

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

Date: 10/28/2020 Health

To: DEBBIE WHALEN / ANNETTE MERSON  
(Person's Name and Division)

From: \_\_\_\_\_  
(Your Name, Company Name and Telephone Number)

Subject: Project name \_\_\_\_\_  
Project site address 14334 BENS WORTH WAY  
Permit # B20003677 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 PLOT PLAN (be specific). TO SCALE
- \_\_\_ 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)

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 DROP BOX

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

RECEIVED

OCT 28 2020

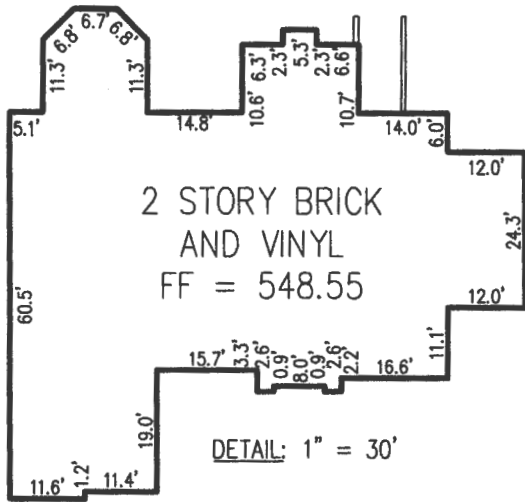
LICENSES & PERMITS  
DIVISION

**RECEIVED**

OCT 28 2020

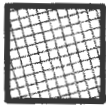
LICENSES & PERMITS  
DIVISION

BUILDING SETBACKS (B.R.L.'s) SHOWN HEREON PER SITE DEVELOPEMENT PLAN SETBACK DISTANCES SHOWN HEREON AS "±" HAVE AN ACCURACY OF ±0.1' FOOT.

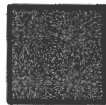


Approved Septic System Plan  
Howard County Health Department

12 x 15' Deck, as illustrated  
B2000 3677  
R. Bricker  
Signature  
11/2/2020  
Date

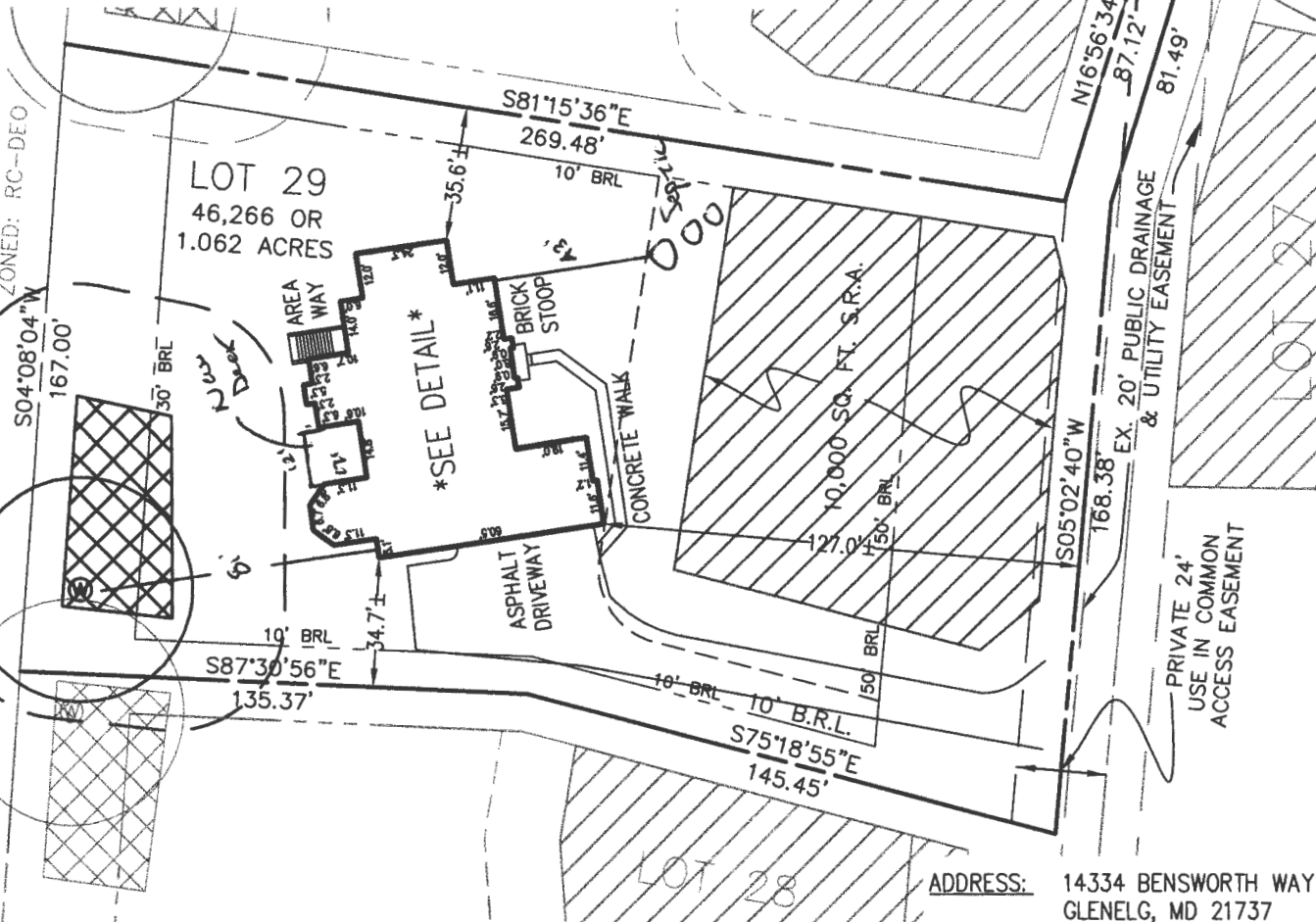


= TREE EASEMENT



= DITCH EASEMENT

PARCEL 28  
LEO BUTLER & WIFE  
AND FRANCES B. DEVLIN  
521/412  
ZONED: RC-DEO



ADDRESS: 14334 BENS WORTH WAY  
GLENELG, MD 21737

**SURVEYOR'S NOTE**

I HEREBY CERTIFY THAT THE POSITION OF THE EXISTING IMPROVEMENTS SHOWN HEREON HAVE BEEN CAREFULLY ESTABLISHED BY ACCEPTED LAND SURVEYING PRACTICES AND THAT, UNLESS SHOWN, THERE ARE NO VISIBLE ENCROACHMENTS EITHER WAY ACROSS THE PROPERTY LINES. THE PLANS IS OF BENEFIT TO A CONSUMER ONLY INSOFAR AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR REFINANCING. THE PLAN IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. THE PLAN DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. THIS DRAWING WAS PREPARED W/O THE BENEFIT OF A TITLE REPORT.

SIGNATURE: *Michael Joe Boyce* 21328 MD. LIC NO. DATE: 6/13/12

LOCATION DRAWING  
LOT #29  
**EDGEWOOD FARM**  
LIBER 4174, FOLIO 0436  
PLAT No. 19268  
FOURTH (4TH) ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND



LICENSE VALID UNTIL 1/8/13

**ESE** Land Planning  
Engineering  
Land Surveying

ESE Consultants Inc.  
7164 Columbia Gateway Dr.  
Suite 203  
Columbia, MD 21046  
TEL: 410-872-9105  
FAX: 410-872-4870

DATE: 6/13/12 SCALE: 1"=50' FILE: FS-29  
CHK'D: MJB JOB#: 1498 DRAWN: GTC

Menu Save Reset Cancel Help

Record Detail \* (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Deck	B20003677	10/15/2020

Description of Work

SFD/ CONSTRUCT 12' X 15' DECK WITH STEPS

[check spelling](#)

Address \* (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
14334	BENSWORTH	WAY	
Unit Type	Unit #	X Coordinate	Y Coordinate
-Select-		-77.02677	39.25688
City	State	Zip Code	Primary
GLENELG	MD	21737	Yes

OK  
reb  
11/2/2020

Parcel \* (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
925028	90	1.06	225600	1362700	1137100	RURAL

Legal Description

IMPSLOT 29 1.06 A[ 14334 BENSWORTH WAY[ ]EDGEWOOD FARM PH 2 RSB

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	29	605601	5				
Plan Area	State Tax Id	Subdivision Name					
	1404372557	Edgewood Farm					
Section	Area	Tax Map					
		21					
Grid	Zoning District	ADC Map					
21-22	RC-DEO	4812-F9					
SDP No.	Final Plan No.	WP File No.					
	F-06-108						
Record Plat No.	WS Contract No.	FDP No.	Primary				
19266-1926			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	2012	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-09	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner \* (This section is required.)

Search Reset Clear

**Name \***  
 WENDELL HANES AND LESLEY HANES

**Address Line 1**  
 14334 BENSWORTH WAY

**Address Line 2**

**Address Line 3**

<b>Mail City</b>	<b>Mail State</b>	<b>Mail Zip Code</b>
GLENELG	MD	21737

**Phone**  
 410-320-5912

**Primary**  
 Yes

**E-mail**  
 LESLEYSTEPHENS@YAHOO.COM

**Cell Number**      **Fax Number**

**Professionals** (This section is not required.)

Search      Reset      Clear

<b>License # *</b>	<b>Business Name</b>		
08010016606	HORIZONS UNLIMITED INC		
<b>License Type *</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Last Name</b>
MHIC Ind	WILLIAM		GMEINWESER
<b>Primary</b>	<b>Address Line 1</b>		
Yes	7387 WASHINGTON BLVD SUITE 104		
	<b>Address Line 2</b>		
	<b>City</b>	<b>State</b>	<b>ZIP Code</b>
	ELKRIDGE	MD	21075-0000
	<b>Phone 1</b>	<b>Phone 2</b>	<b>Fax</b>
	4107961333		4107964144
	<b>E-mail</b>		
	BILLG@HUIMPROVE.COM		

**Applicant** (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

<b>Type *</b>	<b>First Name</b>	<b>MI</b>	<b>Last Name</b>
Applicant	WILLIAM		GMEINWESER
<b>Relationship</b>	<b>Full Name</b>		
Agent for Owner	WILLIAM GMEINWESER		
<b>Primary</b>	<b>Organization Name</b>		
Yes	HORIZONS UNLIMITED INC		
	<b>Street Address</b>		
	7387 WASHINGTON BLVD SUITE 104		
	<b>Address Line 2</b>		
	<b>City</b>	<b>State</b>	<b>Zip Code</b>
	ELKRIDGE	MD	21075-0000
	<b>Phone</b>	<b>Cell</b>	<b>Fax</b>
	4107961333		4107964144
	<b>E-mail *</b>		
	BILLG@HUIMPROVE.COM		

**Addl Info**

<b>Est Construction Cost *</b>	<b>Housing Units *</b>	<b>Number of Buildings *</b>	<b>Public Owned</b>
12105	0	0	No
<b>Construction Type</b>			
-Select-			

MISC PERMIT INFO

MISCELLANEOUS PERMIT 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="text"/>	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="radio"/> Yes <input checked="" type="radio"/> No	<input type="text"/>
Existing Use *	Water	Sewage	Expiration Date	
SFD <input type="text"/>	Private <input type="text"/>	Private <input type="text"/>	5/1/2021 <input type="text"/>	

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit      Cancel