



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.: _____

Building Address: 3461 DAISY RD
 City: WOODBINE State: MD Zip Code: _____
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: ZO Parcel: 18 Grid: 06
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: RESIDENTIAL
 Proposed Use: SAME
 Estimated Construction Cost: \$ 175,000
 Description of Work: FINISH BASEMENT TO INCLUDE BATHRM, OFFICE, NEW, FAMILY RM - 1ST FLR NEW MASTER BATH, NEW KITCHEN, BATHRM
 Occupant or Tenant: ALL NEW FINISHES + TRIM

Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Taylor's Properties
 Address: 3461 9321 SPRINGWATER PATHWAY
 City: JESSUP State: MD Zip Code: 20794
 Phone: 443 631 2070 Fax: _____
 Email: JEMTAYLOR1105@GMAIL.COM

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Richard W Haiship
 Address: 100 2ND AVE N
 City: CHEN BOWNE State: MD Zip Code: 21061
 Phone: 443 831 2085 Fax: _____
 Email: 3EARNHARDTD@COMCAST.NET

Contractor Company: Innovative Building Serv
 Contact Person: Richard W Haiship
 Address: 100 2ND AVE N
 City: CHEN BOWNE State: MD Zip Code: 21061
 License No.: 48913
 Phone: 443 831 2085 Fax: _____
 Email: 3EARNHARDTD@COMCAST.NET

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: <u>26.1</u>	<u>46.4</u>
Area of construction (sq. ft.):	2 nd floor: _____	
Use group:	Basement:	
	<input type="checkbox"/> Finished Basement	
	<input checked="" type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms: _____	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____	
<input checked="" type="checkbox"/> Masonry	No. of 1 BR units: _____	
<input checked="" type="checkbox"/> Wood Frame	No. of 2 BR units: _____	
<input type="checkbox"/> State Certified Modular	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	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>WELL</u>
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>SEPTIC</u>
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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.

Richard W Haiship
 Applicant's Signature
3EARNHARDTD@COMCAST.NET
 Email Address
OWNER
 Title/Company

Richard W Haiship
 Print Name
8-3-16
 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		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		

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	#

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



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Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: 20 Parcel: 18 Grid: 06
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: RESIDENTIAL
Proposed Use: SAME
Estimated Construction Cost: \$ 75,000
Description of Work: BASEMENT TO INCLUDE BATH OFFICE, DEN, FAMILY RM / 1ST FL NEW MASTER BATH, KITCHEN, BATH RM, FINISHES, TRIM WINDOWS, DOORS
Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: Taylor's Properties
Address: 4321 SPRING WATER PATH
City: JESSUP State: MD Zip Code: 20974
Phone: 443 631 2070 Fax: _____
Email: JENTAYLOR1105@GMAIL.COM

Applicant's Name & Mailing Address, (If other than stated herein)
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Address: 100 2ND AVE N
City: GLEN BURNIE State: MD Zip Code: 21061
Phone: 443 831 2085 Fax: _____
Email: 3EARNHARDTD@COMCAST.NET

Contractor Company: INNOVATIVE BUILDING SERV.
Contact Person: RICHARD W HARSHIP
Address: 100 2ND AVE N
City: GLEN BURNIE State: MD Zip Code: 21061
License No.: 48913
Phone: 443 831 2085 Fax: _____
Email: 3EARNHARDTD@COMCAST.NET

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: <u>1</u>	Depth	Width
Gross area, sq. ft./floor: <u>2400 SQ FT</u>	1 st floor: <u>26'10</u>	<u>46'70</u>
Area of construction (sq. ft.): <u>2400 SQ FT</u>	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:	
<input type="checkbox"/> Reinforced Concrete		
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input checked="" type="checkbox"/> Masonry	No. of efficiency units:	
<input checked="" 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:	
➤ 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 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	<u>WELL</u>
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>SEPTIC</u>
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:	

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R W Harship
Applicant's Signature
3EARNHARDTD@COMCAST.NET
Email Address
OWNER
Title/Company

RICHARD W HARSHIP
Print Name
12/30/2016
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	<u>12-29-16</u>	<u>DP Bernard</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	#

3461 Daisy RD
Woodbine

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

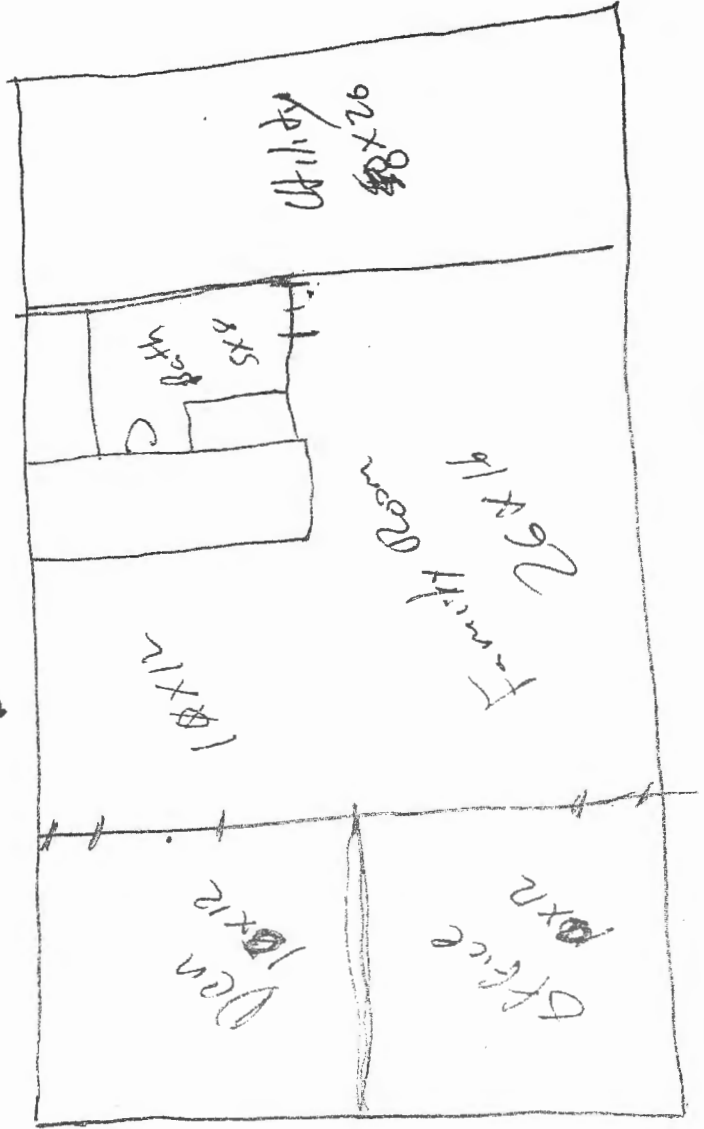
APP. SAN D. BERNARD DATE: 12-29-16

DESC. OF WORK: Finish Basement

Signed off approved
per Jeff Williams

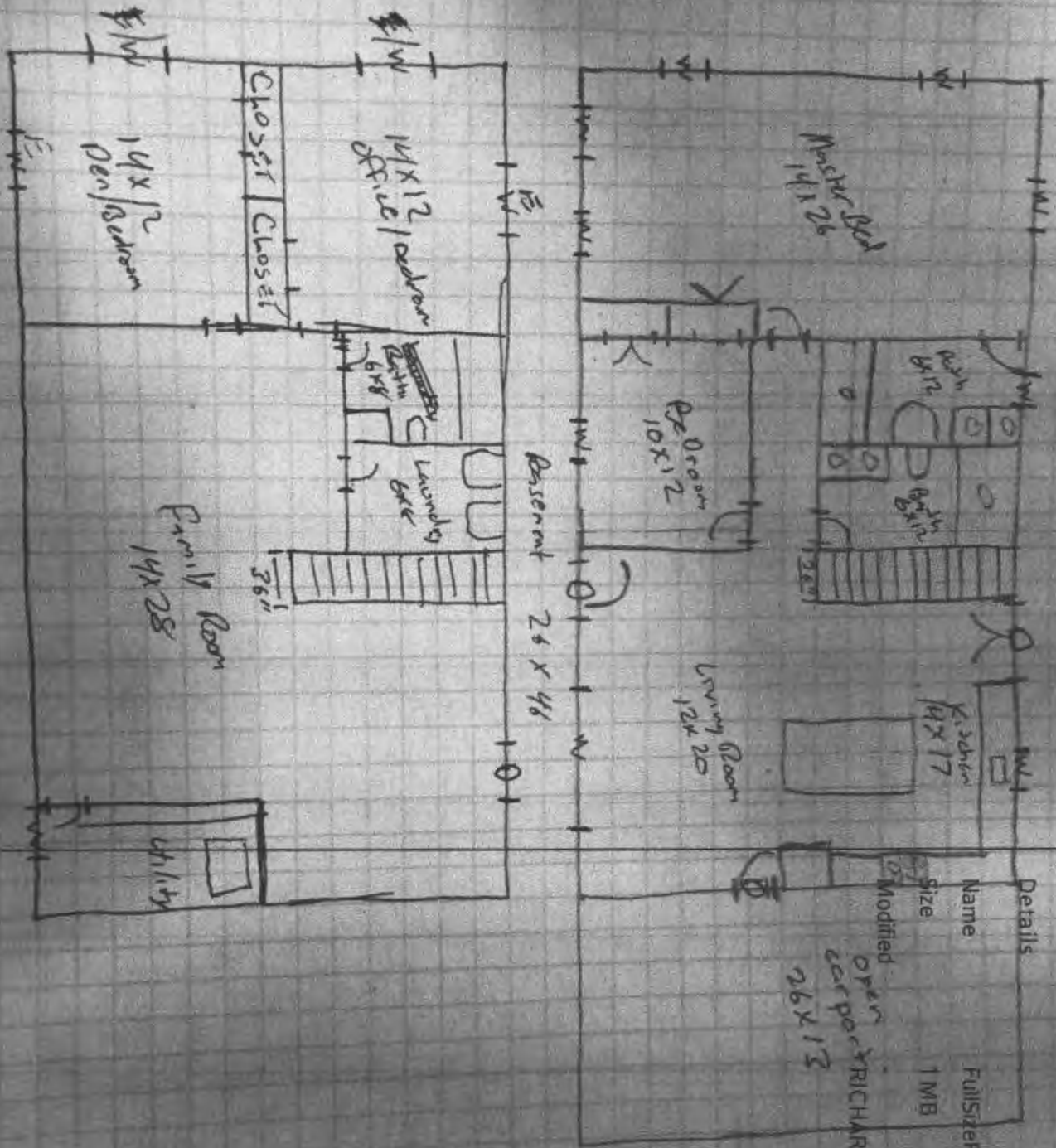


Basement



1st floor 26'10" x 48'9"

2461 D. ST. RD



Details

Name	FullSizeRender.jpg
Size	1 MB
Modified	Open RICHARD HALSIP 26x13

Name: INNOVATIVE BUILDING SERVICES LLC
Street Address: 100 2ND AVE N.
City, State, Zip: GLEN BURNIE MD 21061
Date: 2/17/17

RECEIVED
FEB 21 2017
LICENSES & PERMITS
DIVISION

Amendment, Permit # B 17000049

Ms. Debbie Whalen
Division of Plan Review
Department of Inspections, Licenses and Permits
Howard County Government
3430 Court House Dr
Ellicott City, MD 21043

Dear Ms. Whalen:

I am requesting to amend Permit # B 17000049 at
3461 DAISY RD WOODBINE MD 21797 to
CHANGE 2 ROOMS IN BASEMENT FROM DEN AND OFFICE
TO BEDROOMS.

Enclosed:

- Fee: \$25.00
- Plot Plans
- 2 Sets of Construction Drawings
- Other: _____

Approved
DB
2-27-17

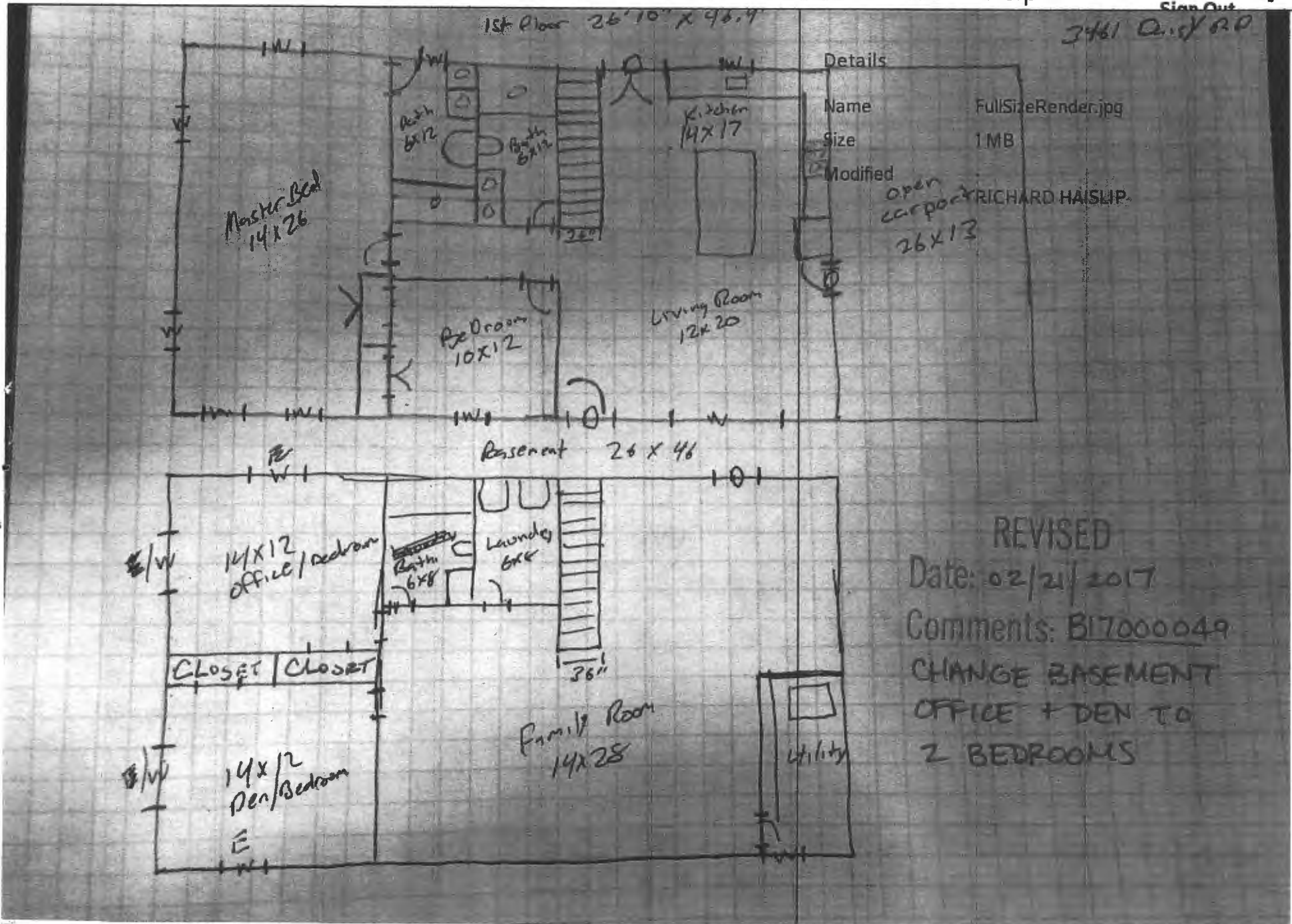
WELL
+
SEPTIC

If there is anything we can do to assist you, please let me know.

Sincerely, CC: Heather

Name: RICHARD HAISHIP
Title: OWNER
Phone: 443-831-2085
Email: BEARNHANDTD@COMCAST.NET

✓ \$25.00 PAID
INV.# 480533
CK# 1925
Amendment Letter



Williams, Jeffrey

From: Charles Crocken <crcengr2@comcast.net>
Sent: Thursday, December 22, 2016 9:37 AM
To: Williams, Jeffrey
Cc: Jennifer Taylor
Subject: RE: 3461 Daisy Rd,

Jeff,

Reline the plans.

Can you proceed with signing the building permit?

Thanks

Buddy Crocken

Merry Christmas and Happy New YearenJ

On December 22, 2016 at 9:28 AM "Williams, Jeffrey" <jewilliams@howardcountymd.gov> wrote:

I reviewed the BAT plan and a few revisions are needed. Let me know if it is acceptable to you and I can redline the changes on the plan:

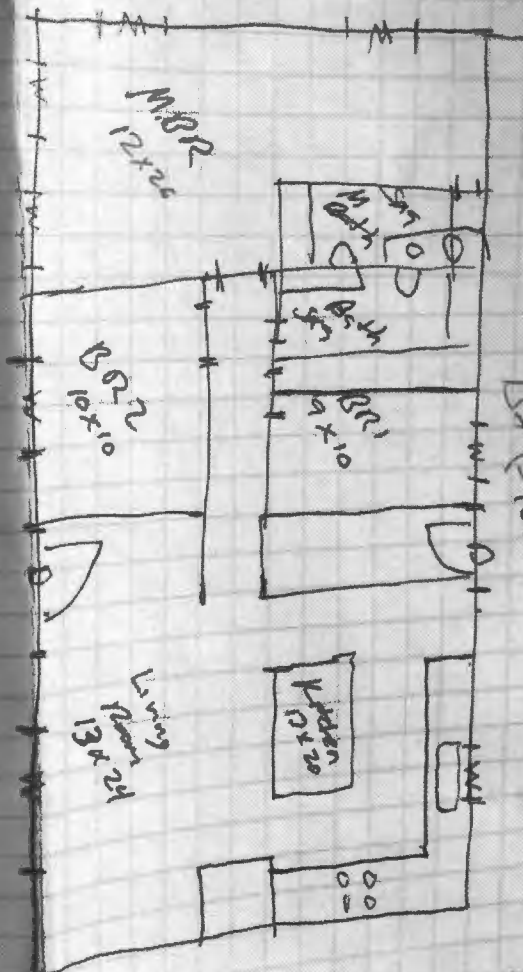
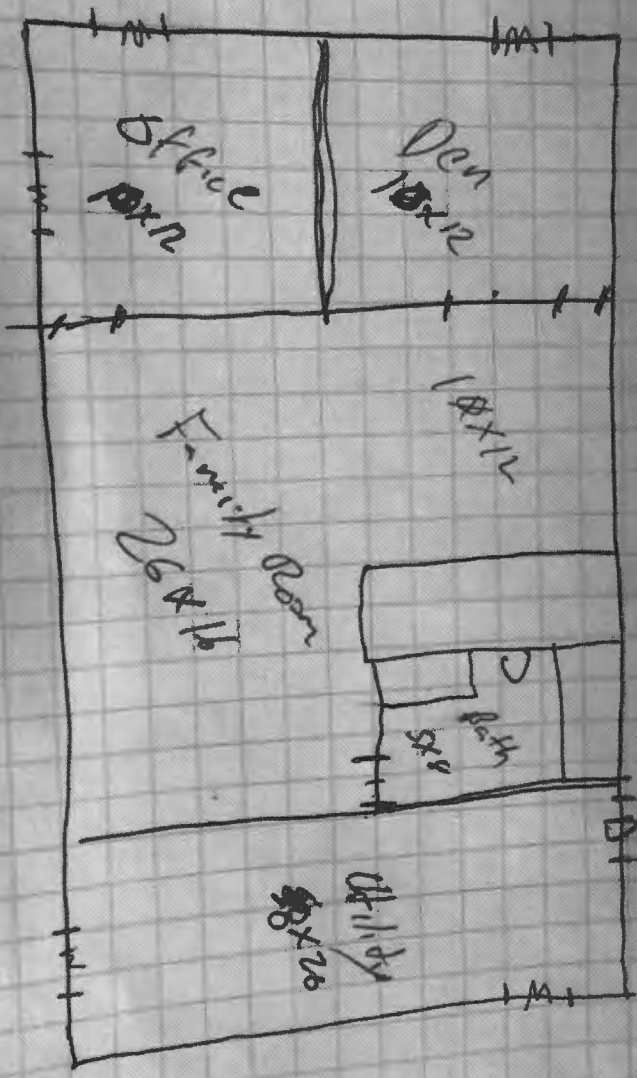
1. The specs call for trenches with 8' max bottom depth and sidewall between 5-8'. The lateral depths should be no deeper than 4'. The plan calls for trench depths of 8.5', 8.3', and 8' with sidewall relative elevations of 5.5', 5.3', and 5' and lateral depths of 5.5', 5.3', and 5'. I can redline the plan to state trench depths of 8', sidewall depths of 5' and lateral elevations of 3.5', 3.3', and 3' for all trenches without affecting the design.
2. The lateral calculations are incorrect. The chart specifies perforation spacing of 5.21', where it should be 5.25' based on the trench length and number of holes. It also states lateral lengths of 18.2', where they should be 39.575'.

Jeff

From: Charles R. Crocken [<mailto:crcengr2@comcast.net>]
Sent: Wednesday, December 14, 2016 9:24 AM
To: Williams, Jeffrey; 'Jennifer Taylor'
Subject: 3461 Daisy Rd,

Attached Bat plan for 3461 Daisy Road. For review and comment hard copies to follow

Charles R. Crocken and Associates, Inc.
902 Lee Ave.
Sykesville, Maryland 21784
Phone: 410- 549-2708



3/6/1 Day 20
Woodbine



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 Section: _____ Area: _____ Lot: _____
 Tax Map: 20 Parcel: 18 Grid: 06
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Taylor Properties
 Address: 2461 4321 Springwater Pathway
 City: Jessup State: MD Zip Code: 20794
 Phone: 443 631 2070 Fax: _____
 Email: JenTaylor102@gmail.com

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 City: Chenoweth State: MD Zip Code: 21061
 Phone: 443 831 2085 Fax: _____
 Email: 3 EARNHARDT@COMCAST.NET

Existing Use: RESIDENTIAL
 Proposed Use: SAME
 Estimated Construction Cost: \$ 45,000
 Description of Work: FINISH BASEMENT TO INCLUDE BATHROOM, OFFICE, FAMILY RM - 1ST FL NEW MASTER BATH, NEW KITCHEN, BATHRM
 Occupant or Tenant: ALL NEW FINISHES + TRIM
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
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Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" 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: <u>261</u>	<u>46.4</u>
	2 nd floor: _____	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" 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 checked="" type="checkbox"/> Masonry	No. of efficiency units: _____	
<input checked="" 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: _____	
➤ 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	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>well</u>
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>SEPTIC</u>
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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:	

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Applicant's Signature

Richard W Haiship
3 EARNHARDT@COMCAST.NET
Email Address

Print Name

Richard W Haiship
8-3-16
Date



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Tax Map: 20 Parcel: 18 Grid: 06

Zoning: _____ Map Coordinates: _____ Lot Size: _____

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Proposed Use: SAME

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Was tenant space previously occupied? Yes No

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<input type="checkbox"/> Public	
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Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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
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Building Shell Permit Number:	

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Rw Haiship
Applicant's Signature

3EARNHARDTD@COMCAST.NET
Email Address

OWNER
Title/Company

Richard W Haiship
Print Name

8-3-16
Date

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		

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	#

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

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







A white rectangular sign with a black border is mounted on a metal post. At the top of the sign is a small black silhouette of a forest with a house. Below the illustration, the text reads: "FOREST RETENTION AREA", "MACHINERY, DUMPING, MATERIAL STORAGE AND SITE DISTURBANCE PROHIBITED", "VIOLATORS SUBJECT TO FINES SPECIFIED BY STATE AND LOCAL LAWS", and "Trees For Your Future." at the bottom in a cursive font.

FOREST
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