

B11002229

Building Address: 12809 Lime Kiln Rd  
Highland, MD 20777

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Lime Kiln Valley

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 9

Tax Map: 40 Parcel: 114 Grid: 21

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3.06 AC

Existing Use: Open Single Family Dwelling

Proposed Use: \_\_\_\_\_

Estimated Construction Cost: \$ 46,000.00

Description of Work: Deck w/ steps to grade  
37X19.7" irregular

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: Samir + Kenu Nook

Address: 12809 Lime Kiln Rd

City: Highland State: MD Zip Code: 20777

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein):  
GS Permitting Services  
6 Wyndale Dr, Walkersville, MD 21783

Phone: 301-748-8253 Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: Archadick

Contact Person: John Barrett

Address: 8302 Runk Rd

City: Laytonsville State: MD Zip Code: 20882

License No.: \_\_\_\_\_

Phone: 301-916-3001 Fax: 301-916-0502

Email: jbarrett@archadick.net

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"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	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 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> 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 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"/> <u>Roadside Tree Project Permit</u>
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	

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.

[Signature]  
 Applicant's Signature

\_\_\_\_\_

Email Address  
Permit Processor

Title/Company

Lillian Stewart  
 Print Name

7/27/11  
 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>7/27/11</u>	<u>R. Bucken</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

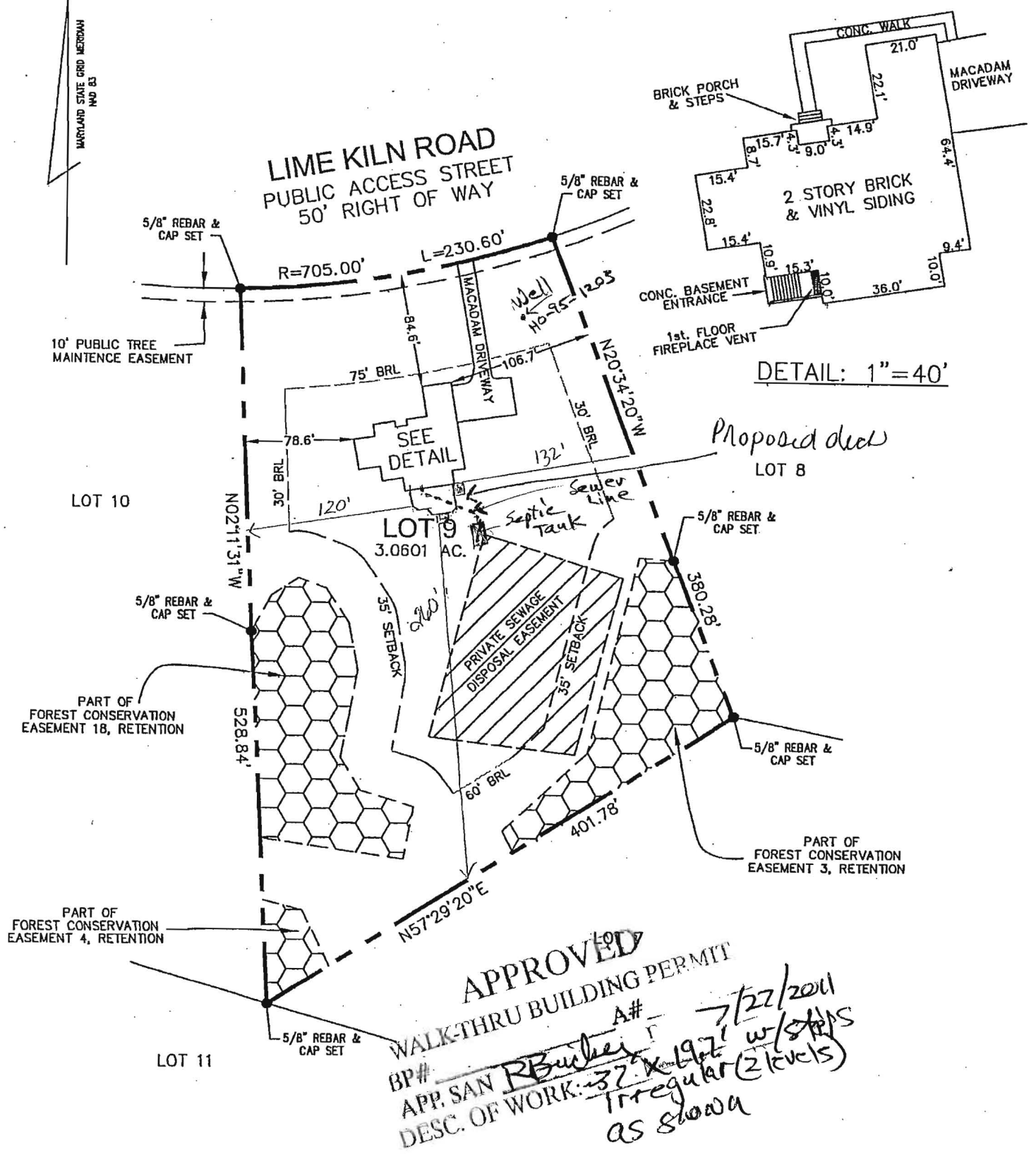
Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

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

MARYLAND STATE GRID MERIDIAN  
MD 83

# LIME KILN ROAD PUBLIC ACCESS STREET 50' RIGHT OF WAY



DETAIL: 1"=40'

*Proposed deck*  
LOT 8

**APPROVED**  
WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN *R. Bucher*  
 DESC. OF WORK: *37' x 197' w/STEPS*  
*Irregular (2 levels)*  
*as shown*

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

*Thomas M. Hoffman, Jr.*  
 THOMAS M. HOFFMAN, JR., PROPERTY LINE SURVEYOR #267 DATE **8.14.09**

#12809 LIME KILN ROAD

SCALE 1"=100'	DATE 08/14/09	ROBERT H. VOGEL ENGINEERING, INC. ENGINEERS - SURVEYORS - PLANNERS 8407 MAIN STREET ELLCOTT CITY, MARYLAND 21043 TEL:410-461-7666 FAX:410-461-8961	BOUNDARY LOCATION DRAWING LOT 9 LIME KILN VALLEY PHASE 1 & 2 PLAT NUMBER 19734 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
DRAWN BY B.D.A.	CHECKED BY T.M.H.		
PLAT NUMBER 19732-19739	JOB NUMBER 04-021.00		

G08000193

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3400 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B0300241

Building Address 12809 Lime Kiln RD  
Highland MD

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Lime Kiln Valley II

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 9

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name NVA Inc

Address 6085 Marshalee Ln S-130

City Elkridge State MD Zip Code 21075

Phone 410 379 5956 Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon):  
Jim Kerwin PO Box 552  
Woodbine MD 21797

Phone 443-309-7792 Fax 410-989-0550

Existing Use Vacant lot

Proposed Use Single Family house

Estimated Construction Cost \$ 300,000

Description of Work New 2 story "Clifton Park"  
with 3 car garage, Morning Room,  
conservatory and finished basement.

Contractor Company NV Homes

Contact Person Matt Atwell

Address 6085 Marshalee Ln S-130

City Elkridge State MD Zip Code 21075

License No. 56

Phone 410 379 5956 Fax 410 379 2430

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height:		Water Supply:		SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>		Water Supply:	
No. of stories:		Public <input type="checkbox"/> Private <input type="checkbox"/>		Depth	Width	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	
Gross area, sq. ft. per floor:		Sewage Disposal:		1st floor: <u>74' x 75'</u>		Sewage Disposal:	
Use group:		Public <input type="checkbox"/> Private <input type="checkbox"/>		2nd floor: <u>54' x 60'</u>		Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>	
Construction type:		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>		Basement: <u>64' x 75'</u>		Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>		Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Heating System:		Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Heating System:	
Masonry <input type="checkbox"/>		Electric <input type="checkbox"/> Oil <input type="checkbox"/>		No. of Bedrooms <u>4</u>		Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Natural Gas <input type="checkbox"/>		Height: <u>3.5'</u>		Natural Gas <input type="checkbox"/>	
State Certified Modular <input type="checkbox"/>		Propane Gas <input type="checkbox"/>		Multi-family dwellings: _____		Propane Gas <input checked="" type="checkbox"/>	
		Sprinkler system: N/A <input type="checkbox"/>		No. of efficiency units: _____		Sprinkler system: N/A <input checked="" type="checkbox"/>	
		Full <input type="checkbox"/>		No. of 1 BR units: _____		_____ NFPA #13D	
		Partial <input type="checkbox"/>		No. of 2 BR units: _____		_____ NFPA #13R	
		Other Suppression <input type="checkbox"/>		No. of 3 BR units: _____		_____ Other:	
		# of Heads _____		Other Structure: _____			
				Dimensions: _____			
				Footings: _____			
				Roof Height: _____			
				State Certified Modular <input type="checkbox"/>			
				Manufactured Home <input type="checkbox"/>			

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Jim Kerwin  
Applicant's Signature  
agent NV Homes  
Title/Company

Jim Kerwin  
Print Name  
8/15/08  
Date

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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>100.00</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>8/22/08</u>	<u>[Signature]</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>522721</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				