



Building Permit Application

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

FILED 2017 APR 17 PM 4:04

Date Received: _____

Permit No.: B17001507

Health
F-82-32

Building Address: 32415 Cime Kiln Rd
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: 08-17-070
 Census Tract: _____ Subdivision: Zimmerman Property
 Section: _____ Area: _____ Lot: 6
 Tax Map: 45 Parcel: _____ Grid: 5
 Zoning: PL-ADO Map Coordinates: _____ Lot Size: 132,414 sq ft

Property Owner's Name: Dana + Laurie Gift
 Address: 10548 Gorman Rd
 City: Laurel State: MD Zip Code: 20723
 Phone: 301-490-5317 Fax: _____
 Email: Sarah@CairnCustomHomes.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Sarah Jahng
 Address: 10548 Gorman Rd
 City: Laurel State: MD Zip Code: 20723
 Phone: 301-490-5317 Fax: _____
 Email: sarah@cairncustomhomes.com

Contractor Company: Cairn Custom Homes
 Contact Person: Sarah Jahng
 Address: 10548 Gorman Rd
 City: Laurel State: MD Zip Code: 20723
 License No.: 7518
 Phone: 301-490-5317 Fax: _____
 Email: Sarah@CairnCustomHomes.com

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

Existing Use: Vacant Lot
 Proposed Use: S.F.D.
 Estimated Construction Cost: \$ 474,800
 Description of Work: 2 story, 3 car garage, 8 rooms, 4 bed rooms, 3 bath, 2 hall baths, breezeway, 3 fire places
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 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 st floor: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
	<input type="checkbox"/> Finished Basement
	<input checked="" type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: <u>4</u>
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G17000129</u>	
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: Sarah Jahng
 Email Address: Sarah@CairnCustomHomes.com
 Title/Company: Project Coordinator

Print Name: Sarah Jahng
 Date: 4/17/17

RECEIVED
 APR 17 2017
 LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		<u>5/31/17 RBalak</u>

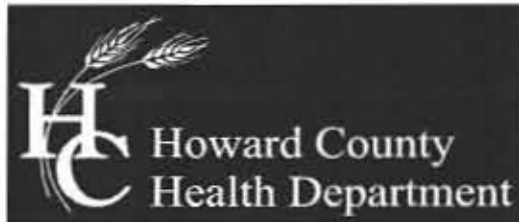
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check #	<u>1254</u>

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

T:\Operations\Updated Forms\Building applmp 8.2012.docx



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: *Sarah Jahng, Cairn Custom Homes*

FROM: *Robert Bricker, REHS/RS, L.E.H.S.*
Well & Septic Program

RE: *12445 Lime Kiln Road, Potential Basement Bedroom*

DATE: *May 2, 2017*

I have reviewed the floor plans in support of Building Permit **B17001507** for a new home at **12445 Lime Kiln Road** and noted that there is a rough-in for a full bathroom in the unfinished basement. Please note that this makes it very likely for one or more rooms to be considered bedrooms upon conversion of the basement to finished living space.

For reference, the following is the bedroom definition in Howard County Code Section 3.801(b):

- (1) Except as provided in paragraph (2) of this subsection, a bedroom is any space in the conditioned area of a dwelling unit or accessory structure that:
 - (i) Is 90 square feet or greater in size;
 - (ii) May be used as a private sleeping area; and
 - (iii) Has at least one window and one interior door.
- (2) If a home office, library, or similar room is proposed, it may not be a bedroom if there is no closet; and
 - (i) The room contains permanently built-in bookcases around the perimeter of the room, desks, and other features that encumber the room;
 - (ii) A minimum 4 foot-wide opening, without doors, into another room;
 - (iii) A half wall (4 foot maximum height) between the room and another room; or
 - (iv) The room is a first floor room or basement area that does not have direct access to full bathrooms or "roughed in" plumbing that would provide direct access to future full bathroom facilities.

The Health Department strongly recommends sizing the onsite sewage disposal system at least one bedroom larger than the existing **four (4)**-bedroom design to accommodate a future finished basement. If you choose to only size for the existing design, any future building permit for a finished basement may be placed on hold until the system is upgraded to accommodate the proposed number of bedrooms. This memo will be retained in the Health Department file for future reference.

Bricker, Robert

From: Sarah Jahng <sarah@cairncustomhomes.com>
Sent: Tuesday, May 02, 2017 1:37 PM
To: Bricker, Robert
Subject: Re: 12445 Lime Kiln Road_B17001507

What I sent you had no title block, so I was confused at to what it was. I'm checking with the engineer now and I will get back to you ASAP.



Sarah Jahng, Project Coordinator - Cairn Custom Homes - Sarah@CairnCustomHomes.com - 10548 Gorman Road, Laurel, MD 20723 - [301-490-5317](tel:301-490-5317) office - [410-440-1251](tel:410-440-1251) - cell - www.CairnCustomHomes.com

On Tue, May 2, 2017 at 1:30 PM, Bricker, Robert <RBricker@howardcountymd.gov> wrote:

Sarah,

I could not open the attachment. The plan I need should have "ONSITE SEWAGE DISPOSAL SYSTEM DESIGN PLAN" or "OSDS DESIGN PLAN" in the title block. There should be three copies.

Robert Bricker, REHS/RS, L.E.H.S.

From: Sarah Jahng [<mailto:sarah@cairncustomhomes.com>]
Sent: Tuesday, May 02, 2017 1:20 PM
To: Bricker, Robert
Subject: Re: 12445 Lime Kiln Road_B17001507

Robert, thanks for the email. Is the attached what you are looking for? Bear with me, I'm new to this part of the permit process, so I'm learning as I go. I do have hard copies I can bring you if this is what you need. Just let me know, thanks!



Sarah Jahng, Project Coordinator - Cairn Custom Homes - Sarah@CairnCustomHomes.com - 10548 Gorman Road, Laurel, MD 20723 - [301-490-5317](tel:301-490-5317) office - [410-440-1251](tel:410-440-1251) - cell - www.CairnCustomHomes.com

On Tue, May 2, 2017 at 1:10 PM, Bricker, Robert <RBricker@howardcountymd.gov> wrote:

Sarah,

I have been assigned review of the proposal (B17001507) to construct a single-family dwelling at 12445 Lime Kiln Road. Please be advised that the project is 'On Hold', as an Onsite Sewage Disposal System (OSDS) Design Plan for the proposed 4-bedroom residence must be submitted to the Bureau of Environmental Health for review and approval prior to Health Department approval of the Building Permit. Perhaps you are aware that the OSDS Design Plan must be generated by a certified professional, usually a Professional Engineer or a Licensed Land Surveyor.

ROBERT BRICKER, REHS/R.S., L.E.H.S.

ENVIRONMENTAL SANITARIAN II

BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM

8930 STANFORD BLVD., COLUMBIA, MD 21045

Phone: Desk, [410-313-2691](tel:410-313-2691); Program, [410-313-1771](tel:410-313-1771); Bureau, [410-313-1774](tel:410-313-1774)

Fax: [410-313-2648](tel:410-313-2648)

E-mail: rbricker@howardcountymd.gov

Bricker, Robert

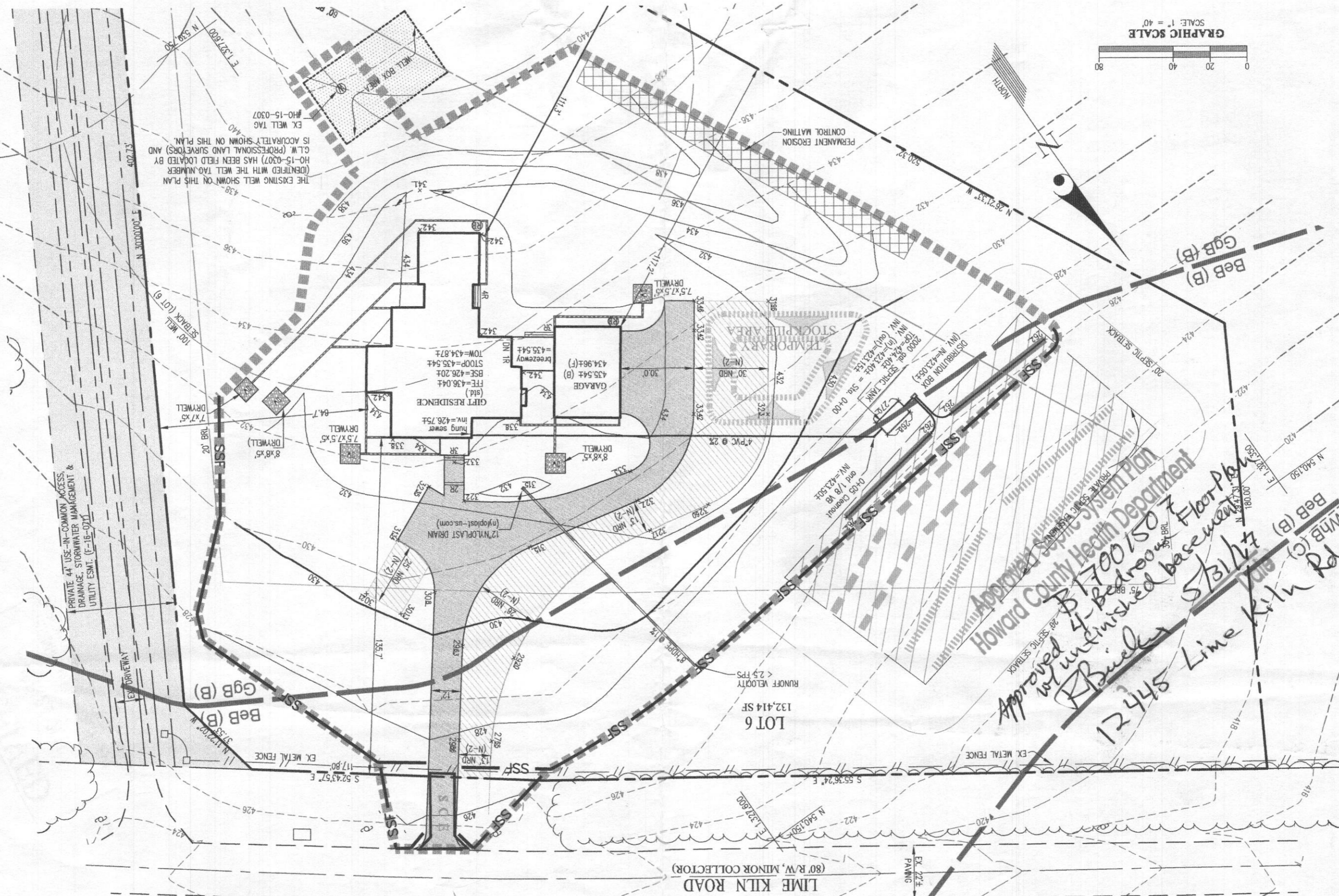
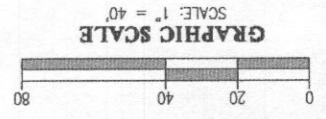
From: Bricker, Robert
Sent: Tuesday, May 02, 2017 1:44 PM
To: sarah@cairncustomhomes.com
Subject: 12445 Lime Kiln Road_ basement bedroom memo
Attachments: 12445 Lime Kiln Road_Basement bedroom memo.pdf

Please see attached PDF.

ROBERT BRICKER, REHS/R.S., L.E.H.S.
ENVIRONMENTAL SANITARIAN II
BUREAU OF ENVIRONMENTAL HEALTH, WELL AND SEPTIC PROGRAM
8930 STANFORD BLVD., COLUMBIA, MD 21045

Phone: Desk, 410-313-2691; Program, 410-313-1771; Bureau, 410-313-1774
Fax: 410-313-2648

E-mail: rbricker@howardcountymd.gov



THE EXISTING WELL SHOWN ON THIS PLAN (IDENTIFIED WITH THE WELL TAG NUMBER HO-15-0307) HAS BEEN FIELD LOCATED BY G.L.W. (PROFESSIONAL LAND SURVEYOR) AND IS ACCURATELY SHOWN ON THIS PLAN.

PRIVATE 4' USE-IN-COMMON ACCESS, DRAINAGE, STORMWATER MANAGEMENT & UTILITY ESMT. (7-16-07)

Approved Septic System Plan
Howard County Health Department
Approved 5/13/17
4-Bedroom Unfinished basement
Floor Plan
12445 Lime Kiln Rd.
WhB (c)
WhB (B)

LIME KILN ROAD
(80' R/W, MINOR COLLECTOR)

LOT 6
132.414 SF

TEMPORARY STOCKPILE AREA

PERMANENT EROSION CONTROL MATTING

GIFT RESIDENCE
FT=436.044
BSE=426.204
STOOP=435.544
TOW=434.874
Breewdy
=435.544

GARAGE
434.964 (F)

100' WELL SETBACK (LOT 6)

7.7'x7' DRYWELL

8'x8'x5' DRYWELL

7.5'x7.5'x5' DRYWELL

8'x8'x5' DRYWELL

7.5'x7.5'x5' DRYWELL

7.5'x7.5'x5' DRYWELL

7.5'x7.5'x5' DRYWELL

7.5'x7.5'x5' DRYWELL

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7.5'x7.5'x5' DRYWELL

7.5'x7.5'x5' DRYWELL

7.5'x7.5'x5' DRYWELL

#B17001507

NOT FOR CONSTRUCTION



LEFT ELEVATION

NOTE:
STAIRS WITH 2 OR MORE RISERS SHALL BE PROVIDED WITH HANDRAILS. HANDRAILS SHALL BE A MINIMUM OF 34" IN HEIGHT AND NOT MORE THAN 38" IN HEIGHT. RAILS ARE TO BE MEASURED VERTICALLY FROM THE NOSING OF THE TREADS.

PORCHES, DECKS, BALCONIES OR RAISED FLOOR SURFACES LOCATED MORE THAN 30" ABOVE THE FLOOR OR GRADE BELOW SHALL HAVE GUARDS A MINIMUM OF 36" HIGH.

RISERS ARE TO BE CLOSED SUCH THAT THE OPENING BETWEEN THE TREADS DOES NOT PERMIT THE PASSAGE OF A 4" DIA SPHERE.



FRONT ELEVATION

ARCHITECTURE
JONATHAN RIVERA
ARCHITECT
(443) 226-5745
JONATHANRIVERA.COM

PROFESSIONAL CERTIFICATION
I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.
License Number #14478
Expiration Date: 6/30/2018

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CONTACT:
STEVE APPLER
16548 Gorman Road
Lanese, Maryland 20773
Office: 301-495-8317
MHBP 7518
www.cairncustomhomes.com

CAIRN
Custom Homes

Gift Residence
PROPOSED RESIDENCE
12465 Lime Kiln Road, Fulton, Maryland 20759

OK EB 5/11/17

HEALTH DEPT

REVISIONS	
▲	2-7-16 REVIEW
▲	
▲	
▲	
▲	
▲	
▲	
ISSUE DATES:	
2-7-16	REVIEW
2-7-16	PERMIT REVIEW

SCALE: 1/4" = 1'-0"
ELEVATIONS
1.01
PRINT DATE:
Wednesday, March 29, 2017

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CONTACT:
STEVE APPLER
 10548 German Road
 Laurel, Maryland 20723
 Office: 301-493-5317
 MHS# 7518
 www.cairncustomhomes.com

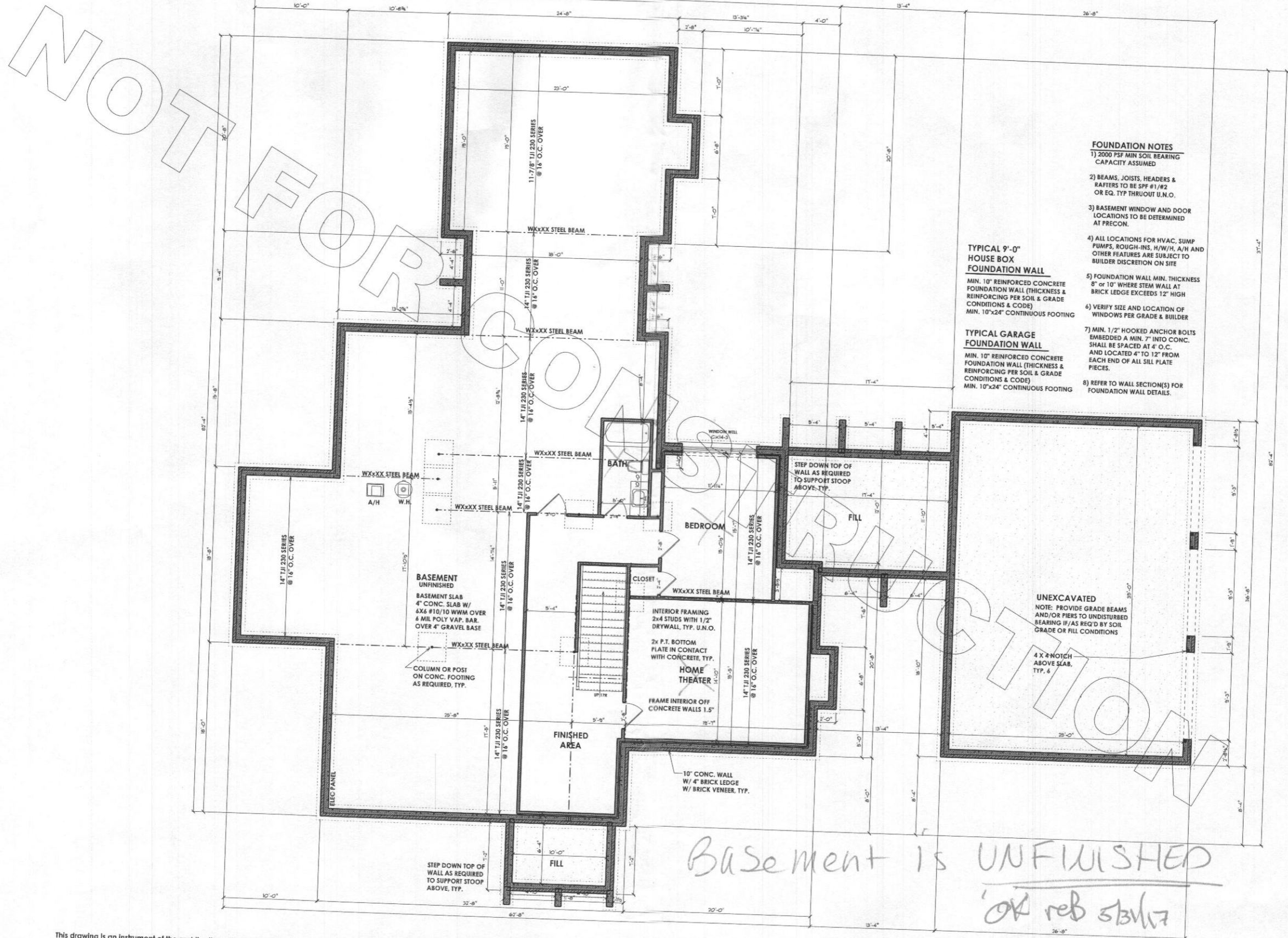


REAR ELEVATION

Gift Residence
 PROPOSED RESIDENCE
 12465 Lime Kiln Road, Fulton, Maryland 20759

REVISIONS		
▲	2-7-16	REVIEW
▲		
▲		
▲		
▲		
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▲		
ISSUE DATES:		
▲	2-7-16	REVIEW
▲	2-7-16	PERMIT REVIEW

SCALE: 1/4" = 1'-0"
 ELEVATIONS
1.03
 PRINT DATE:
 Wednesday, March 29, 2017



- FOUNDATION NOTES**
- 2000 PSF MIN SOIL BEARING CAPACITY ASSUMED
 - BEAMS, JOISTS, HEADERS & RAFTERS TO BE SPF #1 #2 OR EQ. TYP THRUOUT U.N.O.
 - BASEMENT WINDOW AND DOOR LOCATIONS TO BE DETERMINED AT PRECON.
 - ALL LOCATIONS FOR HVAC, SUMP PUMPS, ROUGH-INS, H/W/H, A/H AND OTHER FEATURES ARE SUBJECT TO BUILDER DISCRETION ON SITE
 - FOUNDATION WALL MIN. THICKNESS 8" OR 10" WHERE STEM WALL AT BRICK LEDGE EXCEEDS 12" HIGH
 - VERIFY SIZE AND LOCATION OF WINDOWS PER GRADE & BUILDER
 - MIN. 1/2" HOOKED ANCHOR BOLTS EMBEDDED A MIN. 7" INTO CONC. SHALL BE SPACED AT 4' O.C. AND LOCATED 4" TO 12" FROM EACH END OF ALL SILL PLATE PIECES.
 - REFER TO WALL SECTION(S) FOR FOUNDATION WALL DETAILS.

TYPICAL 9'-0" HOUSE BOX FOUNDATION WALL
 MIN. 10" REINFORCED CONCRETE FOUNDATION WALL (THICKNESS & REINFORCING PER SOIL & GRADE CONDITIONS & CODE)
 MIN. 10"x24" CONTINUOUS FOOTING

TYPICAL GARAGE FOUNDATION WALL
 MIN. 10" REINFORCED CONCRETE FOUNDATION WALL (THICKNESS & REINFORCING PER SOIL & GRADE CONDITIONS & CODE)
 MIN. 10"x24" CONTINUOUS FOOTING

UNEXCAVATED
 NOTE: PROVIDE GRADE BEAMS AND/OR PIERS TO UNDISTURBED BEARING IF/AS REQ'D BY SOIL GRADE OR FILL CONDITIONS
 4 X 4 NOTCH ABOVE SLAB, TYP. 6

Basement is UNFINISHED
 OK reb 5/31/17

PROFESSIONAL CERTIFICATION
 I certify that these documents were prepared or approved by me, and that I am a duly licensed professional architect under the laws of the State of Maryland.
 License Number #14678
 Expiration Date: 6/30/2018

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CONTACT:
STEVE APPLER
 10548 Gorman Road
 Laurel, Maryland 20723
 Office: 301-490-8317
 Mobile: 301-490-8317
 www.constructionhomes.com



Gift Residence
 PROPOSED RESIDENCE
 12465 Lime Kiln Road, Fulton, Maryland 20759

REVISIONS

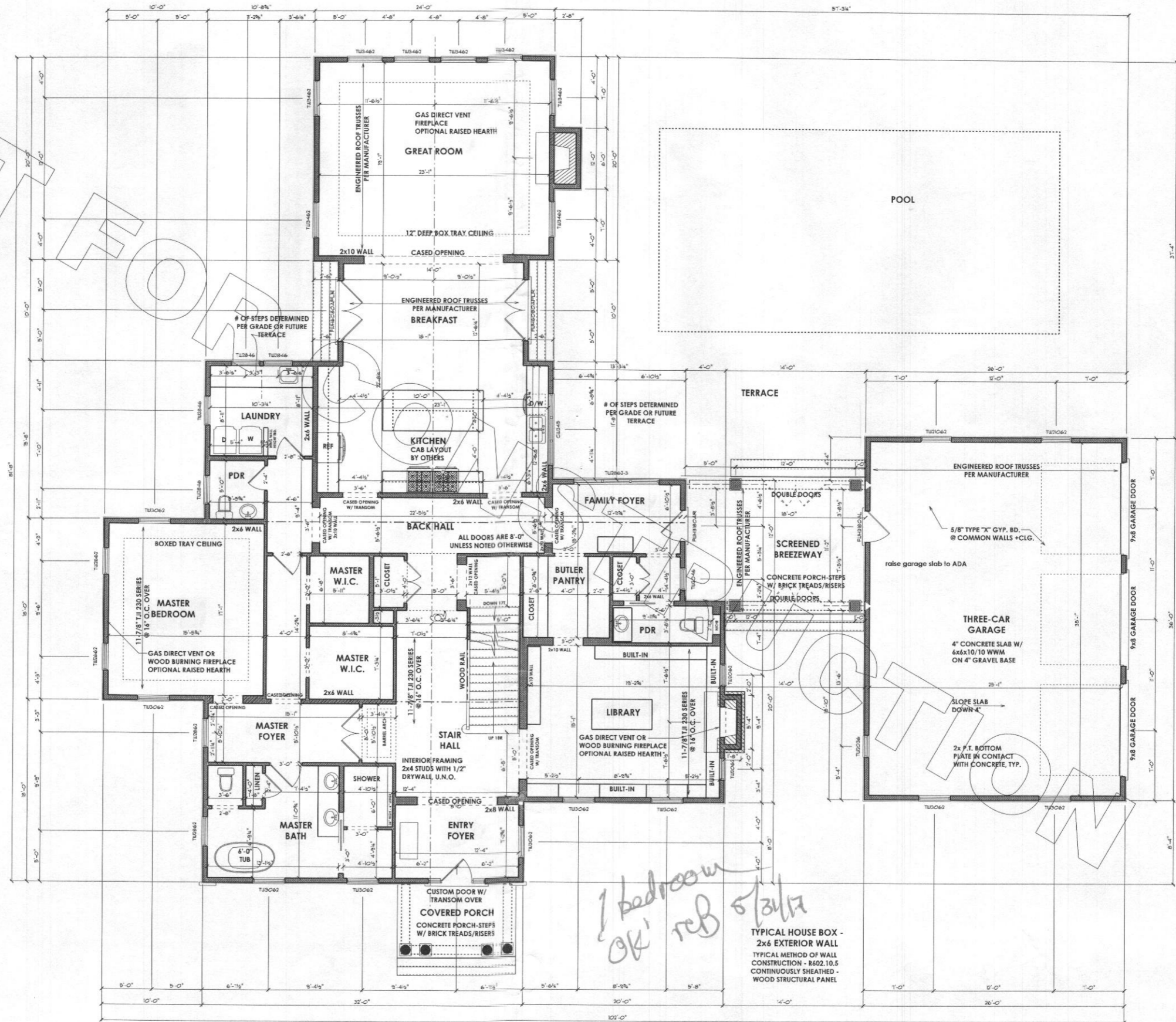
NO.	DATE	REVISION
1	2-7-16	REVIEW
2		
3		
4		
5		
6		
7		
8		
9		
10		

ISSUE DATES:

DATE	REVISION
2-7-16	REVIEW
2-7-16	PERMIT REVIEW

SCALE: 1/4" = 1'-0"
FOUNDATION
2.01
 PRINT DATE:
 Wednesday, March 29, 2017

NOT FOR CONSTRUCTION



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CONTACT:
STEVE APPLER
 10844 Gorman Road
 Laurel, Maryland 20723
 Office: 301-490-5317
 301-898-7218
 www.cairncustomhomes.com



Gift Residence

PROPOSED RESIDENCE
 12465 Lime Kiln Road, Fulton, Maryland 20759

REVISIONS

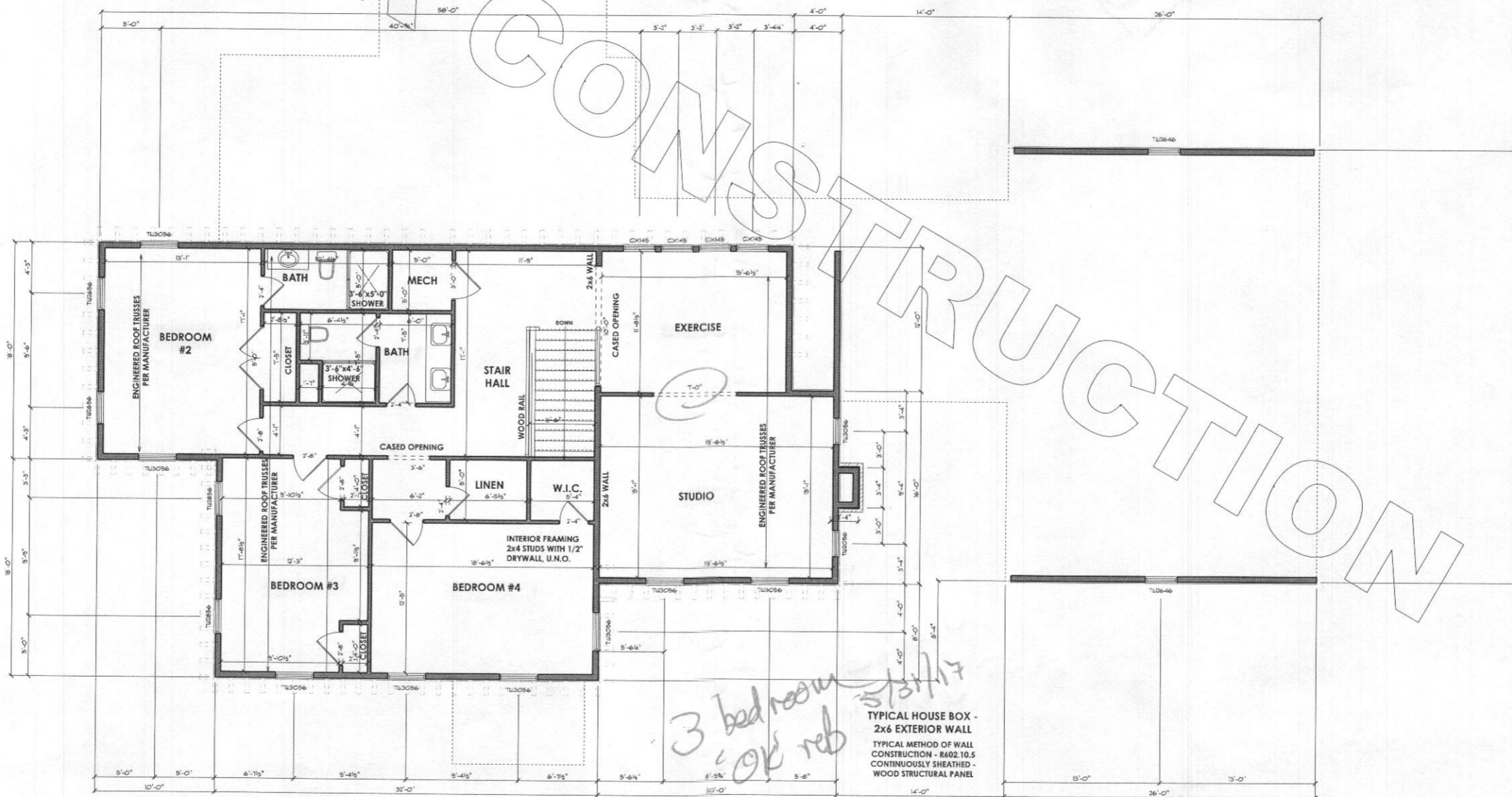
▲	2-7-16	REVIEW
▲		
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▲		
▲		

ISSUE DATES:

2-7-16	REVIEW
2-7-16	PERMIT REVIEW

SCALE: 1/4" = 1'-0"
1ST FLOOR
3.01
 PRINT DATE:
 Wednesday, March 29, 2017

NOT FOR CONSTRUCTION



3 bedroom
OK reb
5/31/17

TYPICAL HOUSE BOX -
2x6 EXTERIOR WALL
TYPICAL METHOD OF WALL
CONSTRUCTION - R602.10.5
CONTINUOUSLY SHEATHED -
WOOD STRUCTURAL PANEL

BY USING THESE PLANS - YOU ARE
ACCEPTING THIS AGREEMENT.
This is a license agreement you accept by
using these plans to build a (1) house.
Notice:
These drawings are protected by federal
copyright as owned by JRA Architecture,
LLC, and are not for use in creating copies
or derivative drawings. They are not to be
released for photocopy or any
distribution that is not approved by JRA,
LLC. The associated working drawings are
for use in building a (one) house.

CONTACT:
STEVE APPLER
10548 Gorman Road
Lanham, Maryland 20753
Office: 301-490-0317
MH884 7518
www.customhomes.com



Gift Residence
PROPOSED RESIDENCE
12465 Lime Kiln Road, Fulton, Maryland 20759

REVISIONS	DATE	REVIEW
▲	2-7-16	REVIEW
▲		
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ISSUE DATES:
2-7-16 REVIEW
2-7-16 PERMIT REVIEW

SCALE: 1/4" = 1'-0"
2ND FLOOR
3.02
PRINT DATE:
Wednesday, March 29, 2017

HEALTH



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: 2/1/18

Permit No.: B18000332

Building Address: 12404 HILL CREST
 City: FULTER State: MD Zip Code: 20759
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SFD
 Proposed Use: SFD
 Estimated Construction Cost: \$ H/A 2400-
 Description of Work: BUY PROPANE TANK
1-500 Lb

Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: CAIRN CUSTOM HOMES
 Address: 10548 GORHAM RD
 City: LARGO State: MD Zip Code: 20727
 Phone: 301-490-5317 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: ANNAPOLIS PROPANE
 Address: 839 BESTGATE RD STE 400
 City: ANNAPOLIS State: MD Zip Code: 21401
 Phone: 410-923-9199 Fax: _____
 Email: CGARRETT@ANNAPOLISPROPANE.COM

Contractor Company: ANNAPOLIS LP
 Contact Person: CHIP GARRETT
 Address: 839 BESTGATE STE 400
 City: ANNAPOLIS State: MD Zip Code: 21401
 License No.: 60189
 Phone: 410-923-9199 Fax: _____
 Email: CGARRETT@ANNAPOLISPROPANE.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 st floor:	
	2 nd floor:	
Area of construction (sq. ft.): _____	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group: _____	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
	<input type="checkbox"/> Slab on Grade	
Construction type:	No. of Bedrooms:	
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling	
<input type="checkbox"/> Structural Steel	No. of efficiency units:	
<input type="checkbox"/> Masonry	No. of 1 BR units:	
<input type="checkbox"/> Wood Frame	No. of 2 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input 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 type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Grading Permit Number: _____	
Building Shell Permit Number: _____	

RECEIVED
 FEB 01 2018
 LICENSES & PERMITS
 DIVISION

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: Chip Garrett Print Name: CHIP GARRETT
 Email Address: CGARRETT@ANNAPOLISPROPANE.COM Date: 2-1-2018
 Title/Company: _____

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>2/1/18</u>	<u>[Signature]</u>

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 Zones: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>110.00</u>
Permit Fee	\$ <u>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$ _____
PSFS	\$ _____
Guaranty Fund	\$ _____
Add'l per Fee	\$ _____
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$ _____
Balance Due	\$ _____
Check	# <u>176</u>

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

T:\Operations\Updated Forms\Building applmp 09.11.2017.docx

