

PERMIT NUMBER: B 21000926

DATE ACCEPTED: 3/18/2021

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: 11510 Chapel Rise, City: State: MD, Zip Code: Subdivision/Village/Complex Name: SDP/WP/BA #: Lot: Tax Map: Parcel: Grading Permit #:

DESCRIPTION OF WORK REQUIRED

Existing Use: Proposed Use: Estimated Cost: \$ Trade Work to Be Completed (Separate Permits Required): Mechanical (HVACR) Electrical Plumbing None

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): Primary Residence: Yes No Owner's Street Address: City: State: Zip Code: Phone: Email:

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

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

CONTRACTOR INFORMATION REQUIRED

Business Name: Licensee's Name: License #: Street Address: City: State: Zip Code: Phone: Email:

RECEIVED MAR 13 2021 LICENSES & PERMITS DIVISION

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.

APPLICANT'S ORIGINAL SIGNATURE

DATE SIGNED

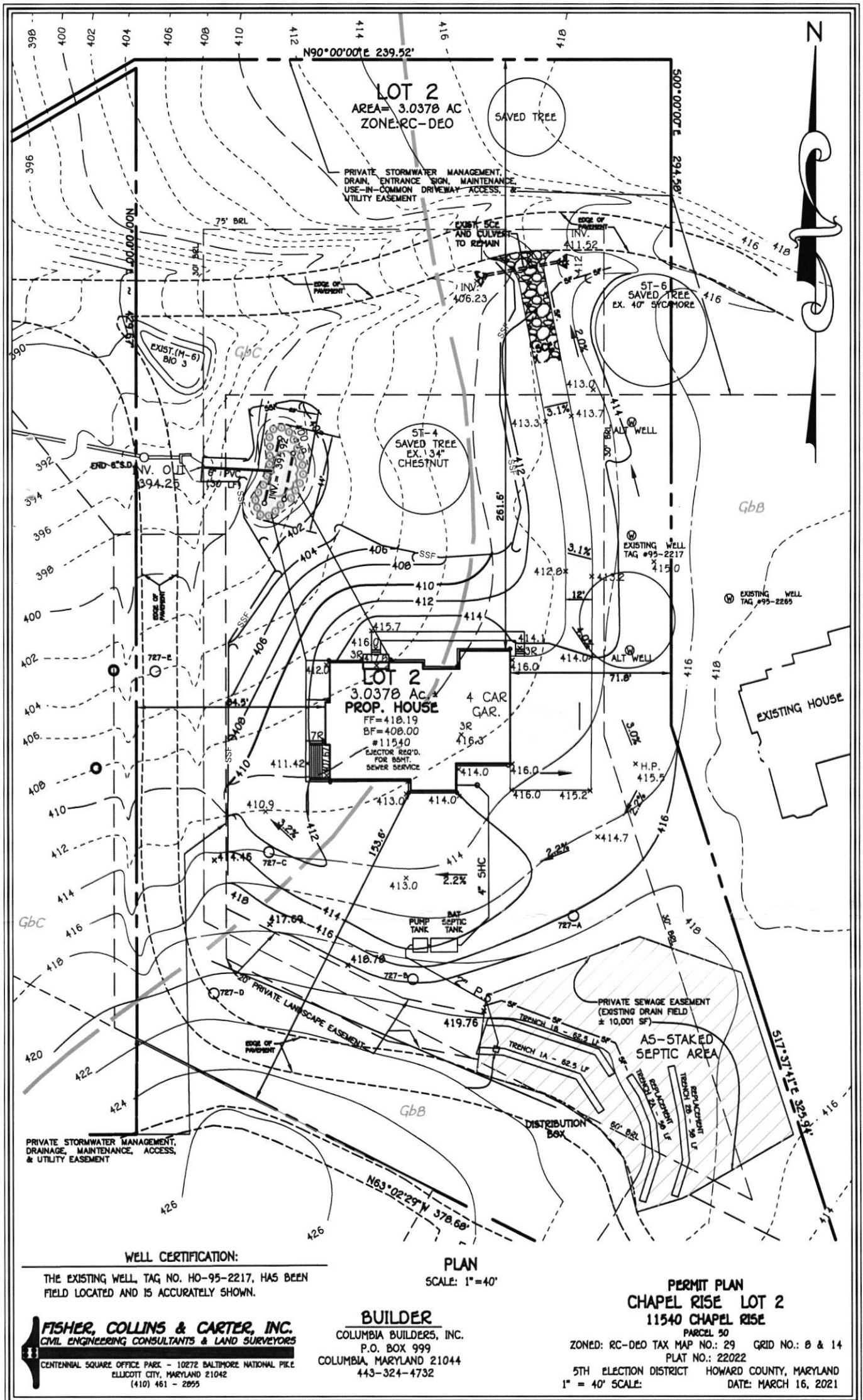
FOR OFFICE USE ONLY

CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY

AGENCIES REQUIRED/APPROVALS:

PR DPZ DED Health SHA CID

SUBMITTAL FEES: \$150.00 PAYMENT: \$5145 ACCEPTED BY: [Signature]



**WELL CERTIFICATION:**

THE EXISTING WELL, TAG NO. HO-95-2217, HAS BEEN FIELD LOCATED AND IS ACCURATELY SHOWN.

**PLAN**  
SCALE: 1"=40'

**PERMIT PLAN**  
**CHAPEL RISE LOT 2**  
**11540 CHAPEL RISE**

PARCEL 50  
ZONED: RC-DEO TAX MAP NO.: 29 GRID NO.: 8 & 14  
PLAT NO.: 22022  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND  
1" = 40' SCALE: DATE: MARCH 16, 2021

**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855

**BUILDER**  
COLUMBIA BUILDERS, INC.  
P.O. BOX 999  
COLUMBIA, MARYLAND 21044  
443-324-4732

Approved #5  
321000926  
RMC 4/7/2021





RAFEI RESIDENCE

	GRASSY SQ. FT.	FINISHED SQ. FT.	COMMENTS
GARAGE	200	-	
BASEMENT	260	95	
1st FLOOR	220	200	NO. OF ST. FLOOR
2nd FLOOR	210	210	
TOTALS	890	500	



PROGRESS

REVISIONS	DATE	REVISION
1	08-11-2020	ADDED TO BE
2	08-11-2020	ADDED TO BE
3	08-11-2020	ADDED TO BE
4	08-11-2020	ADDED TO BE
5	08-11-2020	ADDED TO BE

Drawn by: EE      Check by: [ ]  
 Date: 08-11-2020      Date: 08-11-2020

PROJECT TITLE

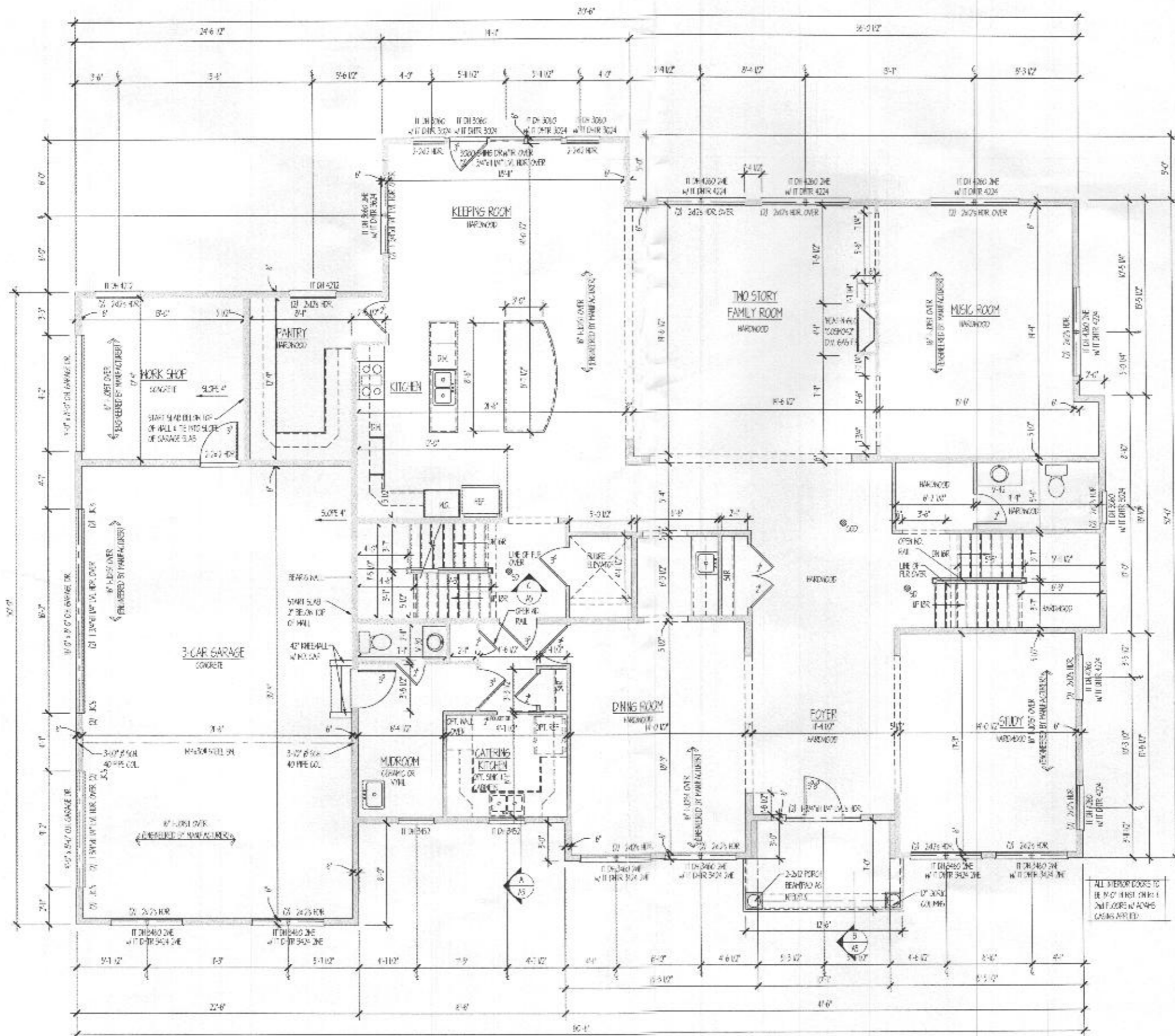
RAFEI RESIDENCE

CONTENT

FRONT ELEVATION

PROJECT NUMBER	DRAWING NUMBER
2744	Ala





FIRST FLOOR PLAN



**WNB L.L.C.**  
 7771 TERRY RD. SUITE 1000, BALTIMORE, MD 21244  
 410.525.1418 www.wnbllc.com

PROGRESS

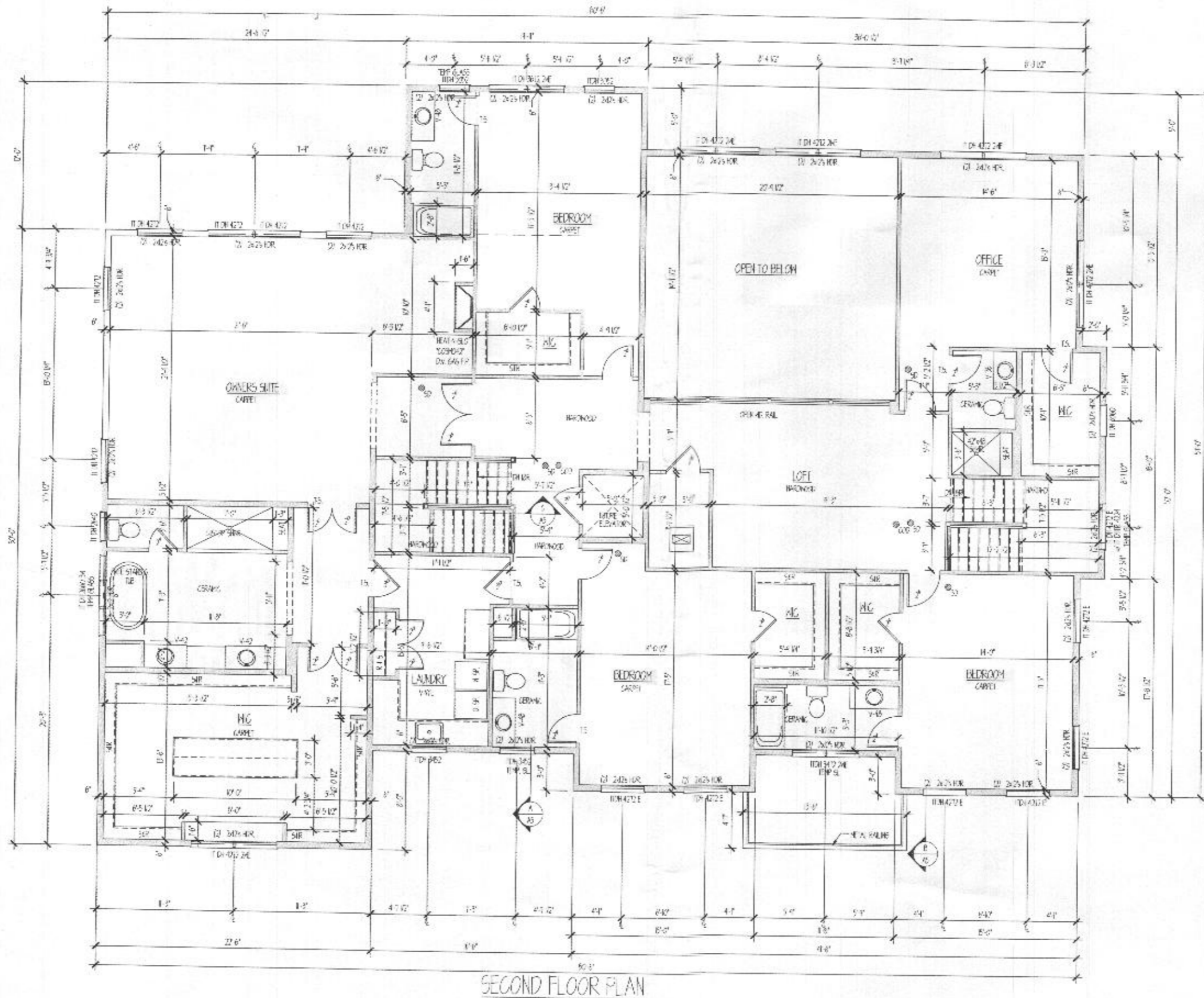
REV.	DATE	DESCRIPTION
01		ISSUE FOR PERMIT
02		REVISIONS
03		REVISIONS
04		REVISIONS

DATE	BY	CHECKED BY
NOV 14 2021	WNB	12-1-2021

PROJECT TITLE  
**RAFE RESIDENCE**

CONTENT  
**FIRST FLOOR PLAN**

PROJECT NUMBER	DRAWING NUMBER
<b>2744</b>	<b>A3</b>



SECOND FLOOR PLAN



03/05/2021  
 Professional Engineer I hereby certify that these documents were prepared or approved by me and I am a duly licensed engineer and architect under the laws of the State of Maryland.  
 License No. 17128      Expiration Date: 03/05/2021

**WNB L.L.C.**  
 7711 SHERWOOD RD. ANNAPOLIS, MD 21406  
 PHONE: 410-291-1000      www.wnbllc.com

PROGRESS

REVISIONS	
NO.	DESCRIPTION
01	ISSUED FOR PERMITS
02	ADDED TO PERMITS
03	ADDED TO PERMITS
04	ADDED TO PERMITS
05	ADDED TO PERMITS

PROJECT TITLE  
**RAFEI RESIDENCE**

CONTENT  
**SECOND FLOOR PLAN**

PROJECT NUMBER	DRAWING NUMBER
2744	A4



# Building Permit Application

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

DILP 2017 JUL 21 PM4:04

Date Received: \_\_\_\_\_

Permit No.: B17002779

Building Address: 11540 Mural Rise  
 City: Clarksville State: MD Zip Code: 21029  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 2  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Empty Lot  
 Proposed Use: New Home  
 Estimated Construction Cost: \$ \$500,000. -  
 Description of Work: Three story home, 3 car garage, 5 BR, 5 Bath, in-law pool, circular drive  
 Occupant/Tenant Name: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: Kayvan Rafei  
 Address: 10609 Harwood Hill  
 City: Clarksville State: MD Zip Code: 21029  
 Phone: 410-317-4621 Fax: \_\_\_\_\_  
 Email: clayr@rise11540@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Kayvan Mousavi  
 Address: 209 River Road Rd.  
 City: Front Falls State: VA Zip Code: 22066  
 Phone: 703-377-5504 Fax: \_\_\_\_\_  
 Email: info@vghd.com

Contractor Company: Owner to act as  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No. : \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: Bedouk Associates  
 Responsible Design Prof.: Bedouk Bedouk  
 Address: 209 River Road Rd.  
 City: Front Falls State: VA Zip Code: 22066  
 Phone: 703-377-5504 Fax: \_\_\_\_\_  
 Email: info@vghd.com

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<b>Depth</b>	<b>Width</b>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>81' x 50'</u>	
	2 <sup>nd</sup> floor: <u>81' x 50'</u>	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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:	
<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<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: Kayvan Mousavi  
 Email Address: \_\_\_\_\_ Date: 7/21/17  
 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>11/25/17</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:
SDP/Red-line approval date:

Filing Fee	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>N/A</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>9276</u>