

B11000223

Building Address: 12761 Lime kiln Rd
Highland md 20777

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: Lime kiln valley

Section: _____ Area: _____ Lot: 1

Tax Map: 40 Parcel: 114 Grid: 21

Zoning: _____ Map Coordinates: _____ Lot Size: 304 A

Existing Use: SFO

Proposed Use: SFO

Estimated Construction Cost: \$ 6000

Description of Work:
install 500 gal in-ground propane Tank

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: OWNER

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: NUR INC

Address: 6085 Marshall Dr

City: Elderidge State: MD Zip Code: 21075

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Jeremy Claryn 7051 Macbeths Way
Elderidge md 21075

Phone: 443-340-0229 Fax: _____

Email: AppliedAndApproved@yanac.com

Contractor Company: Valley NATIONAL CRUISES

Contact Person: William Cheswig

Address: 7201 Montevideo Rd

City: Jessup State: MD Zip Code: 20794

License No.: 67793

Phone: 410-799-1114 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: Contractor

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input checked="" type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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: _____
 Email Address: AppliedAndApproved@yanac.com
 Title/Company: permits

Print Name: Jeremy Claryn
 Date: 1/20/11

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>1/27/2011</u>	<u>Brian Baker</u>
Fire Protection		

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

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>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

PK# 2208

LIME KILN ROAD
PUBLIC ACCESS STREET
30' ROW

LOT 1
3.0440 ACRES

1/27/11
Propane
Tank
Location
J.H.
BB

Sill - Adcock & Associates - LLC

Engineers - Surveyors - Planners

3300 North Ridge Road, Suite 160
Ellicott City, Maryland 21043
Phone: 443.325.7682 Fax: 443.325.7685
Email: info@ssasland.com

DEVELOPER
NV HOMES
8000 MARSHALC DRIVE, SUITE 120
ELKROGE, MARYLAND 21075
(410) 379-3859

OWNER
MAPLE ESTATES, LC
8400 ELM STREET, SUITE 200
MCLEAN, VIRGINIA 22101
(703) 734-8720

NOTE 1) STORMWATER MANAGEMENT FOR THE DRIVEWAY WILL BE SATISFIED BY NON-ROOFTOP DISCONNECTION AND FOR THE HOUSE IT WILL BE SATISFIED BY ROOFTOP DISCONNECTION AND SHEET FLOW TO CONSERVATION AREA.
2) DISTURBED AREA = 20,021 SQ. FT.

DESIGN BY:	SJT
DRAWN BY:	SJT
CHECKED BY:	PS
SCALE:	1"=80'
DATE:	JULY 27, 2010
PROJECT #:	10-041
SHEET #:	1 OF 1

HOUSE SITE LIME KILN VALLEY II LOT 1 12761 LIME KILN ROAD

TAX MAPS 40 & 45 GRIDS 21 & 4
FIFTH ELECTION DISTRICT

PARCELS 114 & 12
HOWARD COUNTY, MARYLAND

B10003007

Building Address 1776 Limekin Rd.
Highland MD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Lime Kin Vllg.
 Section _____ Area _____ Lot 1
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name NV Homes
 Address 85 Marlboro Dr. #130
 City Haridge State MD Zip Code 21075
 Home Phone _____ Work Phone 410-379-5950
 Applicant's Name & Mailing Address, (if other than stated herein):
Jim Kerwin
P.O. Box 552
Woodbine, MD 21797
 Phone 413-309-7922 Fax 410-489-0550

Existing Use Garage
 Proposed Use Single Family Detached
 Estimated Construction Cost \$ 250,000
 Description of Work New 2 story "Cliffon Park"
with 3 car garage, midsize room
and finished basement.
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company NV Homes
 Contact Person John Thomas
 Address 85 Marlboro Dr. #130
 City Haridge State MD Zip Code 21075
 License No. 560
 Phone 410-379-5950 Fax 410-379-2430
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth _____ Width _____ 1 st floor: <u>74 x 60</u> 2 nd floor: <u>54 x 60</u> Basement: <u>74 x 60</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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 Jim Kerwin
 Email Address _____
 Title/Company agent/ NV Homes

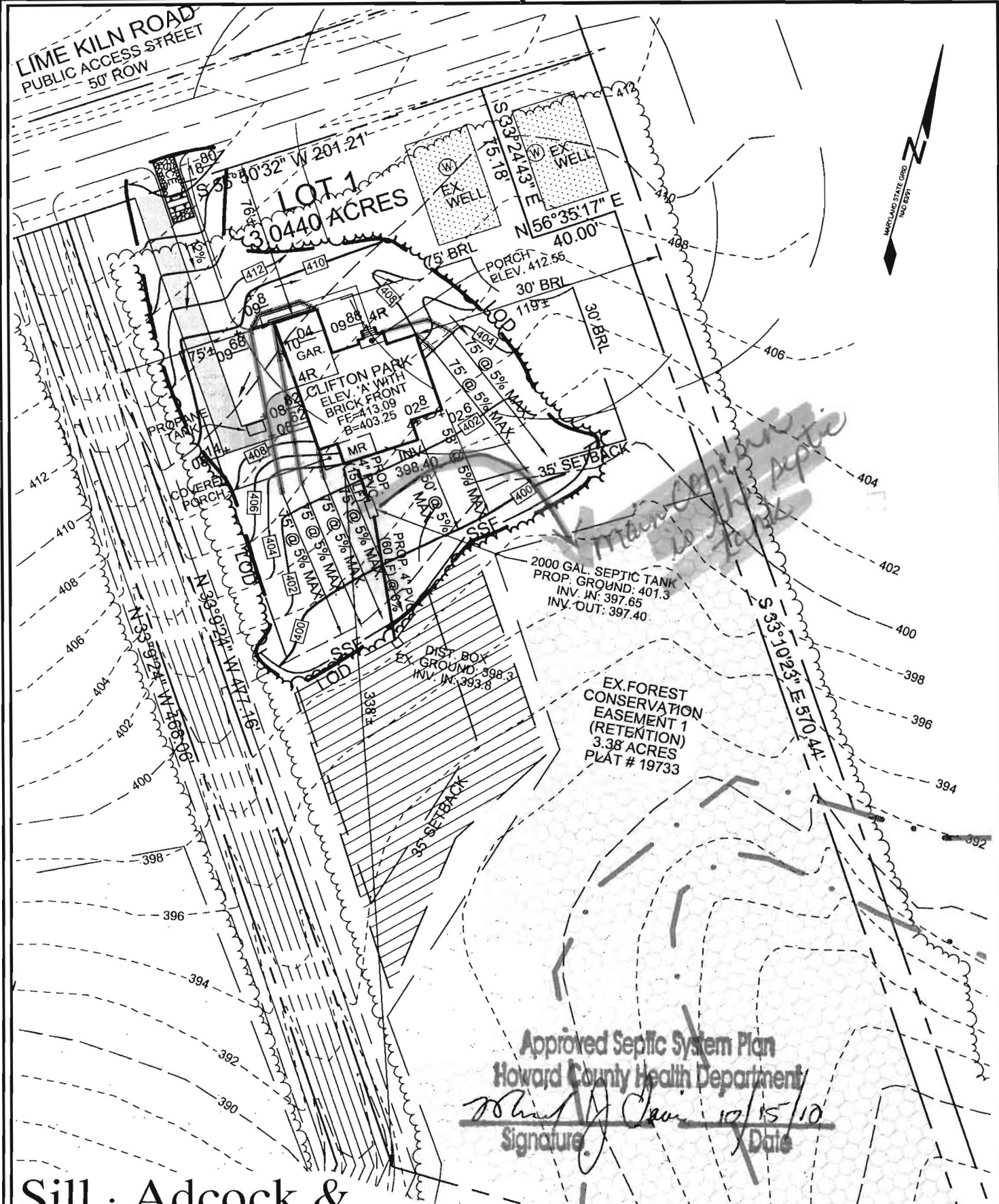
Print Name Jim Kerwin
 Date 9/21/2010

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	\$ <u>120.00</u>	
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____	
<input checked="" type="checkbox"/> Building Officials			Side: _____	Excise tax \$ _____	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Add'l per fee \$ _____	
<input checked="" type="checkbox"/> Health <u>10/15/10</u> <u>Michael J. Davis</u>			All minimum setbacks met?	TOTAL FEES \$ _____	
<input checked="" type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>619930</u>	
			Lot Coverage for New Town Zone SDP/Red-line approval date _____	Validation # _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				Accepted by <u>[Signature]</u>	

LIME KILN ROAD
PUBLIC ACCESS STREET
50' ROW



Approved Septic System Plan
Howard County Health Department
Robert J. Crum
Signature Date 10/15/10

Sill · Adcock & Associates · LLC

Engineers · Surveyors · Planners
3300 North Ridge Road, Suite 160
Ellicott City, Maryland 21043
Phone: 443.325.7682 Fax: 443.325.7685
Email: info@saaland.com

DEVELOPER
NV HOMES
6085 MARSHALEE DRIVE, SUITE 130
ELKRIDGE, MARYLAND 21075
(410) 379-5956

OWNER
MAPLE ESTATES, LC
6820 ELM STREET, SUITE 200
MCLEAN VIRGINIA 22101
(703) 734-9730

- NOTE:
- 1) STORMWATER MANAGEMENT FOR THE DRIVEWAY WILL BE SATISFIED BY NON-ROOFTOP DISCONNECTION AND FOR THE HOUSE IT WILL BE SATISFIED BY ROOFTOP DISCONNECTION AND SHEET FLOW TO CONSERVATION AREA.
 - 2) DISTURBED AREA = 28, 021 SQ.FT.
 - 3) DRIVEWAY AREA = 3, 221 SQ.FT.

DESIGN BY:	SJ1
DRAWN BY:	SJT
CHECKED BY:	PS
SCALE:	1"=60'
DATE:	SEPTEMBER 15, 2010
PROJECT #:	10-041
SHEET #:	1 OF 1

4) THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-1195) HAS BEEN LOCATED BY SILL, ADCOCK & ASSOC, LLC.

LIME KILN VALLEY II

LOT 1
12761 LIME KILN ROAD

TAX MAPS 40 & 45 GRIDS 21 & 4
FIFTH ELECTION DISTRICT

PARCELS 114 & 12
HOWARD COUNTY, MARYLAND