

PERMIT NUMBER: B 20003665

DATE ACCEPTED:

Heath

RESIDENTIAL BUILDING PERMIT APPLICATION
 HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS
 3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4
 www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

Street Address: 830 Old Station Court Unit:
 City: Woodbine State: MD Zip Code: 21797
 Subdivision/Village/Complex Name: SDP/WP/BA #:
 Lot: 38 Tax Map: Parcel: Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: New Sunroom addition Estimated Cost: \$ 140,000
 Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None
 21' x 22'

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Dana and Laurie Luck DeFibaugh Primary Residence: Yes No
 Owner's Street Address: 830 Old Station Ct.
 City: Woodbine State: MD Zip Code: 21797
 Phone: Email: laurie.luck@gmail.com

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: KH & K Permits Contract #: 210907-2259
 Street Address: Duxbury MD City: Duxbury MD State: MD Zip Code: 20754
 Phone: Email: khkpermits@comcast.net

CONTRACTOR INFORMATION REQUIRED

Business Name: G. Temple Construction License #: 112906
 Licensee's Name: Grant Temple
 Street Address: 3508 Husted Drive
 City: Chevy Chase State: MD Zip Code: 20815
 Phone: Email: granttemple@rocketmail.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Architectural Concepts Group Name: Alan R. Clapp
 Street Address: 124 W. Pottrick Street
 City: Frederick State: MD Zip Code: 21701
 Phone: 301-630-6177 Email: archconcept@gmail.com

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: SF Dwelling SF Townhouse SF Duplex Mobile Home Multi-Family Dwelling (MF*) Condo: Yes No
 Utilities: Electric Gas Water Supply: Public Private (Well) Sewage Disposal: Public Private (Septic)
 Heating System: Electric Natural Gas Propane Other: Roadside Tree Project: No Yes: #
 Sprinkler System: NFPA 13 NFPA 13R NFPA 13D None Fire Alarm System: Yes No Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: N/A
 # of Bedrooms (SF): # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
 # Rooms: # Full Baths: # Half Baths: # Fireplaces:
 Garage/Carport Info: Attached Garage Detached Garage Integral Garage Carport None
 Basement/Foundation Info: Slab on Grade Post & Pier Unfinished Basement Finished Basement: Full or Partial
 1st Fl Width: 1st Fl Depth: 2nd Fl Width: 2nd Fl Depth: Bsmt Width: Bsmt Depth:
 Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: sq ft Occupiable Area: sq ft

AGREEMENT/ DISCALIMER REQUIRED

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 ORIGINAL SIGNATURE: [Signature] DATE SIGNED: 10-15-20

FOR OFFICE USE ONLY CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health SHA CID

SUBMITTAL FEES: \$25.00 PAYMENT: No check ACCEPTED BY: Drop Box

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

Date: 1/19/2021
To: ROBERT BRICKER, HEALTH
(Person's Name and Division)
From: _____
(Your Name, Company Name and Telephone Number)
Subject: Project name _____
Project site address 830 THE OLD STATION CT
Permit # B20003645 SDP # _____
Other information pertinent to this project _____

NO
TRANSMITTAL
SUBMITTED?

✓ 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 BOUNDARY SURVEY (be specific). ** TOO LARGE TO SCAN **
- 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)

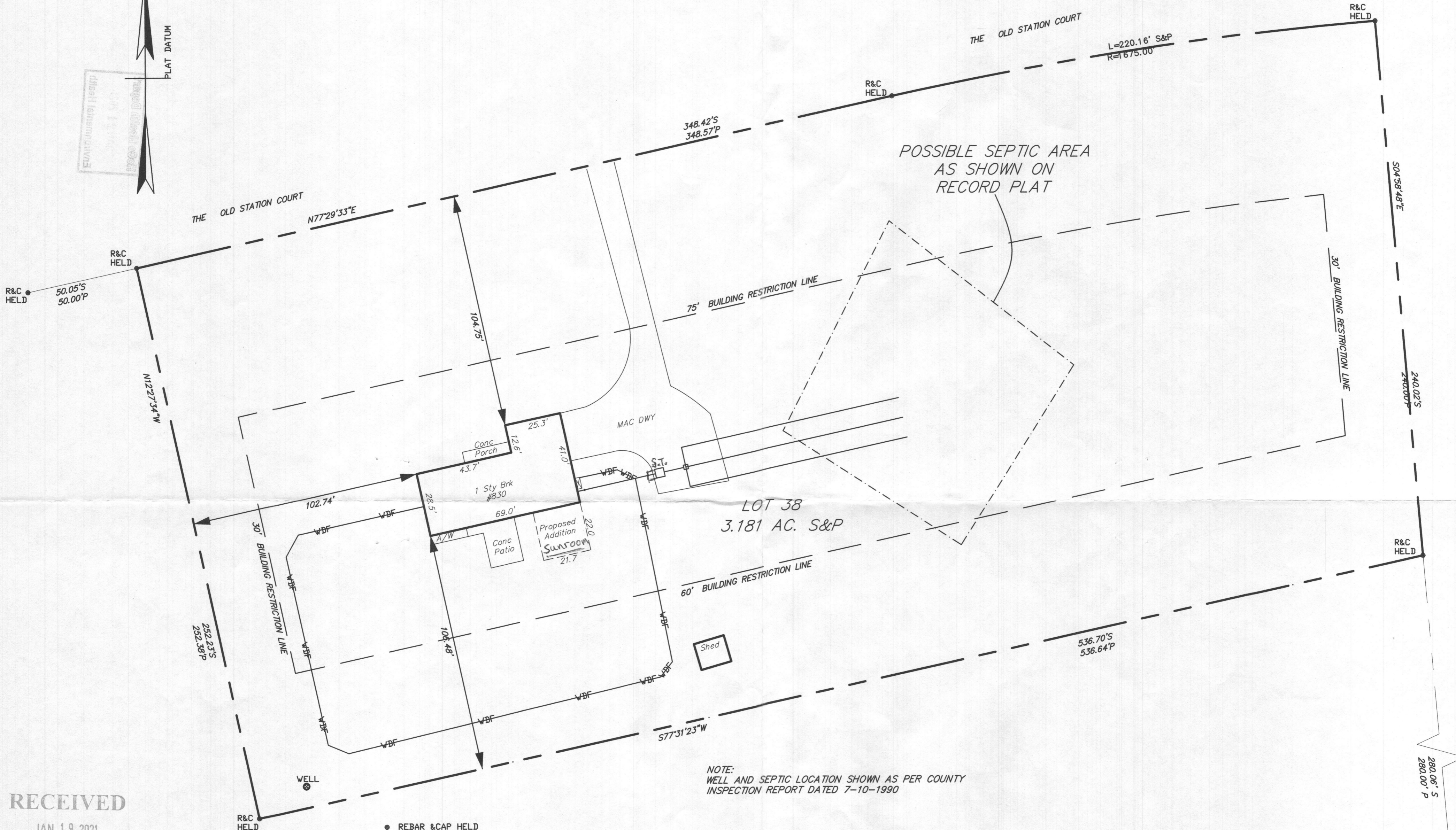
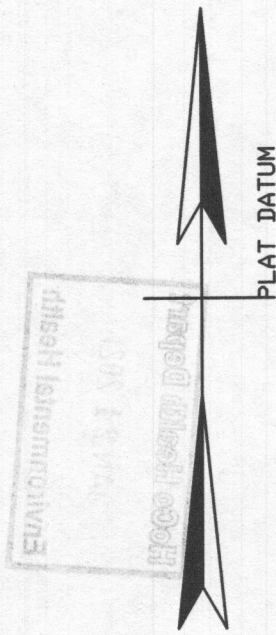
Please Print Name _____ Telephone No: _____
E-Mail Address: _____

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 MAIL

PER
HEALTH?

RECEIVED
JAN 19 2021
LICENSES & PERMITS
DIVISION



RECEIVED

JAN 19 2021
LICENSES & PERMITS
DIVISION

● REBAR & CAP HELD
S=SURVEY
P=PLAT

NOTE:
WELL AND SEPTIC LOCATION SHOWN AS PER COUNTY
INSPECTION REPORT DATED 7-10-1990

THE BOUNDARY SURVEY	
MORGAN STATION LOT 38- PLAT 7822 830 OLD STATION COURT WOODBINE, MARYLAND HOWARD COUNTY, MARYLAND	
SCALE: 1" = 30'	DWN. BY: RC
DATE: OCT 2018	CHKD. BY: SJW

Approved Septic System Plan
Howard County Health Department
[Signature] 1/26/2021
Signature Date
B20003665
online submittal



SURVEYOR'S CERTIFICATION
I HEREBY CERTIFY THAT THE SURVEY SHOWN HEREON IS CORRECT, THAT
IT WAS PREPARED BY ME OR UNDER MY DIRECT SUPERVISION.
OCTOBER 2, 2018
DATE
[Signature]
STEPHEN WENTHOLD
PROFESSIONAL LAND SURVEYOR
MARYLAND REG. NO. 10767