



# Building Permit Application

Howard County Maryland  
Department of Inspections, Licenses and Permits  
3430 Court House Drive  
Permits: 410-313-2455  
www.howardcountymd.gov

Date Received: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 3538 LAKEWAY DR  
 City: ELLICOTT CITY State: MD Zip Code: 21043  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: B Area: \_\_\_\_\_ Lot: 10  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: TOM & KELLY HILTON  
 Address: 3538 LAKEWAY DR  
 City: ELLICOTT CITY State: MD Zip Code: 21043  
 Phone: 443-504-4234 Fax: \_\_\_\_\_  
 Email: KTHILTON@TOAST.NET  
 Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: CHRIS PARKER  
 Address: 6621 LOCH HILL RD  
 City: BALTIMORE State: MD Zip Code: 21239  
 Phone: 410-296-3541 Fax: \_\_\_\_\_  
 Email: CHRIS@PARKERDESIGNBUILD.COM

Existing Use: SINGLE FAMILY  
 Proposed Use: SINGLE FAMILY  
 Estimated Construction Cost: \$ 75,000  
 Description of Work: DEMO EXISTING ROOM  
ADDITION / DEMO CONSTRUCT NEW  
ADDITION / DEMO OVER EXISTING FOOT PRINT.  
 Occupant/Tenant Name: 288 SQ FT  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: C.M. PARKER CONSTRUCTION  
 Contact Person: CHRIS PARKER  
 Address: 6621 LOCH HILL RD  
 City: BALTIMORE State: MD Zip Code: 21239  
 License No.: 100001  
 Phone: 410-296-3541 Fax: \_\_\_\_\_  
 Email: CHRIS@PARKERDESIGNBUILD.COM

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: <u>16'</u>	<u>18'</u>
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input checked="" type="checkbox"/> Unfinished Basement	
	<input checked="" type="checkbox"/> Crawl Space	
<u>Construction type:</u>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>3</u>	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input checked="" type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input type="checkbox"/> Electric	<input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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: Chris Parker Print Name: CHRIS PARKER  
 Email Address: CHRIS@PARKERDESIGNBUILD.COM Date: 08/29/17  
 Title/Company: PRESIDENT / C.M. PARKER CONSTRUCTION

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>8/30/17</u>	<u>[Signature]</u>

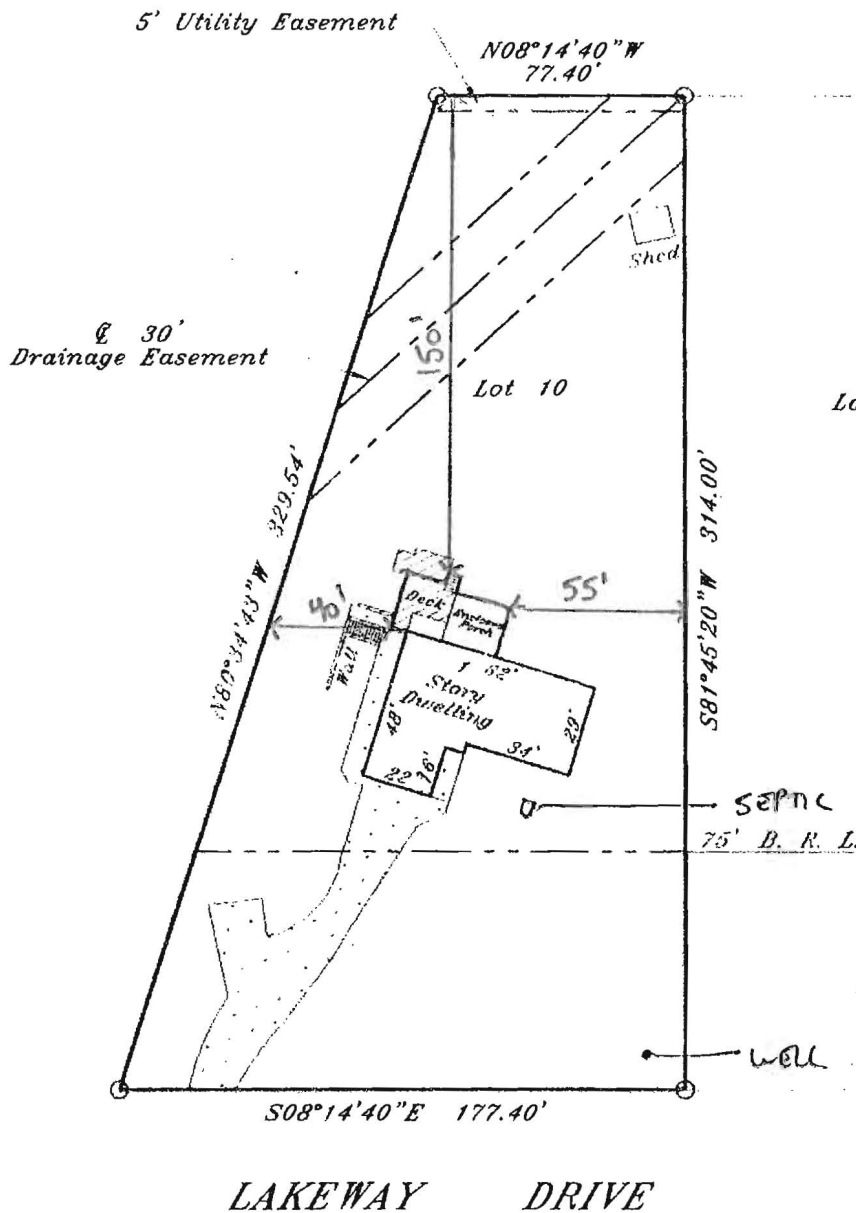
Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> 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	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Lot Number: 10  
 Block/Section B  
 Plat Reference: Book: 18 Page: 79  
 Title of Plat: Section No. One, Benson

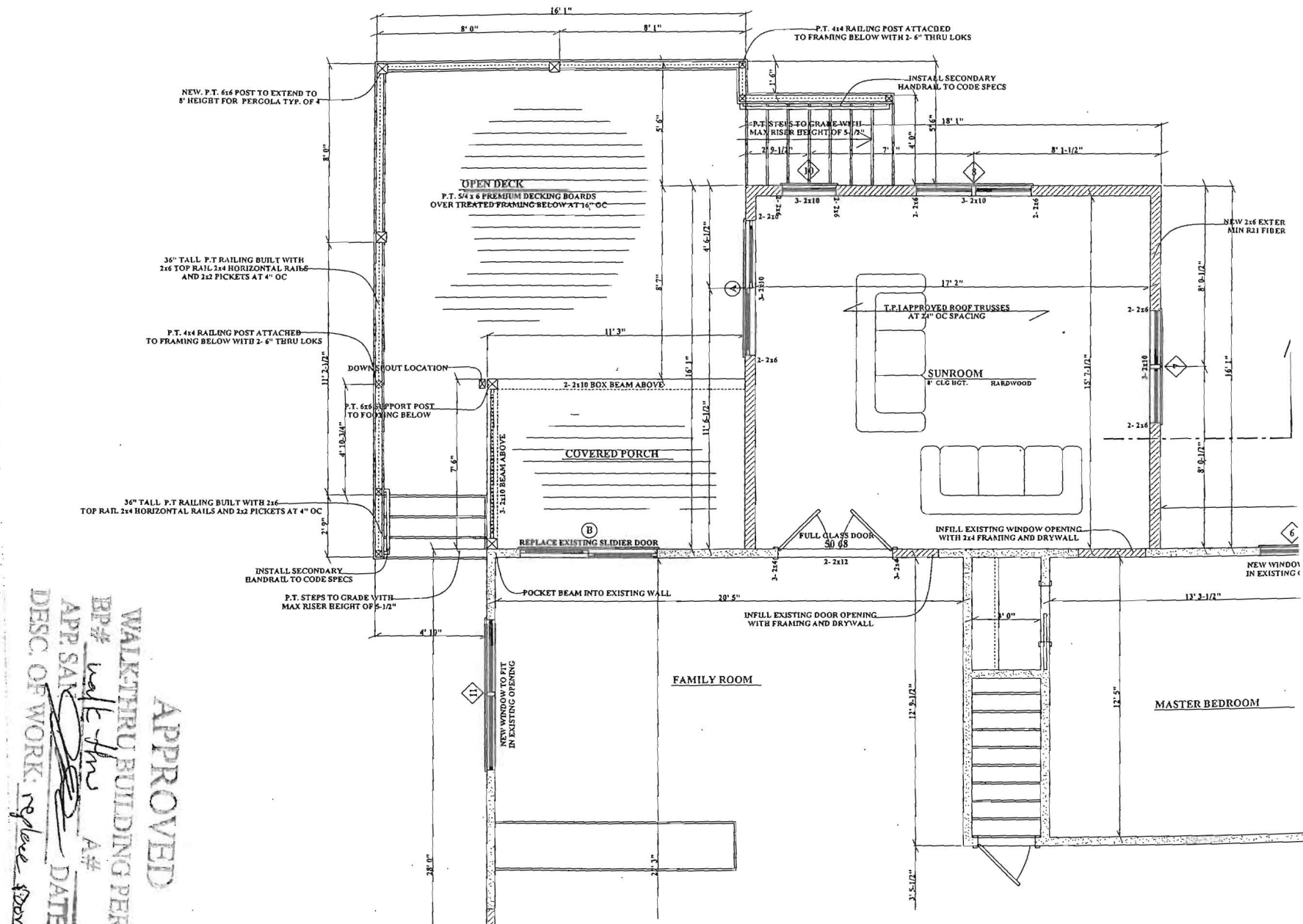


APPROVED  
 W-T  
 DATE: 8/31/17  
 replace roof deck

insofar as it is  
 company or its agent  
 ring or refinancing.  
 ishment or location  
 other existing or  
 sured distances is  
 t provide for the  
 y lines, but such  
 transfer of title or  
 ximate location of  
 ent property lines.  
 repairing this plat.

12/14/15

ration  
 '1093  
 ondesign.com AT-56300



**APPROVED**

**WALKTHRU BUILDING PERMIT**

APP. SAN *[Signature]* BP# *walk thru* A#  
 DATE: 8/30/17  
 DISC. OF WORK: *replace storm deck*

MARYLAND DEPARTMENT OF THE ENVIRONMENT, WATER MANAGEMENT ADMINISTRATION  
1800 Washington Blvd., Baltimore, Maryland 21230 (410) 537-3784

\*\*\*\*\*  
WATER WELL ABANDONMENT-SEALING REPORT FORM  
\*\*\*\*\*

SUBMIT COPIES OF COMPLETED FORM TO:

- \* COUNTY ENVIRONMENTAL AGENCY (contact MDE, WMA if address needed)
- \* WELL OWNER
- \* MDE, WATER MANAGEMENT ADMINISTRATION, WELL PROGRAM

OK  
9/29/17

DATE WELL ABANDONED: 9-29-17 (month/day/year)

\* PERMIT NUMBER OF ABANDONED WELL (if any) \_\_\_\_\_

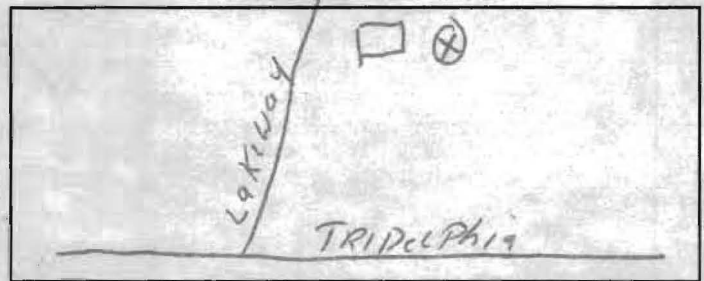
\* PERMIT NUMBER OF REPLACEMENT WELL: \_\_\_\_\_

\* PERSON ABANDONING WELL: John Greer WELL DRILLER'S LICENSE NUMBER: 086

\* OWNER'S NAME: Kelly + Thomas Hilton CIRCLE: MWD / MSD / MGD

\* WELL LOCATION:  
COUNTY: Howard County  
NEAREST TOWN: Ellicott City  
TAX MAP 0022 BLOCK 0005 PARCEL 0188  
SUBDIVISION: \_\_\_\_\_  
SECTION: \_\_\_\_\_ LOT: 10  
STREET ADDRESS: 3538 Lakeway Drive

SITE LOCATION MAP



LATITUDE 3 9.162250

LONGITUDE 7 6.570312

LOG OF SEALING MATERIAL

MATERIAL	FEET	
	FROM	TO
<u>Benhard Cem</u>	<u>69</u>	<u>1</u>
<u>Backfill</u>	<u>1</u>	<u>-</u>
VOLUME OF MATERIAL USED		
<u>1000 lbs of Benhard Cem</u>		

\* TYPE OF WELL BEING ABANDONED:  
 DRILLED  JETTED  
 BORED  HAND DUG  
 OTHER (specify) \_\_\_\_\_

\* USE CODE:  
 DOMESTIC  MUNICIPAL/PUBLIC  
 IRRIGATION  INDUSTRIAL  
 TEST/OBSERVATION  GEOTHERMAL

\* TYPE OF CASING:  
 STEEL  PLASTIC  
 CONCRETE  OTHER (specify) \_\_\_\_\_

SIZE OF CASING: 6 INCHES IN DIAMETER

DEPTH OF WELL: 69 FEET DEEP

WAS ANY CASING REMOVED?  YES  NO  
If yes, length removed, in feet: 1

WAS CASING RIPPED OR PERFORATED?  YES  NO

Pursuant to § 10-624 of the State Govt. Article of the Maryland Code, personal info requested on this form is used in processing this form pursuant to COMAR 26.04.04. Failure to provide the info may result in this form not being processed. You have the right to inspect, amend, or correct this form. The Maryland Department of the Environment is subject to the Maryland Public Information Act. This form may be made available on the Internet via MDE's website and is subject to inspection or copying, in whole or in part, by the public and other governmental agencies, if not protected by federal or State Law.

SIGNATURE-MASTER WELL DRILLER OR SUPERVISING SANITARIAN LICENSE# \_\_\_\_\_

086 MWD / MSD / MGS  
CIRCLE ONE

9-29-17  
DATE

COUNTY

