

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

B11003539
 Permit Number:

Building Address: 12881 Lime Keln Rd
Highland MD 20777

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

Census Tract: _____ Subdivision: Maplewoods

Section: _____ Area: _____ Lot: 21

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Vacant lot

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: Maple 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: _____

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 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: <u>5</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	

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 12/06/11

Date _____

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>12-21-11</u>	<u>[Signature]</u>
Fire Protection		

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: _____

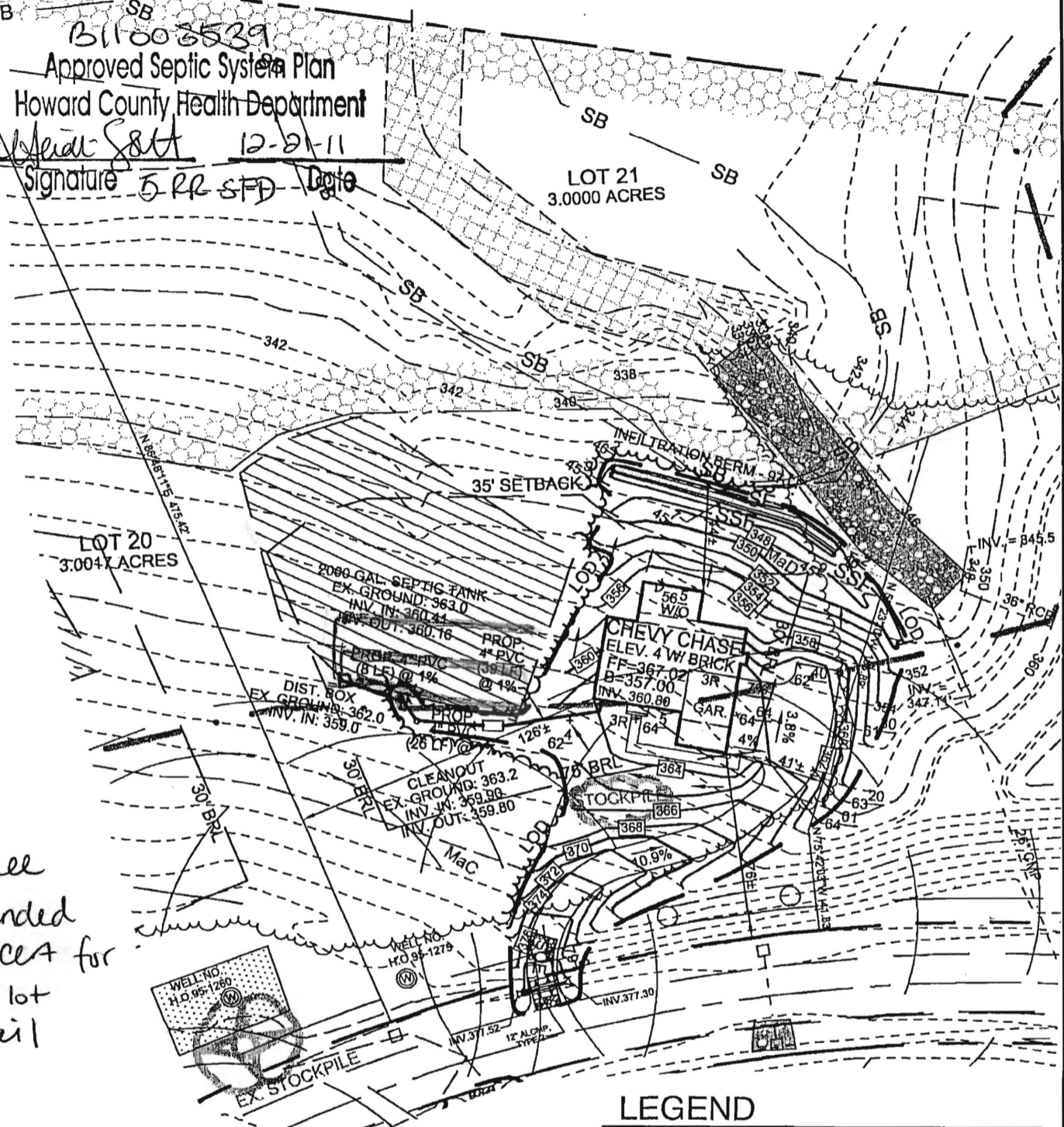
Filing Fee	\$
Permit Fee	\$ <u>150</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

12-21-11

MARYLAND STATE GRID
NAD 83/91

B11003539
Approved Septic System Plan
Howard County Health Department
Michael Sill 12-21-11
Signature *S.R.R. SFD* Date



* See amended per cert for full lot detail

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
ELLCOTT 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 SHEET FLOW TO CONSERVATION AREA WITH AN INFILTRATION BERM.
 - 2) DISTURBED WELLS = 21,357 SQ.FT.
 - 3) EXISTING WELLS (HO-95-1260 AND HO-95-1275) WERE FIELD LOCATED BY SILL, ADCOCK, & ASSOCIATES, LLC IN JULY, 2010.
 - 4) AN EJECTOR PUMP WILL BE REQUIRED FOR BASEMENT SEWERAGE.

DESIGN BY: SJT
 DRAWN BY: SJT
 CHECKED BY: PS
 SCALE: 1"=60'
 DATE: NOVEMBER 23, 2011
 PROJECT #: 10-021
 SHEET #: 1 OF 2

HOUSE SITE LIME KILN VALLEY II

LOT 21
12881 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:

B12001162

Building Address: 12881 Line 1010 Rd
09072008 Howard Ave 2877

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

Census Tract: _____ Subdivision: Line 1010 Rd

Section: _____ Area: 21 Lot: 21

Tax Map: 410 Parcel: 110/1 Grid: 21

Zoning: _____ Map Coordinates: _____ Lot Size: 3.24

Property Owner's Name: Alfred W. Lee

Address: 5823 Plover St

City: Ellicott City State: MD Zip Code: 22121

Home Phone: _____ Work Phone: _____

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

Phone: _____ Fax: _____

Email: al.lee@att.net

Existing Use: RD

Proposed Use: SFD w/ Porch

Estimated Construction Cost: \$ 8000

Description of Work: _____

Contractor Company: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

License No.: _____

Phone: 410 277-1114 Fax: _____

Email: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: Alfred W. Lee

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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Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
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No. of 3 BR units:	
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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>5-7-12</u>	<u>Heather Smith</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

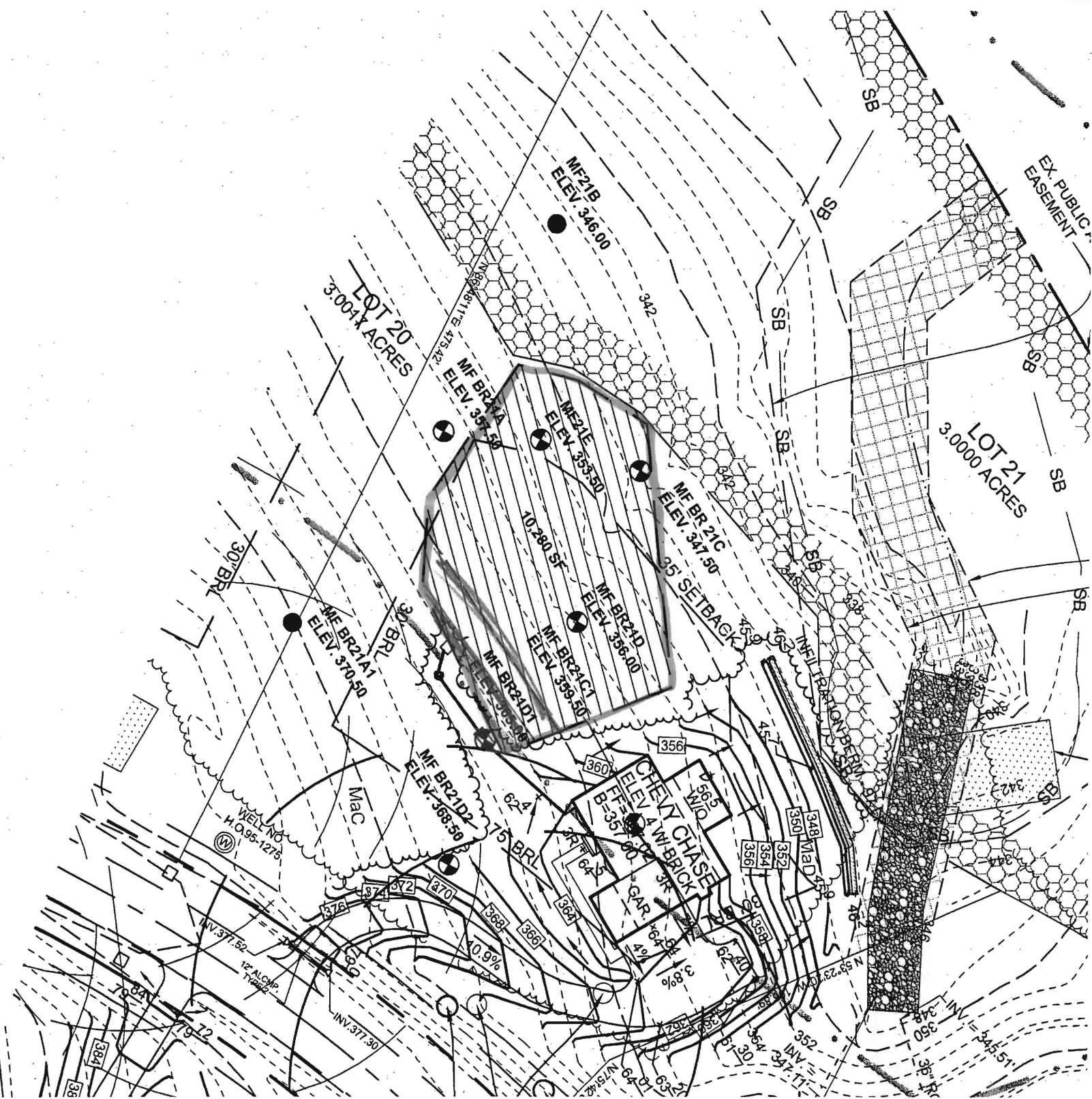
Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$ <u>100</u>
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

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



PLAN VIEW

SCALE: 1"=50'

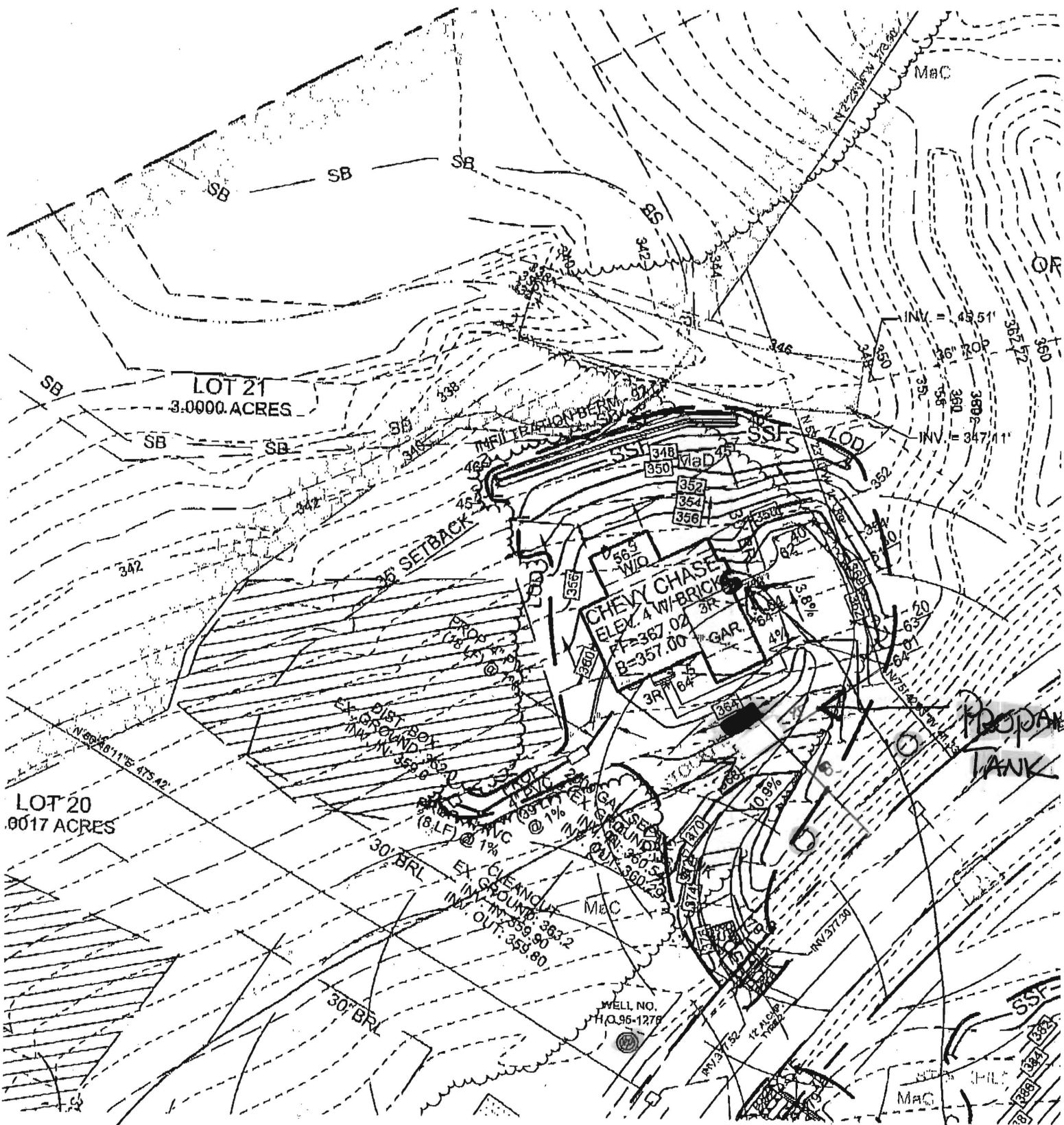
VATE SEWAGE SYSTEMS IN
TER PLAN OF HOWARD COUNTY

SOILS LEGEND



OT 21

Reds
Prelim 11-21-11

1" = 50'



C:\Land Projects\Lime Kiln Valley II 10-021\dwg\GP\Resites\10-021_x_E18.dwg, 11/18/2011 10:48:41 PM, Adobe PDF, 1:50

-  = PROPANE TANK LOCATION
-  = STUB OUT LOCATION

11/19

1" = 50'

Lot 21 MAPLE WOODS
12881 LIME KILN RD
HIGHLAND MD 20777