



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DPZ 2018 MAY 23 PM 2:48
Date Received: _____

Permit No.: B18001795

Building Address: 5328 Catalpa Ct.
 City: Ellicott City State: MD Zip Code: 21042
 Suite/Apt. # _____ SDR/WP/BA#: GP-15-684
 Census Tract: _____ Subdivision: Walden Creek
 Section: _____ Area: _____ Lot: 92
 Tax Map: 28 Parcel: 49 Grid: 17-18
 Zoning: R-160 Map Coordinates: _____ Lot Size: 48,996 sq ft

Property Owner's Name: Shan + Amber Haider
 Address: 10548 Gorman Rd.
 City: Laurel State: MD Zip Code: 20723
 Phone: 301-490-5317 Fax: _____
 Email: sarah@cairncustomhomes.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Sarah Jahng
 Address: 10548 Gorman Rd.
 City: Laurel State: MD Zip Code: 20723
 Phone: 301-490-5317 Fax: _____
 Email: sarah@cairncustomhomes.com

Contractor Company: Cairn Custom Homes
 Contact Person: Sarah Jahng
 Address: 10548 Gorman Rd.
 City: Laurel State: MD Zip Code: 20723
 License No.: 7518
 Phone: 301-490-5317 Fax: _____
 Email: sarah@cairncustomhomes.com

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

Existing Use: Vacant Lot
 Proposed Use: S.F.D
 Estimated Construction Cost: \$ 1,243,360.00
 Description of Work: 2 story, 14 room above grade, 6 1/2 baths above grade, fully finished basement w/ lower level bath, 5 car garage, 2 fire places, upper level 10' deck, 6 BR above grade + 1 BR below grade.
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>E18000120</u>	
Building Shell Permit Number: _____	

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:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input checked="" type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>7</u>
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>
<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

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.

Sarah Jahng
 Applicant's Signature
sarah@cairncustomhomes.com
 Email Address
Project Coordinator
 Title/Company

Sarah Jahng
 Print Name
5/23/18
 Date

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

FOR OFFICE USE ONLY

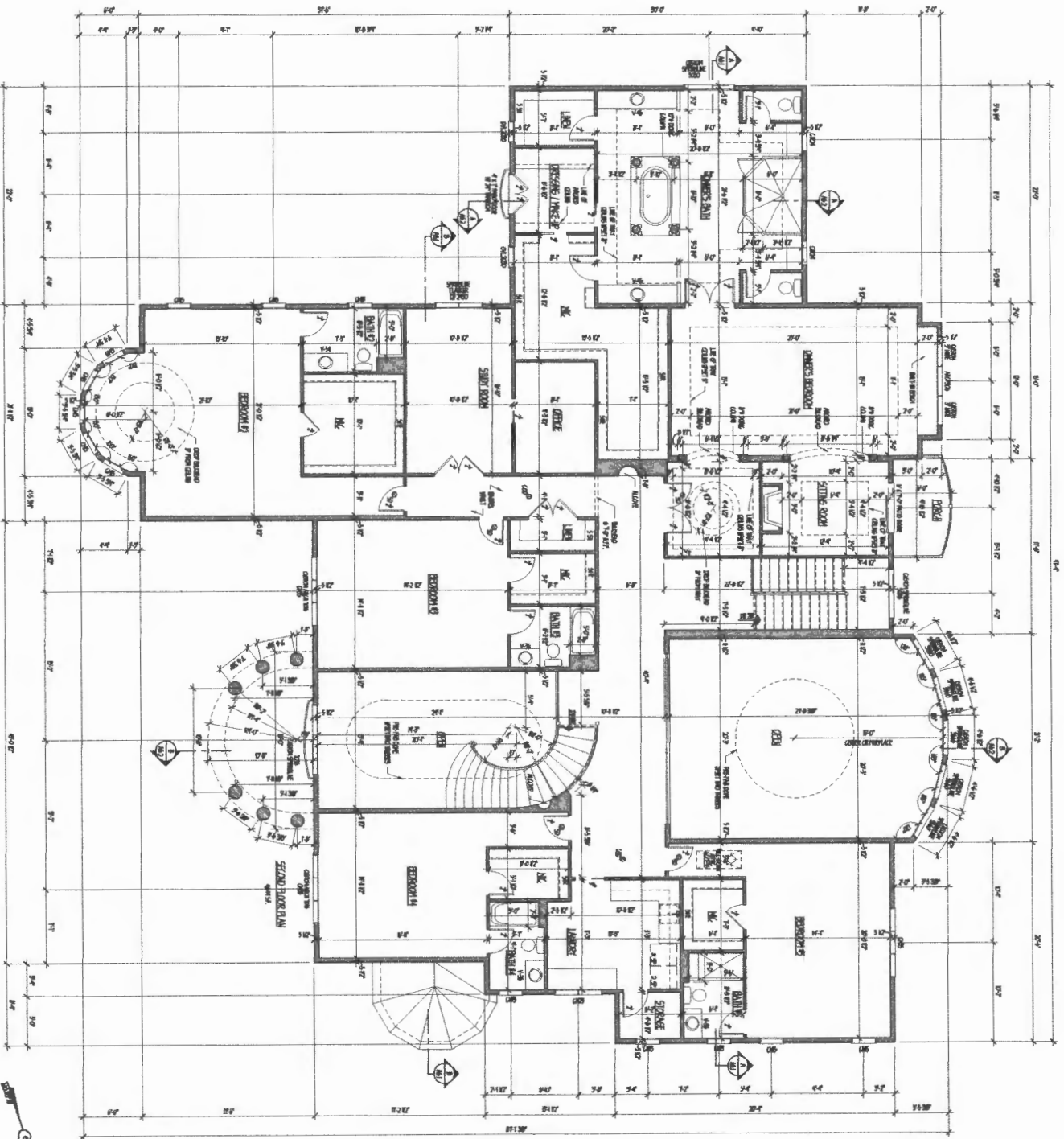
AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>5/31/18</u>	<u>H. Oswald</u>

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

DPZ SETBACK INFORMATION
Front: <u>50</u>
Rear: <u>30</u>
Side: <u>10</u>
Side St.: _____
All minimum setbacks met? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

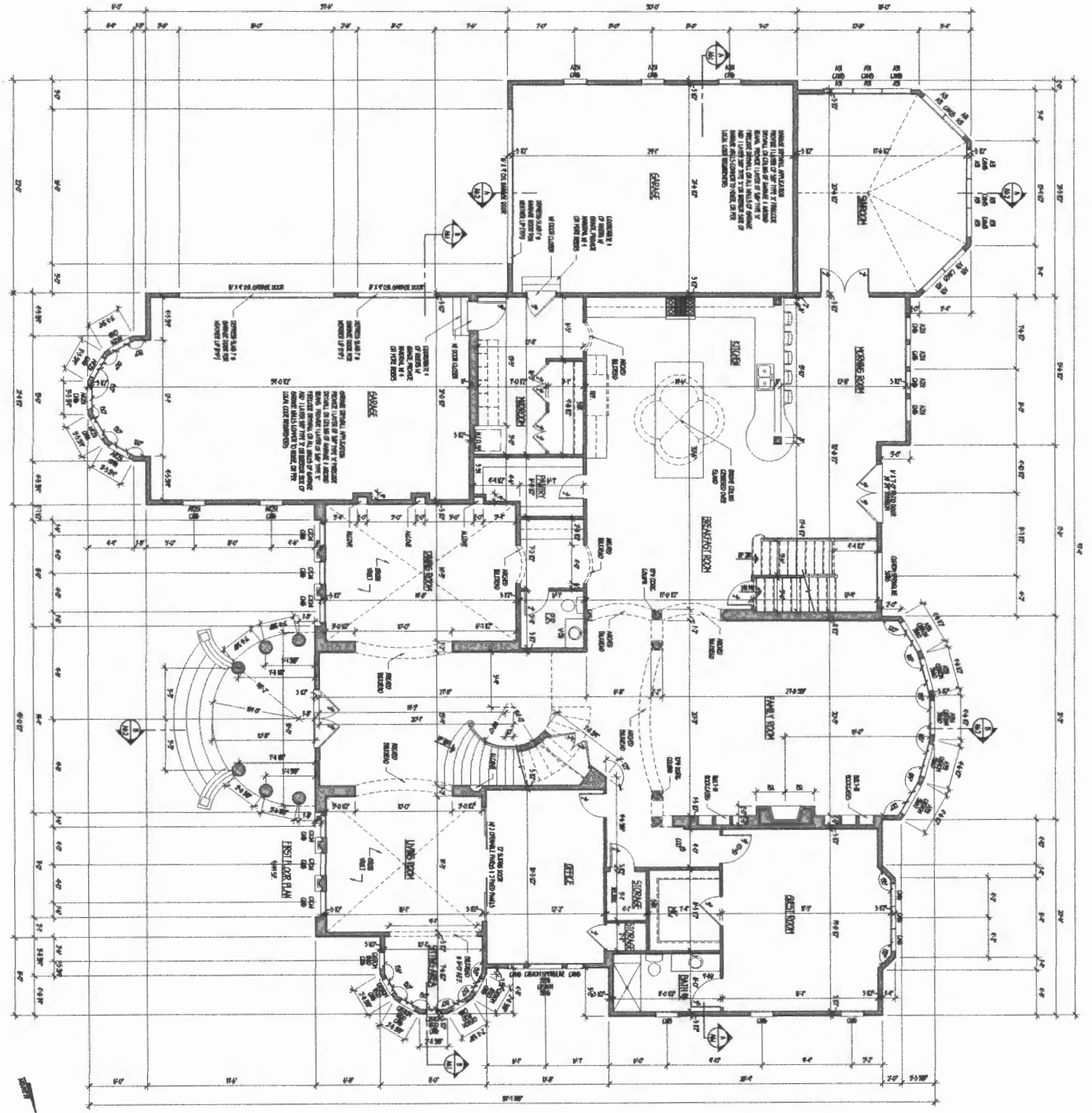
Filing Fee	\$ <u>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50.00</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check #	<u>7284</u>

redline done mylars changed



HEALTHY - B18001795

801 FRONT ONLY	
PROJECT TITLE CAROL CUSTOM HOMES HANDBY RESIDENCE	
CONTENT SECOND FLOOR PLAN	
PROJECT NUMBER 2625	SHEET NUMBER A41



dw taylor
ARCHITECT

BID TENT ONLY

PROJECT NUMBER: 2625
SHEET NUMBER: A31

PROJECT TITLE: CARLUSTON WYKES HAIR RESIDENCE
CONTENT: FIRST FLOOR PLAN

DATE: 11/14/08
DRAWN BY: [Signature]

CHECKED BY: [Signature]

SCALE: 1/8" = 1'-0"

PROJECT LOCATION: [Address]

OWNER: [Name]

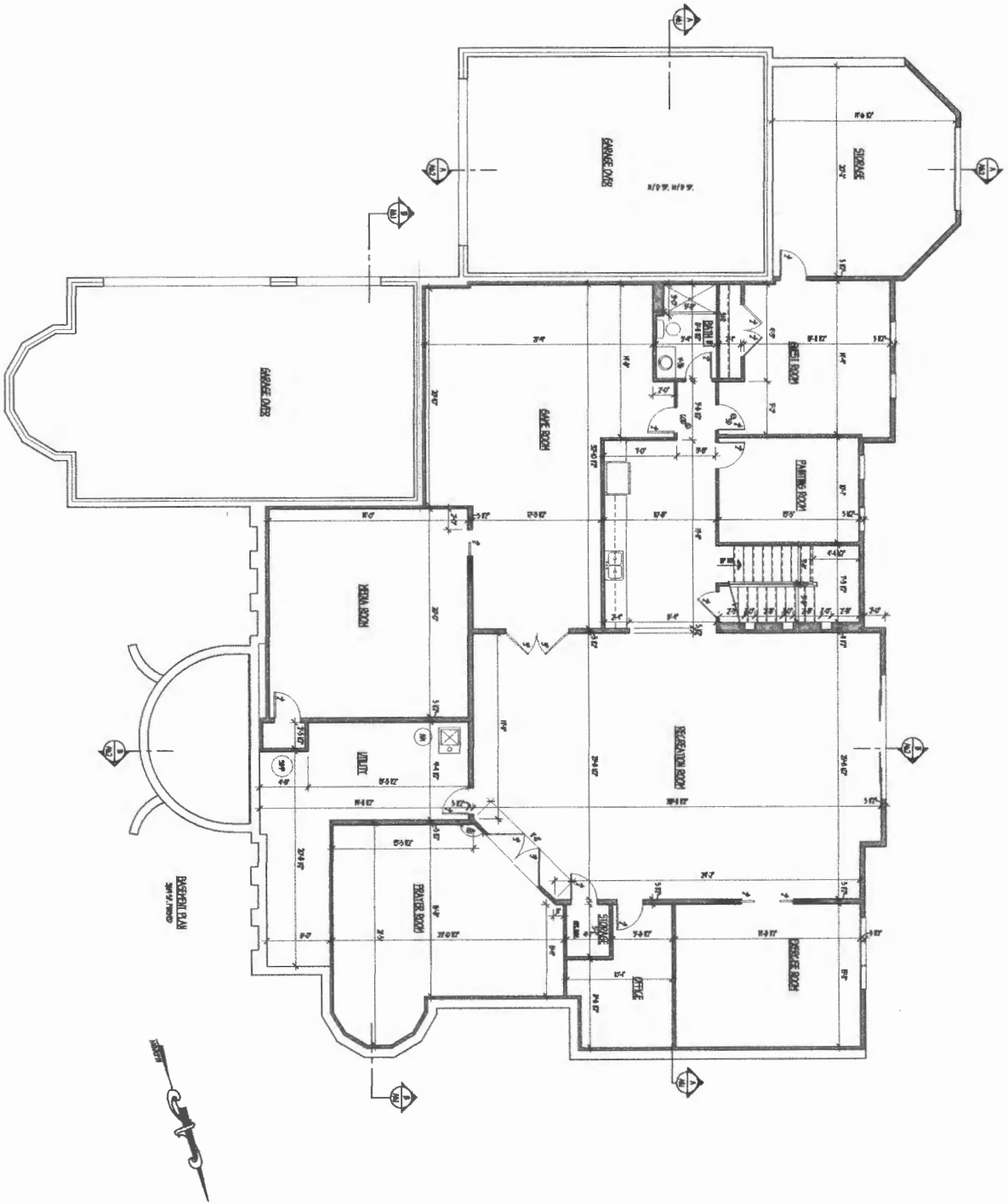
ARCHITECT: [Address]

PHONE: [Number]

FAX: [Number]

E-MAIL: [Email]

WEBSITE: [Website]



dw Taylor
OF RECORD ARCHITECT

301 THERON ONLY

1000 10th Street, Suite 100, Denver, CO 80202
Tel: 303.733.1100 Fax: 303.733.1101

PROJECT NUMBER	2625
DRAWING NUMBER	A2.2
DATE	11/14/08
SCALE	AS SHOWN
PROJECT TITLE	FINISHED BASEMENT PLAN
CLIENT	CARIN OLSON HOWES HARDY RESIDENCE