

PERMIT NUMBER: B **20004123**

DATE ACCEPTED:

RECEIVED

NOV 13 2020



RESIDENTIAL BUILDING PERMIT APPLICATION

HOWARD COUNTY DEPARTMENT OF INSPECTIONS, LICENSES, AND PERMITS DIVISION

3430 COURT HOUSE DRIVE, ELLICOTT CITY, MD 21043 - PHONE: (410) 313-2455 OPTION #4

www.howardcountymd.gov

BUILDING SITE ADDRESS REQUIRED

| | | |
|--|----------------------------|------------------------|
| Street Address: 18439 Hidden Creek Way | | Unit: |
| City: Mount Airy | State: MD | Zip Code: 21771 |
| Subdivision/Village/Complex Name: Windsor Forest Knolls | | SDP/WP/BA #: |
| Lot: 9 | Tax Map: 6, Grid 16 | Parcel: 57 |
| Grading Permit #: | | |

DESCRIPTION OF WORK REQUIRED

| | | |
|--|--------------------------|--------------------------------------|
| Existing Use: Vacant unimproved lot | Proposed Use: SFD | Estimated Cost: \$ 407,925.00 |
| Trade Work to Be Completed (Separate Permits Required): <input checked="" type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None | | |

Residential New Single Family Dwelling (Detached)

PROPERTY OWNER INFORMATION REQUIRED

| | | |
|---|--|--|
| Owner(s) Name(s) (As it appears on tax records): Sonshine MD, LP | | Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Owner's Street Address: 227 Granite Run Drive, Suite 100 | | |
| City: Lancaster | State: PA | Zip Code: 17601 |
| Phone: (717) 464-9060 | Email: billb@keystonecustomhome.com | |

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

| | | |
|---|---|--------------------------------------|
| Business Name: Keystone Custom Homes | | Contact Name: Gregg Reinsmith |
| Street Address: 227 Granite Run Drive, Suite 100 | | |
| City: Lancaster | State: PA | Zip Code: 17601 |
| Phone: (717) 719-1362 | Email: greinsmith@keystonecustomhome.com | |

CONTRACTOR INFORMATION REQUIRED

| | | |
|---|---|---|
| Business Name: Keystone Custom Homes | | License #: MHBR# 2937 (exp 12/01/2021) |
| Licensee's Name: | | |
| Street Address: 227 Granite Run Drive, Suite 100 | | |
| City: Lancaster | State: PA | Zip Code: 17601 |
| Phone: (717) 719-1362 | Email: greinsmith@keystonecustomhome.com | |

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

| | | |
|---|---|-------------------------|
| Business Name: Paul B. Elser, P.E. | | Name: Paul Elser |
| Street Address: 227 Granite Run Drive, Suite 100 | | |
| City: Lancaster | State: PA | Zip Code: 17601 |
| Phone: (717) 719-1370 | Email: pelser@keystonecustomhome.com | |

BUILDING CHARACTERISTICS REQUIRED

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

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

| | | | | |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-----------------------|
| Model Name & Options: Devonshire Manor | | | | |
| # of Bedrooms (SF): 5 | # of efficiency units (MF*): | # of 1 BR (MF*): | # of 2 BR (MF*): | # of 3 BR (MF*): |
| # Rooms: 21 | # Full Baths: 4 | # Half Baths: 1 | # Fireplaces: 1 | |
| Garage/Carport Info: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None | | | | |
| Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Finished Basement: <input checked="" type="checkbox"/> Full or <input type="checkbox"/> Partial | | | | |
| 1 st Fl Width: 80 | 1 st Fl Depth: 61 | 2 nd Fl Width: 50 | 2 nd Fl Depth: 56 | Bsmt Width: 80 |
| Energy Method: <input checked="" type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI | | Gross Area: 7,837 sq ft | | |
| | | Occupiable Area: 7,811 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.

Gregg Reinsmith
 APPLICANT'S ORIGINAL SIGNATURE 11/12/2020
DATE SIGNED

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

| | | | | | |
|--|---|---|---|---|---|
| <input checked="" type="checkbox"/> PR | <input checked="" type="checkbox"/> DPZ | <input checked="" type="checkbox"/> DED | <input checked="" type="checkbox"/> Health <i>12/8/2020</i> | <input checked="" type="checkbox"/> SHA | <input checked="" type="checkbox"/> CID |
| SUBMITTAL FEES: \$150.00 | | PAYMENT: CK# 2067 | | ACCEPTED BY: DRopBox | |

Heath

RECEIVED

PERMIT NUMBER: B 21000858

DATE ACCEPTED:

MAR 09 2021



RESIDENTIAL BUILDING PERMIT APPLICATION

LICENSES & PERMITS DIVISION

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: 18437 Hidden Creek Way
City: Mt. Airy
Subdivision/Village/Complex Name: Windsor Forest
Lot: 009 Tax Map: 04 373243 Parcel: 57

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: Estimated Cost: \$ 3600.00
Trade Work to Be Completed (Separate Permits Required):
INSTALL UG500 Gallon Propane Tank on Gas line to house

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s): BEN JEROME AND MELANIE SHAMM
Owner's Street Address: 1727 JEAN PER MEADOWS CT
City: SEWEN State: MD Zip Code: 21144

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: Dixie Land Energy
Street Address: 281 E Main St
City: Rising Sun State: MD Zip Code: 21911
Phone: 888-517-3680 Email: lduggers@dixielandenergy.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Dixie Land Energy
Licensee's Name: Basil Stephen Perry License #: 20100100729
Street Address: 281 E Main St
City: Rising Sun State: MD Zip Code: 21911
Phone: 888-517-3680 Email: lduggers@dixielandenergy.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: Name:
Street Address:
City: State: Zip Code:
Phone: Email:

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:
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

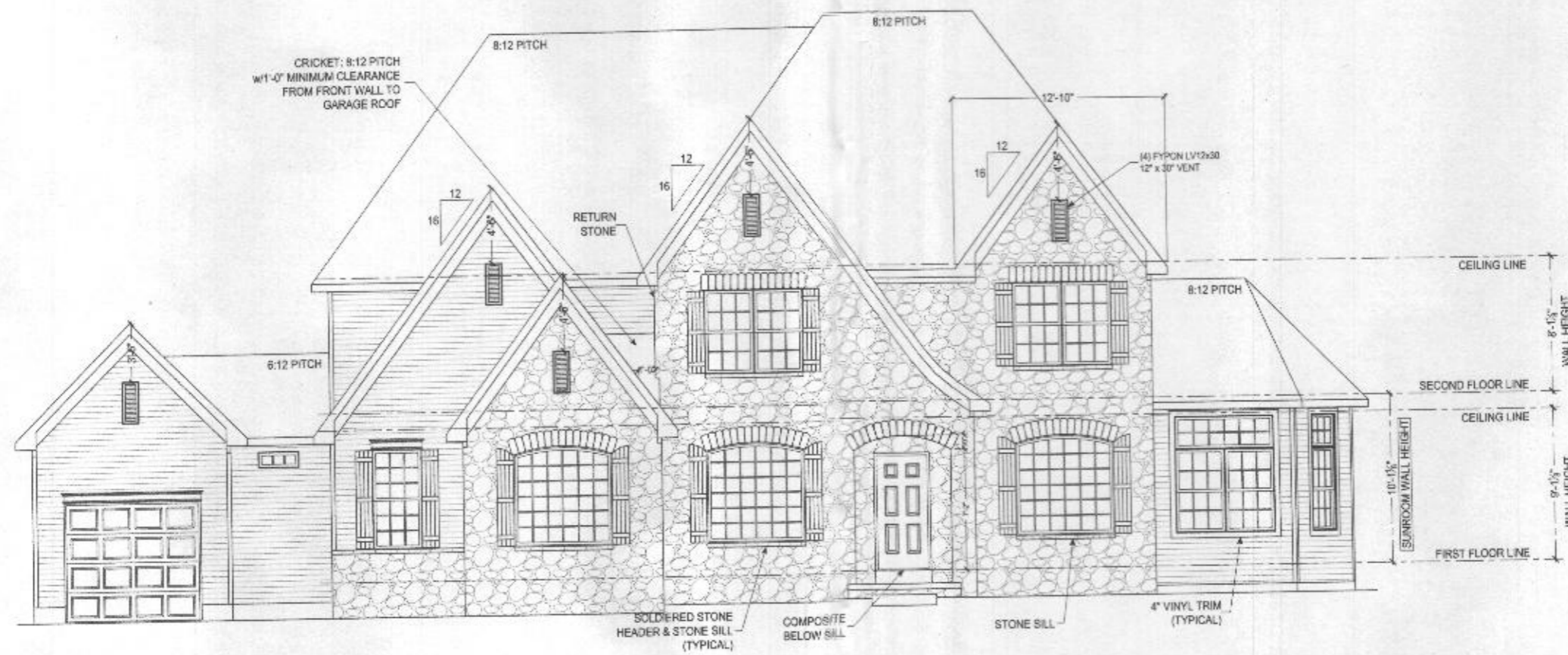
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Signature of Basil Stephen Perry DATE SIGNED: 2-5-21

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health 3/26/21 SHA CID
SUBMITTAL FEES: \$110.00 PAYMENT: CK # 131660 ACCEPTED BY: MAIL



FRONT ELEVATION
SCALE: 3/8" = 1'-0"

The architect, designer, drafter, and contractor shall be held responsible for the accuracy of the information provided herein. The architect, designer, drafter, and contractor shall be held responsible for the accuracy of the information provided herein. The architect, designer, drafter, and contractor shall be held responsible for the accuracy of the information provided herein.

227 GRANITE RUN DRIVE, SUITE 100
LANCASTER, PENNSYLVANIA 17601
PH: (717) 464-9060 • FAX: (717) 464-9046
www.keystonecustomhomes.com



KEYSTONE CUSTOM HOMES, INC.

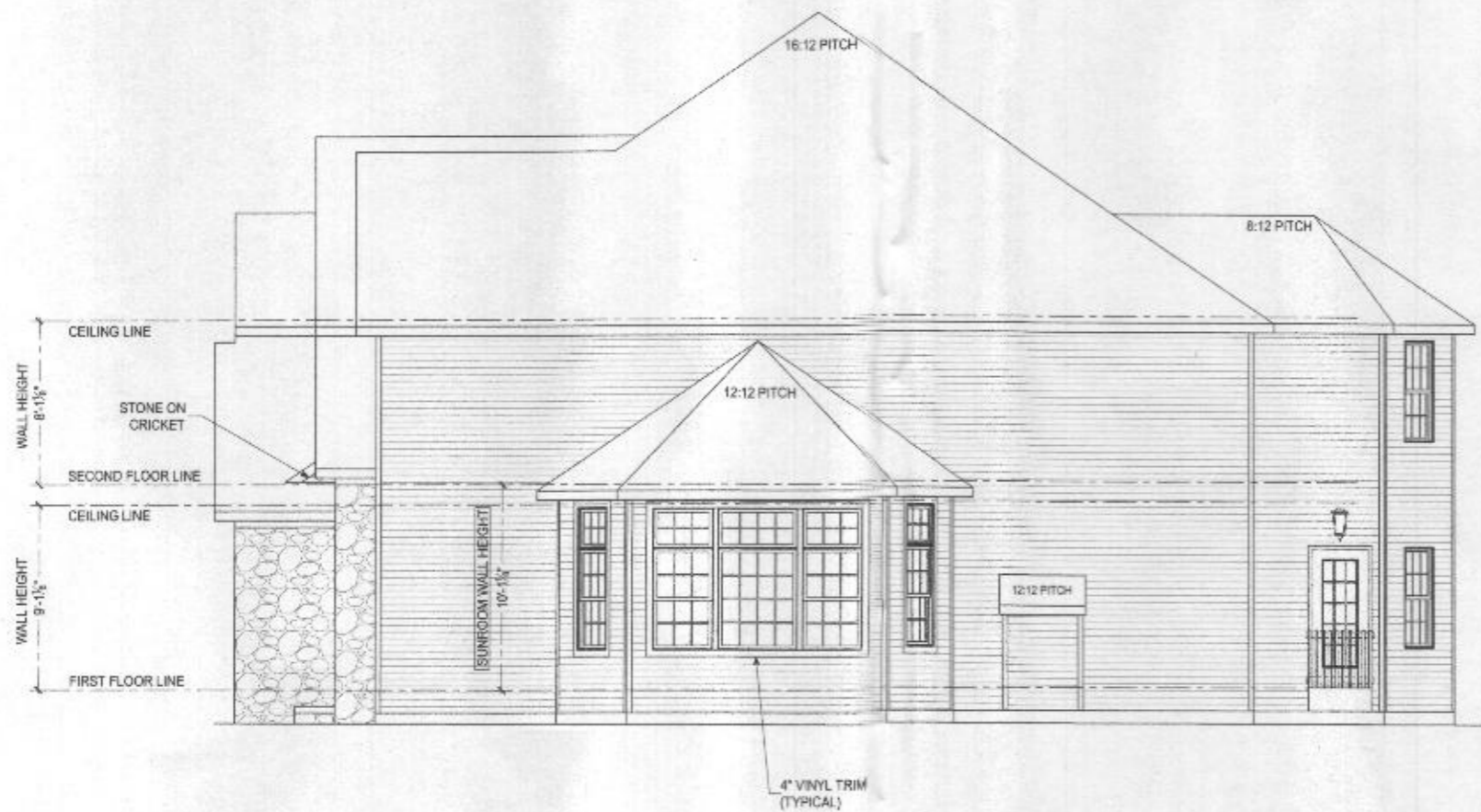


"Professional Certification - I hereby certify that these documents were prepared or approved by me and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 35478, Expiration Date 09-30-2027."

| | |
|-------------|-----------------|
| PROJECT NO. | FRONT ELEVATION |
| DATE | EAS009 |
| DESIGNER | BELL |
| DATE | ALG 7 2020 |
| SCALE | AS NOTED |
| DRAWN BY | R.SHW |
| SHEET NO. | AL0 |
| PLANS | ads 10 |

B20004123

HEALTH DEPT



LIVING SIDE ELEVATION
SCALE 3/8" = 1'-0"



Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 35478, Expiration Date 03-15-2007.

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LANCASTER, PENNSYLVANIA 17601
PH: (717) 464-9060 • FAX: (717) 464-9046
www.keystonectustomhomes.com



KEYSTONE CUSTOM HOMES, INC.

| | |
|-------------|------------|
| PROJECT NO. | EA0009 |
| CLIENT | BELL |
| DATE | AUG 7 2007 |
| SCALE | AS NOTED |
| DRAWN BY | R. SHAW |
| CHECKED BY | ALL |
| DATE | ads 10 |



REAR ELEVATION
SCALE 3/4" = 1'-0"



Professional Certification I hereby certify that this document was prepared or supervised by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 95478, Expiration Date 08-18-2007

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LANCASTER, PENNSYLVANIA 17601
PH: (717) 464-9060 • FAX: (717) 464-9046
www.keystonecustomhomes.com



KEYSTONE CUSTOM HOMES, INC.

| | | | |
|--------------------|----------------|---------|------|
| SHEET NO. 10 OF 10 | REAR ELEVATION | E.A.009 | BELL |
| | DATE | | |
| DATE | AUG 7 2003 | | |
| SCALE | AS NOTED | | |
| DRAWN BY | J. SHAW | | |
| CHECKED BY | | | |
| PROJECT NO. | AL2 | | |
| DATE | ads 10 | | |

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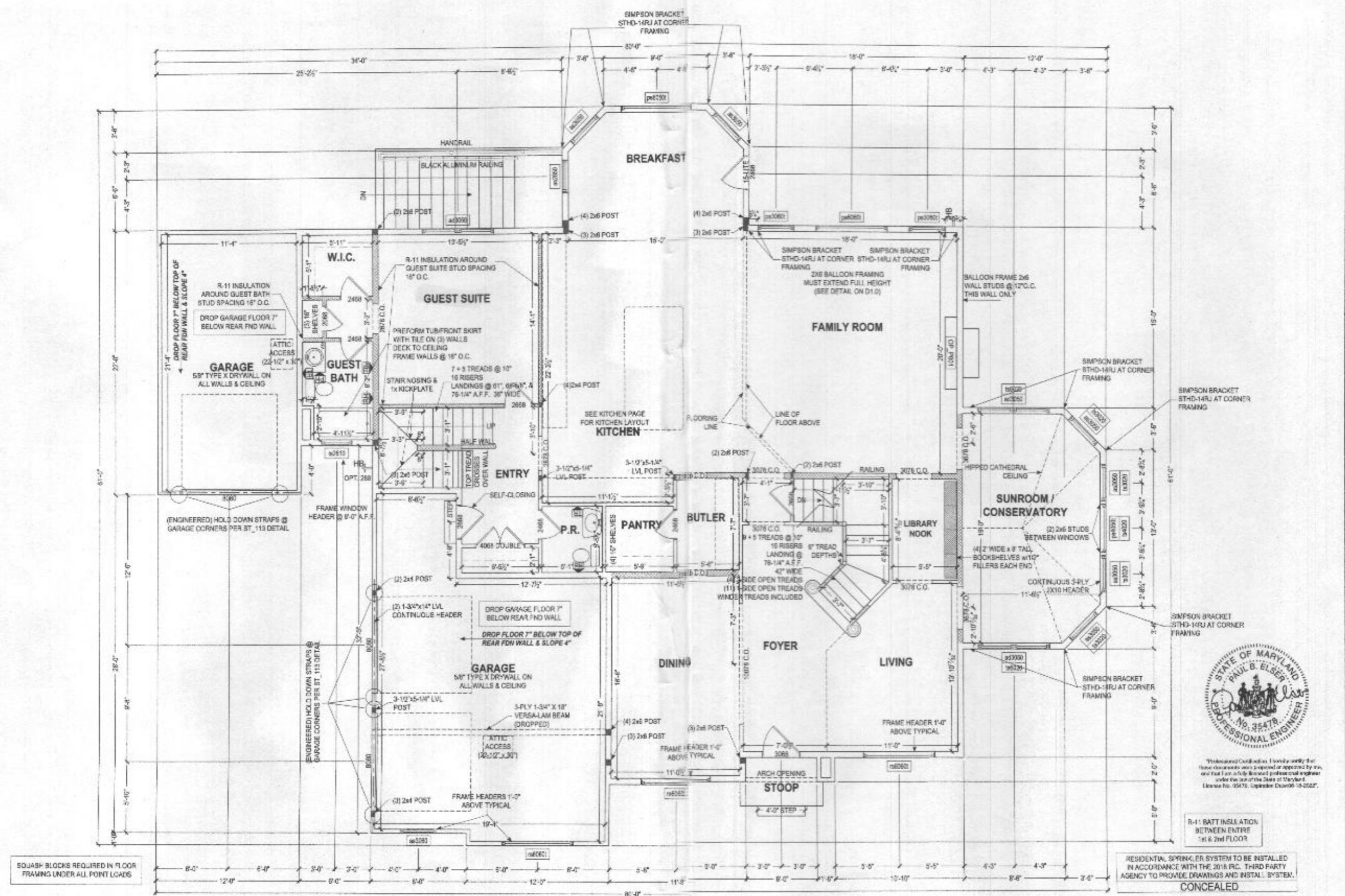
KEYSTONE CUSTOM HOMES, INC.



Professional Certification. I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed professional engineer under the laws of the State of Maryland. License No. 35478, Expiration Date 06-15-2027.

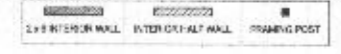
R-11 BATT INSULATION BETWEEN ENTIRE 1st & 2nd FLOOR

RESIDENTIAL SPRINKLER SYSTEM TO BE INSTALLED IN ACCORDANCE WITH THE 2018 IFC. THIRD PARTY AGENCY TO PROVIDE DRAWINGS AND INSTALL SYSTEM. CONCEALED



SQUASH BLOCKS REQUIRED IN FLOOR FRAMING UNDER ALL POINT LOADS

ALL EXTERIOR WALLS ARE 100% CONT. STRUCTURAL SHEATHING (METHOD A) PER ST. 113



FIRST FLOOR PLAN
SCALE 3/16" = 1'-0"

PROJECT: 227 GRANITE RUN
SHEET NO. P1.0
DATE: AUG 7 2020
AS NOTED
DRAWN BY: R. SHAW
CHECKED BY: EAS009
DESIGNED BY: BELL