

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

300151677 PPM

Building Address 12435 S. LIME KILN RD
FULTON, MD 20759
Suite/Apt. #: TAP # 05-373506 SDP/WP/Petition #: _____
Census Tract 60502 Subdivision _____
Section _____ Area _____ Lot 5
Tax Map 45 Parcel 59 Grid 5
Zoning RPD Map Coordinates _____ Lot size _____

Property Owner's Name GEORGE & SANDRA HILL
Address P.O. Box 594
City FULTON State MD Zip Code 20759-0594
Home Phone 410-203-9649 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SFD
Proposed Use SFD
Estimated Construction Cost \$ 1,250,000
Description of Work CONSTRUCTION OF SINGLE FAMILY DETACHED HOUSE

Contractor Company ITI CONSTRUCTION SERVICES
Contact Person GUY CAIAZZO
Address 8333 MAIN STREET
City ELICOTT CITY State MD Zip Code 21043
License No. 841
Phone 410-465-5573 Fax 410-465-5934

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

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: <u>5087</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>2099</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>4687</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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: _____	

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 HERETO; (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 Stephen A. Carozzo, President
ITI Construction Services
Title/Company _____

Print Name GAETAN A. CAIAZZO
Date 12/27/04

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>1-26-05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval state _____

PROPERTY ID#	PROPERTY VALUE
<u>12435</u>	
Filing fee \$ <u>10000</u>	
Permit fee \$ _____	
Excise tax \$ _____	
Add'l per. fee \$ _____	
TOTAL FEES \$ _____	
Sub-totl. paid \$ _____	
Balance due \$ _____	
Check # _____	
Validation # _____	

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B03003053

Building Address 12435 LIME KILN RD
FULTON, MD. 20759
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision ZIMMERMAN PO
 Section _____ Area _____ Lot 5
 Tax Map 45 Parcel _____ Grid _____
 Zoning RR DEP Map Coordinates _____ Lot size 18.25 ACRE

Property Owner's Name SAUNDRA & GEORGE HILL
 Address 12435 LIME KILN RD
 City FULTON State MD Zip Code 20759
 Phone 301 490 0905 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
P.O. BOX 594 FULTON MD 20759
 Phone _____ Fax _____

Existing Use SINGLE FAMILY
 Proposed Use POOL
 Estimated Construction Cost \$ 275,000
 Description of Work BUILD ENCLOSED SWIMMING POOL

Contractor Company CLASSIC DESIGN REMODELING
ADD, LLC
 Contact Person MIKE HOLLAND
 Address 11637 TERRACE DR SUITE 200
 City WALDORF State MD Zip Code 20602
 License No. 951 OR 121931
 Phone 301 490 6378 Fax 301 870 6419

Occupant or Tenant DINER
 Contact Name SAUNDRA HILL
 Address P.O. BOX 594
 City FULTON State MD Zip Code 20759
 Phone 301 490 0905 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____
Other Structure: <u>Pool House</u> Dimensions: <u>6'x 3'</u> Footings: <u>CONCRETE</u> Roof Height: <u>17'</u>	_____
State Certified Modular _____ Manufactured Home _____	_____

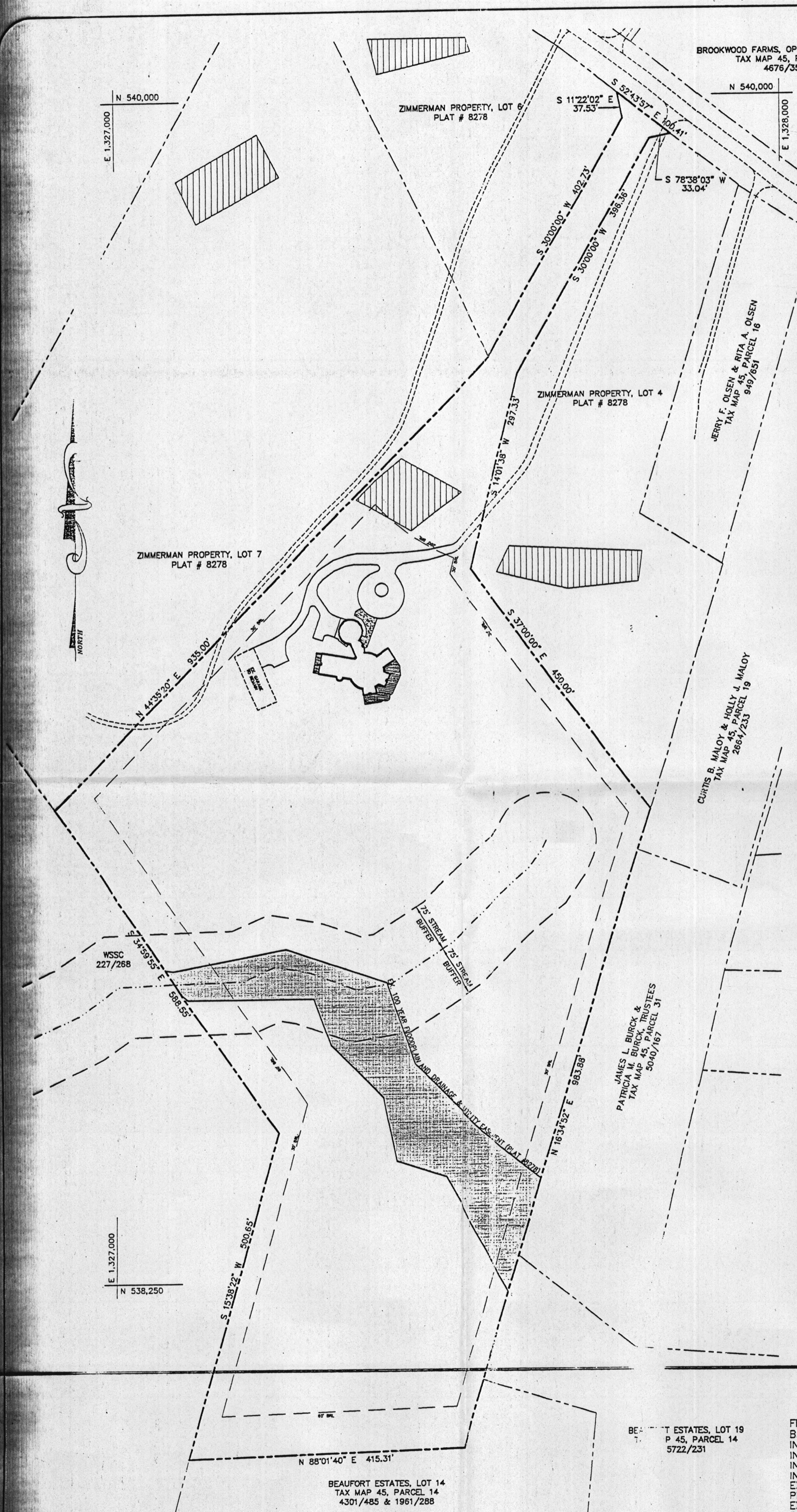
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

R. Michael Holland
 Applicant's Signature
MANAGER
 Title/Company

R. MICHAEL HOLLAND
 Print Name
10/14/08
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY I.D.#
Land Development, DPZ			Front: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Ad'd'l per. fee \$ _____	
Health	<u>10/27/08</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Re-line approval date _____	Variance # _____
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	
Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DEP, DPZ Pink: Health Gold: SAA				



LEGEND

- EX. POLE
- EX. SIGN
- EX. MANHOLE
- EX. MAILBOX
- EX. LOCATED OBJECT
- EXISTING SEPTIC EASEMENT
- AREA OF DRIVEWAY TO BE CONSTRUCTED UPON REMOVAL OF EXISTING HOUSE
- STABILIZED CONSTRUCTION ENTRANCE
- SILT FENCE
- SUPER SILT FENCE

SOILS DESCRIPTION

SYMBOL	DESCRIPTION
EXB2	Eloak silt loam, 3% to 8% slopes, moderately eroded -- Type C
MIC2	Manor loam, 8% to 15% slopes, moderately eroded -- Type B
MIC3	Manor loam, 3% to 15% slopes, severely eroded -- Type B
MID2	Manor loam, 15% to 25% slopes, moderately eroded -- Type B
MID3	Manor loam, 15% to 25% slopes, severely eroded -- Type B
ME	Manor loam, 25% to 45% slopes -- Type B

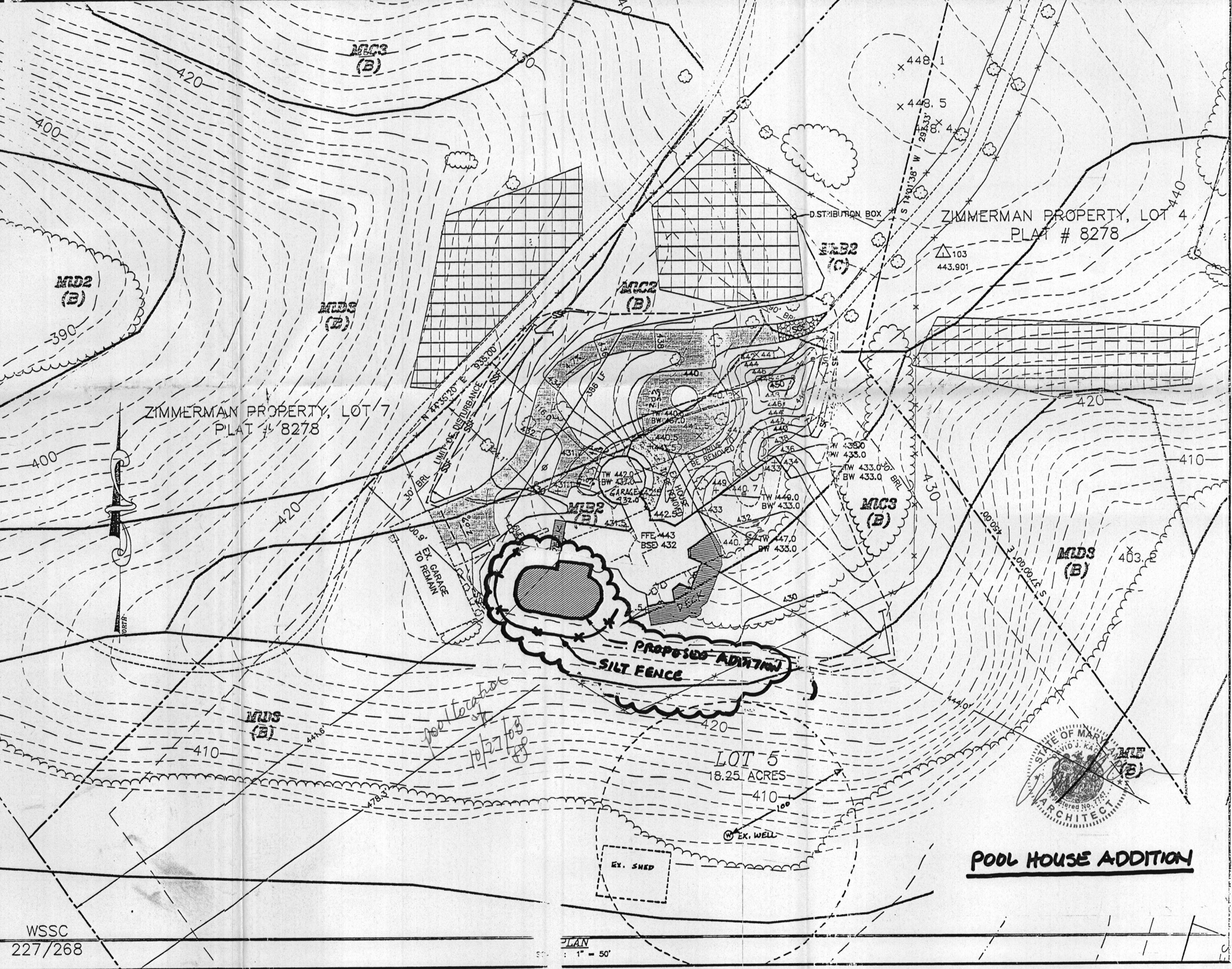
GENERAL NOTES

1. SUBJECT PROPERTY ZONED RR-DEO PER THE COMPREHENSIVE ZONING PLAN.
2. BOUNDARY SHOWN HEREON IS BASED ON BC SURVEY PERFORMED BY MILDENBERG, BOENDER & ASSOCIATES, INC. ABOUT JANUARY 2003.
3. SITE LOCATION: TAX MAP 45, PARCEL 59, LOT 5 DEED REFERENCE: 1945/526. SITE AREA: 18.25 ACRES ±.
4. TOPOGRAPHIC DATA SHOWN HEREON IS BASED ON AERIAL TOPOGRAPHY BY MIVIS AERIAL MAPPING CO., INC. DATED NOVEMBER 2002.
5. BASED ON AVAILABLE COUNTY DATA, NO HISTORIC STRUCTURES OR BURIAL GROUNDS EXIST ON SITE.
6. SOILS DATA BASED ON HOWARD COUNTY SURVEY DATED 1968, SHEET 22.
7. PRIVATE WATER AND PRIVATE SEWERAGE WERE NOT UTILIZED.
8. THIS AREA DESIGNATES A PRIVATE SEWERAGE EASEMENT OF AT LEAST 10,000 SQ. FT. AS REQUIRED BY MARYLAND STATE DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWERAGE IMPROVEMENTS. ANY NATURE IN THIS AREA ARE RESTRICTED TO PRIVATE SEWERAGE. AN ANNUAL INSPECTION CONNECTION TO A PUBLIC SEWERAGE SYSTEM, THE COUNTY HEALTH DEPARTMENT SHALL HAVE THE AUTHORITY TO REQUIRE PRIVATE SEWERAGE EASEMENT, IF NECESSARY.
9. TO THE BEST OF OUR KNOWLEDGE ALL ADJACENT PROPERTIES HAVE BEEN SHOWN.
10. BASED ON PRELIMINARY INVESTIGATION, NO PROPOSED CONSTRUCTION.
11. FLOODPLAIN SHOWN HEREON TAKEN FROM PLANS OF THE HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.
12. DELAY CONSTRUCTION OF PORTION OF DRIVE UNTIL REMOVAL OF EXISTING HOUSE.
13. AT THE DISCRETION OF THE SEGMENT CONTRACTOR, A SECOND ROW OF SUPER SILT FENCE MAY NEED TO BE INSTALLED ALONG THE DRIVEWAY.

14. DRIVEWAYS SHALL BE PROVIDED TO ENSURE SAFE ACCESS FOR FIRE AND EMERGENCY VEHICLES PER THE FOLLOWING MINIMUM REQUIREMENTS:

- A) WIDTH - 15 FEET FOR ONE LOT.
- B) SURFACE - 6 INCHES OF COMPACTED CRUMBER RUN BASE WITH TAR AND CHIP COATING.
- C) GEOMETRY - MAXIMUM 10% GRADE, MAXIMUM 10% GRADE CHANGE AND MINIMUM OF 45-FOOT TURNING RADIUS.
- D) STRUCTURES (GULLY/BRIDGES) CAPABLE OF SUPPORTING 25 GROSS TONS (425,000 LBS).
- E) DRAINAGE ELEMENTS CAPABLE OF SAFELY PASSING 100 YEAR FLOOD WITH NO MORE THAN 1 FOOT DEPTH OVER DRIVEWAY SURFACE.
- F) STRUCTURE CLEARANCES - MINIMUM 15 FEET.
- G) MAINTENANCE - SUFFICIENT TO ENSURE ALL WEATHER USE.

15. THE EXISTING WELL SHOWN ON THIS PLAN HAS BEEN FIELD LOCATED BY MILDENBERG, BOENDER & ASSOCIATES, INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN. (THE EX. WELL, 245.25' ACR, HAS NO VISIBLE TAG NUMBER)



SEPTIC SYSTEM DATA

FIRST FLOOR EL	443.0
BASEMENT EL	432.0
INV. OUT OF HOUSE	427.0
INV. IN SEPTIC TANK	426.4
INV. OUT SEPTIC TANK	426.15
INV. IN PUMP PIT	426.03
EXIST EL @ SEPTIC TANK	432.0
PROP EL @ SEPTIC TANK	430.5
EXIST EL @ PUMP PIT	431.2
PROP EL @ PUMP PIT	430.0
EXIST EL @ DIST. BOX	444.0
INV. IN DIST. BOX	441.0

* FIRST FLOOR AND BASEMENT SEWERAGE TO BE PUMPED.

OWNER
 GEORGE W. HILL & SANDRA E. HILL
 12435 S LIME KILN ROAD
 FULTON, MARYLAND 20759

I/WE CERTIFY THAT ALL DEVELOPMENT WILL BE DONE ACCORDING TO THIS PLAN AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE PROJECT WILL HAVE A CERTIFICATE OF TRAINING FROM THE DEPARTMENT OF THE ENVIRONMENT PROGRAM FOR THE CONTROL OF SEDIMENT BEFORE BEGINNING THE PROJECT. I/WE ON-SITE INSPECTION BY THE HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

GAETAN A. CAIREZO
 DEVELOPER'S SIGNATURE
 GAETAN A. CAIREZO
 DEVELOPER'S NAME

8/24/04
 DATE

I HEREBY CERTIFY THAT THIS PLAN FOR EROSION AND SEDIMENT CONTROL REPRESENTS A PRACTICAL AND WORKABLE PLAN BASED ON MY PERSONAL KNOWLEDGE OF THE SITE CONDITIONS AND THAT IT WAS PREPARED IN ACCORDANCE WITH THE REQUIREMENTS OF THE HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS.

R. JACOB HIKMAT
 ENGINEER'S SIGNATURE
 R. JACOB HIKMAT
 ENGINEER'S NAME

8/24/04
 DATE

REVIEWED FOR HOWARD SCD AND MEETS TECHNICAL REQUIREMENTS.

Jim Myers
 8/24/04
 DATE

John White
 8/24/04
 DATE

HOWARD SCD

MILDENBERG, BOENDER & ASSOC., INC.
 Engineers Planners Surveyors
 5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042
 (410) 987-0236 Fax (301) 621-5521 Wash. (410) 987-0298 Fax

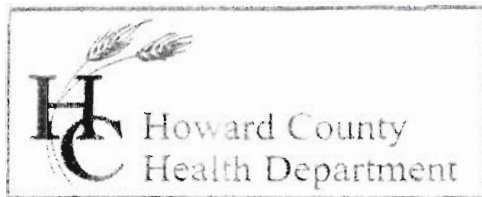
12435 S LIME KILN ROAD
 ZIMMERMAN PROPERTY, LOT 5 (PLAT #8278)
 BLOCK 5 - LOTS 4 THRU 7
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

PLOT PLAN
 POINT OF CONTACT: GUY CAIREZO
 (410) 465-5573 (Office)
 (443) 858-8585 (Cell)

ITC CONSTRUCTION SERVICES, LLC
 8333 Main Street
 Ellicott City, Maryland 21043

PLOT PLAN
 DATE: AUG. 2004
 ILLUSTRATION: 02-078
 SCALE: S/D
 AS SHOWN JBM

1 OF 2
 CP-05-07



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

September 23, 2004

Lt. Joseph Sanchez
Howard County Fire & Rescue
6751 Columbia Gateway Drive
Columbia, Maryland 21046

RE: Training Open Burn Permit
SITE: Zimmerman Property, Lot 5
12435 Lime Kiln Road
Fulton, Maryland 20759
Nighttime #: (410) 313-2929

Dear Lt. Sanchez:

Maryland Regulations for the control of air pollution allows permits to be issued for fires set in the course of a training exercise or accepted forestry practices (COMAR 26.11.07). Therefore, permission is granted for controlled open burning at the above referenced property.

Part of the permit application process requires that the application be filed with the Building Permits Office ((410) 313-2455) and corresponding fee (if required), be paid at the Cashiers Office, both located in the George Howard Building.

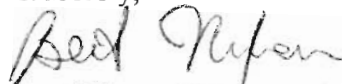
This permit is subject to the following conditions and requirements:

1. This permit is designed to raze the existing residential structure on the property.
2. The site is to be sufficiently staffed to ensure that surrounding residences and landscaping are not adversely affected throughout the burning exercise.
3. When burning activities are completed, the remaining debris is to be fully extinguished with water and/or dirt.
4. A water supply (i.e., tanker truck) is to be on-site and operational throughout the controlled burn.
5. Burning is restricted to daylight hours only. Burning is to occur between 7:30 a.m. and 6:00 p.m.

- 6 No burning is to occur when wind speeds are expected to exceed 12 m.p.h.
- 7 Burning is contingent upon successful and proper abandonment (or adequate containment/separation) of the existing well and septic system, plus removal to the extent possible, any perceived hazardous material PRIOR TO any burning related activities. (Note: Demolition Permit B00150265 was applied for and approval recommended by this office on September 9, 2004).
- 8 This permit will be in effect beginning Saturday September 25, 2004 and will expire at the end of the burning day on Sunday October 10, 2004. Any revision to this date will require the issuance of a new permit.

Contact Howard County Central Communications at (410) 313-2929 prior to initiating any burning activities.

Sincerely,



Bert Nixon, Assistant Director
Bureau of Environmental Health

BN/bn

cc: Central Communications
Fire & Rescue
Battalion Chief, Station 11 (Scaggsville/Laurel)