

Building Address: 12839 Lime Kiln Rd
Highland MD 21777

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

Census Tract: _____ Subdivision: Highland

Section: _____ Area: _____ Lot: 44

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot

Proposed Use: single family house

Estimated Construction Cost: \$ 350,000

Description of Work: new 2 story "Colonial Park" style garage, morning room, lavatory, master bedroom, unfinished basement

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>
<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"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	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: <u>74 x 59</u>	<input type="checkbox"/> Private
2 nd floor: <u>54 x 60</u>	<u>Sewage Disposal</u>
Basement: <u>64 x 39</u>	<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: <u>4</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"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input 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: _____

Email Address: _____

Title/Company: _____

Print Name: _____

Date: 7/20/2011

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

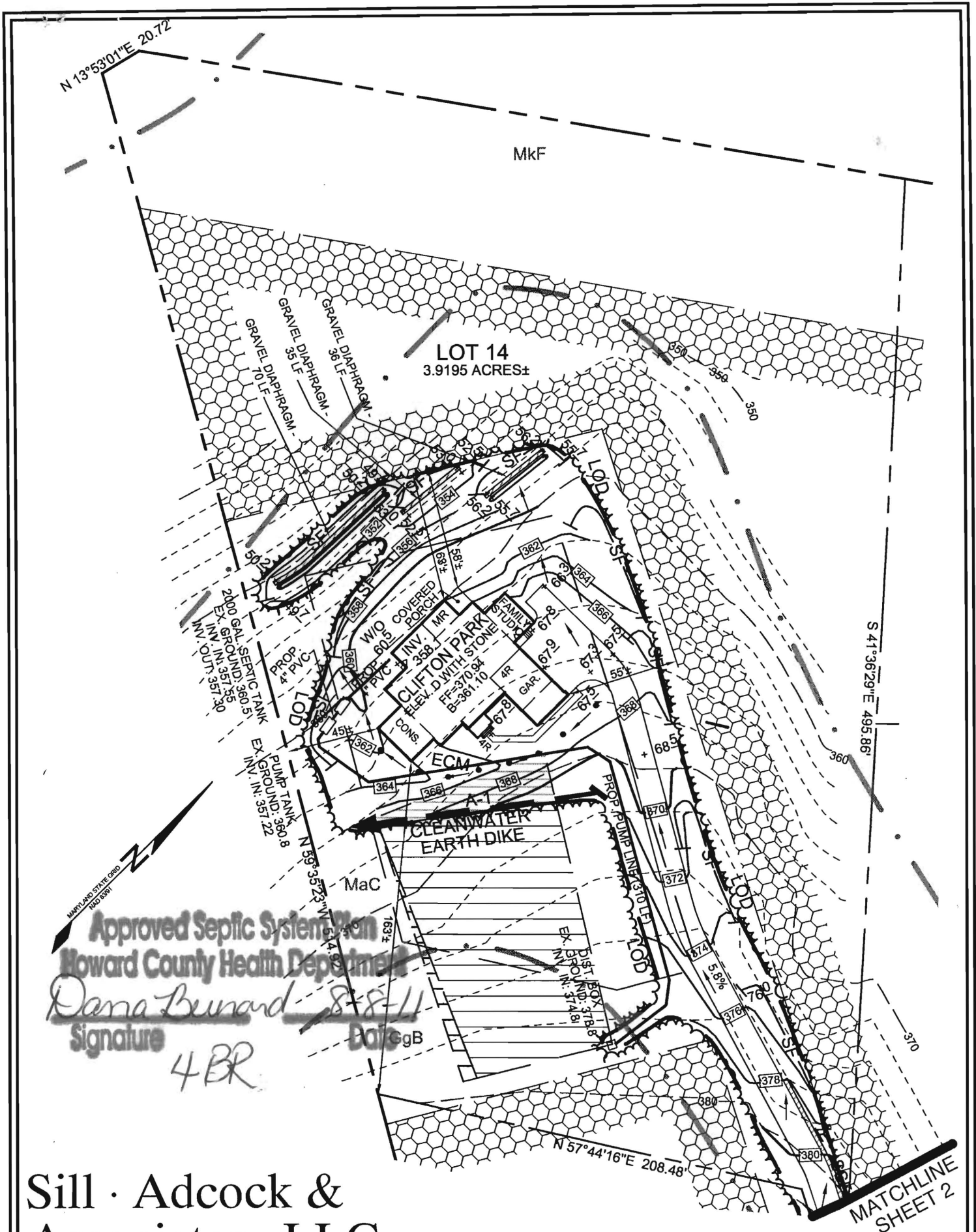
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>8-8-11 DBernard</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	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$ <u>100</u>



Approved Septic System Plan
 Howard County Health Department
 Dana Burnard 8-8-11
 Signature Date
 4BR

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
 ELKBRIDGE, MARYLAND 21075
 (410) 379-5956

OWNER
 MAPLE ESTATES, LC
 8620 ELM STREET, SUITE 200
 MCLEAN, VIRGINIA 22101
 (703) 734-9730

- NOTE:
- 1) THE HOUSE AND THE MAJORITY OF THE DRIVEWAY RUNOFF WILL BE TREATED BY SHEET FLOW TO NATURAL CONSERVATION WITH GRAVEL DIAPHRAGMS. THE REMAINING PORTION OF THE DRIVEWAY WILL BE TREATED BY NON-ROOFTOP DISCONNECTION.
 - 2) THE EXISTING WELL SHOWN ON THIS PLAN (HO-95-1268) HAS BEEN LOCATED BY SILL ADCOCK & ASSOCIATES, LLC AND IS ACCURATELY SHOWN.
 - 3) DISTURBED AREA = 57,887 SQ.FT.
 - 4) DRIVEWAY AREA = 11,600 SQ.FT.

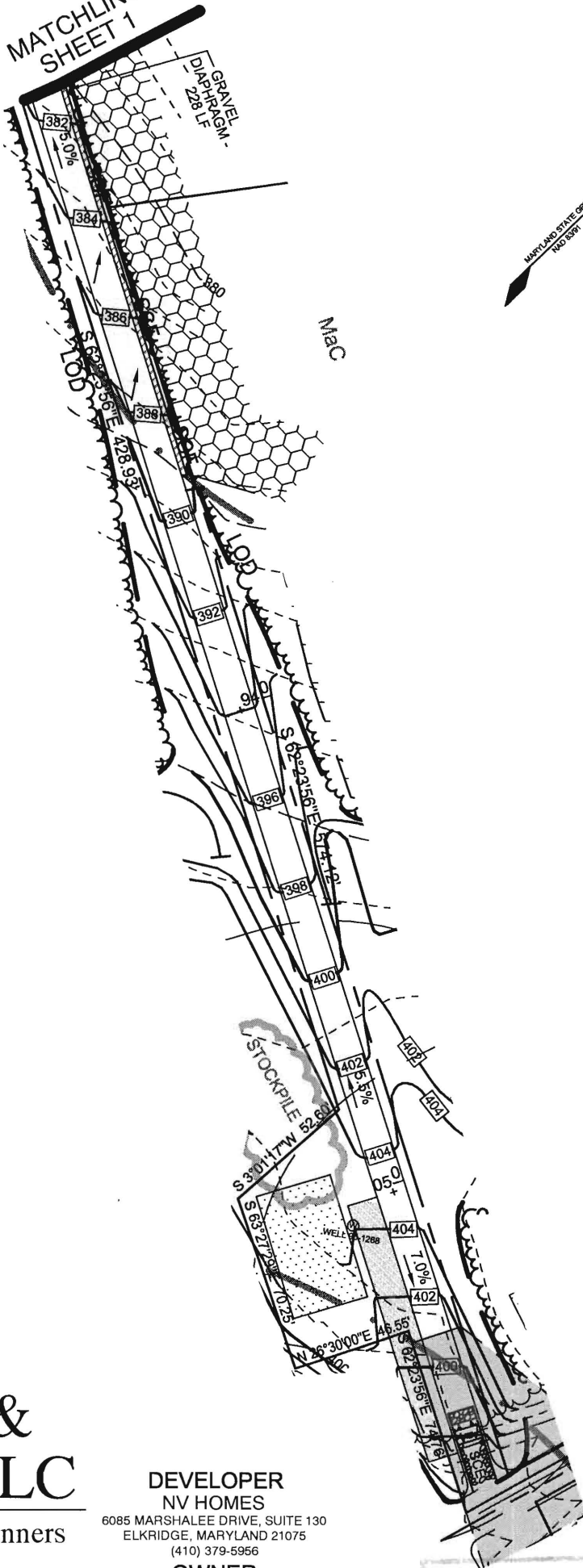
DESIGN BY:	SJT
DRAWN BY:	SJT
CHECKED BY:	PS
SCALE:	1"=60'
DATE:	JULY 13, 2011
PROJECT #:	10-041
SHEET #:	1 OF 2

HOUSE SITE
LIME KILN VALLEY II
 LOT 14
 12839 LIME KILN ROAD

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

PARCELS 114 & 12
 HOWARD COUNTY, MARYLAND

MATCHLINE
SHEET 1



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

DESIGN BY: SJT

DRAWN BY: SJT

CHECKED BY: PS

SCALE: 1"=60'

DATE: JULY 13, 2011

PROJECT #: 10-041

SHEET #: 2 OF 3

HOUSE SITE LIME KILN VALLEY II

LOT 14
12839 LIME KILN ROAD

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

PARCELS 114 & 12
HOWARD COUNTY, MARYLAND

B11003202

Building Address: 12839 Lime Kiln Rd Highcoat, MD 21117

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: Install 1000 gal inground propane tank.

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: Maple Estates LLC

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: _____

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Email Address: _____ Date: _____

Title/Company: _____

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AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	11-3-11	<i>John Scott</i>
Fire Protection		

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

DPZ SETBACK INFORMATION

Front: _____

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Side: _____

Side St.: _____

All minimum setbacks met? Yes No

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Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$ 100.
Tech Fee	\$ 10.
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

11-11-2011