



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: _____

Permit No.: **B13000082**

Building Address: 12902 Lime Kiln Rd
 City: Hilland State: Md Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Lime Kiln Valley
 Section: _____ Area: 2 Lot: 31
 Tax Map: 40 Parcel: 114 Grid: 21
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.21 @

Property Owner's Name: Ample LLC
 Address: 1355 Beauty Rd #330
 City: McLean State: Va Zip Code: 22104
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: JEREMY CLARY
 Address: PO Box 1253
 City: Eldersburg State: Md Zip Code: 21784
 Phone: (410)340-1239 Fax: _____
 Email: JEREMY@Appliedandapproved.com

Existing Use: SFD
 Proposed Use: SFD w/ propane tank
 Estimated Construction Cost: \$ 8000
 Description of Work:
Install 1000 gal in-ground propane tank
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: owner
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Valley National Gas
 Contact Person: William Curwin
 Address: 7201 Montevideo rd
 City: Jessup State: Md Zip Code: 20794
 License No.: 67793
 Phone: 410-799-1114 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: Contractor
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 st floor:	
	2 nd floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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] Print Name: JEREMY CLARY
 Email Address: JEREMY@Appliedandapproved.com Date: 1/2/13
 Title/Company: permit

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

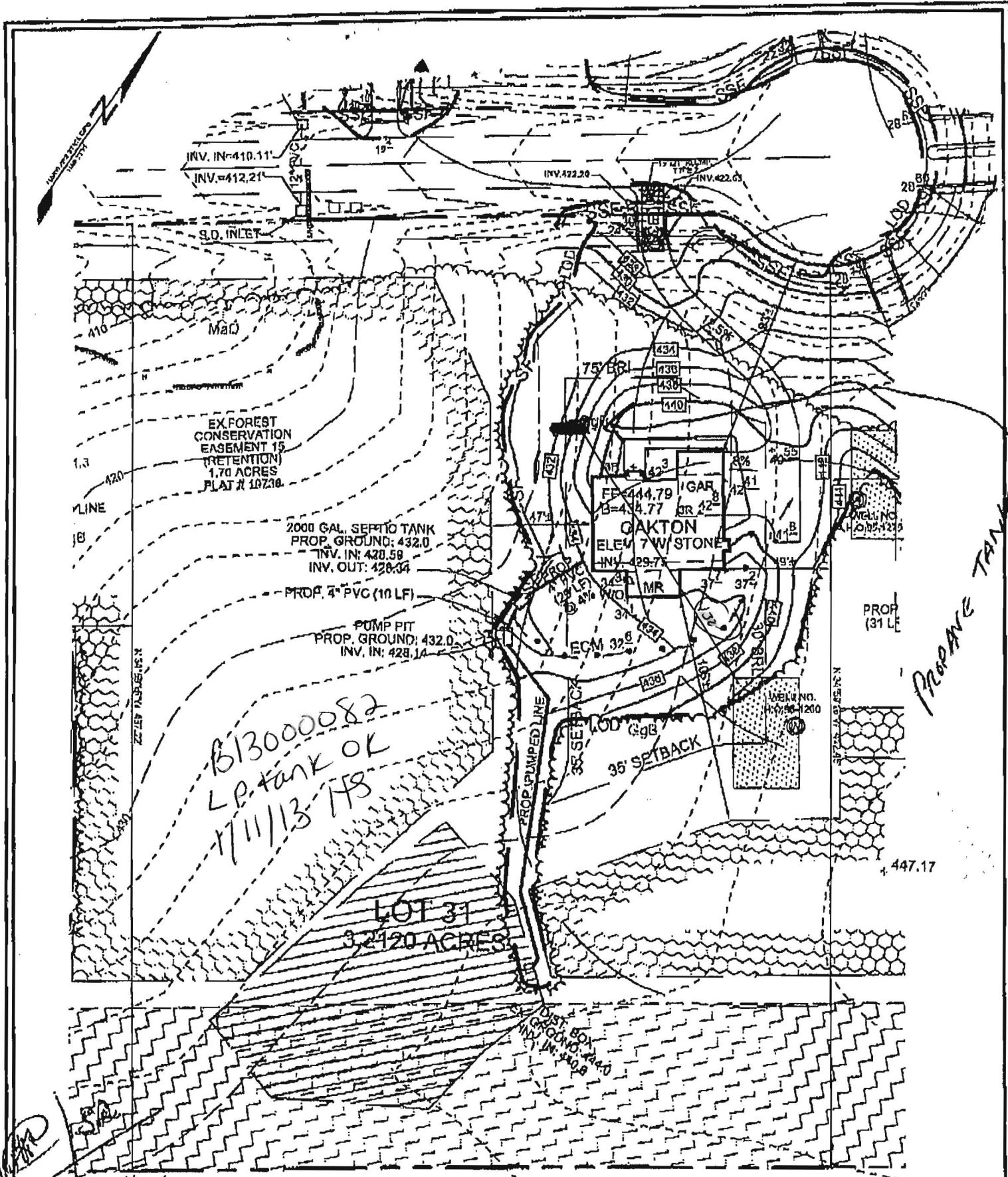
PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>1/11/13</u>	<u>[Signature]</u>

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

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	\$ <u>110</u>
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3214</u>



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
6120 BLM 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	+ 82.53
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 = 32,018 SQ.FT.
- 3) EXISTING WELLS (HO-95-1279 & HO-95-1280) HAVE BEEN FIELD LOCATED BY SILL, ADCOCK, & ASSOCIATES, LLC IN JULY, 2010.

DESIGN BY: SJT

DRAWN BY: SJT

CHECKED BY: PS

SCALE: 1"=80'

DATE: SEPTEMBER 13, 2012

PROJECT #: 10-021

SHEET #: 1 OF 1

HOUSE SITE LIME KILN VALLEY II

LOT 31
12902 LIME KILN ROAD

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

PARCELS 114 & 12
HOWARD COUNTY, MARYLAND

Handwritten signature/initials

Building Address: 11021

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: \$ 250,000

Description of Work: Asphalt Paving

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"/> 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: <u>411</u> <u>56</u> <u>95</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:	<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 _____

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>Ami Uffner Galt</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	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

**HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043**

Residential New Single Family Dwelling Permit

PERMIT NUMBER: B11002413

APPLICATION DATE: 8/15/2011

ISSUE DATE: 10/24/2011

SITE ADDRESS:

12902 LIME KILN RD
HIGHLAND, MD 20777

PROPERTY OWNER INFO:

MAPLE W, LC
6820 ELM STREET, FL. 2
MCLEAN, VA 22101
Phone #: 703-287-0892

Subdivision: Lime Kiln Valley

Lot No.: 31

Tax Map: 40

Grid: 40-22

ADC Map: 5051-G5

SDP No.:

Zoning: RR-DEO

Census Tract: 605102

DESCRIPTION OF WORK:

SFD/ MODEL WESTCHESTER/ W/FAM EXT., MORN RM., 3 CAR GAR., 2 STORY, FULL BSMT, 12R, 3FB, 1HB, 3 CAR GARAGE (4BR), OPT FP // *7-3-12 - 90 DAY EXTENSION GRANTED THRU 10-3-12* // **10-2-2012 AMENDMENT REQUEST TO CHANGE MODEL TYPE TO 'OAKTON' - APPROVED 10.18.12** SFD/ MODEL 'OAKTON'/ 2-STORY, FULL BSMT, 9R, 4FB, 1HB, FP, & 3-CAR GARAGE, (4BR)

PRIMARY CONTRACTOR INFO:

Contractor License No.: HBL 451

License Address: CRAFTMARK HOMES, INC
GREG LAUER

6820 ELM ST, SUITE #201

Phone #: MCLEAN, VA 21042

703-734-9855

PRIMARY CONTACT INFO:

Contact Type: CONTACT

CARR PERMITTING SOLUTIONS

1053 GAITHER ROAD
ROCKVILLE, MD 20850

Phone #: 240-988-7309

Building/Lot Characteristics

Legal Description: LOT 31 3.2120 A[]12902 LIME KILN ROAD[]LIME KILN VALLEY PH I&II

Existing Use: Vacant Lot

Water Supply: Private

Height: 20

Sewage Disposal: Private

Basement: Unfinished

SF # of Bedrooms: 4

SF # of Full Baths: 3

SF # of Half Baths: 1

Zoning Setback Requirements:

Front - Proposed: n/a Required: 75

Rear - Proposed: n/a Required: 60

Side - Proposed: n/a Required: 30

Side Street - Proposed: n/a Required: n/a

Meets Minimum Required Setbacks?: Yes Lot Coverage for NT Zoning:

Permit Fees:

Total Fees Involved:

Total Fees Paid:

Balance Due:

To schedule an inspection or check the results of an inspection please call (410) 313-3800

APPROVED BY THE DIRECTOR OF INSPECTIONS, LICENSES AND PERMITS - BUILDING OFFICIAL