

Menu Save Reset Cancel Help

Record Detail * (This section is required.)

Permit Type	Permit Number	Opened Date
Building/Residential/Misc/Tanks	B21004301	11/10/2021
Description of Work		
SFD/INSTALLING UG1000 LP TANK AND RUNNING LINE		

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner

Street #	Street Name	Street Type	
18422	HIDDEN CREEK	WAY	
Unit Type	Unit #	X Coordinate	Y Coordinate
--Select--		-77.15517	39.33175
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
925308	57	42811	80000	80000	0	RURAL
Legal Description						
LOT 3 42,811 SQ [] 18422 HIDDEN CREEK WAY [] WINDSOR FOREST KNOLLS						

[check spelling](#)

Block	Lot	Census Tract	Council Dist	Inspection Dist	Supervisor Dist	Map #	DAP Zone
	3	604001	5				
Plan Area	State Tax Id	Subdivision Name					
	1404373189	Windsor Forest Knolls					
Section	Area	Tax Map					
		6					
Grid	Zoning District	ADC Map					
6-16	RC-DEO	4690-F7					
SDP No.	Final Plan No.	WP File No.					
	F-07-008						
Record Plat No.	WS Contract No.	FDP No.					
19395-1939							
Owner Occupied	Year Built	Historic District					
<input type="radio"/> Yes <input checked="" type="radio"/> No		<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 required.)

Search Reset Clear

Name *		
Francis Edwards		
Address Line 1		
18422 Hidden Creek Way		
Address Line 2		
Address Line 3		
Mail City	Mail State	Mail Zip Code
Mt. Airy	MD	21771
Phone	Primary	
888-517-3680	Yes	
E-mail		
lnickle@dixielandenergy.com		
Cell Number	Fax Number	

Professionals (This section is not required.)

APPROVED
WALK-THRU BUILDING PERMIT
 BP# 21004301 A# _____
 APP. SAN CADIAN UG 001997 DATE: 12/30/2021
 DESC. OF WORK: INSTALL
1 x 1k UPT

Search Reset Clear

License # * Business Name

License Type * First Name Middle Name Last Name

Primary Address Line 1

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

Relationship Full Name

Primary Organization Name

Street Address

Address Line 2

City State Zip Code

Phone Cell Fax

E-mail *

Addtl Info

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

Construction Type

TANK INFORMATION

RESIDENTIAL TANK INFORMATION

Capital Project-No Fee * Yes No Capital Project Number Fee Exempt * Yes No Roadside Tree Project Permit * Yes No Roadside Tree Permit #

Existing Use Number of Tanks Installed * Number of Tanks Removed *

Water Supply Sewage Disposal Expiration Date Relocate Existing Tank *

PAYMENT INFORMATION

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

Related Records

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B21004301	Residential Tank Permit	Review In Process	18422	HIDDEN CREEK	11/10/2021	SFD/INSTALLING UG1000 LP TANK AND RUNNING LINE
E21006284	Residential Electrical New Home Permit	Issued	18422	HIDDEN CREEK	12/14/2021	SFD/ NEW WIRE 400A / LOW VOLTAGE INCLUDED 301927157

Page 1 of 1

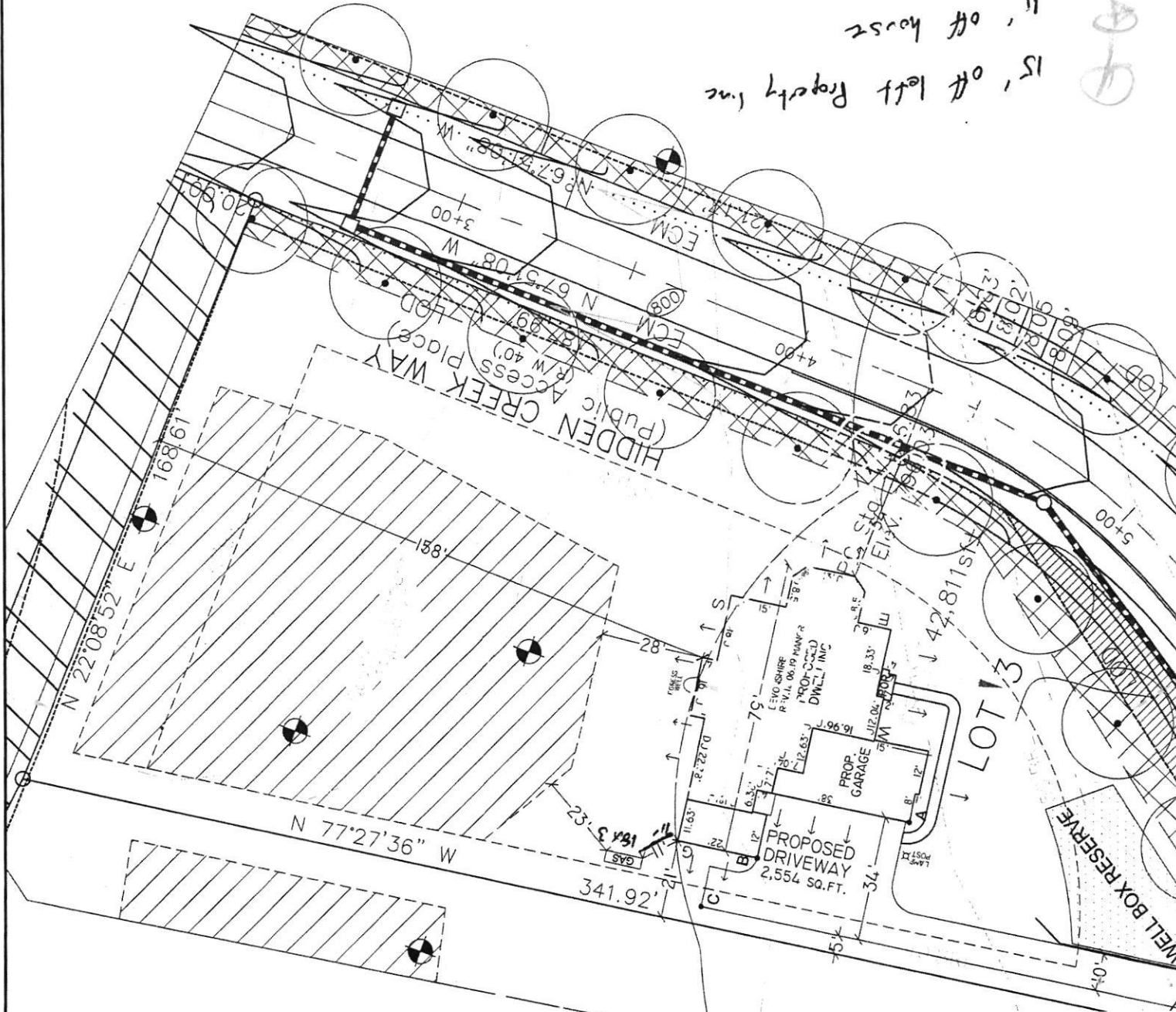


Submit Cancel

NOTES:

- 1- Basement: Standard
- 2- Minimum distance between water & sewer connect:
- 3- Driveway requirements:
- 4- All location dimensions shown here are subject to change due to field conditions.
- 5- Easement notices: (various' wide) Well Box Sanitary Sewer
- 6- Porch Walls, Garage & Crawl Space Walls
- 7- Foundation walls: 9' Poured walls - (3' B.T.W.)
- 8- Nothing should be placed, planted or erected in the easement areas.
- 9- Not used
- 10- Howard County - Driveway to Property line minimum 3 ft.
- 11- Cut to Basement Subgrade: From Upper Drill Hole _____
(Or Iron Pin)

15' off left Property line
 11' off house
 20' off Rear
 180' off R.R.H.
 145' off Front



PERMIT NUMBER: B 21002632

DATE ACCEPTED:

RECEIVED JUL 15 2021 LICENSES & PERMITS DIVISION



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: 18422 Hidden Creek Way
City: Mount Airy
State: MD
Zip Code: 21771
Subdivision/Village/Complex Name: Windsor Forest Knolls
SDP/WP/BA #: G21000149
Lot: 3 Tax Map: 6, Grid 16 Parcel: 57 Grading Permit #: ~~FW210001410~~

DESCRIPTION OF WORK REQUIRED

Existing Use: Vacant unimproved lot Proposed Use: SFD Estimated Cost: \$417,825.00
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing 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: Yes 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: Neil J. Bontempi
Street Address: 227 Granite Run Drive, Suite 100
City: Lancaster State: PA Zip Code: 17601
Phone: (717) 847-5426 Email: nbontempi@keystonecustomhome.com

CONTRACTOR INFORMATION REQUIRED

Business Name: Keystone Custom Homes License #: MHBR# 2937 (exp 12/01/2021)
Street Address: 227 Granite Run Drive, Suite 100
City: Lancaster State: PA Zip Code: 17601
Phone: (717) 847-5426 Email: nbontempi@keystonecustomhome.com

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

Business Name: James F. Collins, P.E. Name: James Collins
Street Address: 227 Granite Run Drive, Suite 100
City: Lancaster State: PA Zip Code: 17601
Phone: (352) 250-3146 Email: jcollins@keystonecustomhome.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: Devonshire Manor
of Bedrooms (SF): 5 # of efficiency units (MF*): # of 1 BR (MF*): # of 2 BR (MF*): # of 3 BR (MF*):
Rooms: 20 # Full Baths: 4 # Half Baths: 1 # Fireplaces: 1
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: 80 1st Fl Depth: 75 2nd Fl Width: 62 2nd Fl Depth: 60 Bsmt Width: 80 Bsmt Depth: 75
Energy Method: Prescriptive Performance UA Alternative ERI Gross Area: 7,930 sq ft Occupiable Area: 7,908 sq ft

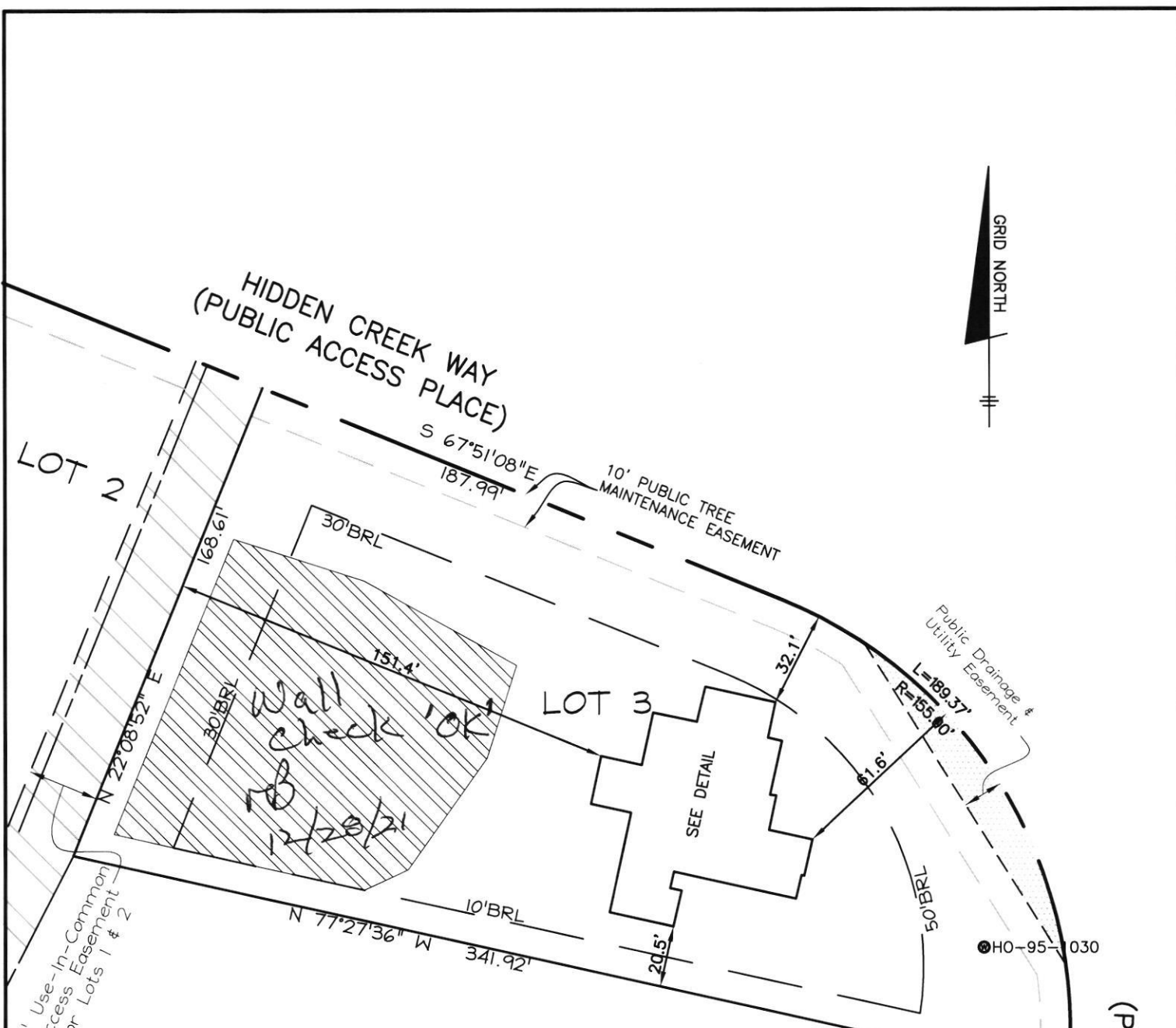
AGREEMENT/ DISCALIMER REQUIRED

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.

Neil J. Bontempi APPLICANT'S ORIGINAL SIGNATURE DATE SIGNED: 7/15/2021

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

AGENCIES REQUIRED/APPROVALS: PR DPZ DED Health 8/12/21 SHA CID
SUBMITTAL FEES: \$150.00 PAYMENT: CK# 3249 ACCEPTED BY: DlapBOX



24' Use-In-Common Access Easement for Lots 1 & 2

WALL CHECK
OK
NB
12/20/21

SEE DETAIL

Public Drainage & Utility Easement

HO-95-030

HIDDEN CREEK WAY
(PUBLIC ACCESS PLACE)

TOP OF FOUNDATION WALL = 803.2'
OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE

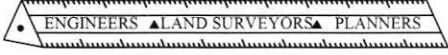
I HEREBY CERTIFY THAT THESE DOCUMENTS, WERE PREPARED BY ME OR UNDER MY RESPONSIBLE CHARGE, AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 21320, EXPIRATION DATE 1-7-2023 AND TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 12/15/2021.



Donald A. Mason
DONALD A. MASON
PROFESSIONAL LAND SURVEYOR
MARYLAND REG. No. 21320

FEMA FIRM No. 24027C0010D
ZONE: X
DATED: 11/6/2013

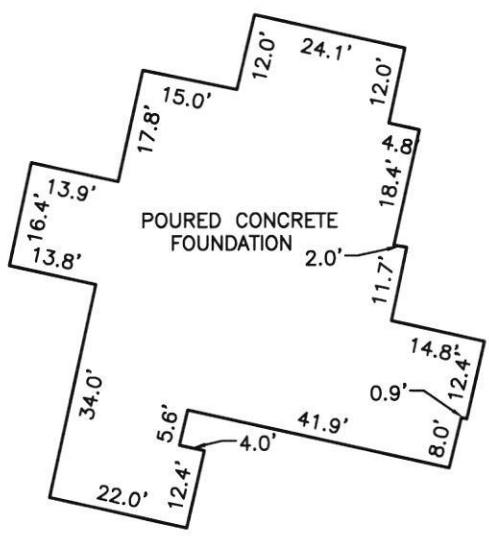
BENCHMARK



ENGINEERING, INC.

8480 BALTIMORE NATIONAL PIKE SUITE 315
ELLCOTT CITY, MARYLAND 21043
(P) 410-465-6105 (F) 410-465-6644

WWW.BEI-CVLENGINEERING.COM



FOUNDATION DETAIL
SCALE: 1" = 30'

WALL CHECK

WINDSOR FOREST KNOLLS
LOTS 1 THRU 18
PLAT No. 19396
LOT No. 3

18422 HIDDEN CREEK WAY

4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

FIELD OBS. BY ML
COMP. BY EWF
DRAWN BY EWF SCALE: 1" = 50' DATE: 12/15/2021

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

Date: 07/29/2021

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

From: Neil J. Bontempi / Keystone Custom Homes (717) 847-5426
(Your Name, Company Name) (Phone Number)

Subject: Project name Windsor Forest Knolls, Lot 03
Project site address 18422 Hidden Creek Way
Permit # B21002632 SDP # F-07-008
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 KT2.0 / Rev. to remove disposal. (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)

Neil J. Bontempi Telephone No: (717) 847-5426
Please Print Name E-Mail Address: nbontempi@keystonecustomhome.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 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 _____

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

RECEIVED

JUL 30 2021

LICENSES & PERMITS
DIVISION

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

Date: 08/04/2021

To: Dan Swinder + HANK OSWALD Building Plans Review
(Reviewer/Requestor's Name) (Division)

From: Neil J. Bontempi / Keystone Custom Homes (717) 847-5426
(Your Name, Company Name) (Phone Number)

Subject: Project name Windsor Forest Knolls, Lot 03
 Project site address 18422 Hidden Creek Way
 Permit # B21002632 SDP # F-07-008
 Other information pertinent to this project _____

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- Letter Summarizing Changes
- Energy conservation calculations
- Copies of P1.1,E1.1,F1.1,B1.1 For opening change to loft. (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)

Neil J. Bontempi Telephone No: (717) 847-5426
 Please Print Name E-Mail Address: nbontempi@keystonecustomhome.com

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PER HEALTH

Received by AKH