

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

Date: 5/31/22 ONLINE SUBMITTAL PAPER SUBMITTAL

To: HEALTH DEPARTMENT _____
(Reviewer/Requestor's Name) (Division)

From: MARLON MELGAR (301) 343-4092
(Your Name, Company Name) (Phone Number)

Subject: Project name _____
Project site address 15216 OPEN LAND CT, DAYTON, MD 21036
Permit # B22001603 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
 - 2 Copies of Existing Conditions (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 and/or # _____
 - Other _____

Contact Person Information: (Required)

MARLON MELGAR Telephone No: 301-343-4092
Please Print Name MARLON@DESIGNUSA.NET
E-Mail Address: MARLON.MELC

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 HW
White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\Operations\Updated forms\HoCoTransmittalForm05.2022

RECEIVED
MAY 31 2022
LICEN

OK for Approval.
JL 6/23/22

Silvast, Zackary

From: Silvast, Zackary
Sent: Tuesday, May 10, 2022 11:46 AM
To: marlon@designusa.net; admin@nicholsdmv.com
Subject: Regarding Building Permit # - B22001603 (15216 Open Land Ct)

To Whom It May Concern,

I need floor plans submitted of the entire existing house not just basement floor plans in order to continue you my review of the submitted building permit. Thank you.

- ZS

Zack Silvast (LEHS)

Plan Review Supervisor - Water & Sewer Division
410-313-1777

Environmental Health Bureau
Howard County Health Department

PERMIT NUMBER: B 22 001603

DATE ACCEPTED:

DCLP 2022 APR 20 4:20 PM



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: 15216 OPEN LAND CT
City: DAYTON State: MD Zip Code: 21036
Subdivision/Village/Complex Name: HIGH FOREST ESTATES
Lot: 38 Tax Map: 0027 Parcel: 0147 Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: RESIDENTIAL Proposed Use: RESIDENTIAL Estimated Cost: \$
Trade Work to Be Completed (Separate Permits Required): Mechanical (HVAC) Electrical Plumbing None
BASEMENT ROOM AND BATHROOM BEDROOM 367 SF.
w/ egress window

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): BOSTON ADAM TODD Primary Residence: Yes No
Owner's Street Address: 15216 OPEN LAND CT
City: DAYTON State: MD Zip Code: 21036
Phone: (443) 466-2694 Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: DESIGN USA Contact Name: MARLON MELGAR
Street Address: 10 FAITH CT
City: DAMASCUS State: MD Zip Code: 20872
Phone: (301) 343-4092 Email: marlon@designusa.net

CONTRACTOR INFORMATION REQUIRED

Business Name: NICHOLS SERVICES LLC
Licensee's Name: GISLAINE RIGO MARCON TABALIPA License #: 146276
Street Address: 13925 WAYSIDE DR
City: CLARKSVILLE State: MD Zip Code: 21029
Phone: (240) 310-6440 Email: admin@nicholsdmv.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: 4 # Full Baths: 3 # Half Baths: 1 # 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 DATE SIGNED 4/10/2022

FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:
PR DPZ DED Health 6/23/22 SHA CID

SUBMITTAL FEES: \$135.00 PAYMENT: ACCEPTED BY:

ADAM & NICOLE BOSTON

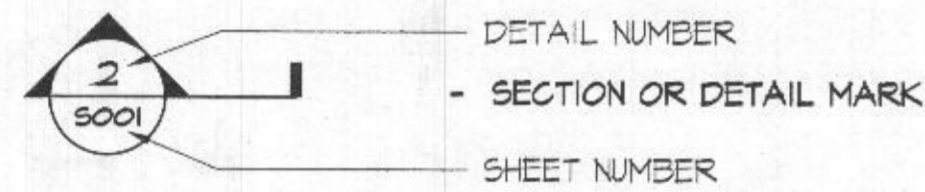
BASEMENT BEDROOM & BATHROOM

15216 OPEN LAND CT., DAYTON, MD 21036

DESIGN USA

ARCHITECTURAL DESIGN
 PHONE: 301-343-4092
 marlon@designusa.net
 www.designusa.net

SYMBOLS



SCOPE OF WORK AND PROPERTY INFORMATION

THE SCOPE OF WORK IS AS FOLLOWS:

- I. BUILD A NEW BEDROOM AND FULL BATHROOM IN THE BASEMENT.

PROJECT DATA	
1. OWNER:	ADAM & NICOLE BOSTON
2. ADDRESS:	15216 OPEN LAND CT. DAYTON, MD 21036
3. LOT:	35
4. BOOK & PAGE:	20446 - 00447
5. JURISDICTION:	HOWARD COUNTY, MD
6. CODES:	INTERNATIONAL RESIDENTIAL CODE-2018
7. OCCUPANCY:	SINGLE FAMILY RESIDENCE
8. CONSTRUCTION TYPE:	2 STORY BRICK & FRAME W/ BASEMENT
9. MAP / GRID / PARCEL:	0021 / 0011 / 0147

IMPORTANT NOTICE
 SIZES, LOCATION AND DIRECTION OF ALL EXISTING CONDITIONS, HAVE BEEN TAKEN FROM THE BEST AVAILABLE INFORMATION AND EVIDENCE, THE CONTRACTOR SHALL CONFIRM PRIOR TO BEGINNING WORK, AND NOTIFY DESIGN USA OF ANY DISCREPANCIES WITH ASSUMED EXISTING CONDITIONS

NOTES

I. DESIGN NOTES:

A. CODE: THE INTERIOR RENOVATION IS DESIGNED IN ACCORDANCE WITH THE INTERNATIONAL BUILDING CODE OF 2018 AS ADOPTED BY HOWARD COUNTY, MARYLAND.

II. WOOD:

A. ALL LUMBER SHALL BE DOUGLAS FIR#2 OR BETTER AND SHALL BE PRESSURE TREATED IF EXPOSED TO THE EXTERIOR OR MASONRY OR CONCRETE.

III. GENERAL

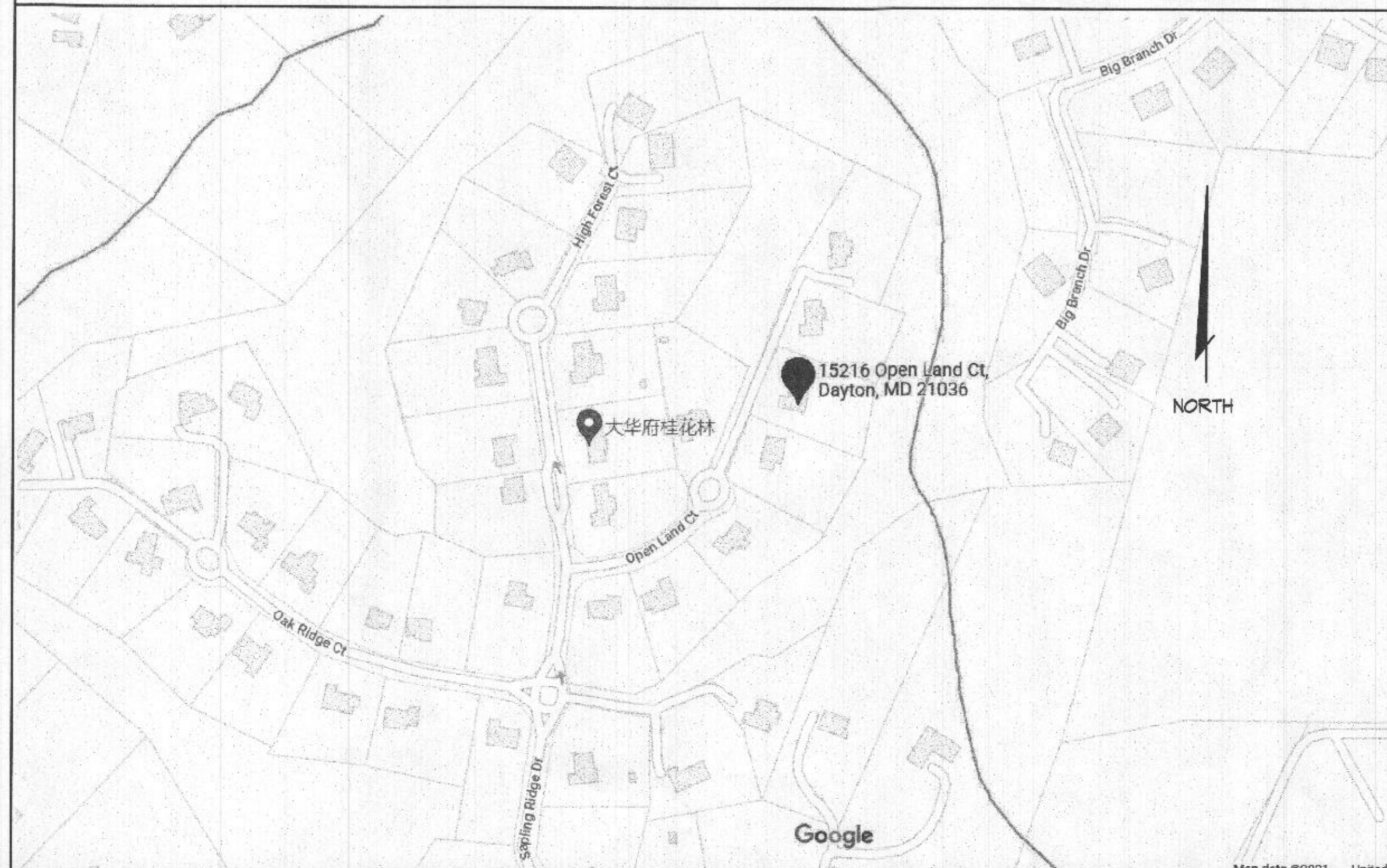
A. ALL WATERPROOFING, ELECTRICAL, AND MECHANICAL WORK RELATED TO THE STRUCTURE IS SOLE RESPONSIBILITY OF THE CONTRACTOR.

B. CONTRACTOR SHALL FIELD VERIFY ALL EXISTING CONDITIONS PRIOR TO CONSTRUCTION, AND MAKE ALL NECESSARY ADJUSTMENTS AS REQUIRED.

C. ALL WORK SHALL COMPLY WITH THE CURRENT BUILDING CODE ADOPTED BY HOWARD COUNTY, AS WELL AS WITH ANY LOCAL CODES, REGULATIONS AND ORDINANCES.

D. THESE DRAWINGS ARE A BUILDER SET OF PLANS FOR THE PURPOSE OF OBTAINING A BUILDING PERMIT. THE CONTRACTOR SHALL MAKE ALL NECESSARY CONSTRUCTION ADJUSTMENTS AS REQUIRED IN ORDER TO COMPLETE THE WORK AND COMPLY WITH ALL CODE AND COUNTY REQUIREMENTS.

VICINITY MAP



LIST OF DRAWINGS:

SHEETS	SHEET CONTENTS
G001	NOTES, SCOPE OF WORK, PROP. INFO. & LIST OF DRAWINGS
A001	EXISTING FLOOR PLAN
A002	PROPOSED FLOOR PLAN

DATE _____ DESCRIPTION _____

PROFESSIONAL CERTIFICATION

SEAL

CLIENT

Adam & Nicole Boston
 15216 Open Land Ct
 Dayton, MD 21036

PROJECT

15216 Open Land Ct.

TITLE

COVER SHEET

SHEET #

G001