

DEPARTMENT OF INSPECTIONS,
 LICENSES & PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1850

HOWARD COUNTY
 RESIDENTIAL
 HEATING-VENTILATION-AIR
 CONDITIONING AND
 REFRIGERATION PERMIT
 APPLICATION

HVACR PERMIT # M11001109
 BUILDING PERMIT #
 B11000411

BUILDING ADDRESS: SUITE/APT:

12750 MARYVALE COURT
 ELLICOTT CITY, MD 21042

SUBDIVISION:
 CENSUS TRACT: SECTION: AREA:
 LOT: 18 TAX MAP: 22 PARCEL:
 BLOCK: ZONE:

PROPERTY ID: MAP COORDINATES:

TYPE OF IMPROVEMENTS: USE:

OWNERS NAME: NASSER BASIL

ADDRESS: 7033 MINK HOLLOW ROAD

CITY: HIGHLAND

STATE: MD

ZIP CODE: 20777

HOME PHONE: 301-854-9980 WORK PHONE:

CHECK ONE HOW MANY

SINGLE FAMILY DWELLING 3 ZONES
 SINGLE FAMILY TOWNHOUSE _____ ZONES
 MULTI-FAMILY / HOTEL/MOTEL _____ ROOMS
 ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) _____ ROOMS

COMPANY NAME: HARVEY W. HOTTEL, INC.

LICENSEE NAME: Michael Roelands

ADDRESS: 18900 WOODFIELD ROAD

CITY: GAITHERSBURG

STATE: MD

ZIP CODE: 20879

PHONE:

301-921-7599

HVACR LICENSE NO: 6087

New

Heating and Air Conditioning
 Geo Thermal System

Heating System Only
 Ductless Mini Splits

Other Work (Describe):
 Thru The Wall Systems

Replacement

Heating
 Air Conditioning
 Heating and Air Conditioning

Additions and Alterations

Heating
 Air Conditioning
 Heating and Air Conditioning

11/18/2011
 Approved
 (BB)

****Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required****

Zones

Permit Fee = # of Zones x \$40 = _____
 Technology Fee (10% of Permit Fee) = _____
 Plus Application Fee \$50.00
 Total Fees Due = _____

Rooms

Permit Fee = # of Rooms x \$80 = _____
 Technology Fee (10% of Permit Fee) = _____
 Plus Application Fee \$50 \$50.00
 Total Fees Due = _____

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

SIGNATURE OF LICENSEE: Michael Roelands DATE: 11/18/11

PRINT NAME OF LICENSEE: MICHAEL ROELANDS

Email Address: JMCKENNA@HARVEYHOTTEL.COM

Validation

Check Number: 9512
 Cash: _____
 Receipt Number: 260456

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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:

B 11000411

Building Address: 12750 Maryland Court
Ellicott City, MD 21042
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: 6030 Subdivision: Greenway
 Section: _____ Area: _____ Lot: 18
 Tax Map: 22 Parcel: 45 Grid: 17
 Zoning: RC-100 Map Coordinates: 1913-19 Lot Size: 4,200

Existing Use: Vacant lot
 Proposed Use: Small Family Residence
 Estimated Construction Cost: \$ 1,530,000
 Description of Work: new home
 Occupant or Tenant: n/a
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: Nasser Basic
 Address: 7033 Nine Hollow Rd.
 City: Highland State: MD Zip Code: 20777
 Home Phone: (301) 751-1980 Work Phone: (301) 520-0187
 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: Lehman and Associates
 Responsible Design Prof.: John Lehman
 Address: 888 Nine Hollow Road
 City: Highland State: MD Zip Code: 20777
 Phone: (301) 1119 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 type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" 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	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: _____
 Email Address: _____
 Title/Company: _____

Print Name: Nasser Basic
 Date: 1/11/2011

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>10/11/2011</u>	<u>Walter Scott</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	\$ <u>150.00</u>
Permit Fee	\$
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
 T:\Operations\Updated Forms\New building app 11.10.2010.docx

NASSER BASIR

Building Address: 12750 MARYVALE CT.

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: 1 Lot: 24

Tax Map: 22 Parcel: 45 Grid: 17

Zoning: _____ Map Coordinates: _____ Lot Size: 4.22 AC

Existing Use: SFD

Proposed Use: SFD

Estimated Construction Cost: \$ 20,000.00

Description of Work: CONSTRUCT 1000 SF FRAMEFORM concrete pad w/ Fence to CODE.

Occupant or Tenant: Homeowner

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: ~~ELITE POOLS~~

Address: 12750 MARYVALE CT

City: ELlicott city State: MD Zip Code: 21042

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
MARK SHAFFERY
300 E LOMBARD ST BAT 21201

Phone: 410 828 2505 Fax: _____

Email: MARK@ELITEPOOLS.COM

Contractor Company: ELITE POOLS

Contact Person: MIKE SHAFFERY

Address: 300 E LOMBARD ST

City: BAT State: MD Zip Code: 21201

License No.: 71753

Phone: 410 828 2505 Fax: _____

Email: MIKE@ELITEPOOLS.COM

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 checked="" type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
Use group:	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	<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>
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 type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" 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	

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Applicant's Signature: Mark Shaffery

Email Address: MARK@ELITEPOOLS.COM

Title/Company: ELITE POOLS

Print Name: MARK SHAFFERY

Date: MARCH 15 2012

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	<u>3/15/12</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3-15-12</u>	<u>[Signature]</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	\$
Permit Fee	\$ <u>250</u>
Tech Fee	\$ <u>25</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>275</u>
Sub- Total Paid	\$
Balance Due	\$