

(Health Dept)

Scanned MD

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B0606057

Building Address 6199 LAWYERS HILL RD  
ELKRIDGE MD 21075  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name WILLIAM & MARY BROWN  
Address 6199 LAWYER HILL RD  
City ELKRIDGE State MD Zip Code 21075  
Home Phone 410 379 Work Phone 443 745 5274  
Applicant's Name & Mailing Address, (if other than stated hereon):  
MAIER RESTORATION SERVICES  
Phone 410 796 5857 Fax 910 996 7918

Existing Use WOOD DECK  
Proposed Use CONCRETE DECK + STORAGE  
Estimated Construction Cost \$ 50,000  
Description of Work REMOVE EXISTING DECK  
INSTALL BASEMENT w/ CONCRETE  
DECK OVERTOP

Contractor Company MAIER RESTORATION  
Contact Person DAVID MAIER 443 695 0605  
Address 5782 MAIN ST  
City ELKRIDGE State MD Zip Code 21075  
License No. 37748  
Phone 410 796 5857 Fax 410 796 7918

Occupant or Tenant WILLIAM & MARY BROWN  
Contact Name DAVID MAIER  
Address 5782 MAIN ST  
City ELKRIDGE State MD Zip Code 21075  
Phone 443 695 0605 Fax 410 796 7918

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 <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

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.

David P. Maier  
Applicant's Signature  
President Maier Restoration Svc  
Title/Company

DAVID P. MAIER  
Print Name  
10/5/06  
Date

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>11/9/06</u>	<u>[Signature]</u>
Fire Protection		
Is 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"/>		

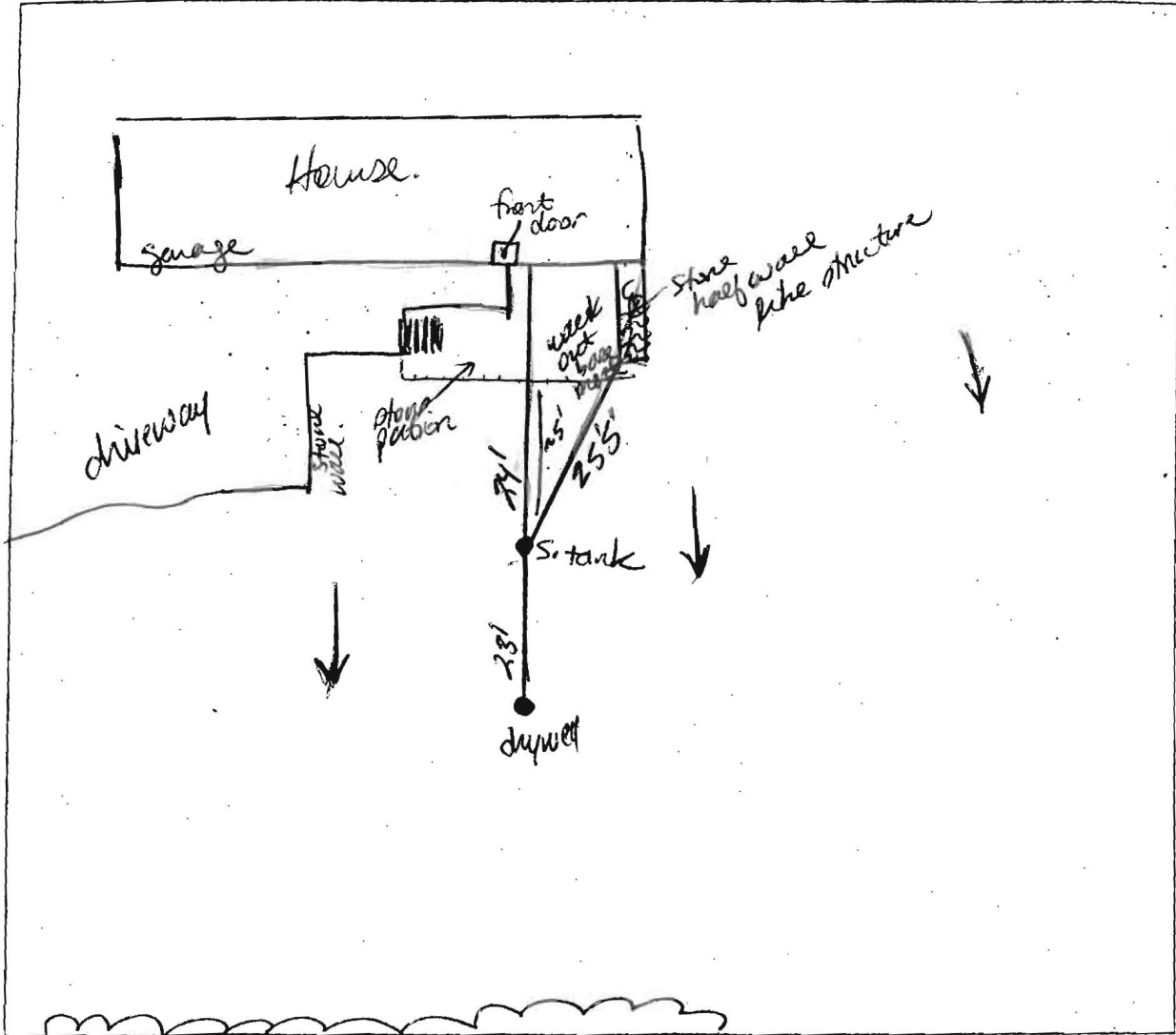
DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: _____	Filing fee	\$ <u>25.00</u>
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St.: _____	Add'l per. fee	\$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES	\$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due	\$ _____
Lot Coverage for NewTown Zone _____	Check	# <u>25842</u>
SDP/Red-line approval date _____	Valiation	# _____

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
T:\forms\PERMIT.FRM Accepted by [Signature]  
Rev. 11/4/04

SITE INSPECTION SHEET

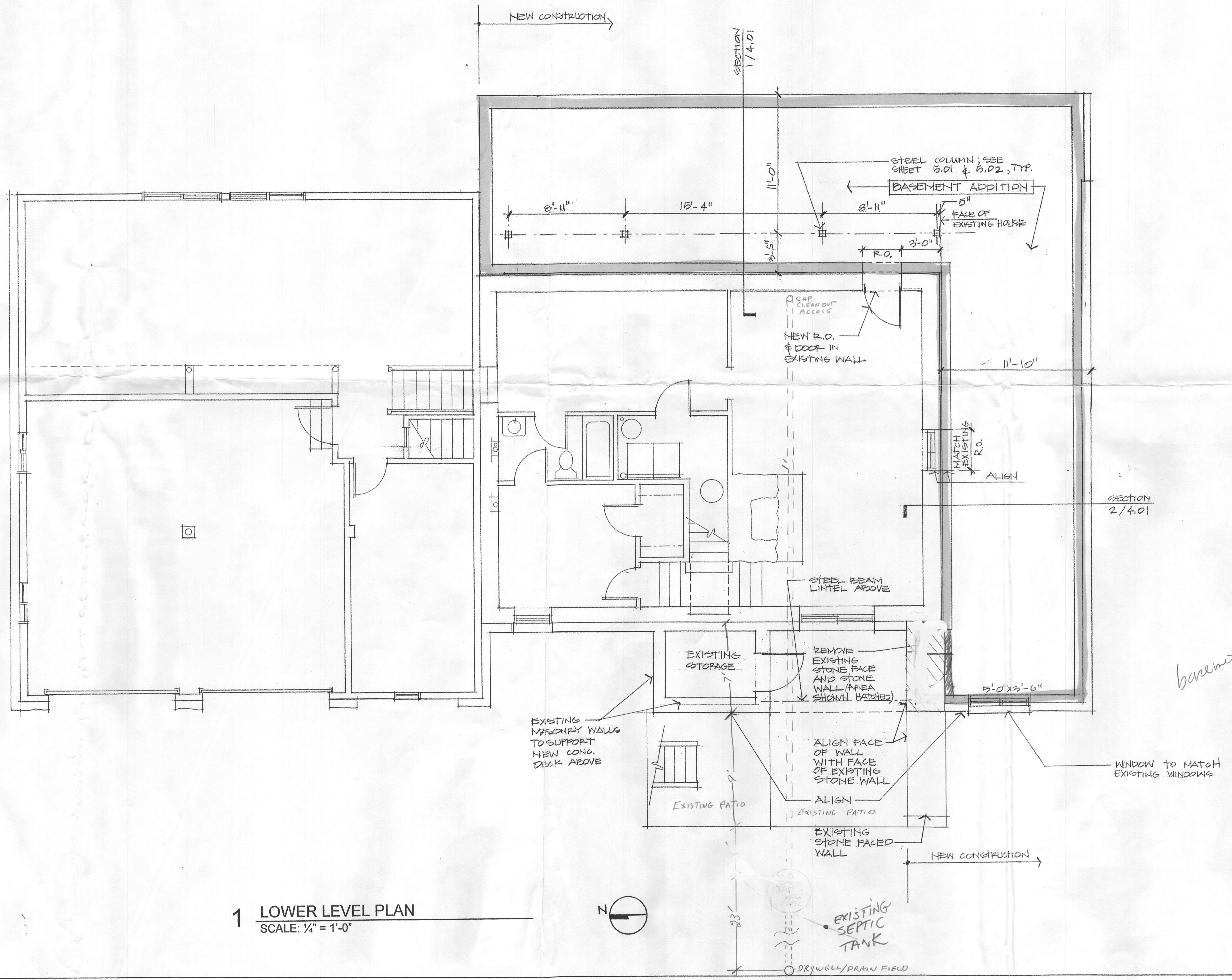
OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: 5199 Lawyers Hill Rd CONTRACTOR: \_\_\_\_\_  
SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ WELL TAG #: \_\_\_\_\_  
PROPOSAL: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

LOCATION DIAGRAM



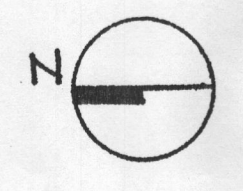
COMMENTS: B06006057 - ST needs to be 20' from basement.  
Stork ~5' from patio edge.

11/8/06



*baseline section ok 11/9/06 SF*

**1 LOWER LEVEL PLAN**  
SCALE: 1/4" = 1'-0"

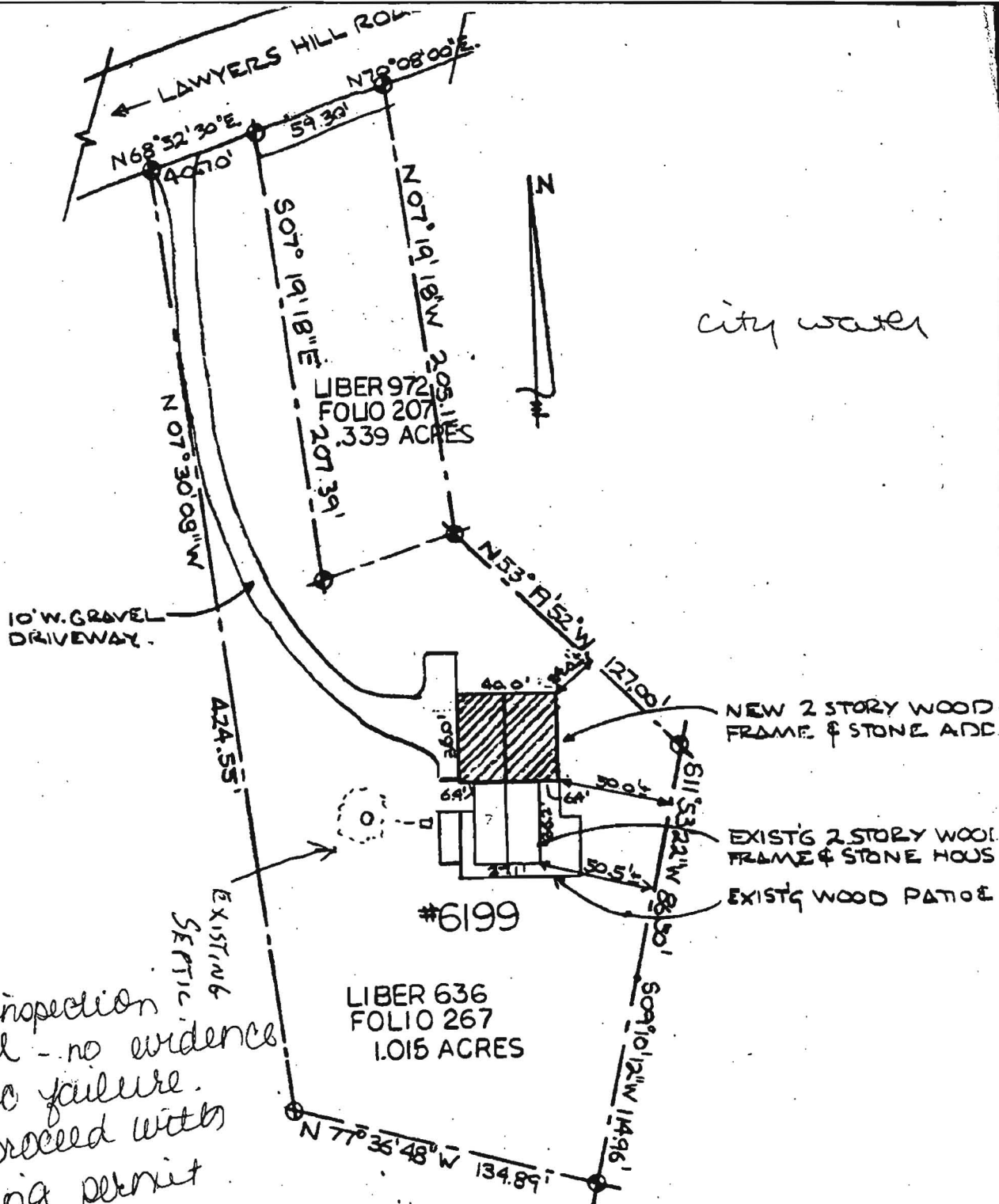


**BROWN CONCRETE DECK  
AND BASEMENT ADDITION**  
6199 LAWYERS HILL ROAD  
ELK RIDGE, MARYLAND

DATE: 6-18-06

LOWER LEVEL PLA

2.01



6/9/98 site inspection performed - no evidence of septic failure. OK to proceed with building permit w/o septic upgrade at this time.

OUT YARD (net # of bdr = 3)

LOCATION SURVEY PLAT - HOWARD CO A

SCALE: 1" = 60'

SURVEY INFORMATION BY:  
 LDE INC.  
 9250 RUMSEY ROAD SUITE 106  
 COLUMBIA, MARYLAND 21045  
 (410) 715-1070  
 DATED 11-6-96

SET