



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.: B18000681

Building Address: 5313 BROADWATER LN
 City: Chesapeake State: MD Zip Code: 21027
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: BARBARA NAWAZ
 Address: 1718 William St
 City: Chesapeake State: MD Zip Code: 21024
 Phone: 301 223 1621 Fax: 301 857 5050
 Email: barbaranawaz@gmail.com

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

Existing Use: Asphalt Paving
 Proposed Use: Asphalt Paving
 Estimated Construction Cost: \$ 25,000.00
 Description of Work: Conversion of Garage to bedroom. Adding 3 grade deck. 1600 sq ft. 2 beds. 1 bath. 1 kitchen. 1 living area. 1575 sq ft.
 Occupant/Tenant Name: Owner of Chesapeake
 Was tenant space previously occupied? Yes No
 Contact Name: Owner of Chesapeake
 Address: 5313 Broadwater Lane
 City: Chesapeake State: MD Zip Code: 21029
 Phone: 301 223 2221 Fax: 301 576 5050
 Email: barbaranawaz@gmail.com

Contractor Company: AMBER - DIVERSITY
 Contact Person: Artur G. Gabor
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: Tall order Design
 Responsible Design Prof.: Shawn Strick
 Address: P.O. Box 141
 City: Lothian State: MD Zip Code: 21110
 Phone: 301 7275-7552 Fax: _____
 Email: shawn@tallerdesigns.com

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:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input 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 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	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input 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: _____
 Email Address: barbaranawaz@gmail.com
 Title/Company: _____

Print Name: Barbara Nawaz
 Date: 9/16/18
X-PICUP WAX

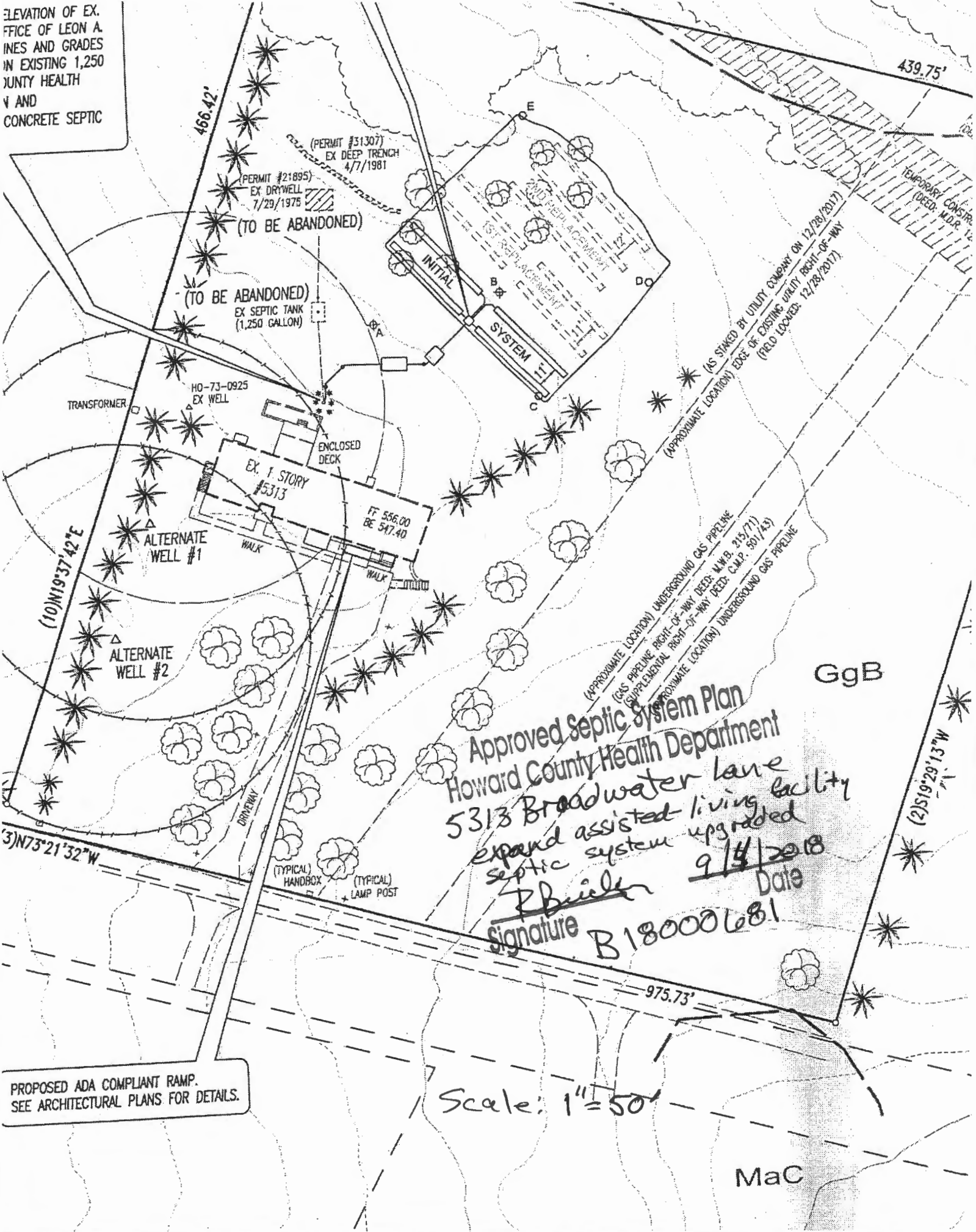
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9/14/18</u>	<u>R. Bricker</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<input type="checkbox"/> 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	\$ <u>25</u>
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ <u>135.00</u>
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>10910</u>

ELEVATION OF EX. OFFICE OF LEON A. FINES AND GRADES IN EXISTING 1,250 GALLON COUNTY HEALTH V AND CONCRETE SEPTIC



Approved Septic System Plan
 Howard County Health Department
 5313 Broadwater Lane
 expand assisted living facility
 septic system upgraded
 9/4/2018
 Signature *P. Butler* Date
 B18000681

PROPOSED ADA COMPLIANT RAMP.
 SEE ARCHITECTURAL PLANS FOR DETAILS.

Scale: 1" = 50'

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

Date: 4/25/18

To: George E. Martin
(Person's Name and Division)

From: Syed Sharif, Architect (301) 275 7653
(Your Name, Company Name and Telephone Number)

Subject: Project name Expansion of Existing Living 5 to 8 Beds
Project site address 5313 Broadwater Lane, Clarksville, MD 21029
Permit # B18000681 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 _____

Contact Person Information: (Required)

Syed Sharif Architect
Please Print Name

Telephone No: 301-275-7653

E-Mail Address: info@tallerprojects.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

Received by [Signature]

APR 25 2018

LICENSES & PERMITS
DIVISION



HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS

3430 Courthouse Drive ■ Ellicott City, Maryland 21043 ■ 410-313-2433

Robert J. Frances, P.E., Director
bfrances@howardcountymd.gov

FAX 410-313-3298
TDD 410-313-2323

March 16, 2018

Mr. Babar Nawaz
1728 Willow Springs Drive
Sykesville, Maryland 21784

RE: 5313, Broadwater Lane, Clarksville, Maryland 21029
Expansion of existing living from 5 to 8 beds
Building Permit #B18000681

Dear Mr. Nawaz:

The construction drawings for the above referenced project have been reviewed by this Department, and cannot be approved. The following comments are noted for compliance:

1. In accordance with NFPA 13D, a fire suppression system is required although on the permit application you selected the box "No" for a sprinkler system. Please advise whether or not a sprinkler system is installed or will be installed.

RESPONSE: The building will be fully sprinklered as part of this project. Please see revised drawing A-CVR, attached.

2. The creation of four (4) rooms to the existing garage area needs to be clarified. The architectural plans show a slab condition but the Mechanical/Electrical plans show a crawl space. Please correct the appropriate plan to show the correct condition.

RESPONSE: The mechanical drawings have been revised. There will be no crawl space at the addition.

3. The new window, listed as W1 on the window schedule, is required to meet egress and rescue requirements in addition to the U-value of U-35. Please correct.

RESPONSE: The window schedule has been revised. The double hung windows will have min. 5.7 S.F. for egress.

Should you have any questions, please feel free to contact me at (410) 313-2436.

Sincerely,

George E. Martin, Engineering Specialist
Plan Review Division

GEM:dw

copy: Building Inspector

F:\PRST\Comment letters\comment letters-2018\18000681 gem.docx

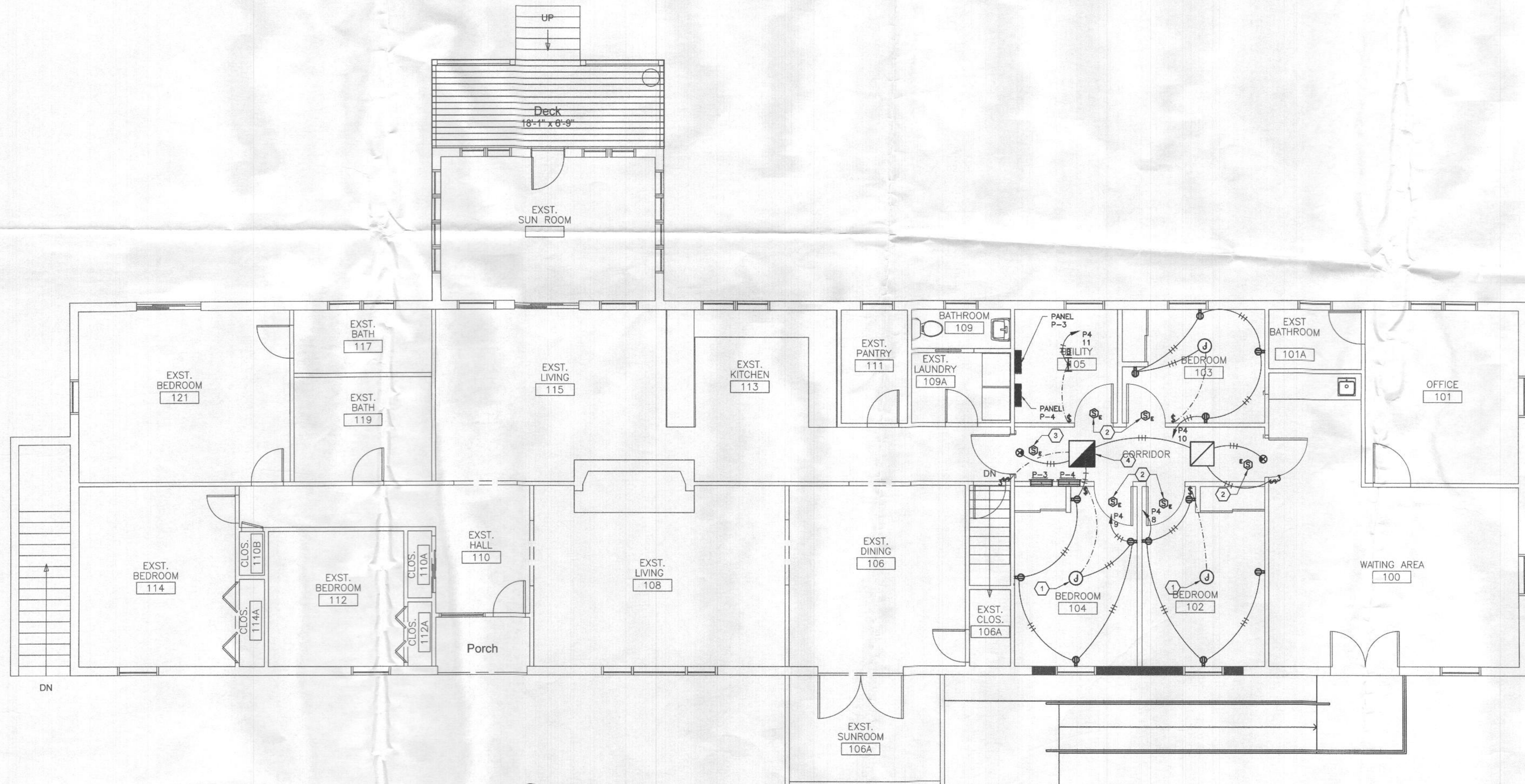
GENERAL NOTES

1. FOR ELECTRICAL SYMBOLS, ABBREVIATIONS AND GENERAL NOTES SEE DWG. E-001.
2. ALL RECEPTACLES IN BEDROOMS AND HALLWAYS SHALL BE ARC-FAULT PROTECTED.

PLAN NOTES

1. CEILING FAN WITH LIGHT KIT TO BE SELECTED BY OWNER.
2. INTERLOCK COMBINATION CO/SMOKE DETECTORS WITH EXISTING RESIDENTIAL SMOKE DETECTORS SO THAT ACTIVATION OF ONE WILL ACTIVATE ALL.
3. CONNECT TO NEAREST EXISTING RESIDENTIAL SMOKE DETECTOR.
4. WIRE TO REMAIN ON CONTINUOUSLY.

TALL ORDER PROJECTS
ARCHITECTS
P.O. BOX 141, LINTHICUM, MD. 21090
TEL. 301-275-7653
EMAIL: info@tallorderprojects.com
WWW.tallorderprojects.com



1 FIRST FLOOR PLAN
SCALE: 1/4"=1'-0"



PROFESSIONAL CERTIFICATION. I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A SAID LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND. LICENSE NUMBER 2246. EXPIRATION DATE SEPTEMBER 18, 2018.

REVISION NO.	REVISION DATE	REVISION DESCRIPTION

PROJECT TITLE:
SENIORS HOUSE
5313 Broadwater Lane
Clarkville, MD 21029

SHEET TITLE:
FIRST FLOOR
PLAN-
ELECTRICAL

SCALE:
AS SHOWN

DATE:
1-15-2018

SHEET NO.
E-102