

**HOWARD COUNTY DEPARTMENT OF INSPECTIONS,
LICENSES AND PERMITS
ON-LINE PLAN DROP OFF**

To: Plan Review Division

From: Victor Cabido
(Name)
Franco Construction
(Company)

Telephone #: 240-421-5022 Email address cabidovictor@gmail.com

Permit Site Address 14085 Clarkville Pike Highland MD 20777

Permit Number: B20001853

Application On-Line File Date: 6/17/20

The above referenced permit was applied for online and the drawings are being dropped off for review and approval. These drawings represent the proposed work as outlined on the on-line application. I understand that this Department will not be responsible for any lost plans or documents. It is understood that if any changes to the design or construction of this project is made, revised plans will be submitted prior to any work commencement.



Signature of Authorized Agent

For Office Use Only

Accepted by (initials): Cha on 6-23-2020
(Date)

Received by Plan Review (initials):

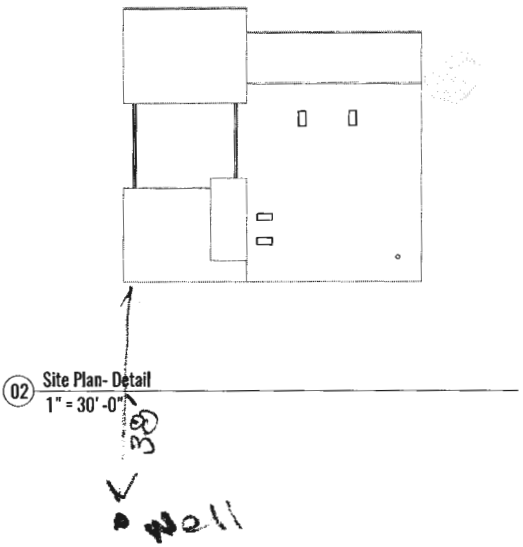
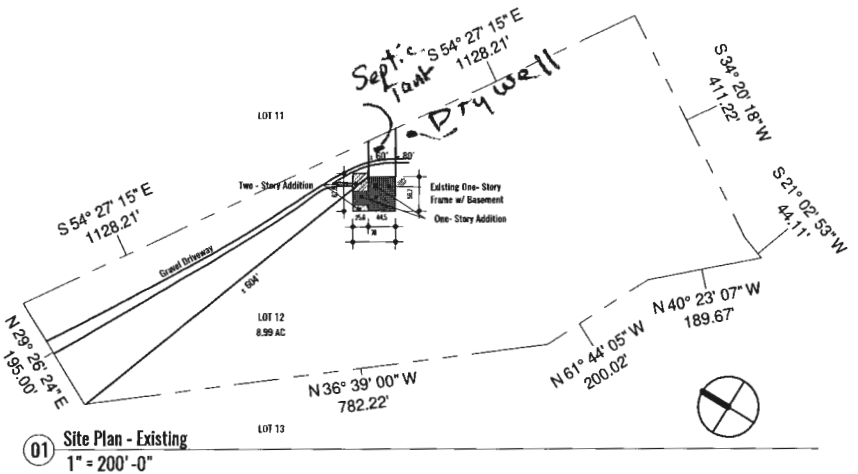
RECEIVED

JUN 18 2020

LICENSES & PERMITS
DIVISION



I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF STATE OF MARYLAND. LICENSE NO. 6152 - EXP. DATE 06-02-20



Approved Septic System Plan
 Howard County Health Department
 Rebuild/Finish 3-bedroom SFD
 per Basement Plan revision

R. Buehler
 Signature

9/2/2020
 Date

820001853

Highland

Mr. Jackson Cabido
 14085 Clarksville Pike Highland MD, 20777

Permit	
DRAWN BY:	Wallisson Azevedo
SHEET NAME:	Site Plan
SHEET NO.:	A100

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B20001853	06/17/2020
Description of Work		
SFD/ REMOVE AND REPLACE MOST OF EXISTING HOUSE, W/ 2 STORY ADDITION/, 2 STORY, Full Basement, 7R, 1FB, OHB, OFP, OTHER STRUCTURE = N/A, 1BR, PORCH/DECK = N/A, ENERGY METHOD = Prescriptive Method, /*08.25.2020 REVISED PLANS RECIEVED		

OK! FEB 9/2/2020

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
14085	CLARKSVILLE	PIKE	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-76.96815	39.15529
City	State	Zip Code	Primary
HIGHLAND	MD	20777	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
843840	451	8.99	251400	381200	129800	RURAL
Legal Description						
IMPSPAR 12 8.990A S 1[]14085 ROUTE 108[]FOX HAVEN						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	PAR 12	605102	5				
Plan Area	State Tax Id	Subdivision Name					
	1405375223						
Section	Area	Tax Map					
		40					
Grid	Zoning District	ADC Map					
40-22	RR-DEO	5051-F6					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1981	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	5-15A	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *		
CABIDO JAKSON		
Address Line 1		
14085 ROUTE 108		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code

HIGHLAND	MD	20777
Phone	Primary	
240-882-9204	Yes	
E-mail		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
08010097835	FRANCO CONSTRUCTION LLC		
License Type *	First Name	Middle Name	Last Name
MHIC Ind	JACHSON		FRANCO
Primary	Address Line 1		
Yes	4631 ARABY CHURCH ROAD		
	Address Line 2		
	City	State	ZIP Code
	FREDERICK	MD	21704-0000
	Phone 1	Phone 2	Fax
	2408483003		3017982829
	E-mail		
	FRANCONSTRUCTION@HOTMAIL.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	VICTOR		CABIDO
Relationship	Full Name		
Applicant	VICTOR CABIDO		
Primary	Organization Name		
No	HOME OWNER		
	Street Address		
	11502 NEVIS DRIVE		
	Address Line 2		
	City	State	Zip Code
	BELTSVILLE	MD	20705
	Phone	Cell	Fax
	240-421-5022		
	E-mail *		
	cabidovictor@gmail.com		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	VICTOR		CABIDO
Relationship	Full Name		
Owner	VICTOR CABIDO		
Primary	Organization Name		
Yes	HOME OWNER		
	Street Address		
	11502 NEVIS DRIVE		
	Address Line 2		
	City	State	Zip Code
	BELTSVILLE	MD	20705
	Phone	Cell	Fax
	240-421-5022		
	E-mail		
	cabidovictor@gmail.com		

Addl Info

Est Construction Cost *	Housing Units *	Number of Buildings *	Public Owned
100000	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			
No of Stories *	Foundation *	Basement *	No of Rooms *	Full Baths *	Half Baths *	Existing Use
2	Full Basement	Full Finished	7	1	0	Existing Structure

Model *

SFD/ REMOVE AND REPLACE MOST OF EXISTING HOUSE, W/ 2 STORY ADDITION/

[check spelling](#)

Other Structure *	Bedrooms *	Porch Deck *	No of Fireplaces *	Type of Fireplace	Energy Code *	
N/A	1	N/A	0	-Select-	Prescriptive Method	
W & S Fees Paid	Water *	Sewage *	Utilities *	Heating System *	Sprinkler System *	
<input type="radio"/> Yes <input checked="" type="radio"/> No	Private	Private	Electric	Electric	None	
1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth	Height
26 FT	62 FT	26 FT	62 FT			
Total Square Footage *	Occupiable Square Footage *	Affordable Housing Funding	Foundation Measurement	Footings		
5374 SQFT	5374 SQFT	-Select-	8" cmu	36 x 12		
Walls	Roof	Change in Use	Grading Permit No			
wood f sidin	shed meal	<input type="radio"/> Yes <input checked="" type="radio"/> No				

Additional Description Info

/^08.25.2020 REVISED PLANS RECIEVED

Expiration Date

3/1/2021

[check spelling](#)

PAYMENT INFORMATION

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

Submit Cancel

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

Date: 7/20/20

To: _____
(Person's Name and Division)

From: Wilson Cabido _____
(Your Name, Company Name and Telephone Number)

Subject: Project name _____
Project site address 14085 Clarksville Pike
Permit # 1320001853 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
 - Copies of _____ (be specific).
_____ 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 _____

CC Health

Contact Person Information: (Required)

Please Print Name

Telephone No:

E-Mail Address:

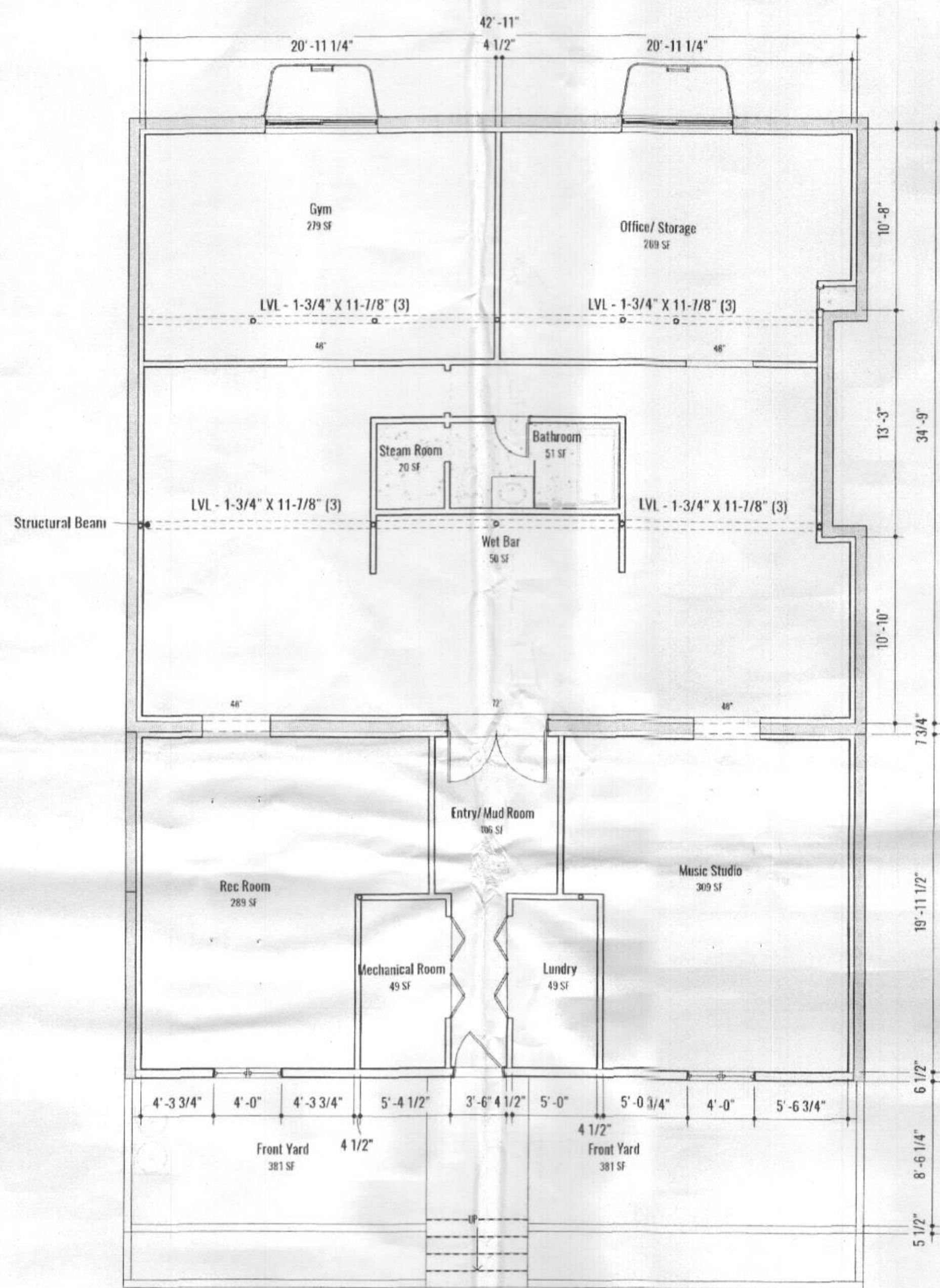
PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT 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 JX

White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\transmit.frm - Rev. 04/2014

RECEIVED
AUG 27 2020
LICENSES & PERMITS
DIVISION

no check



01 Basement - Existing Proposed
 3/16" = 1'-0"
 Submitted as revision on Aug 25
 to illustrate modifications
 to 5 room entrances.

B2000 1853
 14085 Clarksville Pike
 Basement revision Ok!
 RB
 9/2/2020



02 1st Floor Plan - Existing
 3/16" = 1'-0"



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BUILDER:
 Bernard Cabido
 3801 CEDAR CROFT PLACE
 BRENTWOOD, MD 20722
 CONTACT: BERNARD CABIDO
 PH: 240-421-5023

Highland

Mr. Jakson Cabido

14085 Clarksville Pike Highland MD, 20777

REVISION LOG	
REV #	DESCRIPTION

STATUS:	Permit
PROJECT NUMBER:	001
DRAWN BY:	Wallisson Azevedo
SHEET NAME:	Basement/ 1st Floor Plan - Existing
SHEET NO.:	A101
Scale:	3/16" = 1'-0"



8/24/20

I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF STATE OF MARYLAND. LICENCE N° 6152 - EXP. DATE 09-02-20

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BRENTWOOD, MD 20722
CONTACT: BERNARD CABIDO
PH: 240-421-5023

Highland

Mr. Jakson Cabido

14085 Clarksville Pike Highland MD. 20777



REVISION LOG

REV #	DATE	DESCRIPTION

STATUS: Permit

PROJECT NUMBER: 001

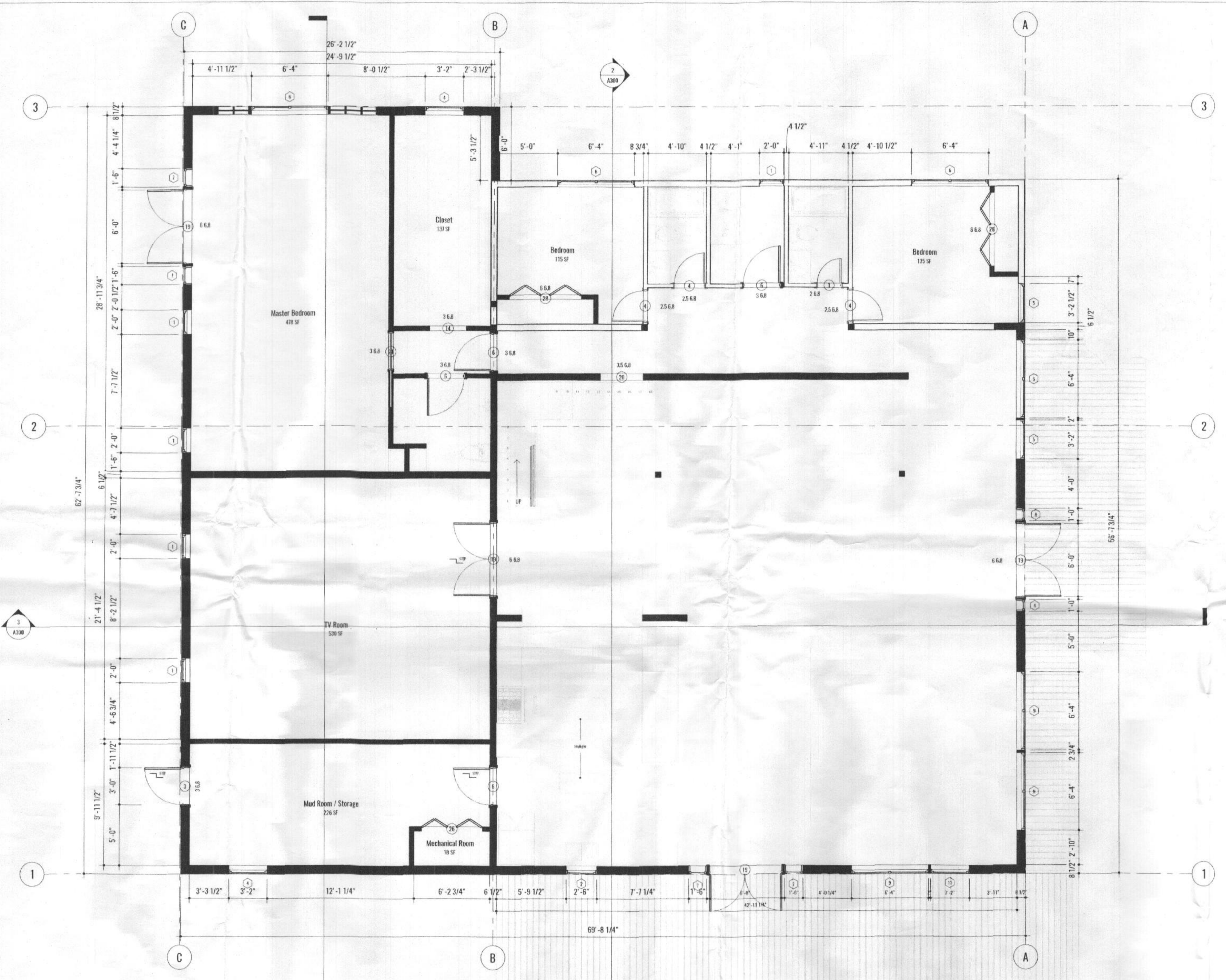
DRAWN BY: Wallisson Arzvedo

SHEET NAME:

1st Floor Plan - New Construction

SHEET NO: A103

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



01 1st Floor Plan - New
1/4" = 1'-0"



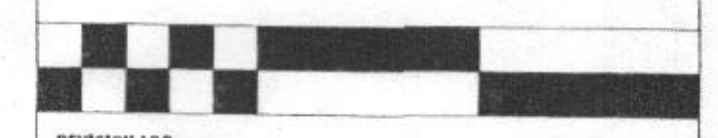
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Highland

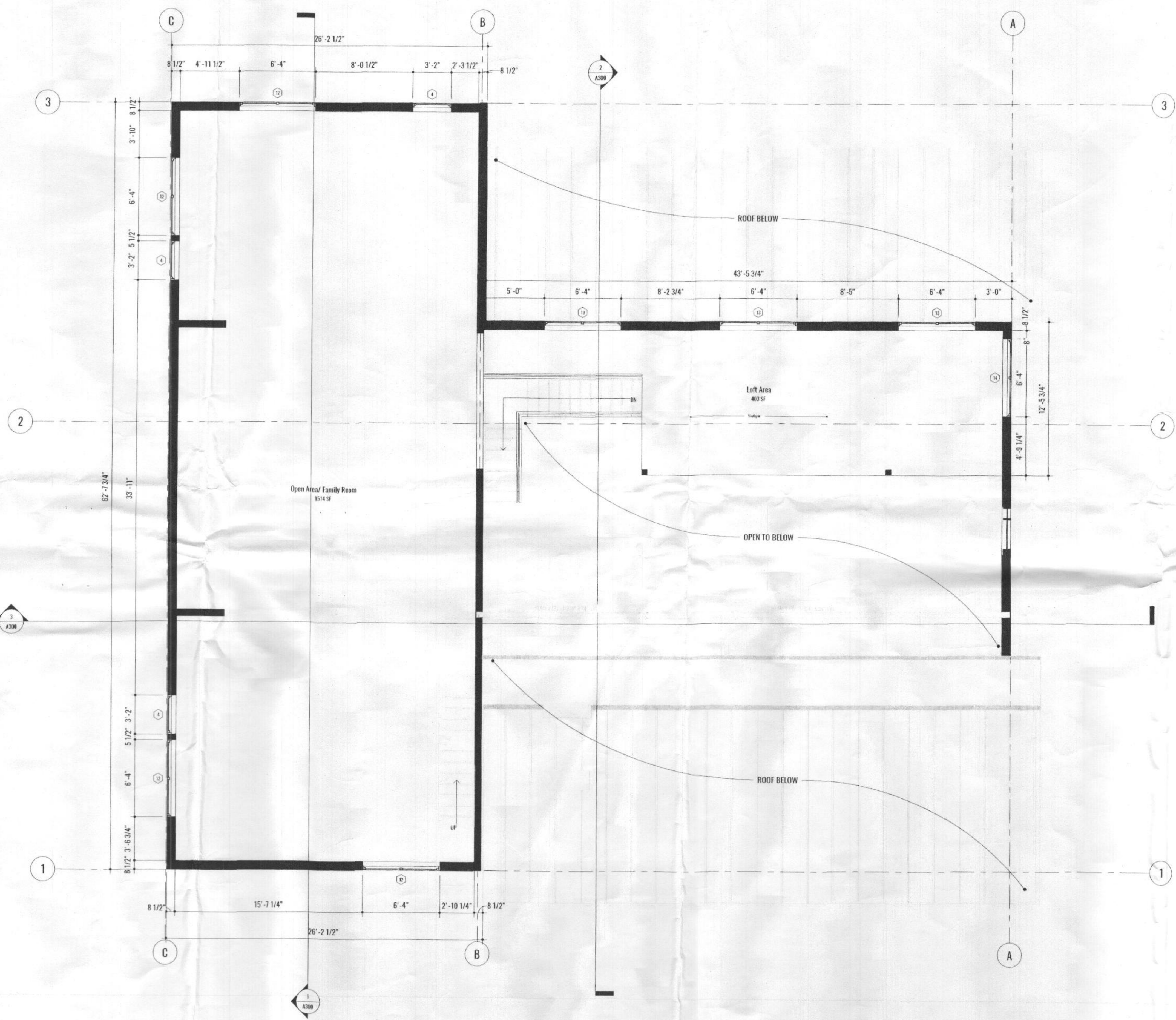
Mr. Jakson Cabido

14085 Clarksville Pike Highland MD, 20777



REVISION LOG		
REV #	DATE	DESCRIPTION

STATUS:	Permit
PROJECT NUMBER:	001
DRAWN BY:	Wallisson Azevedo
SHEET NAME:	2nd Floor - New Construction
SHEET NO.:	A104
Scale:	1/4" = 1'-0"



01) 2nd Floor Plan - New
 1/4" = 1'-0"