

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B07002549

Building Address 1105 MARLBOROUGHVILLE RD.
MARLBOROUGHVILLE MD 21114
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 10 Parcel 5 Grid 9
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name JAMES W. MACHAMER
 Address 1105 MARLBOROUGHVILLE RD.
 City MARLBOROUGHVILLE State MD Zip Code 21114
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME AS ABOVE
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work _____
1000 gal UG tank

Contractor Company TRIPLE T CONSTRUCTION
 Contact Person ANDREW JAY
 Address _____
 City _____ State MD Zip Code 21113
 License No. _____
 Phone: 410-279-1969 Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company 105
 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 _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Craw space Slab on Grade
 No. of Bedrooms _____
 Height: _____
 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 Height: _____
 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 _____
 Title/Company _____

Print Name _____
 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#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	7/13/07	[Signature]	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 # _____
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 New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

PO6063478

Building Address <u>1105 Marciottsville Rd</u> <u>Marciottsville, MD 21104-1307</u> Suite/Apt. #: <u>03-282580</u> SDP/WP/Petition #: _____ Census Tract <u>6030</u> Subdivision <u>N/A</u> Section <u>N/A</u> Area _____ Lot <u>N/A</u> Tax Map <u>10</u> Parcel <u>5</u> Grid <u>4</u> Zoning <u>RC-DEO</u> Map Coordinates _____ Lot size <u>4.12 Ac</u>	Property Owner's Name <u>Overholser, James</u> <u>Michener, Jennifer</u> Address <u>1105 Marciottsville Rd</u> City <u>Marciottsville</u> State <u>MD</u> Zip Code <u>21104</u> Home Phone _____ Work Phone <u>410 840 0820</u> Applicant's Name & Mailing Address, (if other than stated hereon): <u>G4C Group LTD</u> <u>611 Nursery Rd</u> <u>Westminster, MD 21157</u> Phone <u>410 840 0820</u> Fax <u>410 840 9211</u>
Existing Use <u>SFD</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>575,000</u> Description of Work <u>new SFD</u>	Contractor Company <u>G4C Group LTD</u> Contact Person <u>Stu Knight</u> Address <u>611 Nursery Rd</u> City <u>Westminster</u> State <u>MD</u> Zip Code <u>21157</u> License No. <u>125</u> Phone <u>410 840 0800</u> Fax <u>410 840 9211</u>
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>Stan Ryder PA</u> Contact Person <u>Stan Ryder</u> Address <u>3000 Gamber Rd</u> City <u>Funkburg</u> State <u>MD</u> Zip Code <u>21043</u> Phone <u>410 517 1478</u> Fax <u>410 517 1532</u>

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

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 Stuart Knight Print Name Stuart Knight
Superior G4C Group LTD 824-06
 Title/Company _____ 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#:
Land Development, DPZ			Front: _____	Filing fee \$ <u>700.00</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>10/11/06</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			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? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # <u>1127</u>
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

James Overholser and Jennifer Machamer

August 12, 2006

Department of Licenses and Permits
3430 Court House Drive
Ellicott City, Maryland 21042

RE: 1105 Marriottsville Road
Marriottsville, Maryland 21104-1307

To Whom It May Concern:

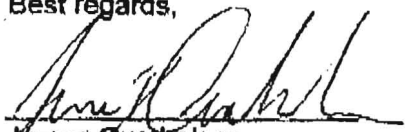
As property owners of the above referenced address, we are requesting that Howard County approve the building permit of our new home while we reside in the existing residence. We understand that the home that we are residing in will need to be demolished once the construction process is complete.

Once the new home is issued a U&O, we will demolish the existing home. I have contacted Baltimore Gas & Electric for a raise letter. They will provide this when the construction of our new home is complete and they have removed all connecting utilities from the old residence. Baltimore Gas & Electric will move the utilities to the new residence. I have also contacted Verizon and they have acknowledged that they will remove all connections to the existing home and install those connections to the new home.

If you need any additional information to process our building permit, filed by GYC Group, Ltd., please contact our builder with your requirements. The contact information for GYC Group, Ltd, is as follows: 611 Nursery Road, Westminster, Maryland 21157. Phone: 410-840-0800 and fax is 410-840-9211.

We appreciate your assistance.

Best regards,


James Overholser


Jennifer Machamer



Department of Planning and Zoning

Division of Public Service and Zoning Administration

3430 Courthouse Drive, Ellicott City, Maryland 21043 410-313-2393 [FAX: 410-313-3467]

Request to Construct New Dwelling on a Lot Prior to the Removal of the Existing Dwelling on the Lot

06 AUG 15 11:07 AM

I request written authorization to be able to receive the Department of Planning and Zoning endorsement on a building permit application for a new single-family detached dwelling on the following property, while temporarily retaining and using the existing dwelling on the lot only until the new dwelling is completed, at which time the original dwelling must be removed:

1105 Marriottsville Road, Marriottsville, Maryland 21104
(Existing Address, Street)

Please read: This form is not your authorization; it will be mailed to you within 10 working days. The issued temporary authorization will only be valid for six months from the date of the authorization letter or until the issuance of the final use and occupancy permit for the new dwelling, whichever occurs first. If an extension is necessary, you must contact this Department in writing prior to the six month deadline in order to request an extension of the authorization. The authorization will not be transferable and is issued only in the name(s) of the property owner(s) of the property address given above.

James Overholser and Jennifer Machamer
(Print Property Owner Name)

(Print Property Owner Mailing Address) (Only If Different than Above)

c/o GYC Group, Ltd. @ 401-840-0800
(Phone Number During Business Hours)

Jim Machamer (Property Owner Signature) 8/12/06 (Date)

GYC GROUP LTD.
611 Nursery Rd.
Westminster, MD 21157



Steward MS 05/07/07
CC: Health
approved JC
5/18/07

May 2, 2007

Department of Licenses and Permits
Attn: Avis Corbin
3430 Court House Drive
Ellicott City, Maryland 21042

RE: Permit# B06003678
1105 Marriottsville Road
Marriottsville, Maryland 21104-1307

Dear Ms. Corbin:

As the builder/construction manager for the property owners of the above referenced address, we are requesting that Howard County approve a modification/amendment to the building permit.

We are amending the permit to correct the foundation elevations from 414.08 as indicated on the original plot plan dated 9/21/06. The revised elevation is 417.38 as indicated on the foundation certification and new plot plan with a revision date of 12/18/06.

The foundation height is 12" below the finish floor (FF) elevation. The reason for this variance is the joist, subfloor and finish flooring material that has been installed.

If you need any additional information to approve this amendment for the above referenced building permit, please contact the undersigned via cell phone number 410-977-3594, with your requirements. Alternate contact is Mark Koski at GYC Group, Ltd., 611 Nursery Road, Westminster, Maryland 21157. Phone: 410-840-0800 and fax is 410-840-9211.

We appreciate your assistance.

Best regards,

Stu Knight

