

PERMIT NUMBER: B 17002733

DATE ACCEPTED: OULP 2022 JUL 21 10:00



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: 16467 FREDERICK ROAD		Unit:
City: 11630 DORR	State: MD	Zip Code: 21797
Subdivision/Village/Complex Name:		SDP/WP/BA #:
Lot: 13	Tax Map: 0007	Parcel: 467
Grading Permit #:		

DESCRIPTION OF WORK REQUIRED

Existing Use: VACANT LOT	Proposed Use: SINGLE-FAMILY HOME	Estimated Cost: \$ 700,000
Trade Work to Be Completed (Separate Permits Required): <input type="checkbox"/> Mechanical (HVACR) <input checked="" type="checkbox"/> Electrical <input checked="" type="checkbox"/> Plumbing <input type="checkbox"/> None NEW SINGLE-FAMILY HOME		

PROPERTY OWNER INFORMATION REQUIRED

Owner(s) Name(s) (As it appears on tax records): JAMES SHANNON + DEBORAH TOTTEL	Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 5925 MORTIMER CT.	
City: ELKRIDGE	State: MD
Phone: 410-493-1752	Email: jshannon@comcast.com
	Zip Code: 21075-5867

APPLICANT NAME REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION

Business Name: LANCASTER CRAFTWORKS FURNITURE	Contact Name: CHARLES JENKINS
Street Address: 3130 OLD NATIONAL PIKE	
City: MIDDLEBURY	State: MD
Phone: 301-726-5182	Email: cjenkins@lanaster.com
	Zip Code: 21769

CONTRACTOR INFORMATION REQUIRED

Business Name: SAME AS APPLICANT	License #: 58 11466
Licensee's Name:	
Street Address:	
City:	State:
Phone:	Email:
	Zip Code:

ARCHITECT/ENGINEER INFORMATION INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE

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

BUILDING CHARACTERISTICS REQUIRED

Primary Structure: <input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> SF Duplex <input type="checkbox"/> Mobile Home <input type="checkbox"/> Multi-Family Dwelling (MF*)	Condo: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Utilities: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Gas	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private (Well)
Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private (Septic)	
Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane <input type="checkbox"/> Other:	Roadside Tree Project: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes: #
Sprinkler System: <input type="checkbox"/> NFPA 13 <input type="checkbox"/> NFPA 13R <input checked="" type="checkbox"/> NFPA 13D <input type="checkbox"/> None	Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac

ADDITIONAL RESIDENTIAL INFORMATION (PLEASE SELECT/COMPLETE ALL THAT APPLY)

Model Name & Options: CUSTOM DESIGNED HOME					
# of Bedrooms (SF): 3	# of efficiency units (MF*):	# of 1 BR (MF*):	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 8	# Full Baths: 3	# Half Baths: 1	# Fireplaces: 1		
Garage/Carport Info: <input checked="" type="checkbox"/> Attached Garage <input type="checkbox"/> Detached Garage <input type="checkbox"/> Integral Garage <input type="checkbox"/> Carport <input type="checkbox"/> None					
Basement/Foundation Info: <input type="checkbox"/> Slab on Grade <input type="checkbox"/> Post & Pier <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Finished Basement: <input type="checkbox"/> Full or <input checked="" type="checkbox"/> Partial					
1st Fl Width: 83'4"	1st Fl Depth: 72'	2nd Fl Width:	2nd Fl Depth:	Bsmt Width: 83'4"	Bsmt Depth: 72'
Energy Method: <input type="checkbox"/> Prescriptive <input checked="" type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 7,161 sq ft	Occupiable Area: 7,104 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:

<input checked="" type="checkbox"/> PR	<input type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health <i>Bernard</i>	<input checked="" type="checkbox"/> SHA	<input type="checkbox"/> CID
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SUBMITTAL FEES: \$150.00	PAYMENT: CV # 378	ACCEPTED BY: AKH
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PLANS RECEIVED

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

Date: 7/18/22 ONLINE SUBMITTAL PAPER SUBMITTAL

To: Building Permits Permits
 (Reviewer/Requestor's Name) (Division)

From: Chris Berarducci / Berarducci Contracting 443-797-9409
 (Your Name, Company Name) (Phone Number)

Subject: Project name Lafferty Addition
 Project site address 16487 A.E. Mullins Rd.
 Permit # B22002633 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
- Copies of Building Plans (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)

Chris Berarducci
 Please Print Name

Telephone No: 443-797-9409

E-Mail Address: cfuco@chotmal.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 [Signature]

RECEIVED

JUL 19 2022

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: 7/19/23 ONLINE SUBMITTAL PAPER SUBMITTAL

To: Kevin Wolf Health Department
(Reviewer/Requestor's Name) (Division)

From: Peter Lancaster 301 371 9101
(Your Name, Company Name) (Phone Number)

Subject: Project name Shadid Residence
Project site address 16467 Frederick Rd. Woodbine MD
Permit # 1322002733 SDP # N/A
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 _____ (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 Wall Check

Contact Person Information: (Required)

Peter Lancaster Telephone No: 301-371-9101
Please Print Name E-Mail Address: peter@lcbi.mygbiz.com

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

Wall check for Health Department