



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: B190002253

Building Address: 15040 Dwell Parkway
 City: Glen Ridge State: MD Zip Code: 21228
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Birkwood
 Section: _____ Area: _____ Lot: 2
 Tax Map: 21 Parcel: 24 Grid: 21
 Zoning: _____ Map Coordinates: _____ Lot Size: 4200 sq ft

Existing Use: _____
 Proposed Use: Construction of new house
 Estimated Construction Cost: \$ _____
 Description of Work: _____

 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Philip B. Williams
 Address: 5820 ...
 City: ... State: MD Zip Code: ...
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
	2 nd floor:
Area of construction (sq. ft.):	Basement:
	<input type="checkbox"/> Finished Basement
Use group:	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
➤ Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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 Signature _____ Print Name _____
Email Address _____ Date _____
Title/Company _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

****PLEASE WRITE NEATLY & LEGIBLY****
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>2/7/18</u>	<u>R. ...</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$ <u>1000</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>2496</u>



Building Permit Application

Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: 11/21/16

Permit No.: 116-015020

Building Address: 15040 DOUBLE BRIDGES CT
 City: _____ State: _____ Zip Code: _____
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 2
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: BURKARD HOMES
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No. : _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete		
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature _____ **Print Name** _____
Email Address _____ **Date** _____
Title/Company _____

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State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>11/30/16</u>	<u>H. Oswald</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
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Sub- Total Paid	\$
Balance Due	\$
Check	#



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Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: _____

Building Address: 15040 Double Bridges Ct.
City: Glenelg State: MD Zip Code: 21738
Suite/Apt. # _____ SDP/WP/BA #: 04-375092
Census Tract: _____ Subdivision: Merivether Farm
Section: _____ Area: _____ Lot: 2
Tax Map: _____ Parcel: _____ Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: .984 Ac

Property Owner's Name: Birkard, Timothy
Address: 15040 Double Bridges Ct
City: Glenelg State: MD Zip Code: 21738
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Angela Hahn
Address: 4512 Sandy Spring Rd.
City: Burtonville State: MD Zip Code: 20846
Phone: (301) 924-2111 Fax: _____
Email: angelah@sundecksbytanda.com

Contractor Company: T+A Contractors, Inc.
Contact Person: Angela Hahn
Address: 4512 Sandy Spring Rd.
City: Burtonville State: MD Zip Code: 20846
License No.: 17489- MTRC
Phone: (301) 924-2111 Fax: _____
Email: angelah@sundecksbytanda.com

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Existing Use: SFD
Proposed Use: SFD - Deck
Estimated Construction Cost: \$ 6,500
Description of Work: Construct 26' x 22'-0" L-shaped open deck, No steps 333 SF
Occupant/Tenant Name: _____
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor:
Area of construction (sq. ft.):	2 nd floor:
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
Construction type:	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<input type="checkbox"/> Masonry	No. of efficiency units:
<input type="checkbox"/> Wood Frame	No. of 1 BR units:
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:
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	Dimensions:
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<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
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	<input type="checkbox"/> Manufactured Home

Utilities	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
Public	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Sewage Disposal	
Public	<input type="checkbox"/>
Private	<input checked="" type="checkbox"/>
Heating System	
Electric	<input checked="" type="checkbox"/>
Oil	<input type="checkbox"/>
Natural Gas	<input type="checkbox"/>
Propane Gas	<input type="checkbox"/>
Other:	<input type="checkbox"/>
Sprinkler System:	
Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: _____

Print Name: Angela Hahn

Email Address: angelah@sundecksbytanda.com

Date: 7/5/18

Authorized Agent - T+A Contractors Inc.
Title/Company

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>7-5-18</u>	<u>[Signature]</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
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Filing Fee	\$
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Excise Tax	\$
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Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>10445</u>

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

15° 50'

LOT 2
42,904 SQ. FT.

Invert-Out 18HDPE
464.05

LOD

SF

SF

10' BRL

510°27'53"E
325.91'

EX. TREELINE

SEPTIC AREA

RIVERMERE FARM
LOT 3
LAT # 21040

TOP OF BANK

APPROVED

WALK-THRU BUILDING PERMIT

BP#

APP. SAN. *D. B. ...* (DATE) 5/18

DESC. OF WORK: *Open Deck*

TRANSFORMER

VERIZON BOX

EX. WELL
HO 95-1691

R&C #DDC
503.85

EX. WELL
HO 95-1690

R=310.00'
L=41.80'

586°25'25"E 98.67'

502 STOCKPILE

FF 503.67
B 493.50

GAR.

3R 501.92

3R 501.1

50' BRL

LOD

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Oswald, Hank

From: Tim Burkard <tim@burkardhomes.com>
Sent: Wednesday, November 30, 2016 11:13 AM
To: Oswald, Hank
Subject: Re: B16005020_15040 Double Bridges Court_Floor Plans
Attachments: 15040 Double Bridges Court.pdf

Here you go.

On Tue, Nov 29, 2016 at 3:57 PM, Oswald, Hank <hoswald@howardcountymd.gov> wrote:

Hi Tim:

Can you send an e-copy of the floor plans for 15040 Double Bridges Court. I just need to see the basement, first and second floor layout.

Thanks,

Hank

Hank Oswald, L.E.H.S.

Howard County Health Department

Bureau of Environmental Health

Well & Septic Program

8930 Stanford Boulevard

Columbia, MD 21045

[410.313.1786](tel:410.313.1786) (Office)

[410.313.2648](tel:410.313.2648) (Fax)

--

Tim Burkard
Burkard Homes, LLC
5850 Waterloo Road, Suite 140
Columbia, MD 21045

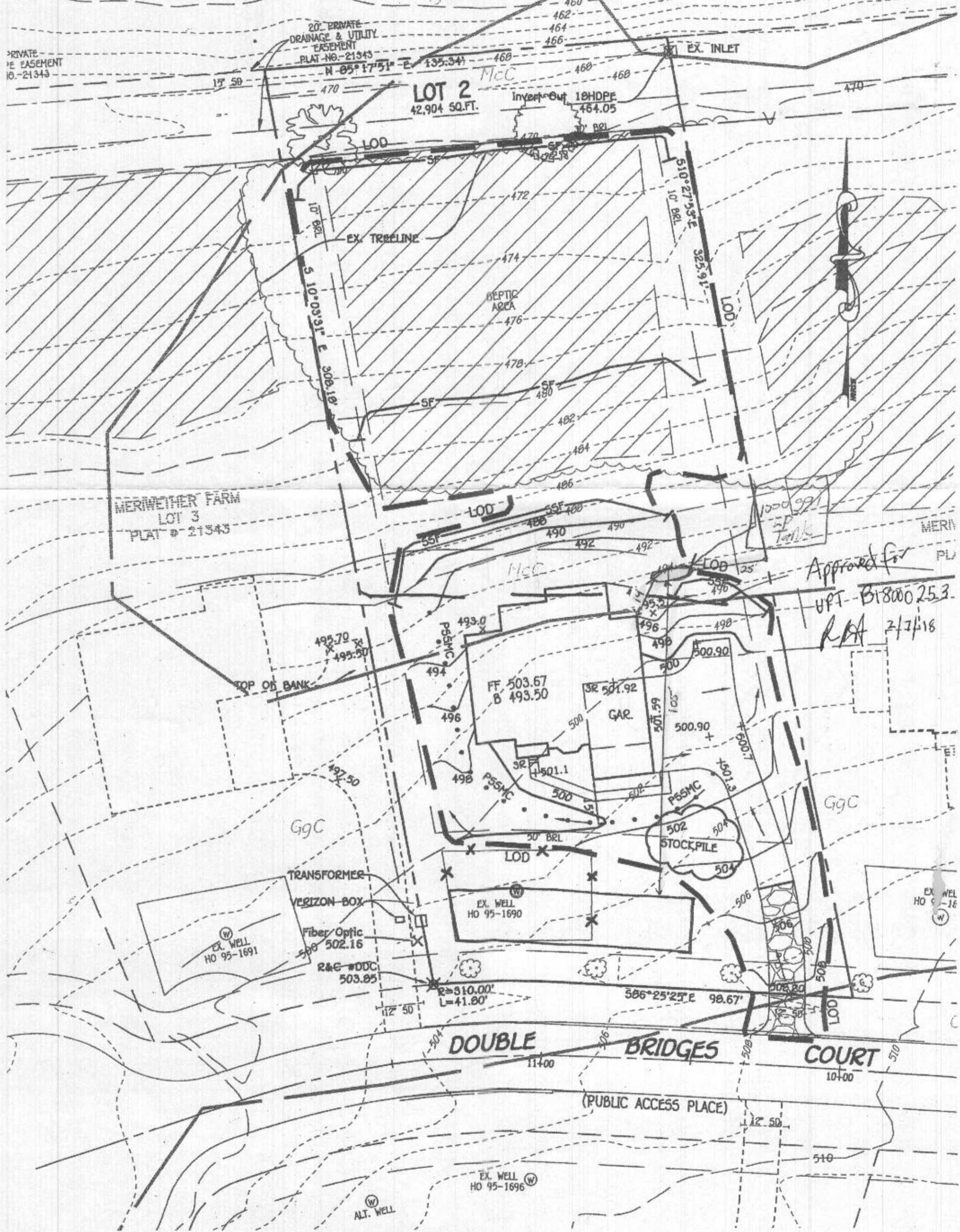
www.burkardhomes.com

Mobile: (240) 375-1052
Sales Office: (410) 992-2221

15040 Double Bridges Court

Scale 1" = 30'

SAMUEL SEYMOUR AND
JUDY SEYMOUR
PARCEL 23
LIBER 1372, FOLIO 113



Approved for
UPT-B1800253
RAT 2/7/18

DOUBLE BRIDGES COURT

(PUBLIC ACCESS PLACE)

EX. WELL
HO 95-1696

ALT. WELL

EX. WELL
HO 95-16



NOTE:
STAIRS WITH 2 OR MORE RISERS SHALL BE PROVIDED WITH HANDRAILS. HANDRAILS SHALL BE A MINIMUM OF 34" IN HEIGHT AND NOT MORE THAN 38" IN HEIGHT. RAILS ARE TO BE MEASURED VERTICALLY FROM THE NOSING OF THE TREADS.

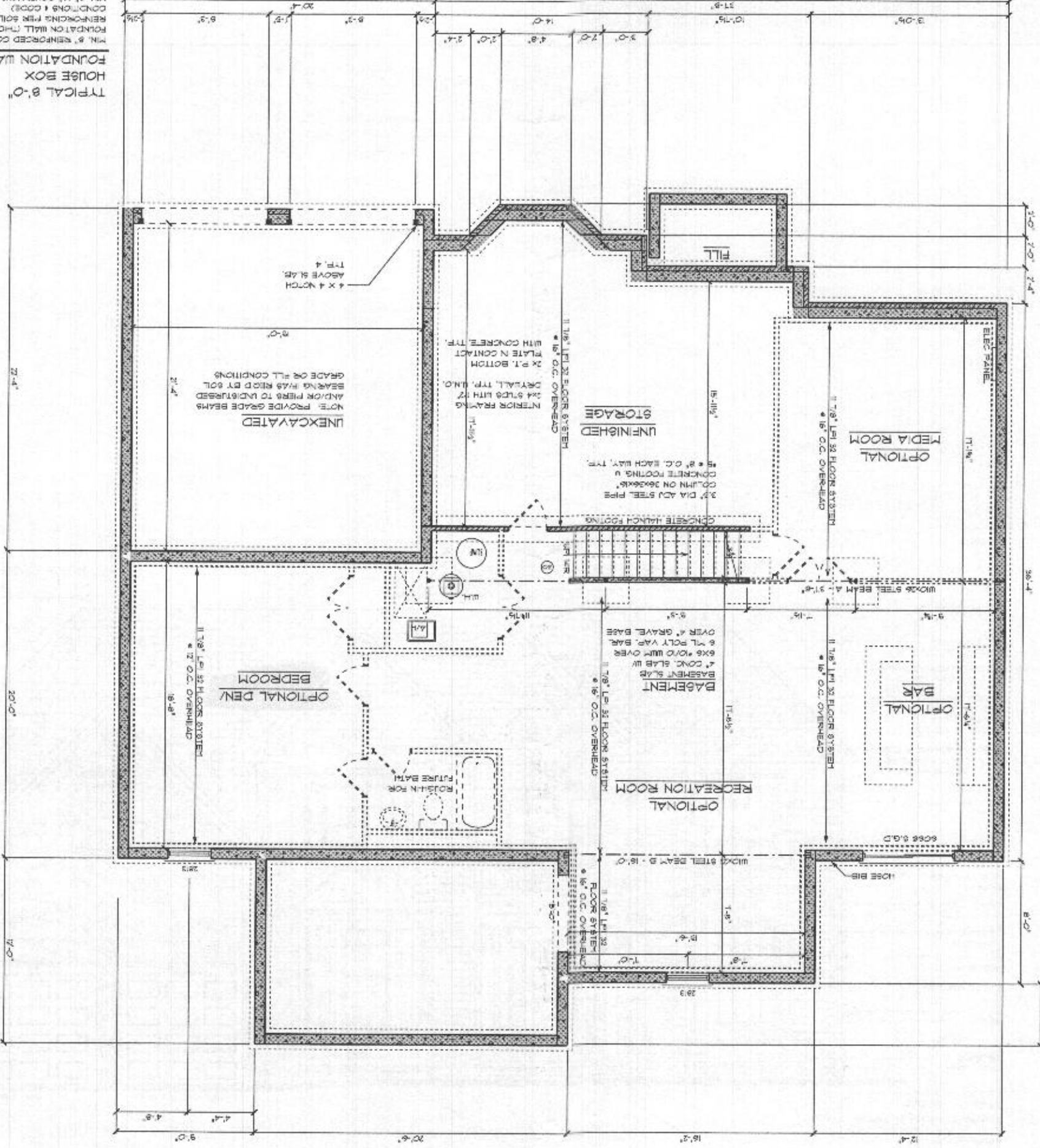
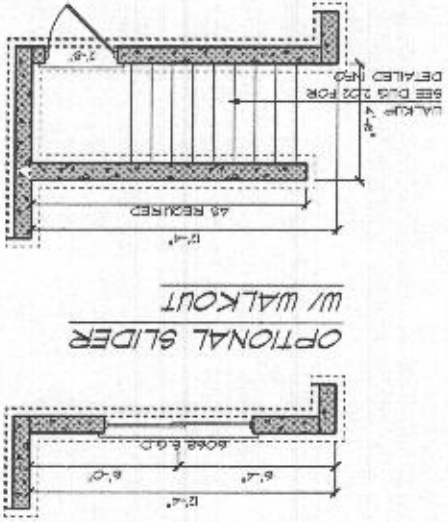
PORCHES, DECKS, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS A MINIMUM OF 36" HIGH.

Potomac Base Plan BURKARD HOMES, LLC
 SCALE: 3/16" = 1'-0" PRINT: November 14, 2015
 06-15-09 PRELIMINARY BASE SET
 10-02-12 2012 Code Revisions
5 Bed rooms
B16005020
5300 DORSEY HALL DRIVE - SUITE 102
ELLICOTT CITY, MARYLAND 21042
240-375-1052

FRONT
BY EV

STEEL BEAMS		LENGTH
BEAM A	W10x26	37'-8"
BEAM B	W10x22	16'-0"

- FOUNDATION NOTES**
- 2000 PPM MIN SOL BEARINGS CAPACITY ASSUMED
 - BEAMS, JOISTS, HEADERS & RAFTERS TO BE PER L.N.O. OR EQ. TYP THROUGH
 - SUBMIT UNDO AND DOOR LOCATIONS TO BE DETERMINED AT PERSON
 - ALL LOCATIONS FOR HVAC, PIPE, PIPES, EQUIPMENT, HANG, AND OTHER FEATURES ARE SUBJECT TO BUILDER DISCRETION ON SITE
 - FOUNDATION WALL MIN. THICKNESS 8" OR 10" WHERE STEEL WALL AT BRICK LEDGE EXCEEDS 2' HIGH
 - VERIFY SIZE AND LOCATION OF WINDOWS PER GRADE & BUILDER
 - MIN. 1/2" HOOKED ANCHOR BOLTS EMBEDDED 2 MIN. 1" INTO CONC. SHALL BE SPACED AT 4' O.C. AND LOCATED 4" TO 8" FROM EACH END OF ALL SILL PLATE
 - REFER TO WALL SECTIONS FOR FOUNDATION WALL DETAILS



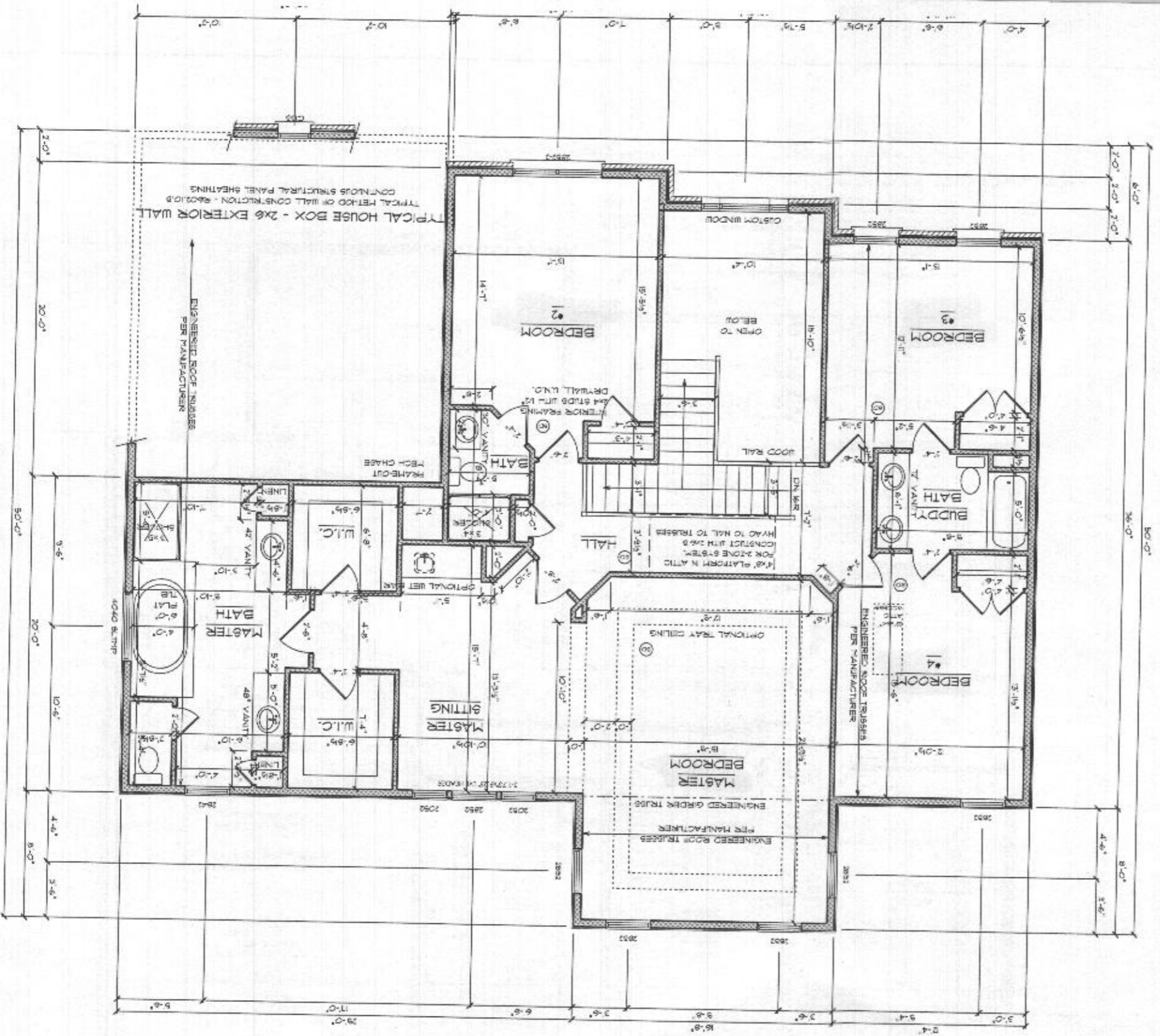
TYPICAL 8'-0" HOUSE BOX FOUNDATION WALL
 MIN. 8" REINFORCED CONCRETE FOUNDATION WALL THICKNESS & REINFORCING PER SOIL & GRADE CONDITIONS & CODES
 MIN. 8" CONTINUOUS FOOTING

TYPICAL GARAGE FOUNDATION WALL
 MIN. 8" REINFORCED CONCRETE FOUNDATION WALL THICKNESS & REINFORCING PER SOIL & GRADE CONDITIONS & CODES
 MIN. 8" CONTINUOUS FOOTING

UNEXCAVATED
 NOTE: PROVIDE GRADE BEAMS AND/OR PILES TO UNDISTURBED GRADE OR FILL CONDITION

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TYPICAL HOUSE BOX - 2x6 EXTERIOR WALL
 CONTAINS STRUCTURAL PANEL SHEATHING
 TYPICAL METHOD OF WALL CONSTRUCTION - SEE 210.10

ENGINEERED ROOF TRUSSES
 PER MANUFACTURER

Potomac Base Plan BURKARD HOMES, LLC
 SCALE: 3/16" = 1'-0" PRINT: November 14, 2013
 06-15-09 PRELIMINARY BASE SET
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 5300 DORSEY HALL DRIVE - SUITE 102
 ELLICOTT CITY, MARYLAND 21042
 240-375-1052

SECOND