) HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.



Address: 1857 Florer  
Mt Airy, ME  
Scale 1"=40'



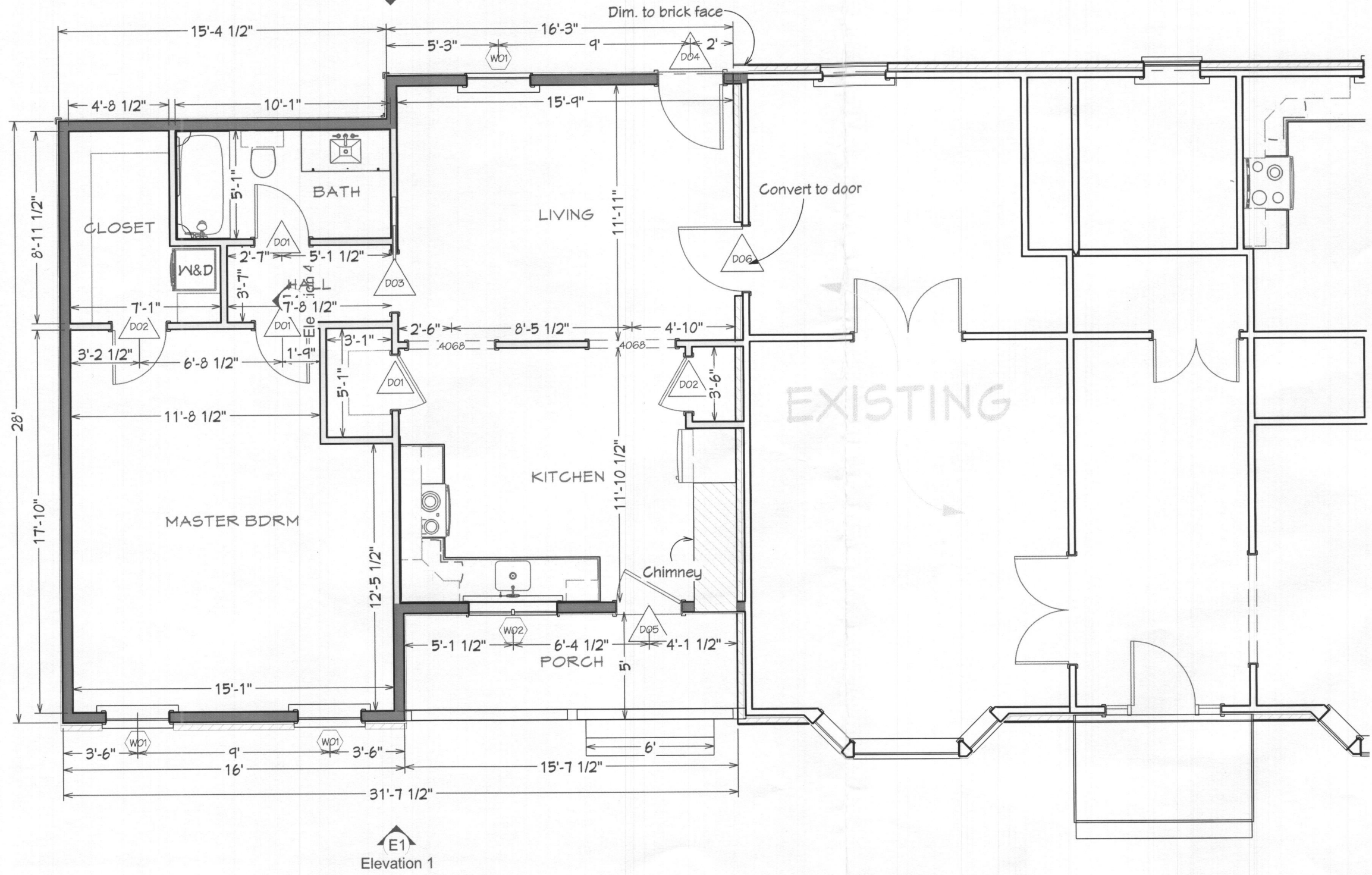
DESIGNED FOR  
**Kevin & Janet Culp**  
1857 Florence Rd.  
Mt. Airy, MD  
kevinm1875@yahoo.com

BY  
**Jim Cabral**  
1714 Usher Pl. Crofton  
jim@elevatedesign-build.com  
C: 443.744.7565

Elevation 3  
E3

Elevation 2  
E2

E1  
Elevation 1



WINDOW SCHEDULE						
NUMBER	QTY	FLOOR	WIDTH	HEIGHT	HEADER	3D EXTERIOR ELEVATION
W01	3	1	36"	53"	2X8X40" (2)	
W02	1	1	50"	36"	2X8X54" (2)	
W03	1	2	32"	54"	2X8X36" (2)	

All window & door headers: (2) 2x8, typ.

DOOR SCHEDULE					
NUMBER	QTY	FLOOR	DIMENSIONS	HEADER	3D INTERIOR ELEVATION
D01	3	1	30"X80"X1 3/8" L IN	2X6X35" (2)	
D02	2	1	30"X80"X1 3/8" R IN	2X6X35" (2)	
D03	1	1	32"X80"X1 3/8" R	2X6X68" (2)	
D04	1	1	36"X80"X1 3/4" L EX	2X8X41" (2)	
D05	1	1	36"X80"X1 3/4" R EX	2X8X41" (2)	
D06	1	1	36"X80"X1 3/8" R IN	2X6X41" (2)	
D07	1	2	36"X80"X1 3/4" R EX	2X8X41" (2)	



DESIGNED FOR  
**Culp In-Law Suite**  
BY  
**Jim Cabral**

1857 Florence Rd.  
Mt. Airy, MD 21771

**Floor Plan & Window/Door Schedule**

	DATE	BY
DWN	5/29/2019	DWN
REV		

SCALE  
**3/16"=1ft**

SHEET #  
**3**