

B11002145

Building Address: 12779 Lime Kiln Rd Highland md 20717

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Lime Kiln Valley

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 43

Tax Map: 40/45 Parcel: 114 Grid: 21/4

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 6.4348

Existing Use: SEB

Proposed Use: SD w/ propane tank

Estimated Construction Cost: \$ 8000

Description of Work: install 500 gal in ground propane tank

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: owner

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: Maple Estates LLC

Address: 5074 Dorsey Hall Dr Ste 205

City: Ellicott City State: md Zip Code: 21042

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein):  
Jeremy Clancy po Box 1253  
Edlersburg md 21784

Phone: 443-340-1229 Fax: \_\_\_\_\_

Email: Jeremy @ AppliedAndApproved.com

Contractor Company: Valley National Gas

Contact Person: William Giering

Address: 7201 Montauchole 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
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
	<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"/> 1st Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth	<input type="checkbox"/> Public
Width	<input checked="" type="checkbox"/> Private
1 <sup>st</sup> floor:	<u>Sewage Disposal</u>
2 <sup>nd</sup> floor:	<input type="checkbox"/> Public
Basement:	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Finished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unfinished Basement	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	<u>Heating System</u>
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Electric
No. of Bedrooms:	<input type="checkbox"/> Oil
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Natural Gas
No. of efficiency units:	<input type="checkbox"/> Propane Gas
No. of 1 BR units:	
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	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: Jeremy Clancy Print Name: Jeremy Clancy

Email Address: Jeremy @ AppliedAndApproved.com Date: 7/18/11

Title/Company: Permits

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>8/15/11</u>	<u>[Signature]</u>
<input type="checkbox"/> 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	\$
Tech Fee	\$
Excise Tax	\$ <u>110.00</u>
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Call # 2512

Building Address: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: \_\_\_\_\_

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

Property Owner's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein):  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_  
 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>
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<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
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**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 <sup>st</sup> floor: <u>24</u> x <u>80</u>	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: <u>24</u> x <u>76</u>	<u>Sewage Disposal</u>
Basement: <u>64</u> x <u>70</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>2</u>	<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 checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <b>Roadside Tree Project Permit</b>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Applicant's Signature \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Title/Company \_\_\_\_\_

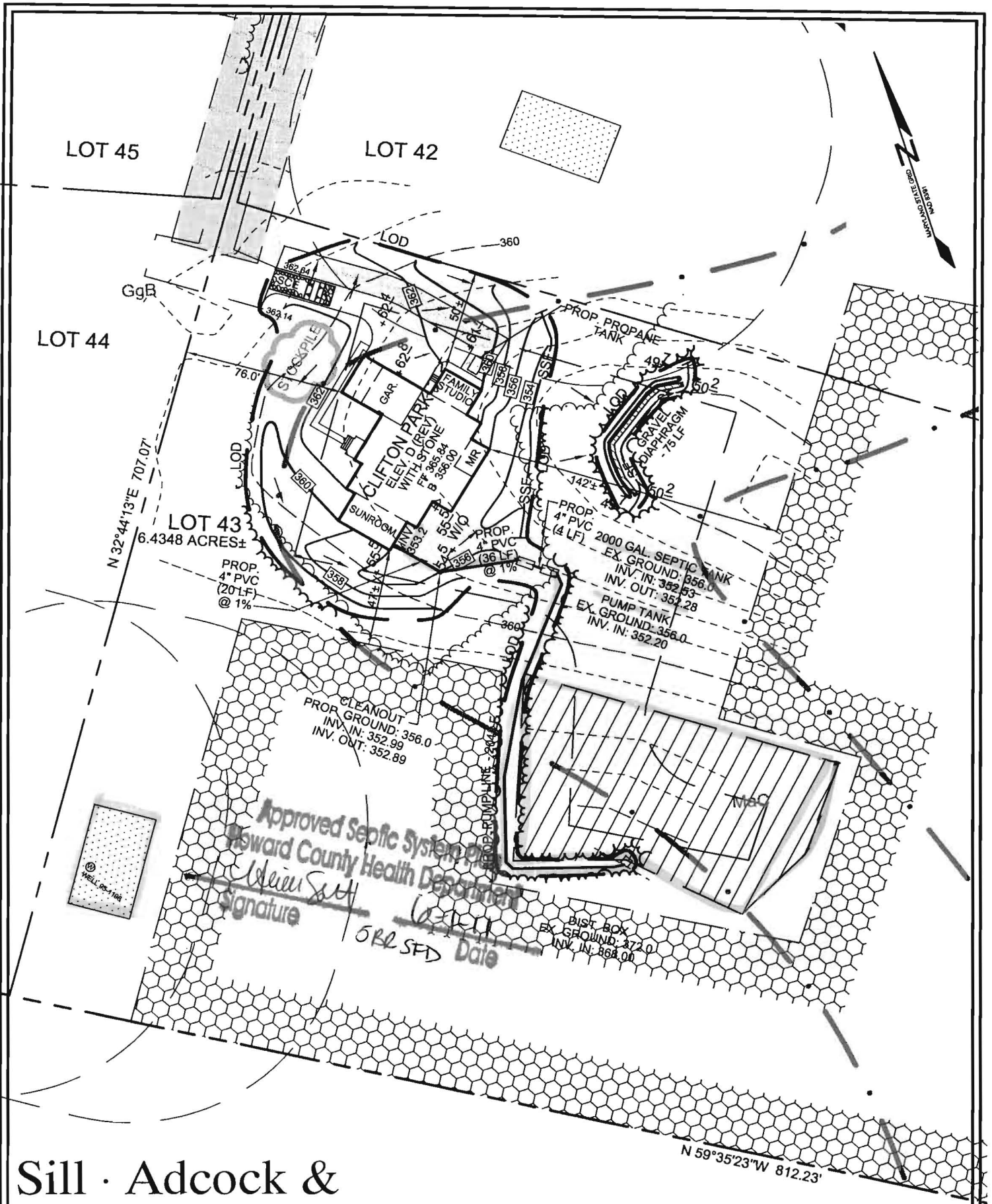
Print Name \_\_\_\_\_  
 Date \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
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AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>6-11-11</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
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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	\$ <u>1500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



Approved Septic System by  
Howard County Health Department  
*Stephanie Sill*  
Signature  
Date 5/12/2011  
SRL SFD

# 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) DRIVEWAY RUNOFF WILL BE TREATED BY NON-ROOFTOP DISCONNECTION. STORMWATER MANAGEMENT FOR THE HOUSE ON THIS LOT IS WILL BE SATISFIED BY SHEET FLOW TO NATURAL CONSERVATION AREA WITH A GRAVEL DIAPHRAGM.
  - 2) THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-1198) HAS BEEN LOCATED BY SILL ADCOCK & ASSOCIATES, LLC AND IS ACCURATELY SHOWN.
  - 3) A PUMP TANK WILL BE UTILIZED FOR FIRST FLOOR AND BASEMENT SEWERAGE.
  - 4) DISTURBED AREA = 24,192 SQ.FT.
  - 5) DRIVEWAY AREA = 1,845 SQ.FT.

DESIGN BY:     SJT      
DRAWN BY:     SJT      
CHECKED BY:     PS      
SCALE:     1"=60'      
DATE:     MAY 4, 2011      
PROJECT #:     10-041      
SHEET #:     1     OF     2    

## HOUSE SITE LIME KILN VALLEY II LOT 43 (FORMERLY LOT 4) 12779 LIME KILN ROAD

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