

Approved
11/20/2021
RHC

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Addition/SFD	B20003645	10/19/2020
Description of Work		
REPLACE FAILING STRUCTURAL WALLS/ with a 1 STORY ADDITION 1R, 1FB, (1BR), CONSTRUCT FRONT PORCH/ INTERIOR ALTERATIONS, 1 STORY, Existing, 1R, 1FB, 0HB, 0FP, OTHER STRUCTURE = None, 0BR, PORCH/DECK = N/A, ENERGY METHOD = N/A,		

check spelling

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
1845	FLORENCE	RD	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.14272	39.31979
City	State	Zip Code	Primary
MOUNT AIRY	MD	21771	Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner

GIS ID *	Parcel	Parcel Area	Land Value	Improved Value	Exemption Value	Plan Area
908970	202	2.69	216900	397600	180700	RURAL
Legal Description						
IMPS2.698 A\ 1845 FLORENCE RD\ JMT AIRY						

check spelling

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
		604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404315359						
Section	Area	Tax Map					
		6					
Grid	Zoning District	ADC Map					
6-23	RC-DEO	4690-H9					
SDP No.	Final Plan No.	WP File No.					
Record Plat No.	WS Contract No.	FDP No.	Primary				
			Yes				
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input type="radio"/> No	1974	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Historic District Registry No.	Stat Area	Flood Plain					
	4-04	<input type="radio"/> Yes <input checked="" type="radio"/> No					
Building No							

Owner (This section is not required.)

Search Reset Clear

Name *

GROSSMAN MARK A

Address Line 1

1845 FLORENCE RD

Address Line 2

Address Line 3

Mail City	Mail State	Mail Zip Code
MOUNT AIRY	MD	21771
Phone	Primary	
301-252-4438	Yes	
E-mail		
emjg13@comcast.net		
Cell Number	Fax Number	

Professionals (This section is not required.)

Search Reset Clear

License # *	Business Name		
License Type *	First Name	Middle Name	Last Name
-Select-			
Primary	Address Line 1		
Yes			
	Address Line 2		
	City	State	ZIP Code
	Phone 1	Phone 2	Fax
E-mail			

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type *	First Name	MI	Last Name
Applicant	Karen		Pitsley
Relationship	Full Name		
Applicant	Karen Pitsley		
Primary	Organization Name		
No	Transforming Architecture		
	Street Address		
	7612 Browns Bridge Road		
	Address Line 2		
	City	State	Zip Code
	Highland	MD	20777
	Phone	Cell	Fax
	301-776-2666	301-776-2886	
E-mail *			
karen@transformingarchitecture.com			

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type	First Name	MI	Last Name
Contact	Karen		Pitsley
Relationship	Full Name		
Licensed Professional	Karen Pitsley		
Primary	Organization Name		
Yes	Transforming Architecture		
	Street Address		
	7612 Browns Bridge Road		
	Address Line 2		
	City	State	Zip Code
	Highland	MD	20777
	Phone	Cell	Fax
	301-776-2666	301-776-2886	
E-mail			
karen@transformingarchitecture.com			

Addl Info

Est Construction Cost * Housing Units * Number of Buildings * Public Owned
 Construction Type

RESIDENTIAL ADDITION INFORMATION

RESIDENTIAL ADDITION INFORMATION

Capital Project-No Fee * Yes No Capital Project Number Fee Exempt * Yes No Roadside Tree Project Permit Yes No Roadside Tree Project Permit #
 No of Stories * Foundation * Basement * No of Rooms * Full Baths * Half Baths * Existing Use

Model *

check spelling

Other Structure * Bedrooms * Porch Deck * No of Fireplaces * Type of Fireplace Energy Code *
 W & S Fees Paid Yes No Water * Sewage * Utilities * Heating System * Sprinkler System *
 1st Floor Width FT 1st Floor Depth FT 2nd Floor Width FT 2nd Floor Depth FT Basement Width FT Basement Depth FT Height FT
 Total Square Footage * SQFT Occupiable Square Footage * SQFT Affordable Housing Funding Foundation Measurement Footings
 Walls Roof Change In Use Yes No Grading Permit No

Additional Description Info

Expiration Date

check spelling

PAYMENT INFORMATION

Check 1 Payee 1 Check 2 Payee 2 SAP Doc No SAP Entered

Related Records

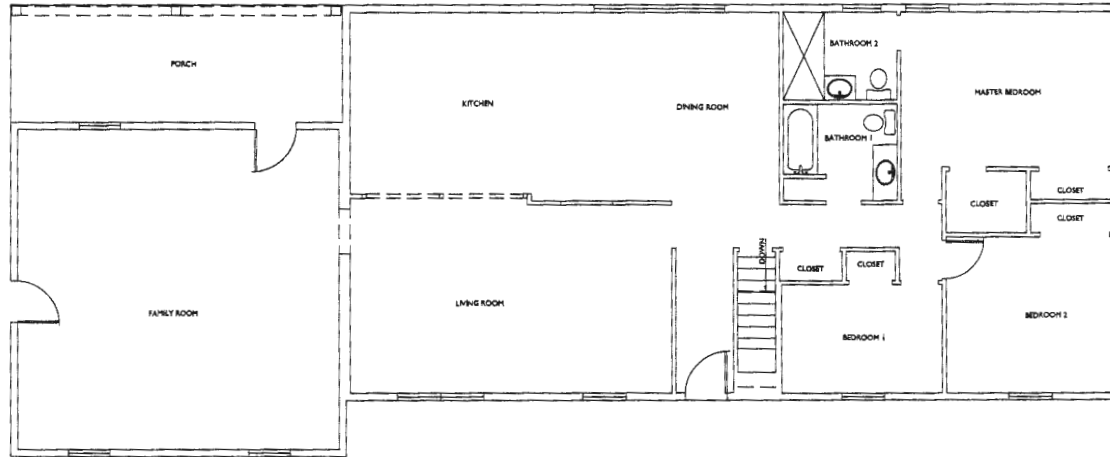
1

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B20003577	Residential Interior Alteration Single Family Dwelling Permit	Cancelled	1845	FLORENCE	10/19/2020	REPLACE 577 sqft OF FAILING STRUCTI
B20003645	Residential Addition Single Family Dwelling Permit	Review In Process	1845	FLORENCE	10/19/2020	REPLACE FAILING STRUCTURAL WALL

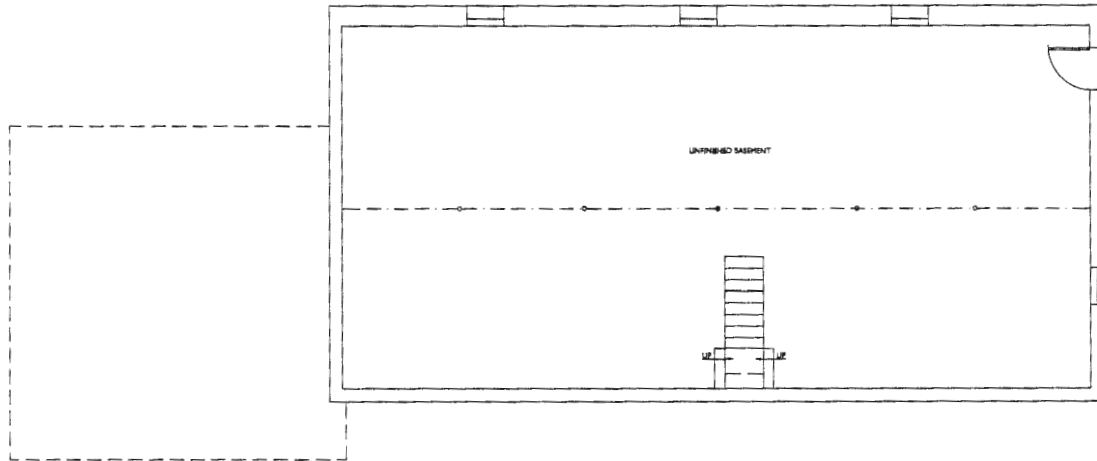
1

Submit Cancel

LINE TYPE KEY:
 NEW WALL: 
 EXIST. WALL: 
 ABOVE LINE: 
 FDN. WALL: 



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



BASEMENT FLOOR PLAN
 SCALE 1/4"=1'-0"



7614 Browns Bridge Road
 Highland, MD 20777
 301-796-6666
 301-776-8886 fax
 info@TransformingArchitecture.com
 www.TransformingArchitecture.com

STAMP

I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME AND THAT I AM A DULY LICENSED ARCHITECT UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NUMBER 1840, EXPIRATION 11/02/2021.

NOTE: THESE DRAWINGS ARE THE PROPERTY OF TRANSFORMING ARCHITECTURE AND, AS SUCH, MAY NOT BE REPRODUCED OR REPRODUCED, EITHER WHOLLY OR IN PART, WITHOUT PRIOR WRITTEN CONSENT OF TRANSFORMING ARCHITECTURE.

PROJECT PHASE


PERMIT

PROJECT TITLE

THE GROSSMAN RESIDENCE

1845 Florence Rd.
 Mt Airy, MD 21771

REVISIONS

SYMBOL	DATE	ISSUED FOR
	10/28/2020	PERMIT REVISION

PROJECT NUMBER 20-538

DATE 10/16/2020

SCALE AS NOTED

DRAWING TITLE

EXISTING FLOOR PLANS

SHEET NUMBER

A-100

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

Date: 11/18/2020

To: Robert Freemon Health Department
(Reviewer/Requestor's Name) (Division)

From: Taina Peters, Transforming Architecture (301) 776-2666
(Your Name, Company Name) (Phone Number)

Subject: Project name The Grossman Residence
 Project site address 1845 Florence Road, Mt. Airy, MD 21771
 Permit # B20003645 SDP # N/A
 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 REVISED PLANS (be specific).
 - Health Department Request
 - DPZ/ DED Request
 - Applicant's Request
 - Two sets of single-family model plans to be placed on permanent file: Model Name/ # _____
 - Other _____

Contact Person Information: (Required)

Taina Peters (301) 776-2666
 Please Print Name Telephone No:

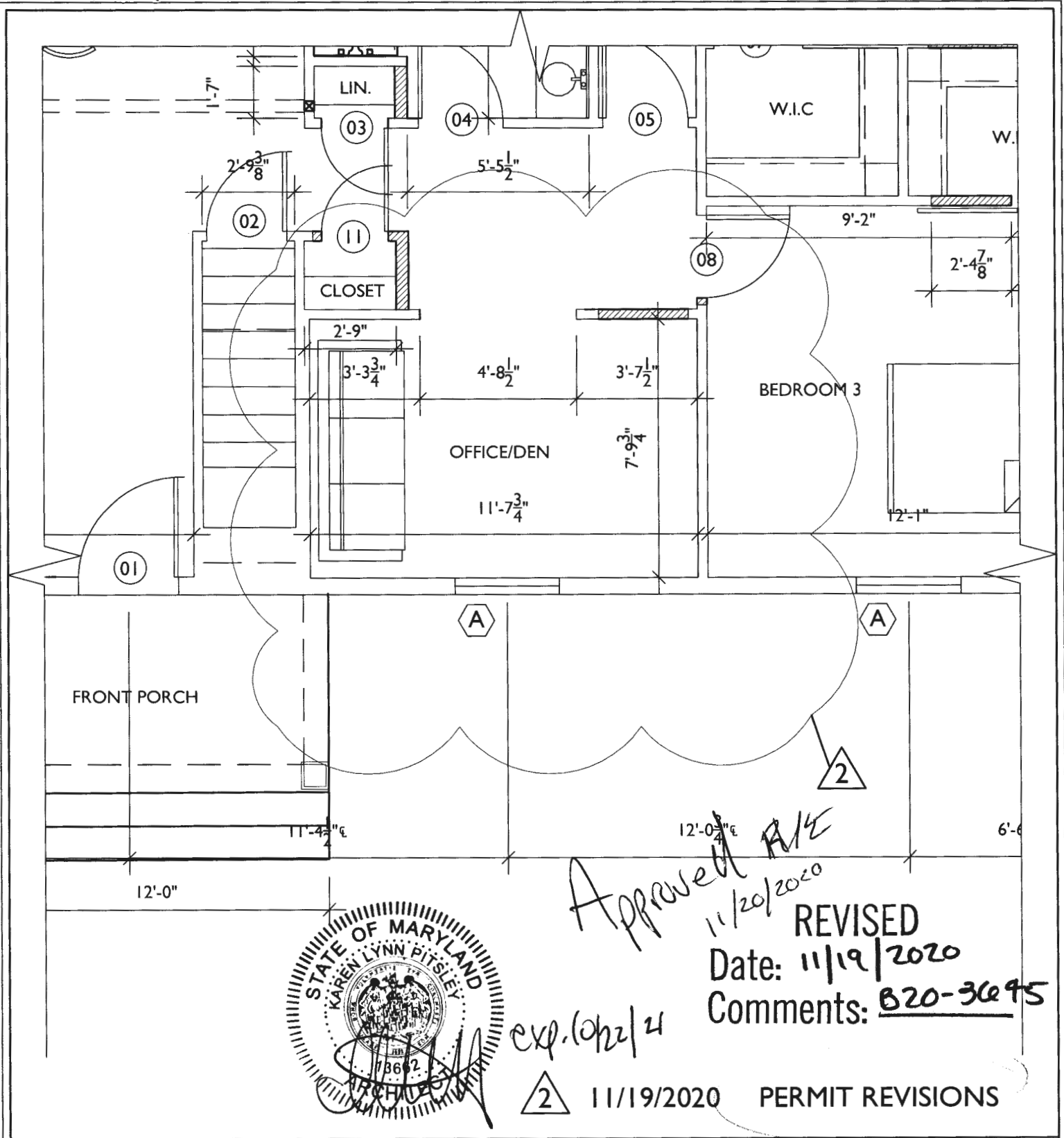
taina@transformingarchitecture.com
 E-Mail Address:

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 OPTION #4 OR BY VISITING MYHOWARD.INFO. 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 DropBox

White-Plan Review / Yellow-Applicant / Pink-Permit Division
 T:\Operations\Updated forms\HoCoTransmittalForm04.2020

RECEIVED
 NOV 19 2020
 LICENSES & PERMITS
 DIVISION



Approved R/E
 11/20/2020
 REVISED
 Date: 11/19/2020
 Comments: B20-3695



exp. 10/22/21

2 11/19/2020 PERMIT REVISIONS

TRANSFORMING ARCHITECTURE
 CUSTOM DESIGNS. FLAT FEES.

7612 Browns Bridge Rd
 Highland, MD 20777
 301-776-2666
 301-776-2886 fax
 info@TransformingArchitecture.com
 www.TransformingArchitecture.com

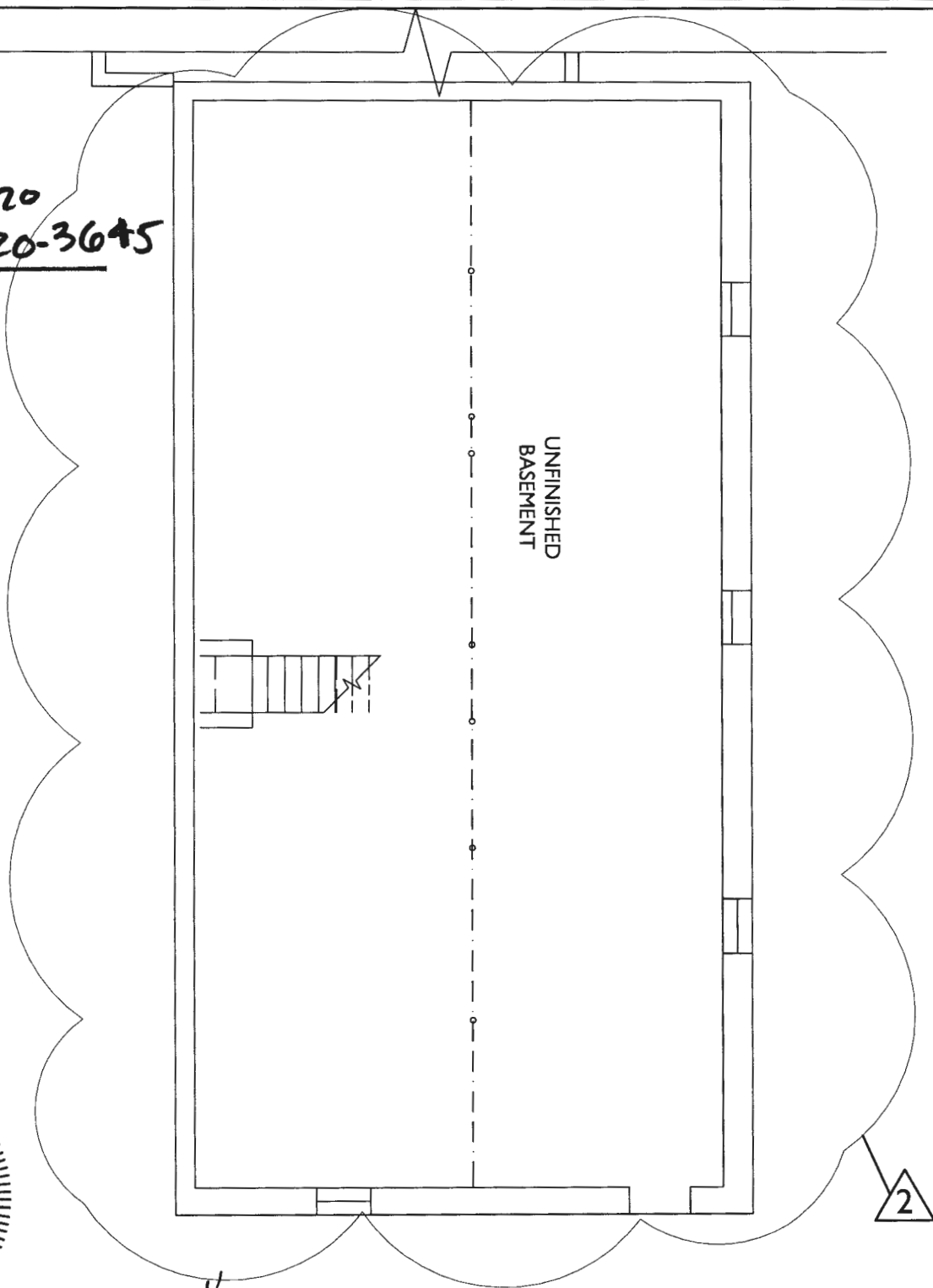
GROSSMAN RESIDENCE
 1845 FLORENCE RD
 MT. AIRY, MD 21771

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0" DATE: 11-19-2020 PROJECT: 20-528

REVISED
Date: 11/19/2020
Comments: B20-3645

Approved
11/20/2020
RLE



exp. 10/22/24



11/19/2020 PERMIT REVISIONS



7612 Browns Bridge Rd
Highland, MD 20777
301-776-2666
301-776-2886 fax
info@TransformingArchitecture.com
www.TransformingArchitecture.com

GROSSMAN RESIDENCE

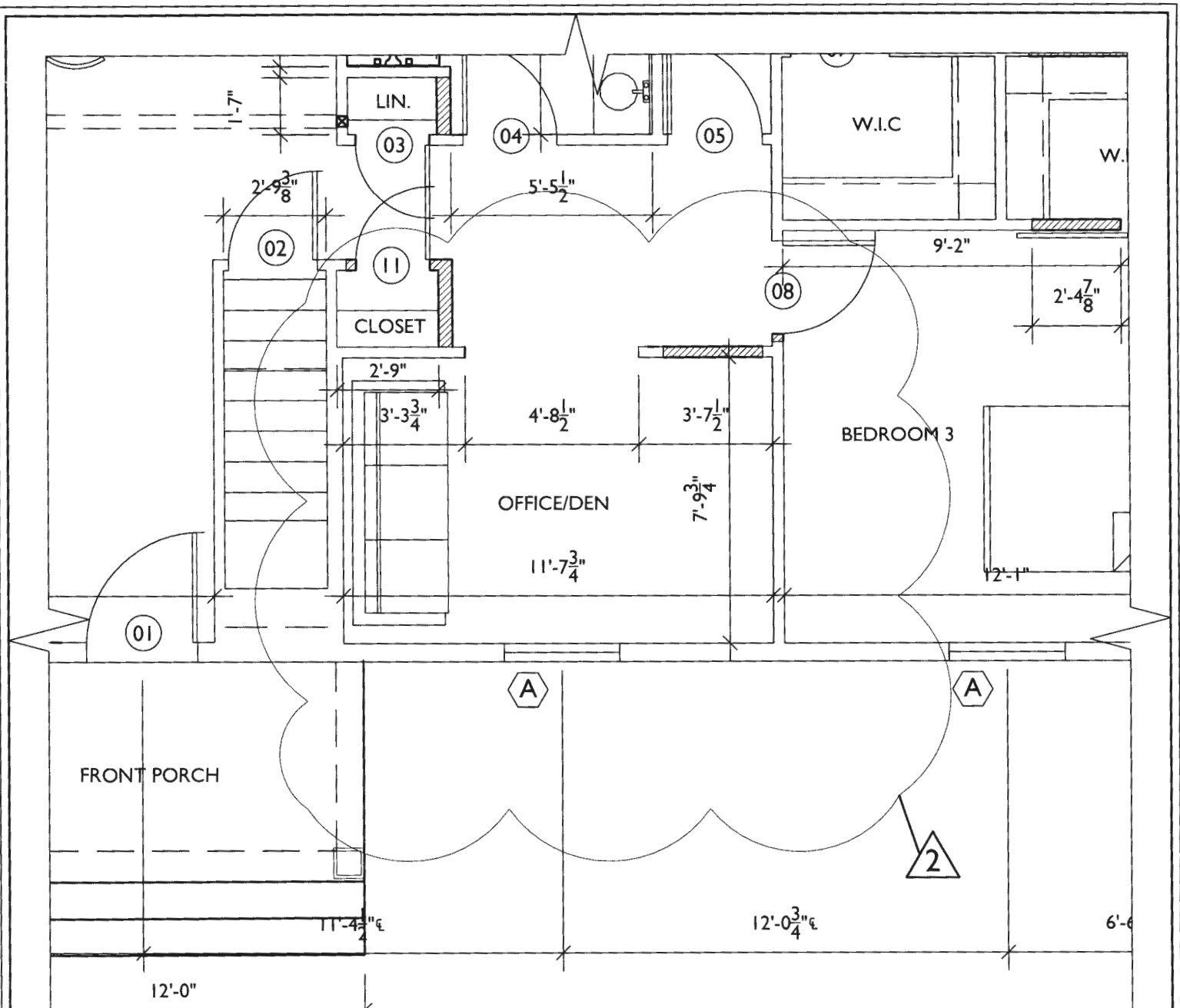
1845 FLORENCE RD
MT. AIRY, MD 21771

UNFINISHED BASEMENT PLAN

SCALE: 1/8" = 1'-0"

DATE: 11-19-2020

PROJECT: 20-528



exp. 10/22/24



11/19/2020 PERMIT REVISIONS

REVISED
 Date: 11/19/2020
 Comments: B20-3695



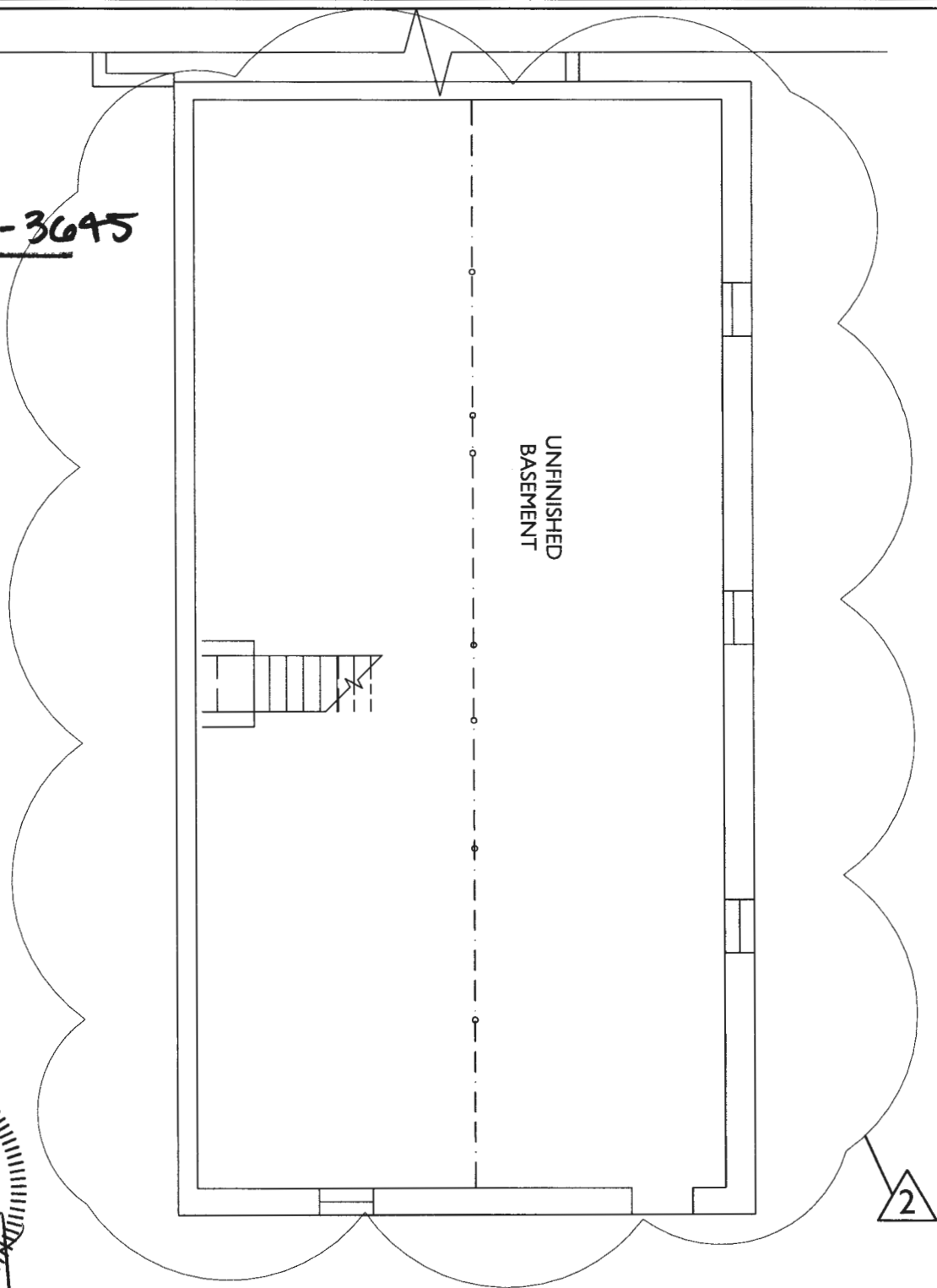
7612 Browns Bridge Rd
 Highland, MD 20777
 301-776-2666
 301-776-2886 fax
 info@TransformingArchitecture.com
 www.TransformingArchitecture.com

GROSSMAN RESIDENCE
 1845 FLORENCE RD
 MT. AIRY, MD 21771

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0" DATE: 11-19-2020 PROJECT: 20-528

REVISED
Date: 11/19/2020
Comments: B20-3695



exp. 10/22/21



11/19/2020 PERMIT REVISIONS



7612 Browns Bridge Rd
Highland, MD 20777
301-776-2666
301-776-2886 fax
info@TransformingArchitecture.com
www.TransformingArchitecture.com

GROSSMAN RESIDENCE

1845 FLORENCE RD
MT. AIRY, MD 21771

UNFINISHED BASEMENT PLAN

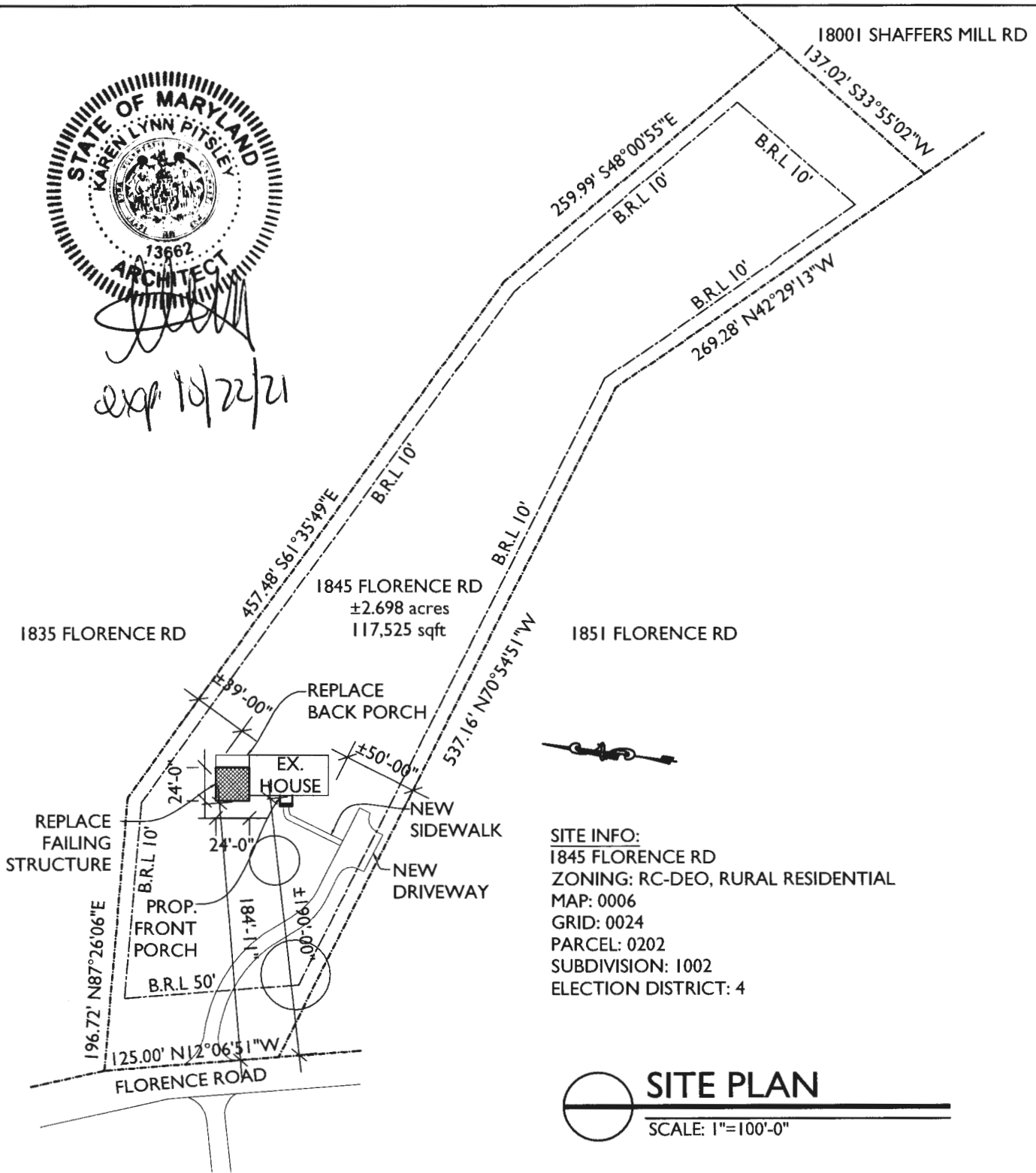
SCALE: 1/8" = 1'-0"

DATE: 11-19-2020

PROJECT: 20-528



exp 10/22/21



SITE INFO:
 1845 FLORENCE RD
 ZONING: RC-DEO, RURAL RESIDENTIAL
 MAP: 0006
 GRID: 0024
 PARCEL: 0202
 SUBDIVISION: 1002
 ELECTION DISTRICT: 4

SITE PLAN
 SCALE: 1"=100'-0"



7612 Browns Bridge Rd
 Highland, MD 20777
 301-776-2666
 301-776-2886 fax
 info@TransformingArchitecture.com
 www.TransformingArchitecture.com

GROSSMAN RESIDENCE		
1845 FLORENCE RD MT. AIRY, MD 21771		
SITE PLAN		
SCALE: AS NOTED	DATE: 10-09-2020	PROJECT: 20-528