



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: **SEP 20 2016 12:3**

Permit No.: **B16004195**

Building Address: **8170 BALTIMORE NATIONAL PK.**
 City: **ELICOTT CITY** State: **MD** Zip Code: **21043**
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: **602600** Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: **18** Parcel: _____ Grid: _____
 Zoning: **R-20** Map Coordinates: _____ Lot Size: _____

Existing Use: **SFD.**
 Proposed Use: **SFD WITH DETACHED GARAGE**
 Estimated Construction Cost: \$ **22,800**
 Description of Work: **2 CAR DETACHED GARAGE 32 X 26'**

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

Property Owner's Name: **OLEGARIO RAMIREZ**
 Address: **830 MORGAN STATION**
 City: **WOODBINE** State: **MD** Zip Code: **21197**
 Phone: **301-748-1010** Fax: _____
 Email: **olegario@rfcframing.com**

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: **OWNER.**
 Contact Person: **OLEGARIO RAMIREZ**
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

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: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: N/A
	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

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

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]
 Email Address: **olegario@rfcframing.com**
 Title/Company: **owner@rfcframing.com**

Print Name: **OLEGARIO RAMIREZ**
 Date: **9/20/16**

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	10/19/16	<u>[Signature]</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	\$ 25.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#



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.: WEST ONE INVESTMENTS LLC / OIE RAMIREZ

Building Address: 8110 BARTMERE NATIONAL AVE
City: ELICOTT CITY State: MD Zip Code: 21043
Suite/Apt. # _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: 830 MORGAN STATION RD
Address: _____
City: WOODBINE State: MD Zip Code: 21797
Phone: 301 748 1010 Fax: _____
Email: OIE@RECFRAMING.COM

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: SAME AS ABOVE
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Existing Use: SINGLE FAM DWELLING
Proposed Use: SINGLE FAM DWELLING
Estimated Construction Cost: \$ 80,000
Description of Work: MISC. INTERIOR MILL WORK / DEMO /
2 NEW BATH - 1 1/2 BATH 2 BEDROOMS ON
UPPER LEVEL AND NEW KITCHEN & LIVING ROOM

Contractor Company: HOME OWNER
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

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

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>65</u>	<u>30</u>
Area of construction (sq. ft.):	2 nd floor: <u>65</u>	<u>30</u>
Use group:	Basement: <u>A</u>	<u>30</u>
Construction type:	<input type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>2</u>	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
	No. of efficiency units:	
	No. of 1 BR units:	
	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
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	<input type="checkbox"/> Manufactured Home	

Utilities	
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<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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Applicant's Signature: [Signature]
Email Address: OIE@RECFRAMING.COM

Print Name: WEST ONE INVESTMENTS LLC / OIE RAMIREZ
Date: 4/18/16

Title/Company: _____

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>5/2/16</u>	<u>H. Oswald</u>

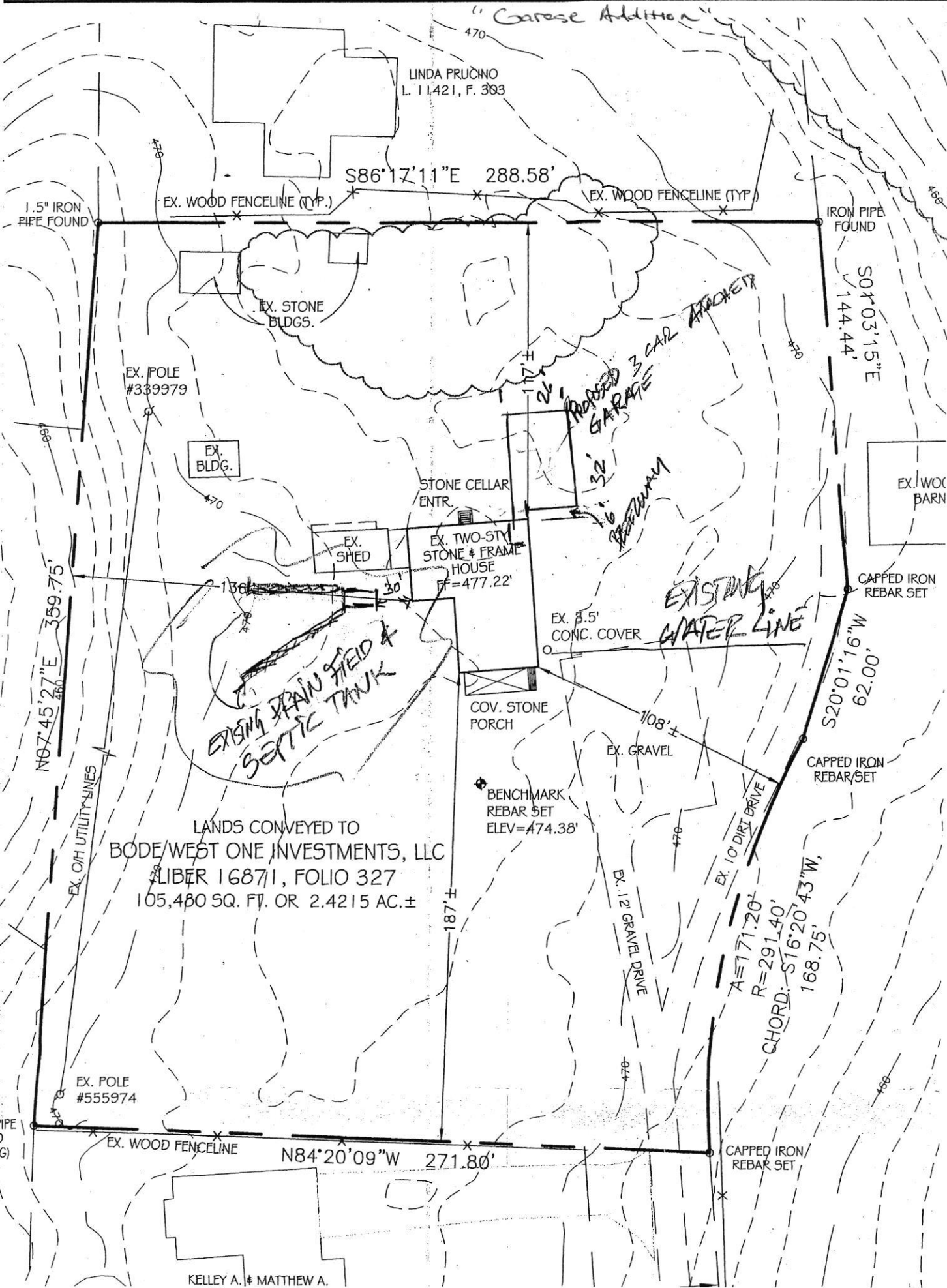
DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot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

Filing Fee	\$ <u>25.00</u>
Permit Fee	\$ <u>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>135.00</u>
Sub-Total Paid	\$
Balance Due	\$
Check	#

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

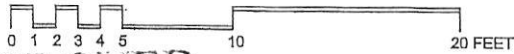
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

"Garage Addition"



LANDS CONVEYED TO
 BODE/WEST ONE INVESTMENTS, LLC
 SLIBER 16871, FOLIO 327
 105,480 SQ. FT. OR 2.4215 AC.±

1401050V



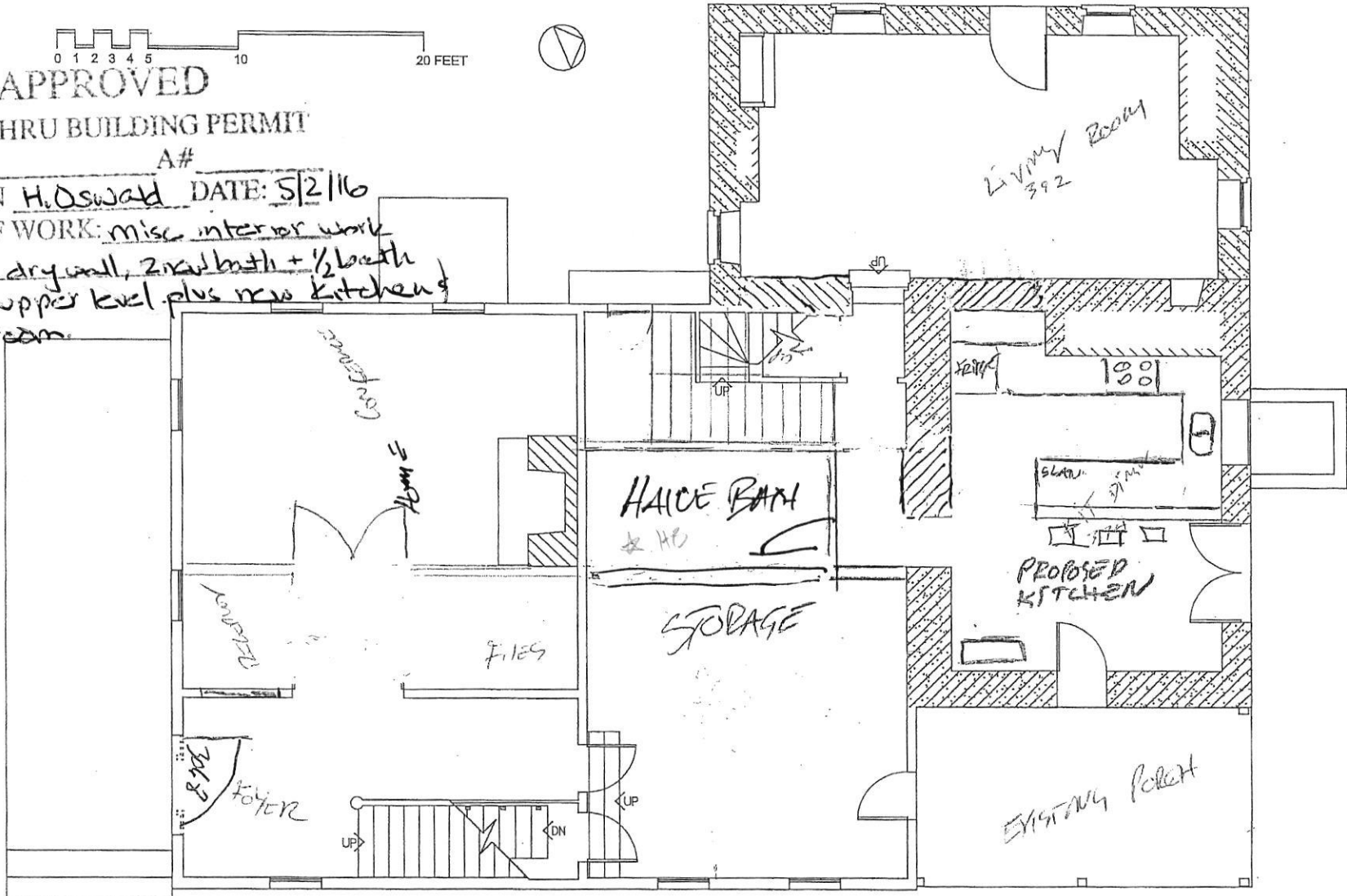
APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN H. Oswald DATE: 5/2/16

DESC. OF WORK: misc interior work
 including dry wall, 2nd bath + 1/2 bath
 2 BR on upper level plus new kitchen &
 laundry room.

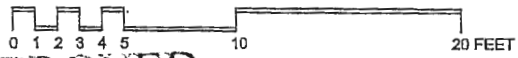


1st floor

HO-891 "CHESTNUT HILL" 8170 BALTIMORE NATIONAL PIKE

FIRST FLOOR PLAN – MEASURED BY KEN SHORT AND BETH BURGESS – DRAWN BY KEN SHORT – DECEMBER 2012

140158V



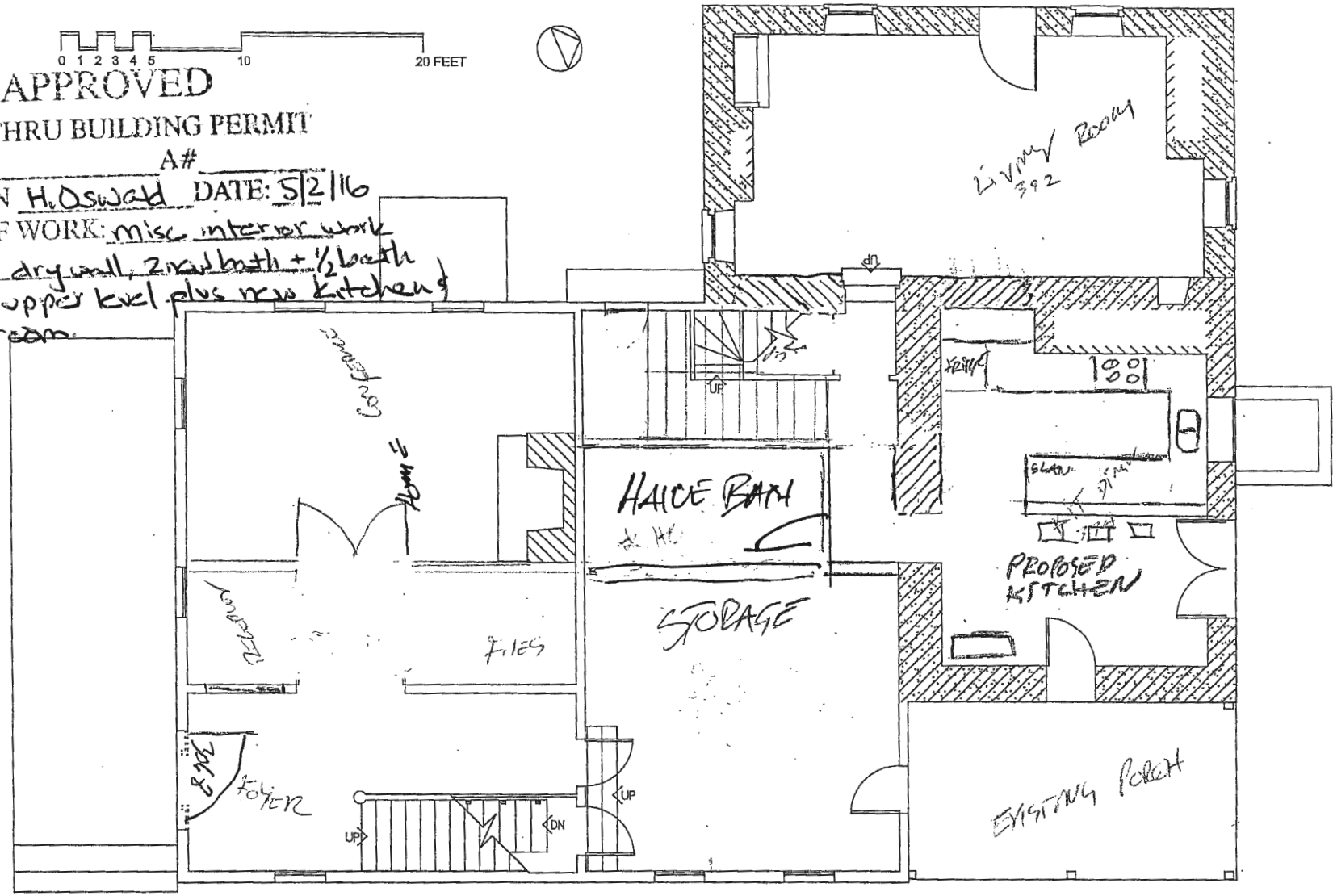
APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____

APP. SAN H. Oswald DATE: 5/2/16

DESC. OF WORK: misc interior work
including dry wall, 2x4x8 bath + 1/2 bath
2 BR on upper level plus new kitchen &
laundry room.

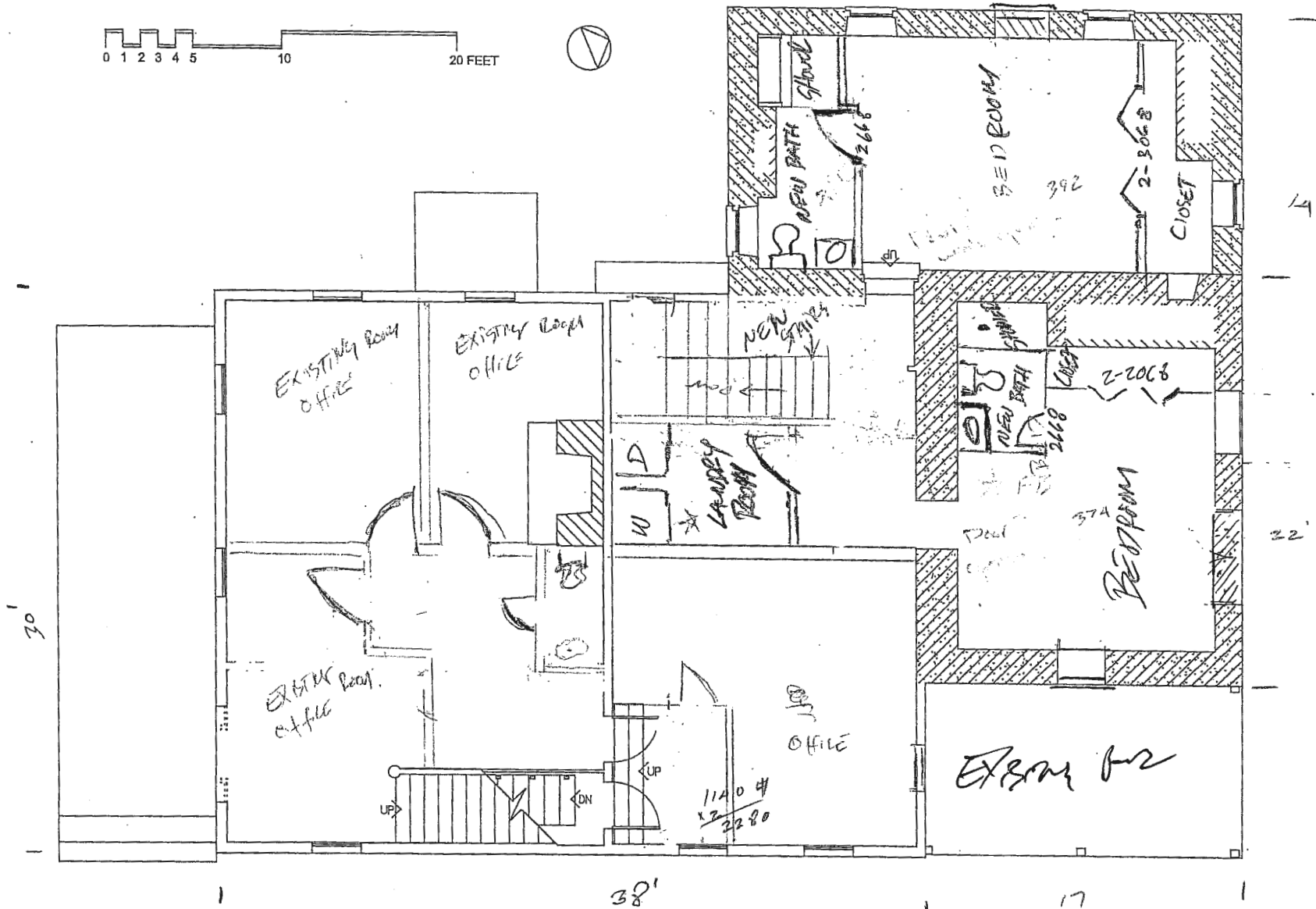
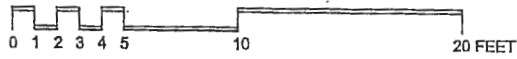


1st floor

HO-891 "CHESTNUT HILL" 8170 BALTIMORE NATIONAL PIKE

FIRST FLOOR PLAN -- MEASURED BY KEN SHORT AND BETH BURGESS -- DRAWN BY KEN SHORT -- DECEMBER 2012

PROPOSED

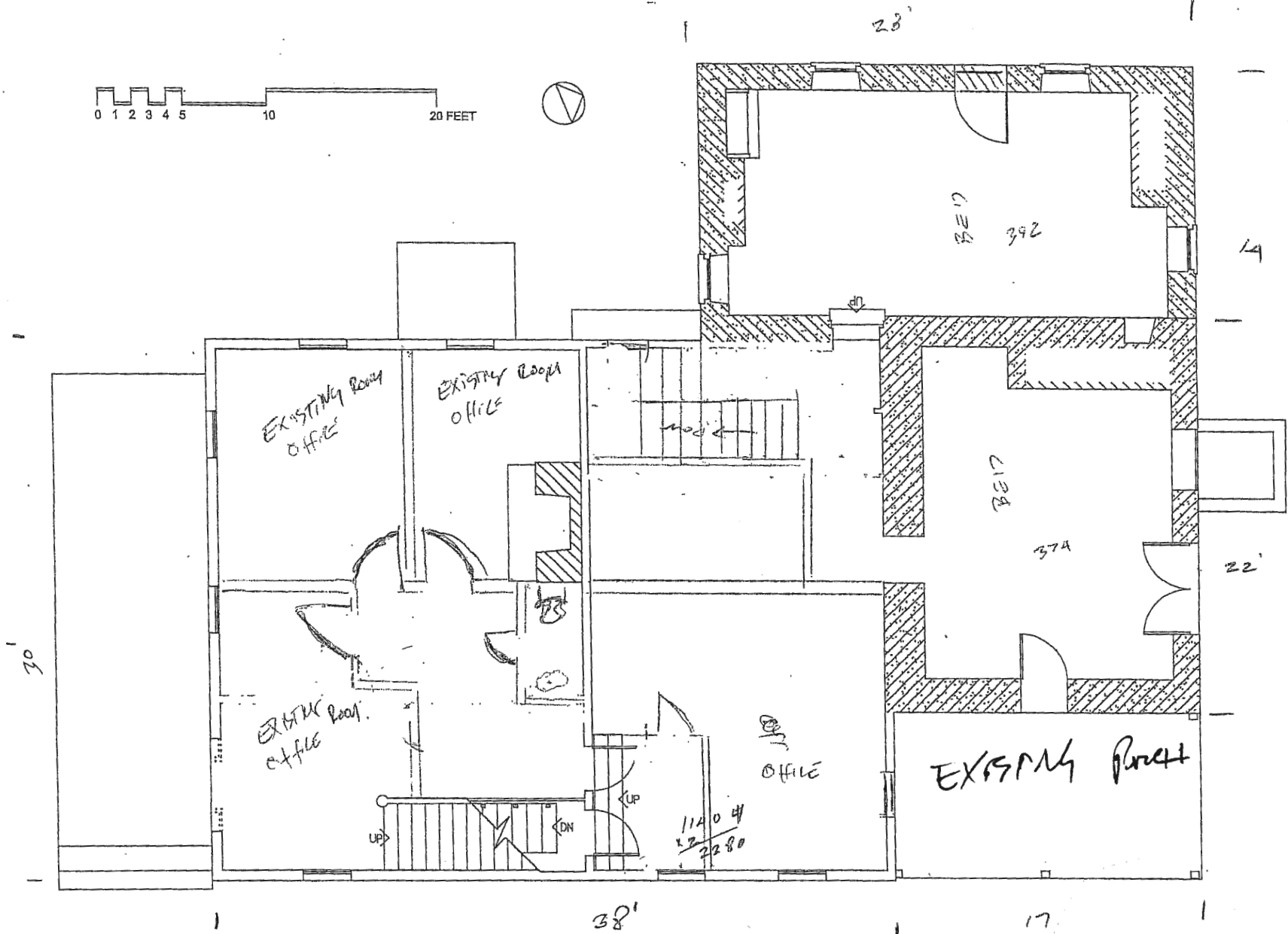
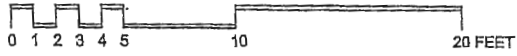


HO-891 "CHESTNUT HILL" 8170 BALTIMORE NATIONAL PIKE

2nd floor

~~2nd~~ FLOOR PLAN -- MEASURED BY KEN SHORT AND BETH BURGESS -- DRAWN BY KEN SHORT -- DECEMBER 2012

EXISTING



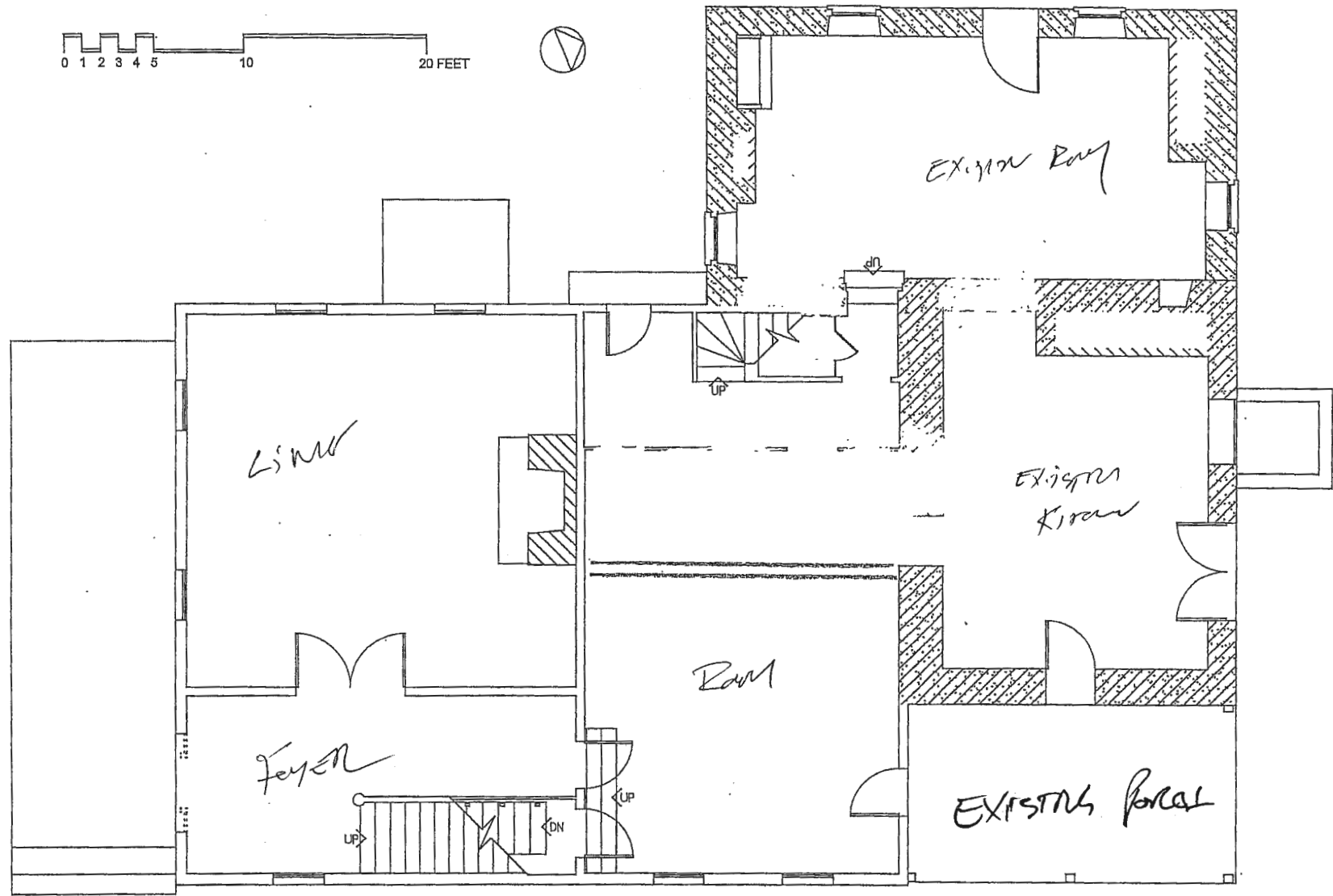
HO-891 "CHESTNUT HILL" 8170 BALTIMORE NATIONAL PIKE

2nd floor

FLOOR PLAN -- MEASURED BY KEN SHORT AND BETH BURGESS -- DRAWN BY KEN SHORT -- DECEMBER 2012

2nd

EXISTING



HO-891 "CHESTNUT HILL" 8170 BALTIMORE NATIONAL PIKE

FIRST FLOOR PLAN -- MEASURED BY KEN SHORT AND BETH BURGESS -- DRAWN BY KEN SHORT -- DECEMBER 2012