

B12001918

B12000780

Building Address: 12878 Lime Kiln Rd Highland

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

Census Tract: _____ Subdivision: Lime Kiln Valley

Section: _____ Area: 2 Lot: 34

Tax Map: 40 Parcel: 114 Grid: 21

Zoning: _____ Map Coordinates: _____ Lot Size: 3.23

Existing Use: SFI

Proposed Use: SFI w/ propane tank

Estimated Construction Cost: \$ 8000

Description of Work: install 1000 gal inground 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 P.O. Box 1253
Eldersburg, MD 21754

Phone: 443-310-1229 Fax: _____

Email: Jeremy@AppliedAndApproved.com

Contractor Company: Valley National Gas

Contact Person: William Overwin

Address: 7201 Montevideo Rd

City: Jessup State: MD Zip Code: 20794

License No.: 617793

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 checked="" type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" 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	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: [Signature]

Email Address: Jeremy@AppliedAndApproved.com

Title/Company: permits

Print Name: Jeremy Clancy

Date: 6/4/12

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		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>6-14-12</u>	<u>Dana Bernall</u>
Fire Protection		

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

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Slide 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</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$ <u>110</u>
Balance Due	\$ <u>0</u>

Check 2914

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

6-10000339
 Howard County Building/Fire Permit Application
 Department of Inspections, Licenses & Permits
 3430 Court House Drive
 Ellicott City, MD 21043

Permit Number:
 B12000780

Building Address: 12878 Limekiln Rd.
Highland 20777

Suite/Apt. # _____ SDP/WP/BA #: 19730
 Census Tract: 6051.02 Subdivision: Lime Kiln Valley
 Section: I/II Area: _____ Lot: 34
 Tax Map: 40 Parcel: 114 Grid: 21
 Zoning: RC Map Coordinates: _____ Lot Size: 323AC

Existing Use: Vacant lot
 Proposed Use: SFB
 Estimated Construction Cost: \$ 250,000

Description of Work: SFD & Model in File; Kenwood 11, Elev. 6, 3 car side-load garage, Att. lower level, Family room gas FP, walkout bsmt.
 Occupant or Tenant: Owner

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

Property Owner's Name: Maplewood LLC
 Address: 6820 Elm St Pl 2
 City: McLean State: VA Zip Code: 22101
 Home Phone: 703-287-0582 Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
Rachel Carr, 1053 Gathered Rd.
Rockville, MD 20850
 Phone: 240-988-7309 Fax: _____
 Email: carrache@gmail.com

Contractor Company: Craftmark Homes
 Contact Person: Greg Lauer
 Address: 1355 Beverly Rd, Ste. 330
 City: McLean State: VA Zip Code: 22101
 License No.: 451-HSC
 Phone: 703-287-0582 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
Construction type:	Heating System
<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	Sprinkler System:
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input 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>
Depth Width	<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 checked="" 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	Heating System
No. of Bedrooms: <u>4</u>	<input checked="" type="checkbox"/> Electric
Multi-family Dwelling	<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 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	

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Applicant's Signature: Rachel Carr Print Name: Rachel Carr
 Email Address: carrache@gmail.com Date: 3/15/12
 Title/Company: Owner/CPA

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

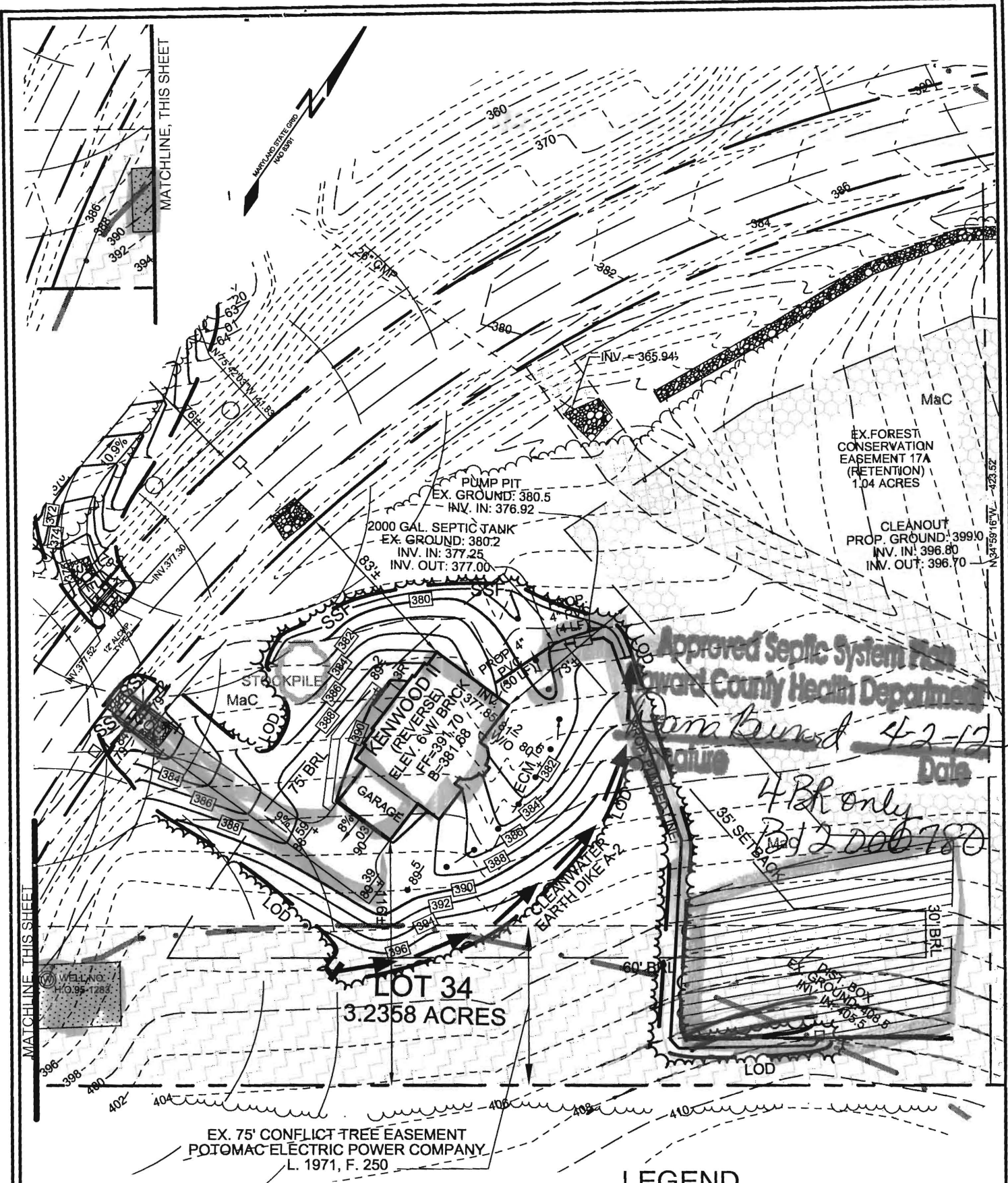
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>4/2/12 Dana Bernard</u>
Fire Protection		

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>1000</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>500</u>
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

Check 943



Approved Septic System Plan
 Howard County Health Department
 Approved 4-2-12
 Date
 4 Br only
 2000 GAL

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
 6820 ELM STREET, SUITE 102
 MCLEAN, VIRGINIA 22101
 (703) 287-0582

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

LEGEND

EXISTING CONTOUR ——— 382

PROPOSED CONTOUR ——— 382

PROPOSED SPOT ELEVATION + 82⁵³

DIRECTION OF FLOW ———

NOTE:
 1) STORMWATER MANAGEMENT FOR THE HOUSE AND DRIVEWAY WILL BE SATISFIED BY THE EXISTING MICRO-POOL FACILITY UNDER F-06-107.
 2) DISTURBED AREA = 31,479 SQ. FT. (PART OF GP-11-024)
 3) EXISTING WELL (HO-95-1283) HAS BEEN FIELD LOCATED BY SILL, ADCOCK, & ASSOCIATES, LLC IN JULY, 2010.

DESIGN BY: SJT

DRAWN BY: SJT

CHECKED BY: PS

SCALE: 1"=60'

DATE: MARCH 8, 2012

PROJECT #: 10-021

SHEET #: 1 OF 1

HOUSE SITE
LIME KILN VALLEY II
LOT 34
12878 LIME KILN ROAD

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

PARCELS 114 & 12
 HOWARD COUNTY, MARYLAND

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:

B12000780

Building Address: 12878 Limekiln Rd.

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

Census Tract: _____ Subdivision: Limekiln

Section: 211 Area: _____ Lot: 514

Tax Map: _____ Parcel: 114 Grid: 21

Zoning: R2 Map Coordinates: _____ Lot Size: 323AC

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: 410-732-9 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"/> Roadside Tree Project Permit	<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:	<input 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 <u>580 sq ft</u>	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space <u>580 sq ft</u>	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 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>
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature

Print Name

Email Address

Date

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>4/2/12 Dana Bunnell</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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$