

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B 1100028

Building Address 3077 JAMES HILL LN  
ELLICOTT CITY, MD 21043  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

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 \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD  
 Estimated Construction Cost \$ 100,000  
 Description of Work ADD 2ND FLOOR W/RAISEMENT  
1 STAIR; EAST WALL, PLUMBING  
 Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company GREENE CONTRACTING LLC  
 Contact Person TOM GREENE  
 Address PS NICOLE CT  
 City ELLICOTT CITY State MD Zip Code 21043  
 License No. 1241334  
 Phone 410-313-7916 Fax \_\_\_\_\_  
 Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**  
 Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 \_\_\_\_\_ Reinforced Concrete  
 \_\_\_\_\_ Structural Steel  
 \_\_\_\_\_ Masonry  
 \_\_\_\_\_ Wood Frame  
 \_\_\_\_\_ State Certified Modular

**Utilities**  
 Water Supply:  
 \_\_\_\_\_ Public  
 \_\_\_\_\_ Private  
 Sewage Disposal:  
 \_\_\_\_\_ Public  
 \_\_\_\_\_ Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 \_\_\_\_\_ Full  
 \_\_\_\_\_ Partial  
 \_\_\_\_\_ Other Suppression  
 \_\_\_\_\_ # of Heads

**Building Characteristics**  
 SF Dwelling  SF Townhouse   
 Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1<sup>st</sup> floor: \_\_\_\_\_  
 2<sup>nd</sup> floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement  Crawl  
 space  Slab on Grade   
 No. of Bedrooms \_\_\_\_\_  
 Multi-family dwellings:  
 No. of efficiency units: \_\_\_\_\_  
 No. of 1 BR units: \_\_\_\_\_  
 No. of 2 BR units: \_\_\_\_\_  
 No. of 3 BR units: \_\_\_\_\_  
 Other Structure: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 \_\_\_\_\_ State Certified Modular  
 \_\_\_\_\_ Manufactured Home

**Utilities**  
 Water Supply:  
 \_\_\_\_\_ Public  
 \_\_\_\_\_ Private  
 Sewage Disposal:  
 \_\_\_\_\_ Public  
 \_\_\_\_\_ Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 \_\_\_\_\_ NFPA #13D  
 \_\_\_\_\_ NFPA #13R  
 \_\_\_\_\_ Other:

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.

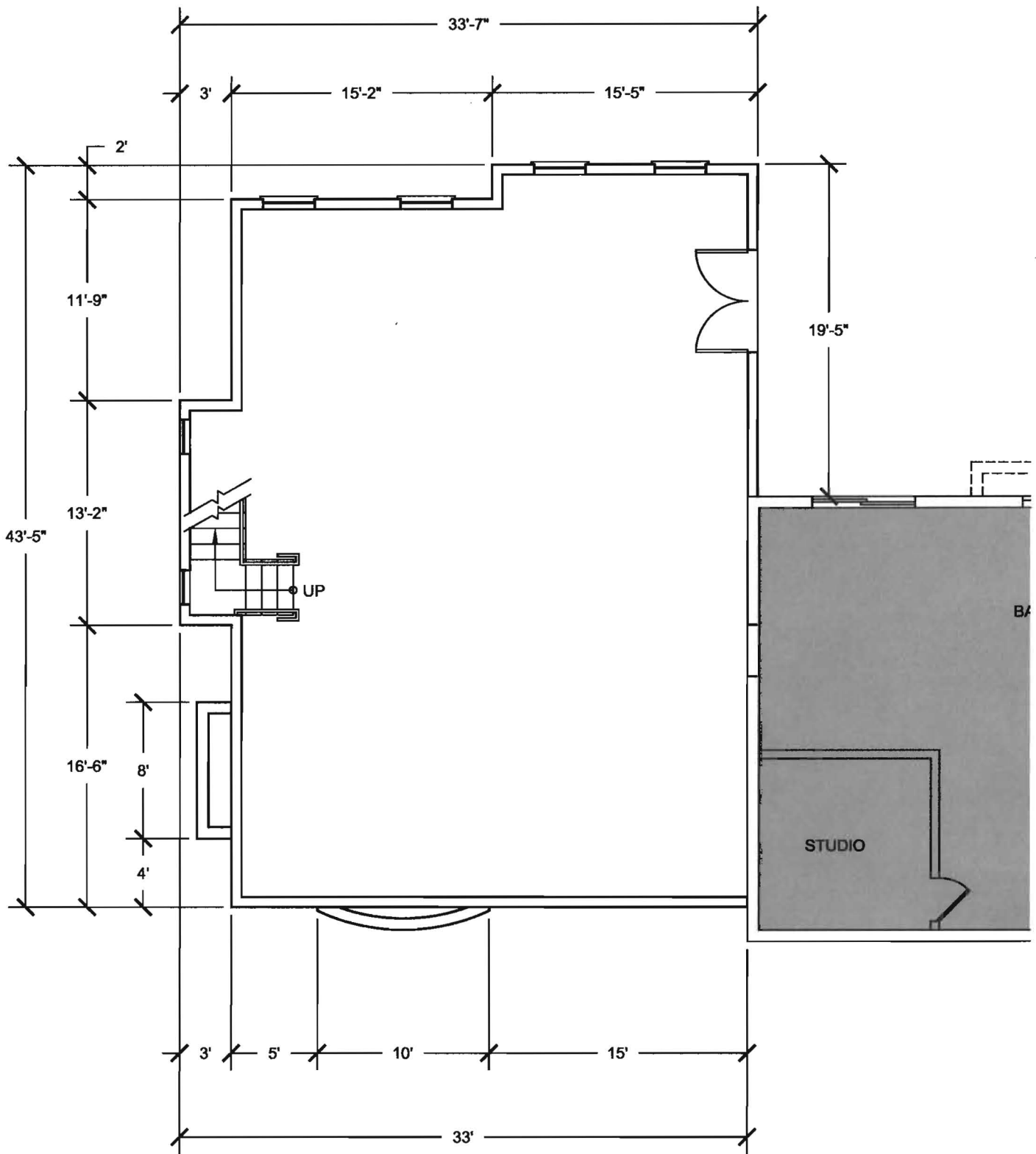
Applicant's Signature \_\_\_\_\_  
 Email Address Tom@greencontracting.com  
 Title/Company general manager

Print Name Tom Greene  
 Date 12/22/11

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\***

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>7-27-11</u>	<u>DBernard</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit Required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1878</u>
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____

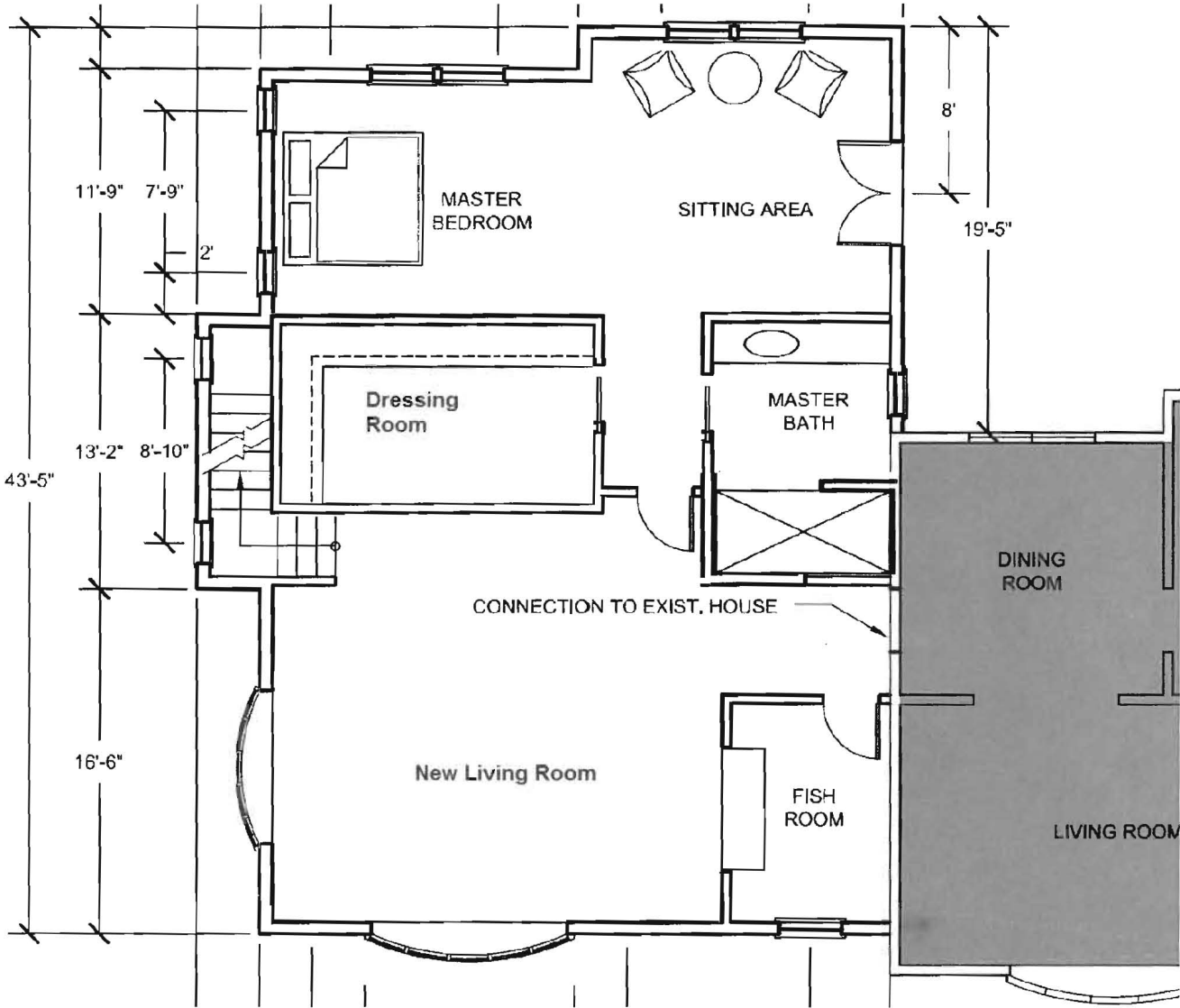


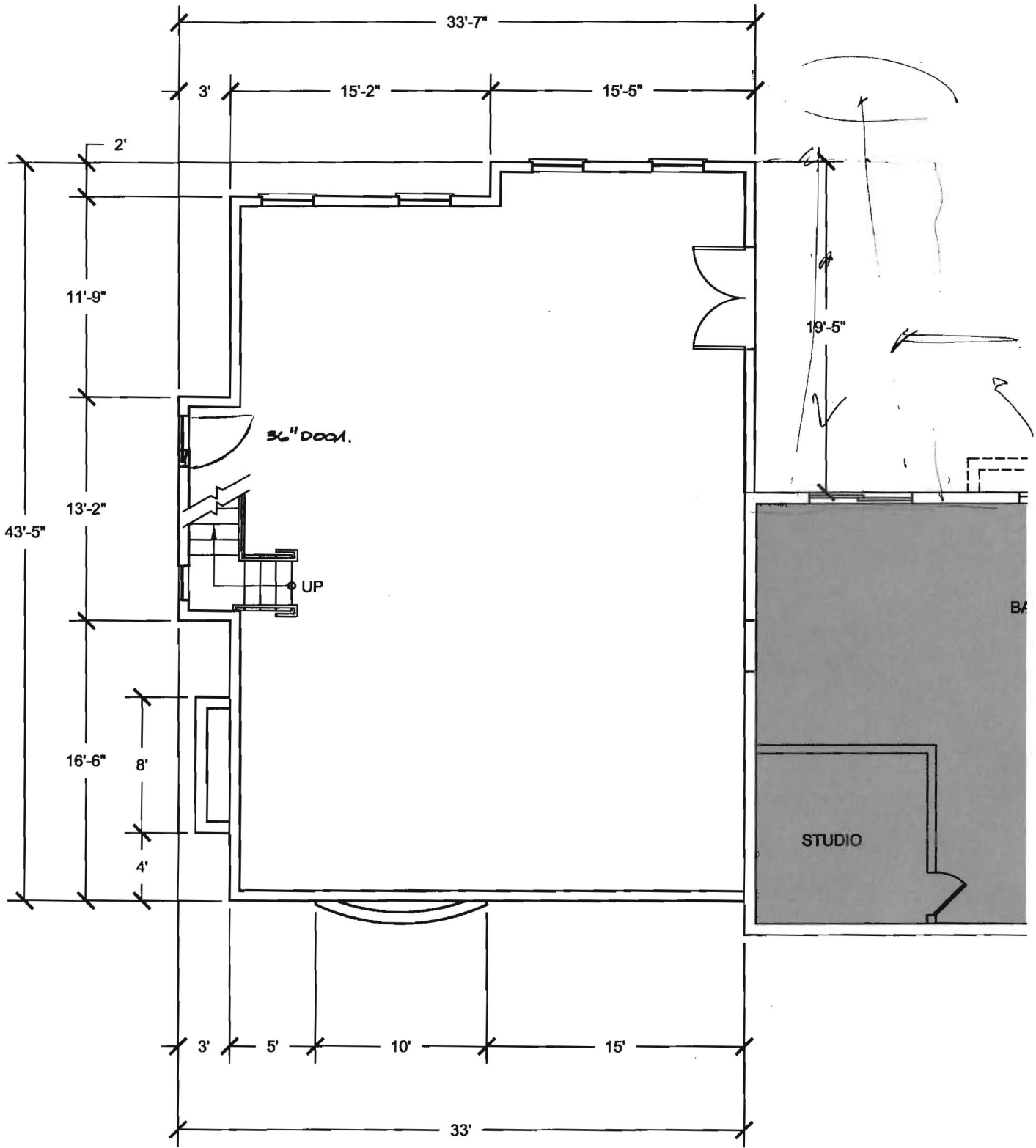
# Crumbley Residence

Basement - New Plan

Scale:  $\frac{1}{8}'' = 1'-0''$

09 October 2009





# Crumbley Residence

Basement - New Plan

Scale:  $\frac{1}{8}" = 1'-0"$

09 October 2009

- ⊕ Ridge Line - Exist  
El. = +22.0'
  
- ⊕ Ceiling - Exist  
El. = +9.0'
  
- ⊕ Main Flr. - Exist  
El. = 0.0
  
- ⊕ Basement - Exist  
El. = -9.0'

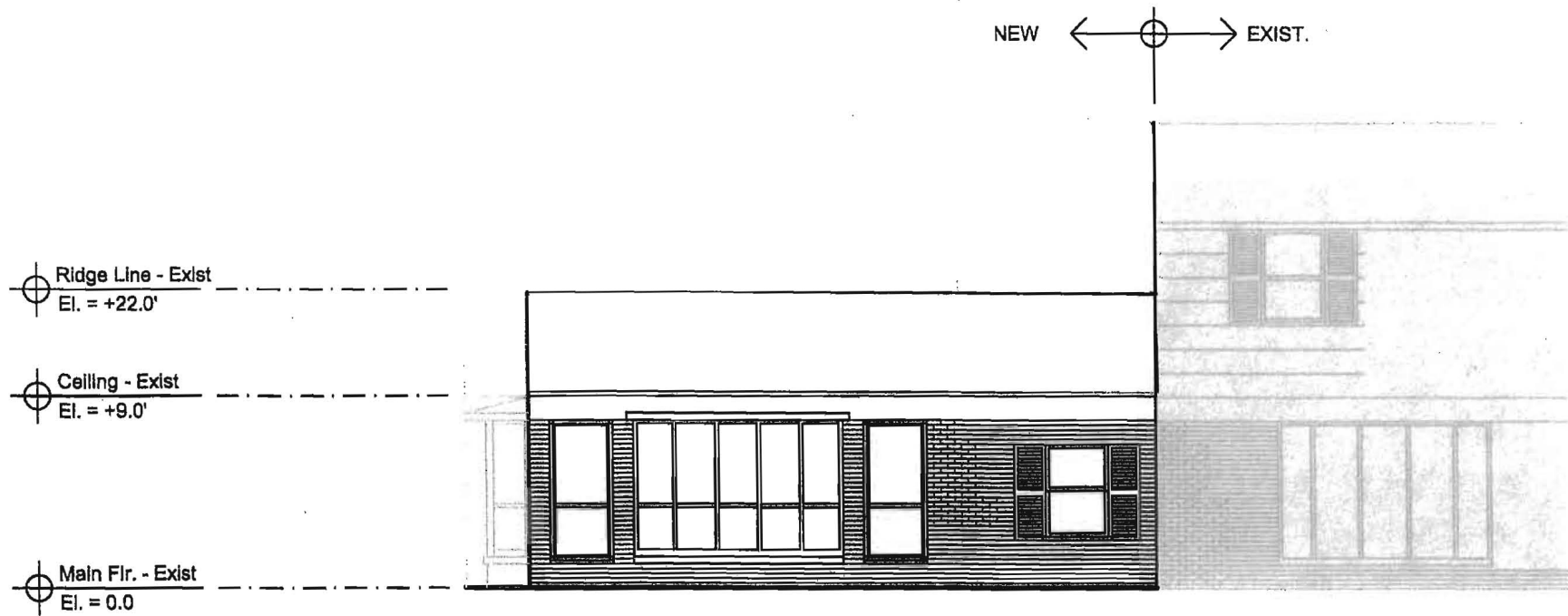


# Crumbley Residence

Side Elevation - New Work

Scale:  $\frac{1}{8}'' = 1'-0''$

09 October 2009



**GENERAL NOTES:**

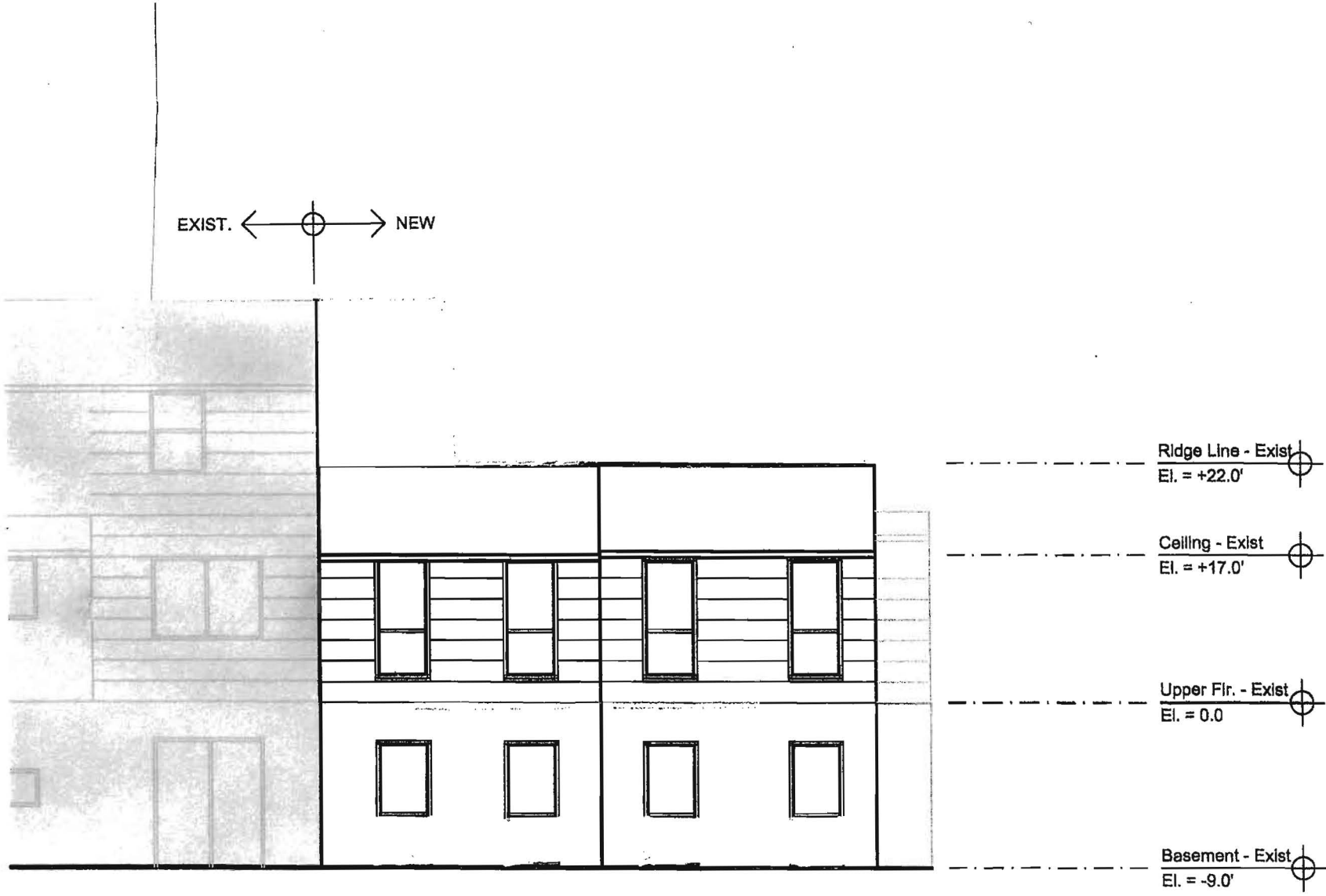
1. Match existing brick, pattern and coursing.
2. Match existing siding profile and dimension.
3. Match existing windows, including shutters.
4. Match existing bay window, except for added mullion.
5. Match existing roof slope in front, and roof sheathing.
6. Paint existing and new to match.

# Crumbley Residence

Front Elevation - New Work

Scale:  $\frac{1}{8}$ " = 1'-0"

09 October 2009



**Crumbley Residence**

Rear Elevation - New Work

Scale:  $\frac{1}{8}'' = 1'-0''$

09 October 2009



7178 Columbia Gateway Drive, Columbia MD 21046  
Phone (410) 313-2640 Fax (410) 313-2648  
TDD (410) 313-2323 Toll Free 1-866-313-6300  
Website: [www.hchealth.org](http://www.hchealth.org)

**Peter L. Beilenson, M.D., M.P.H., Health Officer**

DATE: February 3, 2011

RE: **Building Permit # B11000288**  
3907 Jumpers Hill Land  
Ellicott City, Maryland 21042  
**Building Site Plan**

TO: Homeowner  
c/o Mr. Grover Crumbley  
3907 Jumpers Hill land  
Highland, Maryland 21042

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.

In addition, floor plans of the existing structure and floor plans of the proposed structure must be submitted.

Your building permit will be placed "on hold" until all Health Dept. requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

Dana Bernard, REHS/RS  
Bureau of Environmental Health  
Well and Septic Program  
Phone (410) 313-2775  
E-mail: [DBernard@howardcountymd.gov](mailto:DBernard@howardcountymd.gov)

cc: Well & Septic program file  
GREGORINI CONTRACTING LLC  
c/o Thomas Gregorini  
8501 NICOLE COURT  
Ellicott City, Maryland 21043

TOILET 4' 3" X 3' 11"  
WINDOW 2' 5" X 42"

LAUNDRY 8' 7" X 112" [WINDOW WALL] X 71" [WASH/DRYER]  
X [FREEZER & DOOR] X 4' 9" WIDE IN NARROW END

GARAGE  
WIDTH [DOORS SIDE] 21' 6"  
DOORS 9'3" -12" BETWEEN DOORS & 0N EACH SIDE  
STUDY CNR TO FIREPLACE 15' 6½"  
FIREPLACE 2' X 5'  
LAUNDRY [INCLUDING 2' 11" DOOR 11' 9" [SPACE TO FAMILY RM WALL 9' 9"]  
NICHE:  
5' DEEP  
FRONT WIDTH 7' 9½ CNR IS BEVILLED AND 5" IN IS 7' 5"  
RIGHT SIDE NARROWS TO 5' 8" AT BACK WALL

DINING ROOM 12' X 12' 1½"  
WINDOW 6' X 50"  
ARCHWAY 61" X 80"  
KITCHEN OPENING 31" X 80"

LIVING ROOM 20' X 12' 10"  
WINDOW 9'9" X 80  
ARCHWAY TO FOYER 4' X 80

STUDY  
WINDOW

13' X 11'  
7' 5" X 4' 10"

STAIRS:

RISERS X 33½" WIDE

IAN'S BEDROOM  
CLOSET  
WINDOW

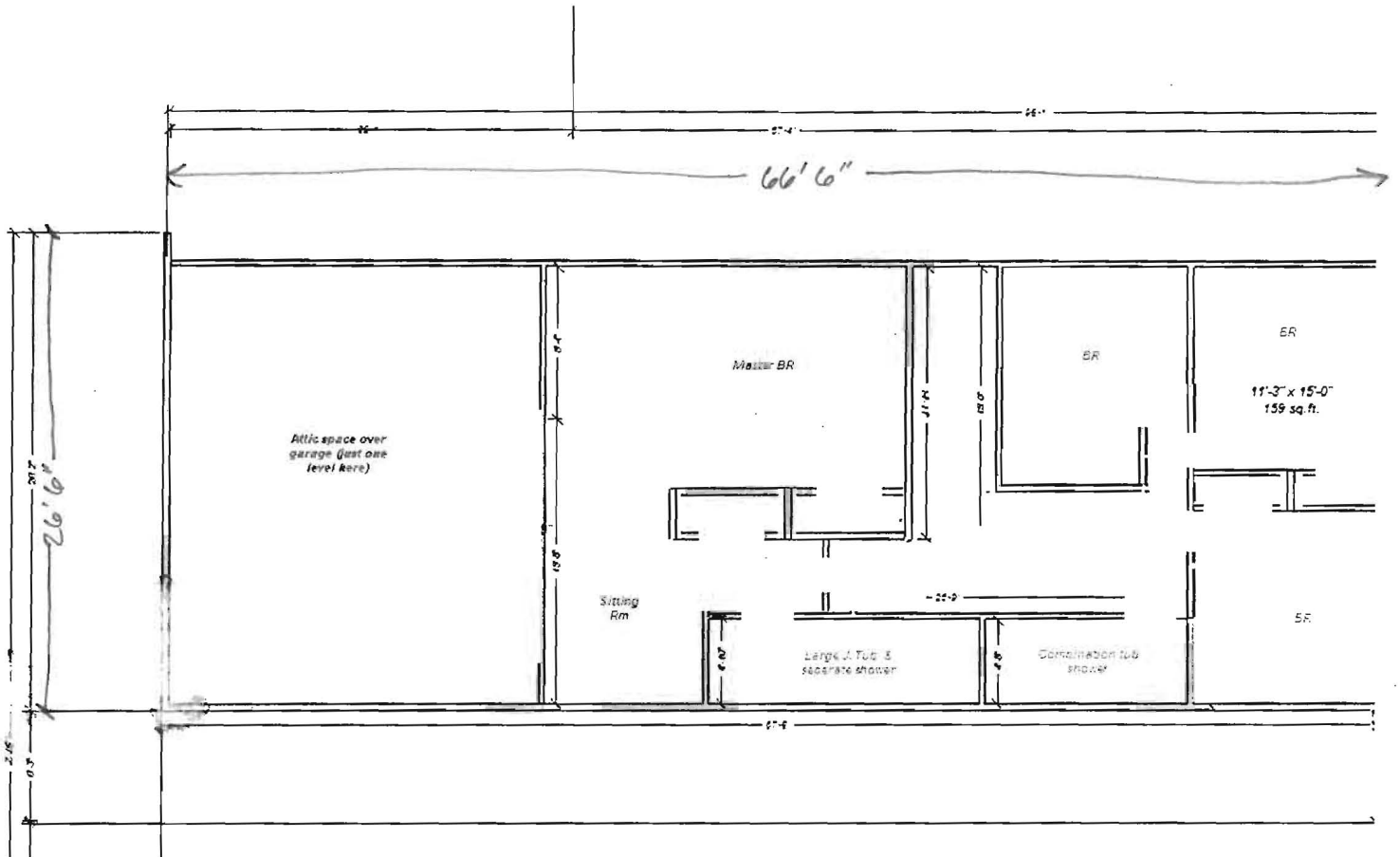
13' 2" X 10' 9"

GUEST BEDROOM  
CLOSET  
WINDOW

9' 10" X 12' 2"  
100" X 26"

COMPUTER ROOM  
CLOSET  
WINDOW

10' 8" X 11' 3"  
25" X 60"



2ND FLOOR PLAN

Perc

HOUSE DIMENSIONS:

**EXTERIOR** ROUGHLY 26' 6" X 66' 6"

GARAGE CNR TO BRICK BY G. DOORS 21' [DOORS 10' 6" EACH]

BRICK AT STUDY SIDE TO FRONT DOOR CNR 17' 6"

INDENT 2' DOUBLE DOORS 6' 5" WIDE

LIVING ROOM CNR BY FRONT ENTRANCE TO BAY WINDOW 6'

WINDOW 9' 10"

FAR CORNER 6'

FROM THE GARAGE CORNER TO THE BACK CORNER OF HOUSE: 26'8"

" BACK CORNER [TOILET] TO BACK DOOR: 18' 4"

DOOR: 3"

DOOR TO PORCH RAILING: 16"

RAILING TO CNR OF OVERHANG: 11' 6"\*

OVERHANG IS 2' DEEP

AIRCONDITIONER IS SITUATED 4' 4" FROM RAIL AND IS 40" WIDE

PORCH IS 9' 2" LONG

OVERHANG: 19' 1"

CNR O/HANG/BASEMENT TO BACK CNR: 13' 2"\*

PATIO DOORS ARE 8' WIDE AND 3' 7" IN FROM BACK [MILLER SIDE] CORNER

MILLER SIDE CNR TO FRONT CORNER: 26' 6"

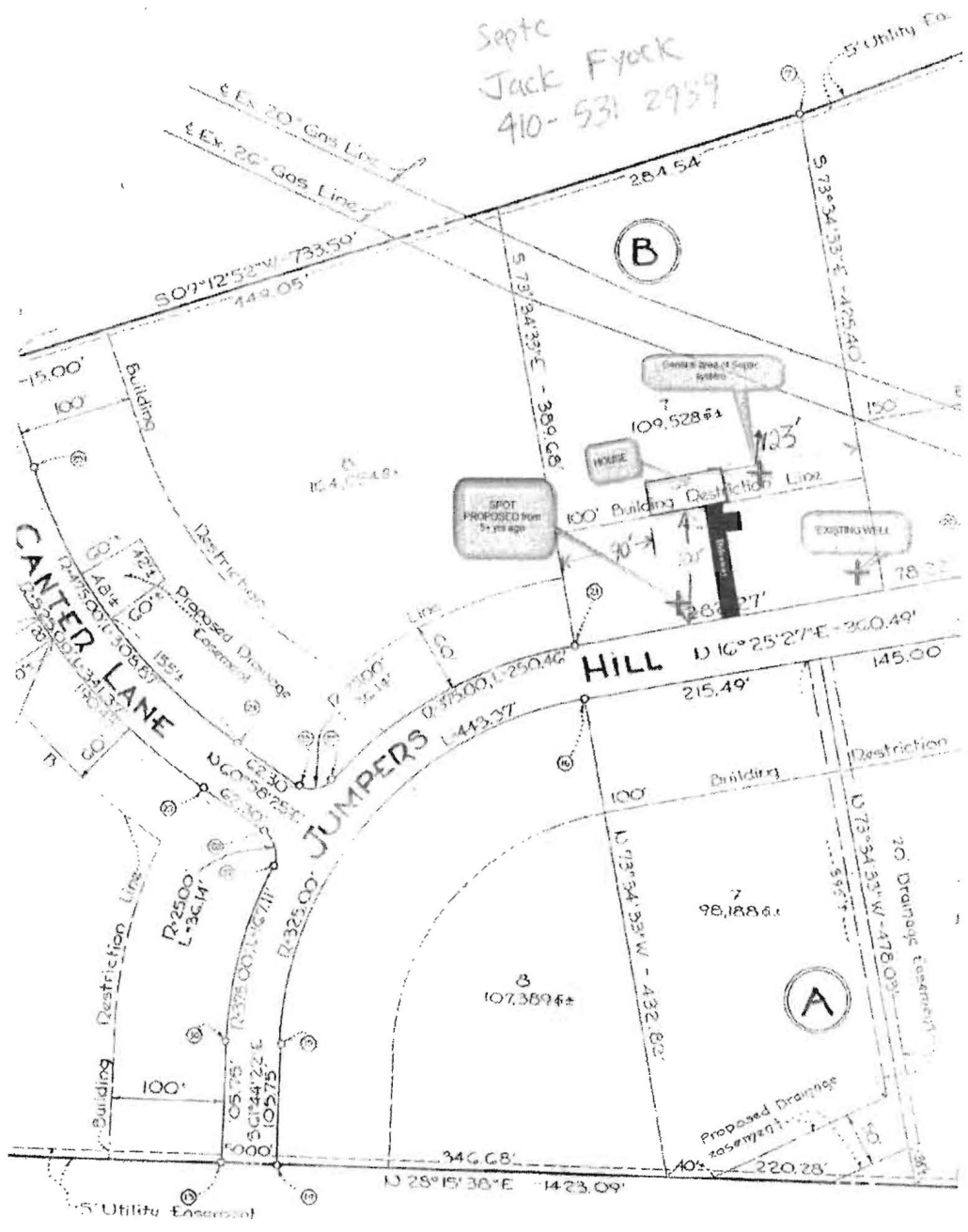
**INTERIOR**

KITCHEN/BREAKFAST ROOM 18' X 10' 4"

FAMILY ROOM 14' 5" X 12' 10"

MUDROOM 11' X 4" 3" [2' 3"]

Septe  
Jack Fyack  
410-531-2959



05:00 PM 01/31