

**HOWARD COUNTY**  
**PERMIT APPLICATION**

**PERMIT NUMBER**

300118147

Building Address 3533 KINGSTON CRT.  
ELLICOTT CITY 21043 MD  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Kingston  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 8  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name MR MRS GREGG  
 Address 3533 KINGSTON CRT  
 City ELLICOTT State MD Zip Code 21043  
 Home Phone 410-531-6439 Work Phone 301-698-9111  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use Shed  
 Estimated Construction Cost \$ #14,000  
 Description of Work INSTALL RETAINING WALL  
30X35 L-SHED 2-12 5 FT TALL

Contractor Company ERVIN'S LANDSCAPING  
 Contact Person ROD ERVIN  
 Address 2676 WILSON RD  
 City MD AINA State MD Zip Code 21741  
 License No. 11779  
 Phone \_\_\_\_\_ Fax 410 875-0930

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company RYAN & ASSOCIATES  
 Contact Person WILLIAM RYAN  
 Address 259 CLEVELAND AV PO BOX 692  
 City CHAMBERSBURG State Pa. Zip Code 17201 0692  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <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 HIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
 Applicant's Signature

ROD ERVIN  
 Print Name  
5-21-99  
 Date

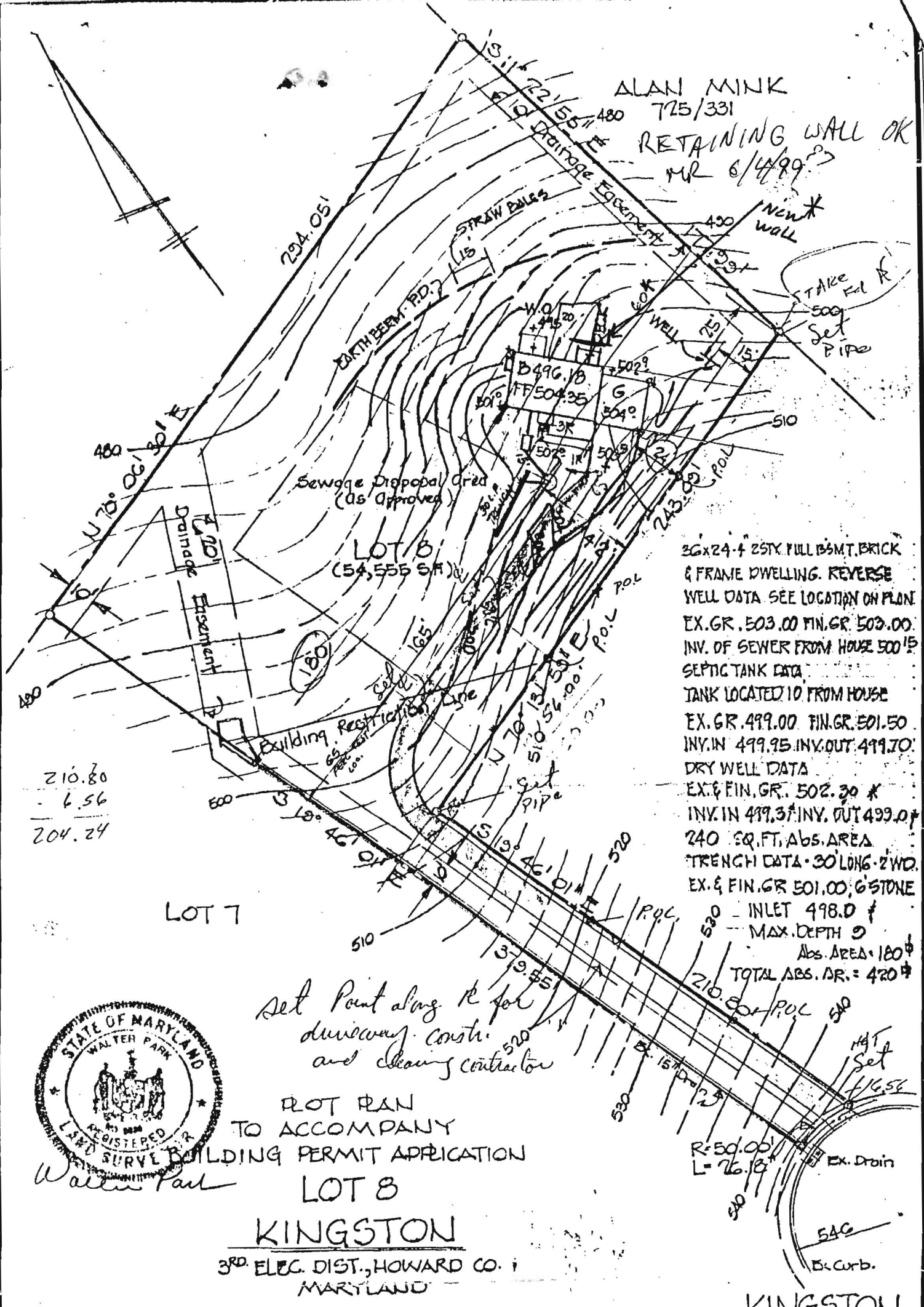
Title/Company \_\_\_\_\_

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

AGENCY	DATE	SIGNATURE APPROVAL
Land and Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ	<u>6/4/99</u>	<u>Mark C. Ripken</u>
Health		
Fire Protection		
Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>11144</u>
Rear: _____	Filing fee \$ <u>50.00</u>
Side: _____	Permit fee \$ _____
Side St.: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>50.00</u>
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>1087</u>
Accepted by _____	Validation # <u>22154</u>

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



ALAN MINK  
725/331  
RETAINING WALL OK  
MR 6/4/99

36x24-4 2STY FULL BSMT BRICK  
& FRAME DWELLING. REVERSE  
WELL DATA SEE LOCATION ON PLAN  
EX. GR. 503.00 FIN. GR. 503.00  
INV. OF SEWER FROM HOUSE 500.15  
SEPTIC TANK DATA  
TANK LOCATED 10' FROM HOUSE  
EX. GR. 499.00 FIN. GR. 501.50  
INV. IN 499.95 INV. OUT 499.70  
DRY WELL DATA  
EX. & FIN. GR. 502.30 \*  
INV. IN 499.37 INV. OUT 499.07  
240 SQ. FT. ABS. AREA  
TRENCH DATA - 30' LONG - 2' WD.  
EX. & FIN. GR 501.00 6" STONE  
INLET 498.0  
MAX. DEPTH 9'  
Abs. AREA - 180'  
TOTAL ABS. AR. = 420'

210.80  
- 6.56  
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204.24

Set Point along R for  
driveway const.  
and clearing contractor

NOT RAN  
TO ACCOMPANY  
BUILDING PERMIT APPLICATION  
LOT 8  
KINGSTON  
3RD ELEC. DIST., HOWARD CO. +  
MARYLAND



SITE ANALYSIS  
AREA OF LOT = 1.25 AC.  
DISTURBED AREA 0.20 AC.  
CUTE FILL BALANCED  
P.D. & S.B.D. ADEQUATE  
FOR DISTURBED AREA OF 0.20 AC.

PREPARED BY  
D.W. WAGNER  
Office 882-5793

SCALE 1" = 50'  
DATE 3/17/77  
TOPO 9/75  
\* REV. PER H.C.I.H. DEPT 5/2/77