

Permits: 410-313-2455
 Inspections: 410-313-1810
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:

B11002332

Building Address: 12901 Lime Kiln Rd Highland md 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Lime Kiln Valley
 Section: _____ Area: 2 Lot: 26
 Tax Map: 40 Parcel: 114 Grid: 21
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.16 A

Existing Use: SCD
 Proposed Use: SCD 4 propane Tank
 Estimated Construction Cost: \$ _____
 Description of Work: Install 1000 gal in ground propane Tank

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Maple LLC
 Address: 6820 Elm St
 City: Mclean State: VA Zip Code: 22101
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (If other than stated herein):
JEREMY CLANCY DO BOX 1253
Eldersburg md 21784
 Phone: (443) 340-1229 Fax: _____
 Email: Jeremy@AppliedAndApproved.com

Contractor Company: Valley National Cranes
 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 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 checked="" 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 checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<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: [Signature]
 Print Name: Jeremy Clancy
 Email Address: Jeremy@AppliedAndApproved.com
 Title/Company: PERMITS

Date: 8/5/11
 RECEIVED
 AUG 5 2011

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

LICENSES & PERMITS
 DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8/4/2011</u>	<u>B. Baker</u>
Fire Protection		

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	\$

CK# 2532

Building Address: 12901 Linc Hill Rd
13.12.11 2.977

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

Census Tract: 0041.02 Subdivision: Maple Woods

Section: _____ Area: _____ Lot: 26

Tax Map: 40 Parcel: 0114 Grid: 0031

Zoning: RR-DEO Map Coordinates: _____ Lot Size: 110000

Property Owner's Name: Maple Hill

Address: 12901 Linc Hill Rd

City: Ellicott City State: VA Zip Code: 22001

Home Phone: 571-421-7156 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):

Phone: 571-421-7156 Fax: _____

Email: _____

Existing Use: STAD

Proposed Use: _____

Estimated Construction Cost: \$ 96,000

Description of Work: NUISANCE abatement
Call for Nov. 2, 2011. 2.33ma. 2.33ma. 2.33ma. 2.33ma.

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: 571-421-7156 Fax: _____

Email: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

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Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
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	<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
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<u>Roadside Tree Project Permit #</u>	No. of Heads:

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<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: <u>30 38</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>50 60</u>	<u>Sewage Disposal</u>
Basement: <u>60 74</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" 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: <u>3</u>	<input checked="" 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 checked="" 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	<u>Roadside Tree Project Permit #</u>
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Applicant's Signature: _____ Print Name: _____

Email Address: _____ Date: 1/17/14

Title/Company: _____

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>3-10-11</u>	<u>D. Bernard</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE-STOP SHOP
3-10-11 D. Bernard

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

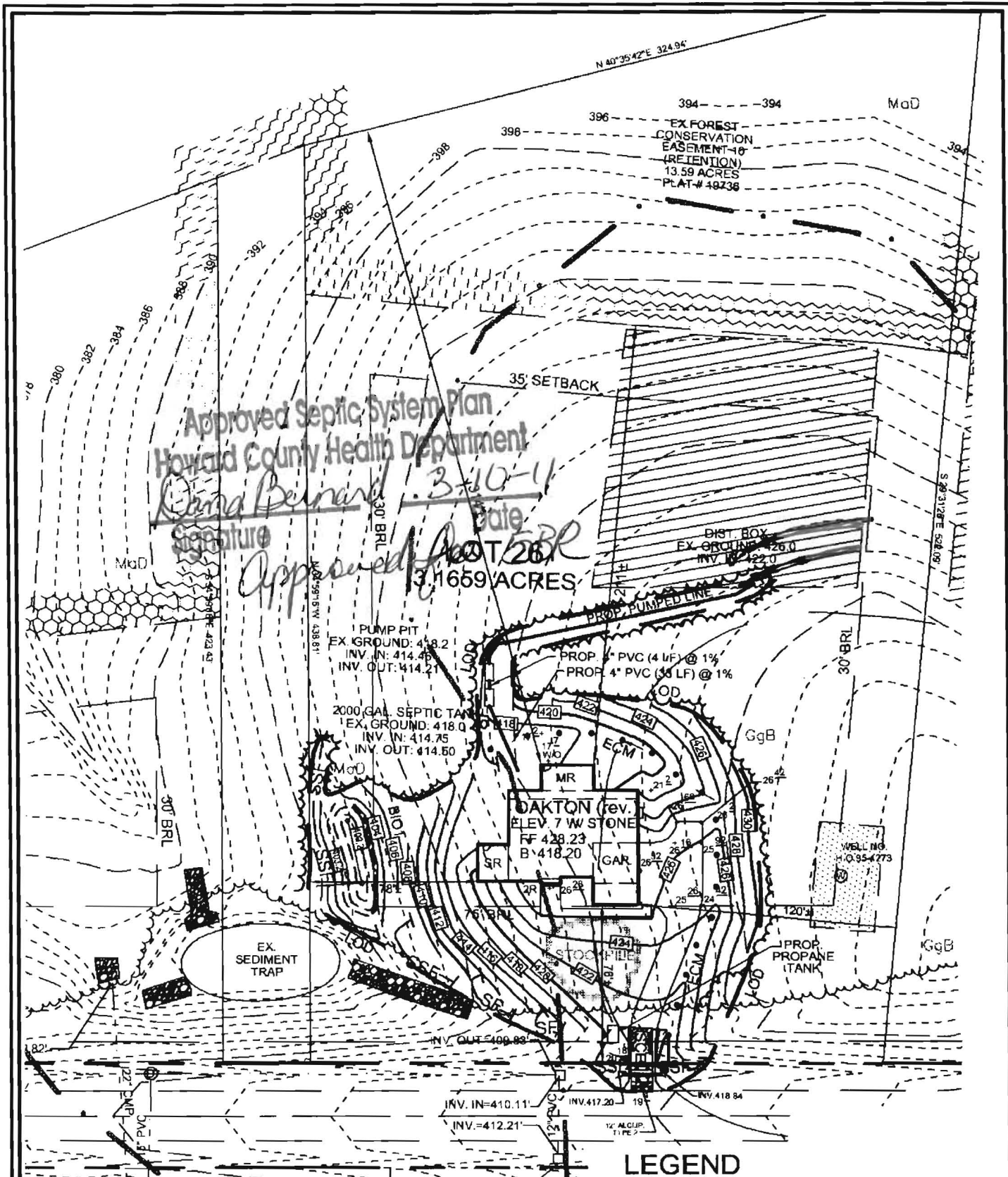
Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

611046
33910



Approved Septic System Plan
Howard County Health Department

Dana Bernard
Signature
3-10-11
Date
Approved Foot 26
3.1659 ACRES

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
CRAFTMARK HOMES
5820 ELM STREET, SUITE 102
MCLEAN, VIRGINIA 22101
(703) 287-0582

OWNER
MAPLE W, LC
5074 DORSEY HALL DRIVE, SUITE 205
ELLCOTT CITY, MARYLAND 21042
(410) 720-3021

LEGEND

- EXISTING CONTOUR 382
- PROPOSED CONTOUR 382
- PROPOSED SPOT ELEVATION + 82.53
- DIRECTION OF FLOW

- NOTE:
- 1) STORMWATER MANAGEMENT FOR THE HOUSE WILL BE SATISFIED BY MICRO-BIORETENTION AND FOR THE GARAGE AND DRIVEWAY BY THE EXISTING FACILITY.
 - 2) DISTURBED AREA = 29,027 SQ.FT.
 - 3) EXISTING WELL (HO-95-1273) WAS FIELD LOCATED BY SILL, ADCOCK, & ASSOCIATES, LLC IN JULY, 2010.

DESIGN BY:	SJT
DRAWN BY:	SJT
CHECKED BY:	PS
SCALE:	1"=60'
DATE:	FEBRUARY 25, 2011
PROJECT #:	10-021
SHEET #:	1 OF 3

HOUSE SITE
LIME KILN VALLEY II
LOT 26
12901 LIME KILN ROAD

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

PARCELS 114 & 12
HOWARD COUNTY, MARYLAND