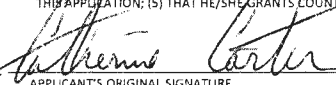


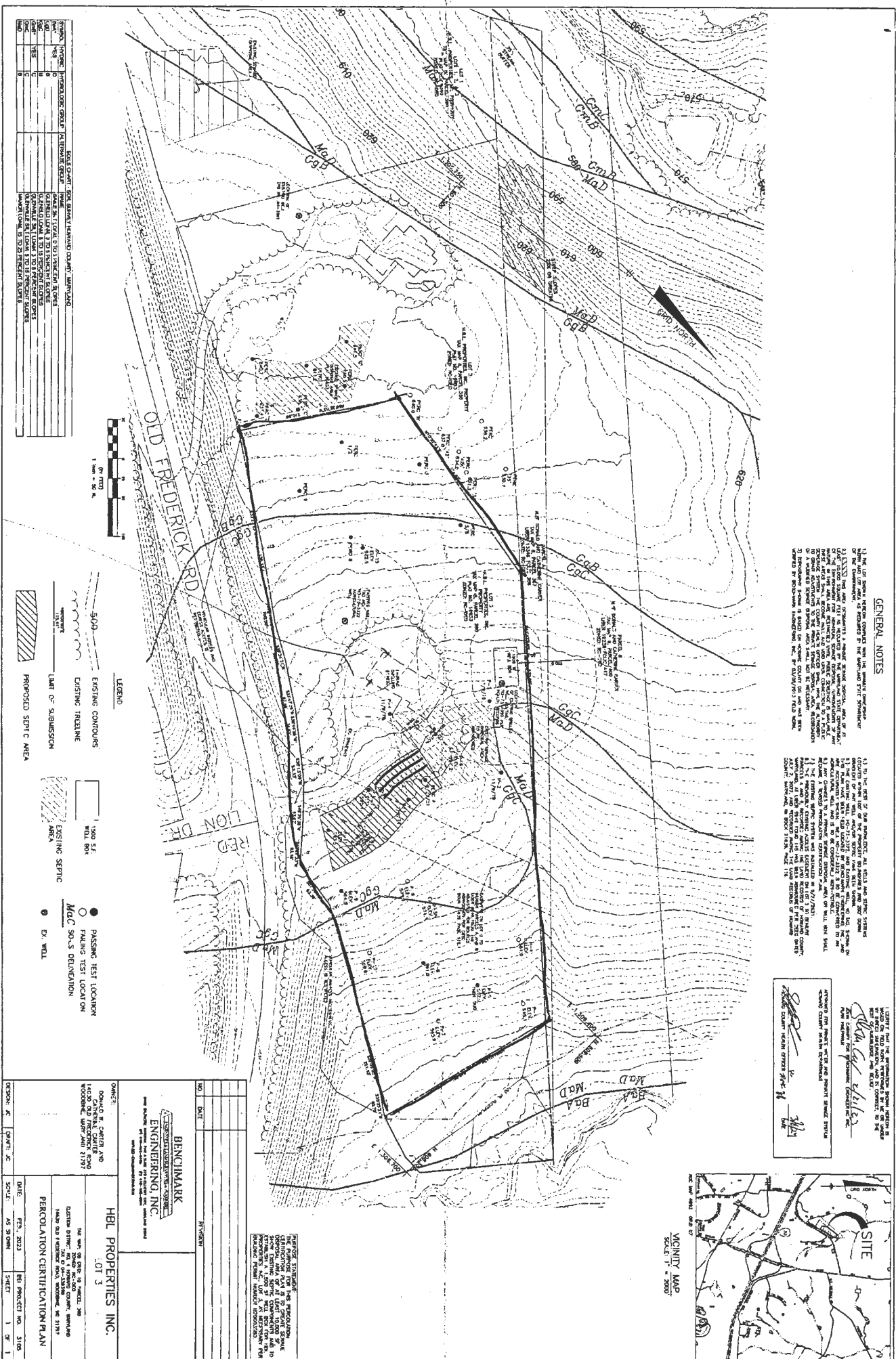
PERMIT NUMBER: B2700 3117

DATE ACCEPTED:

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 <small>REQUIRED</small>					
Street Address: 14630 Old Frederick Road					Unit:
City: Woodbine			State: MD		Zip Code: 21797
Subdivision/Village/Complex Name:				SDP/WP/BA #:	
Lot: 3	Tax Map: 8		Parcel: 360	Grading Permit #:	
DESCRIPTION OF WORK <small>REQUIRED</small>					
Existing Use: primary residence			Proposed Use: no change		Estimated Cost: \$55.00
Trade Work to Be Completed (<i>Separate Permits Required</i>): <input type="checkbox"/> Mechanical (HVAC) <input checked="" type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> None					
Replace broken HVAC unit in basement and relocate next to other HVAC unit; Replace part of current ducting system to zone both floors/accommodate new 2 ton; Install Geothermal System; Cut 30 X 16 hole in cinderblock wall between 2 basements for duckwork; install 2 new exterior doors in garage					
PROPERTY OWNER INFORMATION <small>REQUIRED</small>					
Owner(s) Name(s) (<i>As it appears on tax records</i>): Donald and Catherine Carter					Primary Residence: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Owner's Street Address: 14630 Old Frederick Road					
City: Woodbine			State: MD		Zip Code: 21797
Phone: (301) 693-4469			Email: carterclan2001@gmail.com		
APPLICANT NAME <small>REQUIRED - INDIVIDUAL WHO SIGNS THIS APPLICATION</small>					
Business Name: Property Owner			Contact Name:		
Street Address:					
City:		State:		Zip Code:	
Phone:		Email:			
CONTRACTOR INFORMATION <small>REQUIRED</small>					
Business Name:					
Licensee's Name: Homeowner to act as contractor			License #:		
Street Address:					
City:		State:		Zip Code:	
Phone:		Email:			
ARCHITECT/ENGINEER INFORMATION <small>INDIVIDUAL WHO SIGNED PLANS, IF APPLICABLE</small>					
Business Name:			Name:		
Street Address:					
City:		State:		Zip Code:	
Phone:		Email:			
BUILDING CHARACTERISTICS <small>REQUIRED</small>					
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 checked="" 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 type="checkbox"/> NFPA 13D <input checked="" type="checkbox"/> None			Fire Alarm System: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Voice Evac		
ADDITIONAL RESIDENTIAL INFORMATION <small>(PLEASE SELECT/COMPLETE ALL THAT APPLY)</small>					
Model Name & Options:					
# of Bedrooms (SF): 6	# of efficiency units (MF*): 2	# of 1 BR (MF*): 4	# of 2 BR (MF*):	# of 3 BR (MF*):	
# Rooms: 15	# 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 checked="" type="checkbox"/> Full or <input type="checkbox"/> Partial					
1 st Fl Width: 65	1 st Fl Depth: 36	2 nd Fl Width:	2 nd Fl Depth:	Bsmt Width: 65	Bsmt Depth: 36
Energy Method: <input type="checkbox"/> Prescriptive <input type="checkbox"/> Performance <input type="checkbox"/> UA Alternative <input type="checkbox"/> ERI		Gross Area: 575 600 sq ft		Occupiable Area: 2,559 sq ft	
AGREEMENT/ DISCLAIMER <small>REQUIRED</small>					
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			8/19/2023 DATE SIGNED		
FOR OFFICE USE ONLY					
CHECKS PAYABLE TO: DIRECTOR OF FINANCE OF HOWARD COUNTY					
AGENCIES REQUIRED/APPROVALS:					
<input checked="" type="checkbox"/> PR	<input checked="" type="checkbox"/> DPZ	<input checked="" type="checkbox"/> DED	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> SHA	<input type="checkbox"/> CID
SUBMITTAL FEES: 135 \$135		PAYMENT: Check # 1000		ACCEPTED BY: TR	

449 * Mail sack to owner
once issued

2 Proposed green exterior doors



NO.	DATE	DESCRIPTION
1	07/11/22	PRELIMINARY
2	08/15/22	REVISED
3	09/20/22	REVISED
4	10/25/22	REVISED
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6	12/15/22	REVISED
7	01/10/23	REVISED
8	02/05/23	REVISED
9	03/01/23	REVISED
10	03/28/23	REVISED
11	04/25/23	REVISED
12	05/20/23	REVISED
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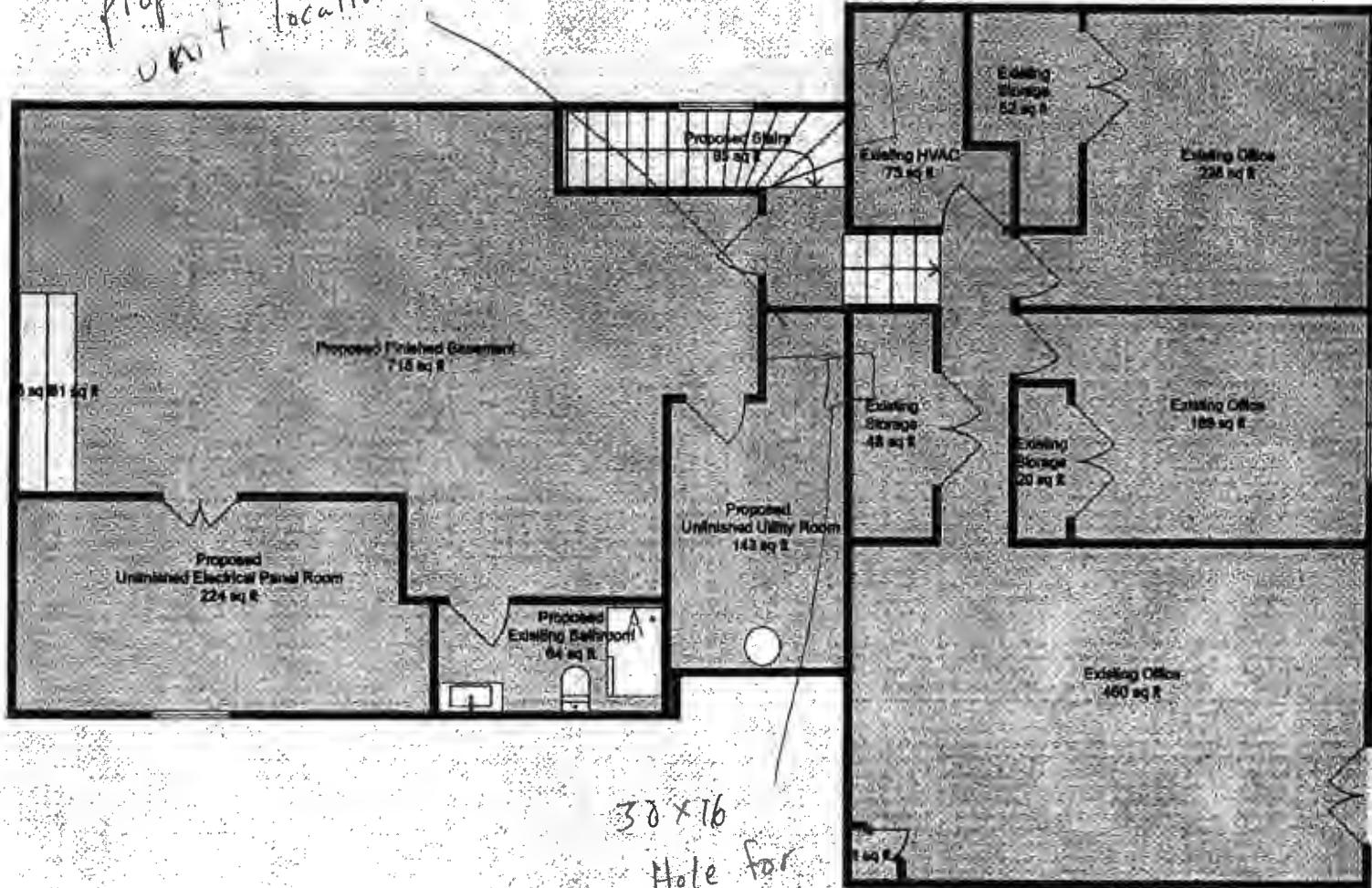
AMENDED

Exist HVAC
Unit location

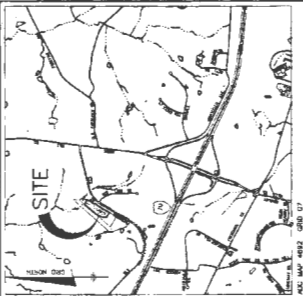


House Proposed Basement Plan

Proposed HVAC
Unit location



30 x 16
Hole for
deckwork



I CERTIFY THAT THE INFORMATION SHOWN HEREON IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature
 DONALD W. CARTER, P.E.
 ENGINEER
 HBL PROPERTIES, INC.

APPROVED FOR PRIVATE WATER AND SEWER SYSTEMS
 HANCOCK COUNTY HEALTH DEPARTMENT

Signature
 PUBLIC COUNTY HEALTH OFFICE

1. THE LOTS SHOWN HEREON CORRELATE WITH THE GENERAL IMPROVEMENT MAP AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF GENERAL SERVICES.

2. THE LOTS SHOWN HEREON CORRELATE WITH THE GENERAL IMPROVEMENT MAP AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF GENERAL SERVICES.

3. THE LOTS SHOWN HEREON CORRELATE WITH THE GENERAL IMPROVEMENT MAP AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF GENERAL SERVICES.

4. THE LOTS SHOWN HEREON CORRELATE WITH THE GENERAL IMPROVEMENT MAP AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF GENERAL SERVICES.

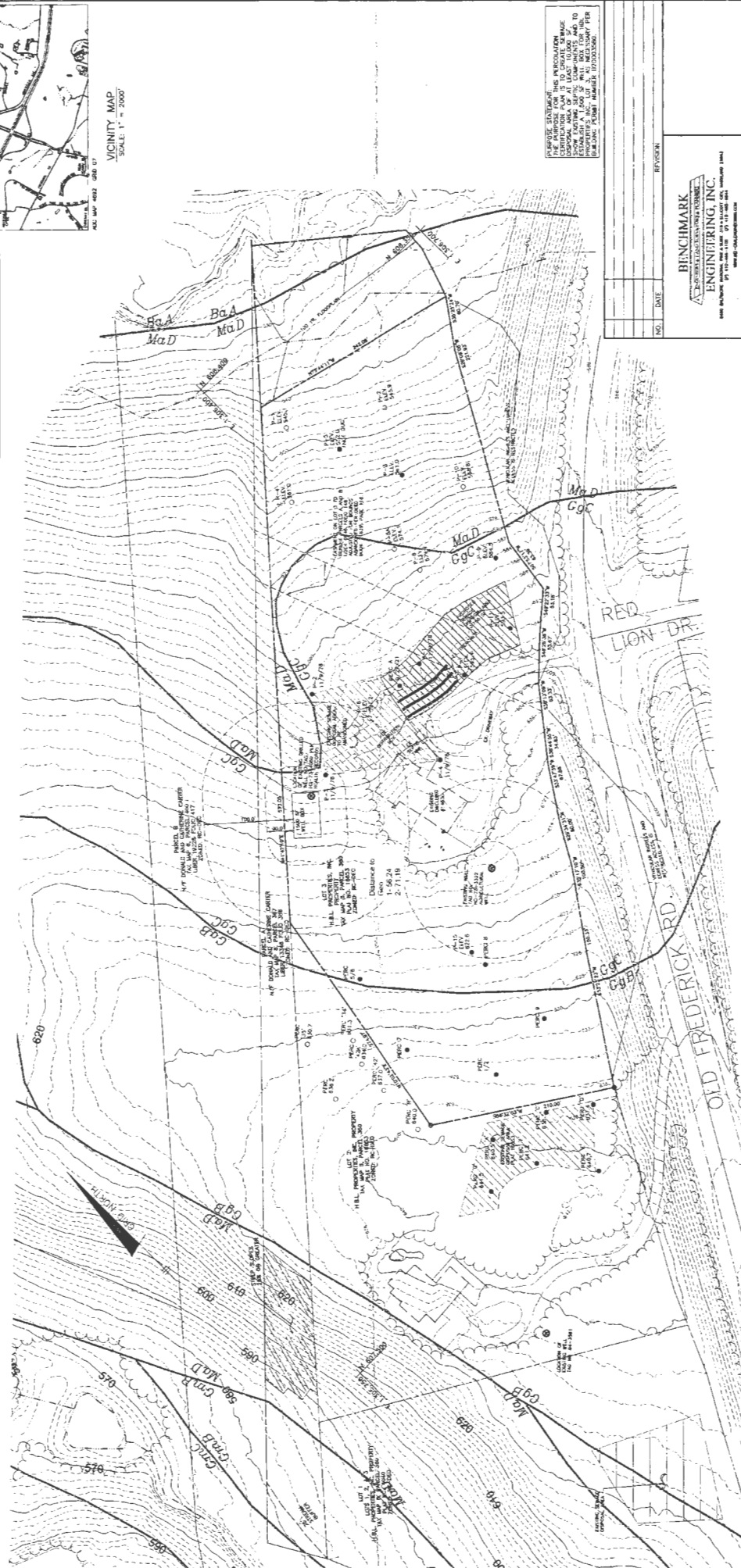
GENERAL NOTES

1. THE LOTS SHOWN HEREON CORRELATE WITH THE GENERAL IMPROVEMENT MAP AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF GENERAL SERVICES.

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4. THE LOTS SHOWN HEREON CORRELATE WITH THE GENERAL IMPROVEMENT MAP AND LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF GENERAL SERVICES.



BENCHMARK ENGINEERING, INC.
 1400 WOODBINE RD. SUITE 100
 WOODBINE, MARYLAND 21797
 TEL: 410-326-1100
 FAX: 410-326-1101
 WWW.BENCHMARKENGINEERING.COM

HBL PROPERTIES, INC.
 LOT 3
 1400 WOODBINE RD. SUITE 100
 WOODBINE, MARYLAND 21797
 TEL: 410-326-1100
 FAX: 410-326-1101
 WWW.HBLPROPERTIES.COM

PERCOLATION CERTIFICATION PLAN

DATE: FEB. 2023
 SCALE: AS SHOWN
 SHEET: 1 OF 1

LEGEND

- 1500 SF WELL BOX
- PASSING TEST LOCATION
- FAILING TEST LOCATION
- EXISTING SEPTIC AREA
- PROPOSED SEPTIC AREA
- EXISTING CONTOURS
- EXISTING FREELINE
- LIMIT OF SUBMISSION

SYMBOL	DESCRIPTION
(Symbol)	1500 SF WELL BOX
(Symbol)	PASSING TEST LOCATION
(Symbol)	FAILING TEST LOCATION
(Symbol)	EXISTING SEPTIC AREA
(Symbol)	PROPOSED SEPTIC AREA
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