

B11000227

Building Address: 1297 Lime Kln Rd
Highland Md 20777

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

Census Tract: _____ Subdivision: Lime Kln Valley

Section: _____ Area: _____ Lot: 7

Tax Map: 40 Parcel: 114 Grid: 21

Zoning: _____ Map Coordinates: _____ Lot Size: 3.60 A

Existing Use: SFO

Proposed Use: SFO

Estimated Construction Cost: \$ 6,000

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: Elkridge State: md Zip Code: 21075

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
Jeremy Clary 7051 Marlboro Way
Ellicott City Md 21789

Phone: 443-340-1029 Fax: _____

Email: AppliedAndApproved@yanoo.com

Contractor Company: Valley National Excav

Contact Person: William Cheung

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 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@yanoo.com
 Title/Company: permits

Print Name: Jeremy Clary
 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		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1/27/2011</u>	<u>Bryan 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	\$

PKT 2208

B1000 2994

Building Address 12797 Lime Kiln Rd.
Highland MD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision LIME KILN VALLEY II
 Section _____ Area _____ Lot 7
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name NV Homes
 Address 655 W. THURMAN DR. #130
 City KRUGER State MD Zip Code 21075
 Home Phone _____ Work Phone 410-371-1976
 Applicant's Name & Mailing Address, (if other than stated herein):
Jim Kerwin
P.O. Box 252
Greenfield, MD 21747
 Phone 43-07-7792 Fax 410-429-0550

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 250,000
 Description of Work New 3 story "Wykehall"
with 3 car garage, morning room,
4" ext. to family room, sitting area with
covered porch and unfinished basement.
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company NV Homes
 Contact Person Sybil Johnson
 Address 655 W. THURMAN DR. #130
 City KRUGER State MD Zip Code 21075
 License No. 56
 Phone 301-591-5170 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
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: 59' x 70' x 54'
 2nd floor: 46' x 54'
 Basement: 54' x 54'
 Finished Basement Unfinished Basement Crawl
 space Slab on Grade
 No. of Bedrooms 4
 Multi-family dwellings:
 No. of efficiency units: _____
 No. of 1 BR units: _____
 No. of 2 BR units: _____
 No. of 3 BR units: _____
 Other Structure: _____
 Dimensions: _____
 Footings: _____
 Roof: _____
 State Certified Modular
 Manufactured Home

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 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.

Jim Kerwin
 Applicant's Signature

 Email Address _____

 Title/Company owner/NV Homes

Jim Kerwin
 Print Name

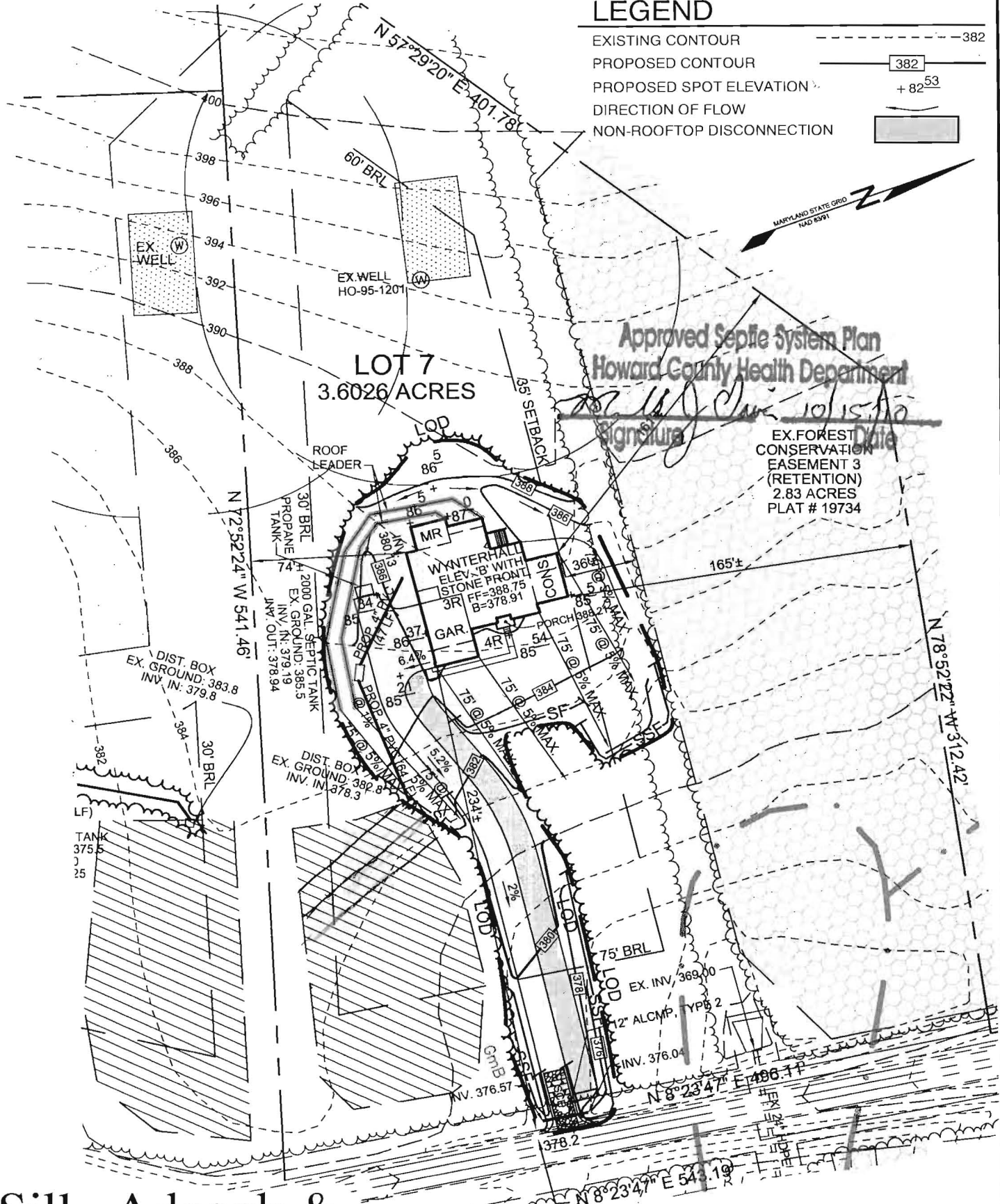
 Date 9/21/2010

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

AGENCY		DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ					Front: _____	\$ <u>150.00</u>	
State Highways					Rear: _____	\$ _____	
Building Officials					Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ					Side St.: _____	Add'l per fee \$ _____	
Health <u>10/15/10</u>			<u>[Signature]</u>		All minimum setbacks met?	TOTAL FEES \$ _____	
Fire Protection					YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance?					Is Entrance Permit Required?	Balance due \$ _____	
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>601991</u>	
					Historic District?	Validation # _____	
					YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>					Lot Coverage for New Town Zone _____		
ONE STOP SHOP: <input type="checkbox"/>					SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>	

LEGEND

- EXISTING CONTOUR - - - - - 382
- PROPOSED CONTOUR ————— 382
- PROPOSED SPOT ELEVATION + 82.53
- DIRECTION OF FLOW —————>
- NON-ROOFTOP DISCONNECTION []



Approved Septic System Plan
Howard County Health Department

Sill Adcock
Signature

EX. FOREST CONSERVATION EASEMENT 3 (RETENTION) 2.83 ACRES PLAT # 19734

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
ELKCRIDGE, 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.
 - 2) THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-1201) HAS BEEN LOCATED BY SILL ADCOCK & ASSOCIATES, LLC AND IS ACCURATELY SHOWN.
 - 3) AN EJECTOR PUMP IS REQUIRED FOR BASEMENT SEWERAGE.
 - 4) DISTURBED AREA = 27,960 SQ.FT.
 - 5) DRIVEWAY AREA = 4,059 SQ.FT.

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

HOUSE SITE LIME KILN VALLEY II LOT 7 12797 LIME KILN ROAD

TAX MAPS 40 & 45 GRIDS 21 & 4
FIFTH ELECTION DISTRICT
PARCELS 114 & 12
HOWARD COUNTY, MARYLAND