

Record Detail * (This section is required.)

Permit Type Building/Residential/Addition/SFD **Permit Number** B21003277 **Opened Date** 08/31/2021
Description of Work
 SFD/ CONSTRUCT Accessory Apartment with a garage., 2 STORY, Slab on Grade, 6R, 1FB, 1HB, 0FP, OTHER STRUCTURE = Attached Garage, 1BR, PORCH/DECK = N/A, ENERGY METHOD = Prescriptive Method,

[check spelling](#)

Address * (This section is required.)

Search Reset Clear Get Parcel & Owner
Street # 1217 **Street Name** ROUNDGATE **Street Type** CT
Unit Type --Select-- **Unit #** **X Coordinate** -77.0388 **Y Coordinate** 39.33664
City WOODBINE **State** MD **Zip Code** 21797 **Primary** Yes

Parcel * (This section is required.)

Search Reset Clear Get Address & Owner
GIS ID * 925897 **Parcel** 925897 **Parcel Area** 5.83 **Land Value** 241200 **Improved Value** 370100 **Exemption Value** 128900 **Plan Area** RURAL

Legal Description
 IMPSLOT 26 5.8337 A.[]1217 ROUND GATE CT[]LISBON ACRES

[check spelling](#)

Block **Lot** **Census Tract** 604001 **Council Dist** 5 **Inspection Dist** **Supervisor Dist** **Map #** **DAP Zone**
Plan Area **State Tax Id** 1404339932 **Subdivision Name**
Section **Area** **Tax Map** 8
Grid **Zoning District** RC-DEO **ADC Map** 4692-D7
SDP No. **Final Plan No.** **WP File No.**
Record Plat No. **WS Contract No.** **FDP No.** **Primary** Yes
Owner Occupied **Year Built** 1979 **Historic District** Yes No
Historic District Registry No. **Stat Area** 4-02 **Flood Plain** Yes No
Building No

Owner (This section is not required.)

Search Reset Clear
Name * CHAPMAN GAYLE E
Address Line 1 1217 ROUND GATE CT
Address Line 2
Address Line 3
Mail City WOODBINE **Mail State** MD **Mail Zip Code** 21044
Phone 410-977-5705 **Primary** Yes
E-mail jim@allanhomes.com
Cell Number **Fax Number**

Professionals (This section is not required.)

Search Reset Clear

License # * 08010077138	Business Name ALLAN HOMES UNLIMITED INC		
License Type * MHIC Ind	First Name JIM	Middle Name	Last Name BRUMSTEAD
Primary Yes	Address Line 1 10260 OLD COLUMBIA ROAD		
	Address Line 2		
	City COLUMBIA	State MD	ZIP Code 21046-0000
	Phone 1 4109775705	Phone 2	Fax 4103811211
	E-mail JIM@ALLANHOMES.COM		

Applicant (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type * Applicant	First Name JIM	MI	Last Name BRUMSTEAD
Relationship --Select--	Full Name		
Primary No	Organization Name ALLAN HOMES UNLIMITED INC		
	Street Address 10260 OLD COLUMBIA ROAD		
	Address Line 2		
	City COLUMBIA	State MD	Zip Code 21046-0000
	Phone 4109775705	Cell	Fax 4103811211
	E-mail JIM@ALLANHOMES.COM		

Contact (This section is not required.)

Search As Owner As Lic. Prof As Contact

Type Contact	First Name JIM	MI	Last Name BRUMSTEAD
Relationship Licensed Professional	Full Name		
Primary Yes	Organization Name ALLAN HOMES UNLIMITED INC		
	Street Address 10260 OLD COLUMBIA ROAD		
	Address Line 2		
	City COLUMBIA	State MD	Zip Code 21046-0000
	Phone 4109775705	Cell	Fax 4103811211
	E-mail JIM@ALLANHOMES.COM		

Addtl Info

Est Construction Cost * 200000	Housing Units 0	Number of Buildings * 0	Public Owned No
Construction Type --Select--			

RESIDENTIAL ADDITION INFORMATION

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Capital Project-No Fee * <input type="radio"/> Yes <input checked="" type="radio"/> No	Capital Project Number []	Fee Exempt * <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit <input type="radio"/> Yes <input checked="" type="radio"/> No	Roadside Tree Project Permit # []
No of Stories 2	Foundation * Slab on Grade	Basement * Unfinished	No of Rooms 6	Full Baths * 1
Model *			Half Baths * 1	Existing Use Existing Structure

SFD/ CONSTRUCT Accessory Apartment with a garage.

[check spelling](#)

Other Structure *	Bedrooms *	Porch Deck *	No of Fireplaces *	Type of Fireplace	Energy Code *
Attached Garage	1	N/A	0	--Select--	Prescriptive Method
W & S Fees Paid	Water *	Sewage *	Utilities *	Heating System *	Sprinkler System *
<input type="radio"/> Yes <input type="radio"/> No	Private	Private	Electric	Electric	None
1st Floor Width	1st Floor Depth	2nd Floor Width	2nd Floor Depth	Basement Width	Basement Depth
50 FT	29 FT	0 FT	0 FT	50 FT	29 FT
Total Square Footage *	Occupiable Square Footage *	Affordable Housing Funding	Foundation Measurement	Footings	
1239 SQFT	1239 SQFT	--Select--	50 x 29	16 x 8	
Walls	Roof	Change In Use	Grading Permit No		
12" CMU	50 x 29	<input type="radio"/> Yes <input checked="" type="radio"/> No			

Additional Description Info

Expiration Date

[check spelling](#)

PAYMENT INFORMATION

Check 1	Payee 1	Check 2	Payee 2	SAP Doc No	SAP Entered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Submit **Cancel**



HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING

3430 Court House Drive

Ellicott City, Maryland 21043

410-313-2350

Voice/Relay

Amy Gowan, Director

FAX 410-313-3467

March 1, 2021

Raymond L. Chapman
1217 Roundgate Court
Woodbine, MD 21797

RE: Accessory Apartment – 1217 Roundgate Court

Dear Mr. Chapman:

In response to your Accessory Apartment Application, the following is provided for your information and use. The subject property is located in an RC-DEO (Rural Conservation – Density Exchange Option) zoning district. The information you have provided indicates that you **are in compliance** with Section 128.0.A.13 of the Howard County Zoning Regulations which regulates the operation of the subject Accessory Apartment.

This compliance is premised on an Accessory Apartment which is approximately 1,060 square feet, or 23.3% of the 4,536 net floor area of the home. This is below the 33%/1,500 square foot limit.

This application is hereby **Approved**. If you have any questions, please contact me at 410-313-4415 or jtyler@howardcountymd.gov.

If you have any questions, please contact me at 410-313-4415 or jtyler@howardcountymd.gov.

Sincerely,

Justin Tyler

Justin Tyler, Planning Support Technician II
Division of Public Service
and Zoning Administration

APT-20-026

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

Date: 9/1/2021

To: DILP
(Person's Name and Division)

From: ALLAN HOMES UNLIMITED (410) 977 5705
(Your Name, Company Name and Telephone Number)

Subject: Project name CHAPMAN RESIDENCE
Project site address 1217 ROUNDGATE COURT
Permit # B21003277 SDP # _____
Other information pertinent to this project _____

(Health)

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 ARCHITECTURALS (be specific).
- Health Department Request DPZ/ DED Request Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
- Other _____

Contact Person Information: (Required)

Jim BRUMSTED
Please Print Name

Telephone No: 410 977 5705
E-Mail Address: Jim@ALLANHOMES.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. 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 _____