



# 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.: B17000380

Building Address: 6130 Lawyers Hill Rd  
 City: Elkridge State: MD Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Dan Roth  
 Address: 6130  
 City: Elkridge State: MD Zip Code: \_\_\_\_\_  
 Phone: 443-834-6070 Fax: \_\_\_\_\_  
 Email: Wood.Roth@gmail.com

Existing Use: Single family  
 Proposed Use: Single family  
 Estimated Construction Cost: \$ 10,000.00 Entire  
 Description of Work: Construct Deck Deck  
irregular 22' x 15', 28' x 7',  
15' - 10" x 6', 4' x 4' landing  
 Occupant/Tenant Name: NA  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Kevin Grimes  
 Address: 7401 Race Rd  
 City: Hanover State: MD Zip Code: 21076  
 Phone: 410-718-5454 Fax: \_\_\_\_\_  
 Email: DKGrimes2@comcast.net

Contractor Company: Aspect Contracting  
 Contact Person: Kevin Grimes  
 Address: 7401 Race Rd  
 City: Hanover State: MD Zip Code: 21076  
 License No.: 125001  
 Phone: 410-718-5454 Fax: \_\_\_\_\_  
 Email: DKGrimes2@comcast.net

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

Commercial Building Characteristics	Residential Building Characteristics	
Height: <u>30'</u>	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: <u>2</u>	Depth _____ Width _____	
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: _____	
	2 <sup>nd</sup> floor: _____	
Area of construction (sq. ft.):	Basement: _____	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling _____	
<input type="checkbox"/> Masonry	No. of efficiency units: _____	
<input 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 checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" 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 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: [Signature]  
 Email Address: DKGrimes2@comcast.net

Print Name: Kevin P Grimes  
 Date: 1-12-10

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>3-9-17</u>	<u>Bernard</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	# <u>cash</u>

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





# 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.: B16005380

Building Address: 10130 LAWYERS Hill Rd  
 City: EIKRIDGE State: MD Zip Code: 21075  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Daniel Roth  
 Address: 10130 LAWYERS Hill Rd  
 City: EIKRIDGE State: MD Zip Code: 21075  
 Phone: 443-5821-6070 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: Heating / Hot Water  
 Estimated Construction Cost: \$ 1550  
 Description of Work: Install (1) 500 gallon underground propane tank and hook up to stub out.  
 Occupant/Tenant Name: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Thompson Gas  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Thompson Gas  
 Contact Person: Brad Rohrer  
 Address: 1708 Old National Pike  
 City: Boonsboro State: MD Zip Code: 21713  
 License No.: GAS09104 60003  
 Phone: 301-432-1611 Fax: \_\_\_\_\_  
 Email: BRohrer@ThompsonGas.com

Was tenant space previously occupied?  Yes  No  
 Contact Name: Brad Rohrer - Thompson Gas  
 Address: 1708 Old National Pike  
 City: Boonsboro State: MD Zip Code: 21713  
 Phone: 301-432-1611 Fax: 301-432-7147  
 Email: BRohrer@ThompsonGas.com

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

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	2 <sup>nd</sup> floor:	
Area of construction (sq. ft.):	Basement:	
	<input type="checkbox"/> Finished Basement	
Use group:	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	Multi-family Dwelling	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input 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 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:	

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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]  
 Email Address: BRohrer@ThompsonGas.com  
2017-08-14

Print Name: J. Randall Thompson  
 Date: 8/15/17

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>7/14/17</u>	<u>R. Bisher</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	\$	<u>110.00</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	
Check	#	<u>1008175</u>

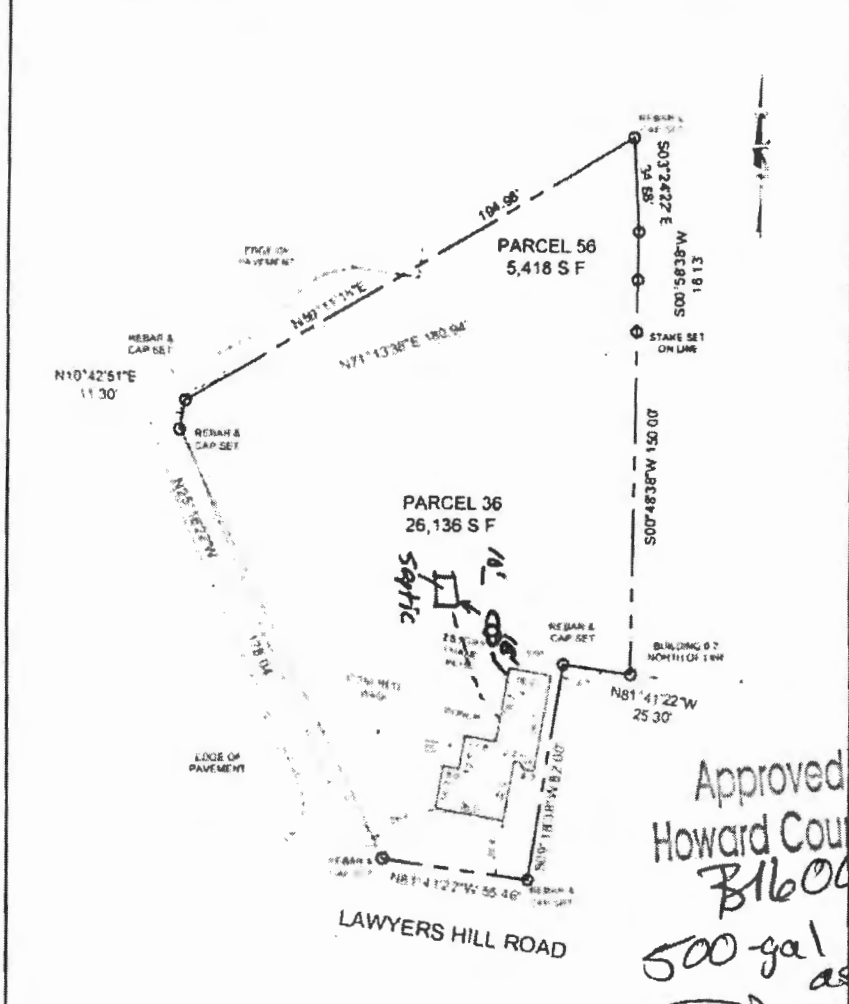
Distribution of Copies: White: Building Officials Green: PSZA, Zoning Yellow: PSZA, Engineering Pink: Health Gold: SHA

MARYLAND

WASHINGTON, D.C.

VIRGINIA

ADDRESS 8130 LAWYERS HILL ROAD  
ELKRIEGE, MD 21023



Approved Septic System Plan  
 Howard County Health Department  
 B16005380 - revised  
 500-gal Underground Propane Tank  
 as illustrated  
*P. Bicker*  
 Signature  
 2/14/2017  
 Date

NOTES

- 1 THIS PLAN WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT
- 2 SUBJECT TO ALL EASEMENTS ON RECORD

HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF, ACCORDING TO THE RECORDS AND ENCLOSURES



3/1/16  
 1479

BOUNDARY SURVEY  
 PARCEL 36 & PARCEL 56  
 LIBER: 16860 FOLIO: 258  
 HOWARD COUNTY  
 MARYLAND  
 SCALE: 1" = 40'  
 DATE: 2/1/16

Colleen M. C...  
 SURVEYOR  
 14800 W...  
 FORT...  
 201...  
 410...  
 201...

REVISED

Date: 1-27-17

Comments: Revised plot plan to show new tank location

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 11/27/17  
To: Daniel Roth Health Dept.  
(Person's Name and Division)  
From: Steve Foster Thompson GAS (301) 432-6611  
(Your Name, Company Name and Telephone Number)  
Subject: Project name Daniel Roth  
Project site address 6130 Lawyers Hill Rd.  
Permit # B16005380 SDP # \_\_\_\_\_  
Other information pertinent to this project \_\_\_\_\_

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to address plan review comment letter
- Revised plans and/or revised details: When submitting for a complete re-review, duplicate sets shall be submitted.
- Letter Summarizing Changes
- Energy conservation calculations
- Copies of \_\_\_\_\_ (be specific).
- Health Department Request       DPZ/ DED Request       Applicant's Request
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

**Contact Person Information: (Required)**

BRAD Rolteen  
Please Print Name

Telephone No: 301 432 6611

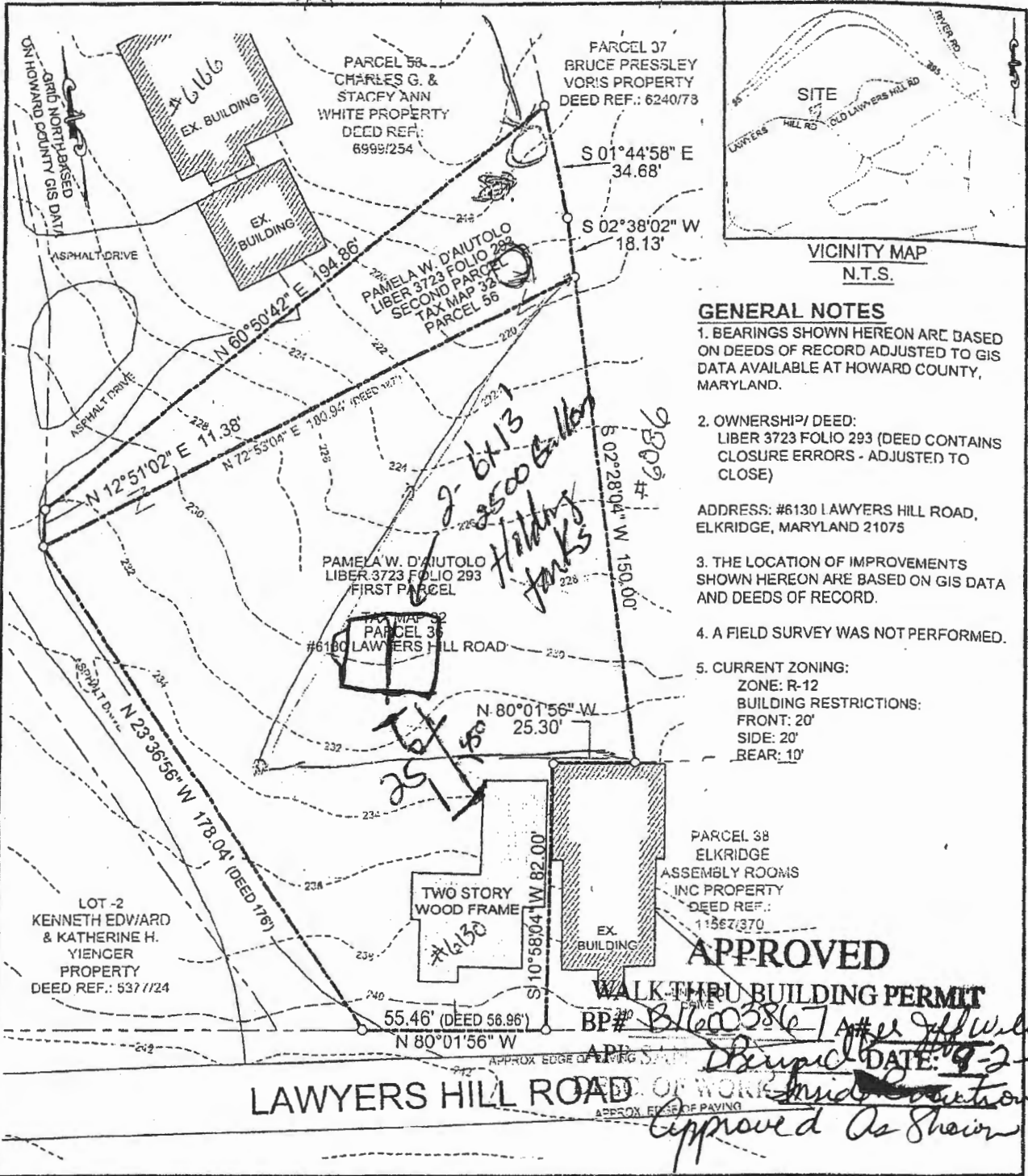
E-Mail Address: Brolteen@ThompsonGAS.com

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by MP

Revision

*\* Suspected cess pit*



- GENERAL NOTES**
1. BEARINGS SHOWN HEREON ARE BASED ON DEEDS OF RECORD ADJUSTED TO GIS DATA AVAILABLE AT HOWARD COUNTY, MARYLAND.
  2. OWNERSHIP/ DEED: LIBER 3723 FOLIO 293 (DEED CONTAINS CLOSURE ERRORS - ADJUSTED TO CLOSE)
  3. THE LOCATION OF IMPROVEMENTS SHOWN HEREON ARE BASED ON GIS DATA AND DEEDS OF RECORD.
  4. A FIELD SURVEY WAS NOT PERFORMED.
  5. CURRENT ZONING: ZONE: R-12 BUILDING RESTRICTIONS: FRONT: 20' SIDE: 20' REAR: 10'

**PRECISION SURVEYING AND MAPPING LLC**

6809 South River Drive, Middle River, Maryland 21220  
 www.precision-surveys.us Phone: 410-459-2124  
 Using Modern Technology to Map America

DATE	12-29-15
SCALE	1"=40'
DESIGNED BY	
DRAWN BY	SLS

PLOT PLAN OF  
**6130 LAWYER HILL ROAD**  
 ELKRIDGE, MARYLAND 21075  
 PARCELS 36 & 56  
 DEED REF.: 3723/293  
 BALTIMORE COUNTY, MARYLAND



# 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. **B16003867**

6130

Building Address: 366 Lawyers Hill Rd  
 City: Elkridge State: MD Zip Code: 21075  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: 36 Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 26,136 SF

Property Owner's Name: Daniel Roth  
 Address: 5359 Five Fingers Way  
 City: Columbia State: MD Zip Code: 21045  
 Phone: 410 934 6078 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: Single Family  
 Proposed Use: Single Family  
 Estimated Construction Cost: \$ 154,000  
 Description of Work: Alteration of Second Floor plan Kitchen + bath AFX 600.  
 Occupant or Tenant: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: Aspect Contracting  
 Address: 2401 Race Rd  
 City: Hanover State: MD Zip Code: 21076  
 Phone: 410 918-5454 Fax: \_\_\_\_\_  
 Email: D.K.Grimes2@comcast.net

Contractor Company: Aspect Contracting  
 Contact Person: Kevin Grimes  
 Address: 2401 Race Rd  
 City: Hanover State: MD Zip Code: 21076  
 License No.: 30516  
 Phone: 410 918 5454 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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: <u>2</u>	Depth <u>57'1/2"</u> Width <u>33'5 1/2"</u>
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: <u>57'1/2" x 33'5 1/2"</u>
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: <u>57'1/2" x 33'5 1/2"</u>
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Craw Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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 checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
<input checked="" type="checkbox"/> Water Supply
<input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
<u>Sewage Disposal</u>
<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 checked="" type="checkbox"/> No
<u>Heating System</u>
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<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: [Signature] Print Name: Kevin Grimes  
 Email Address: D.K.Grimes2@comcast.net Date: 8-16-16  
 Title/Company: Owner/Contractor

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	<u>9/7/16</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>9-21-16</u>	<u>Bernard</u>

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

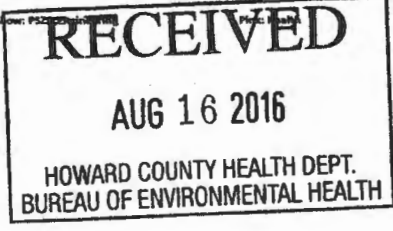
DPZ SETBACK INFORMATION

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  No  
 Lot Coverage for New Town Zone: \_\_\_\_\_  
 SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$	135.00
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub-Total Paid	\$	
Balance Due	\$	124.2
Check	\$	

Distribution of Copies:  3: Building Officials  1: PSZA  1: Health  1: Planning  
 T:\Operations\Updated Forms\Building applmp 8.2012.docx



Gold: SHH



# Walk Permit 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: B16003867

6130

Building Address: 3160 Lawyers Hill Rd  
 City: Elkridge State: MD Zip Code: 21075  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: 36 Grid: \_\_\_\_\_  
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 City: Columbia State: MD Zip Code: 21045  
 Phone: 413 534 6970 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
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 Applicant's Name: Aspect Contracting  
 Address: 7401 Race Rd  
 City: Hanover State: MD Zip Code: 21076  
 Phone: 410 718-5454 Fax: \_\_\_\_\_  
 Email: DKGrimes2@comcast.net

Existing Use: Single Family  
 Proposed Use: Single Family  
 Estimated Construction Cost: \$ 154,000  
 Description of Work: Alteration of second floor plan Kitchen + bath appx 600.  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Aspect Contracting  
 Contact Person: Kevin Grimes  
 Address: 7401 Race Rd  
 City: Hanover State: MD Zip Code: 21076  
 License No.: 80516  
 Phone: 410 718 5454 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 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: <u>2</u>	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: <u>57'1/2 33'5/8</u>
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: <u>57'1/2 33'5/8</u>
Use group: _____	Basement: _____
<u>Construction type:</u>	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of 1 BR units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 2 BR units: _____
Roadside Tree Project Permit # _____	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public <input checked="" type="checkbox"/>
<input type="checkbox"/> Private
<u>Sewage Disposal</u>
<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 checked="" type="checkbox"/> No
<u>Heating System</u>
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<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: [Signature] Print Name: Kevin Grimes  
 Email Address: DKGrimes2@comcast.net Date: 8-16-16  
 Title/Company: Owner Contractor

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

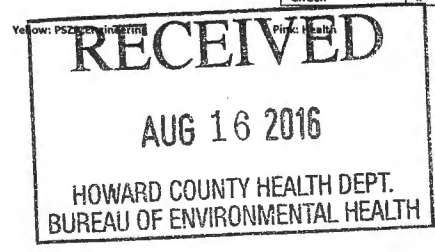
AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>8-2-16</u>	<u>[Signature]</u>

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

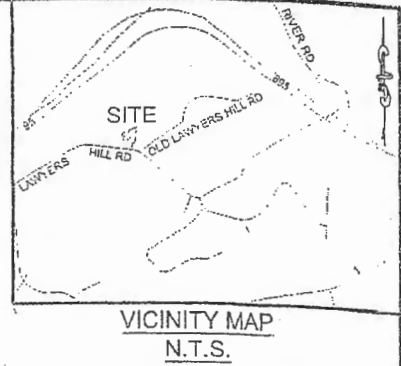
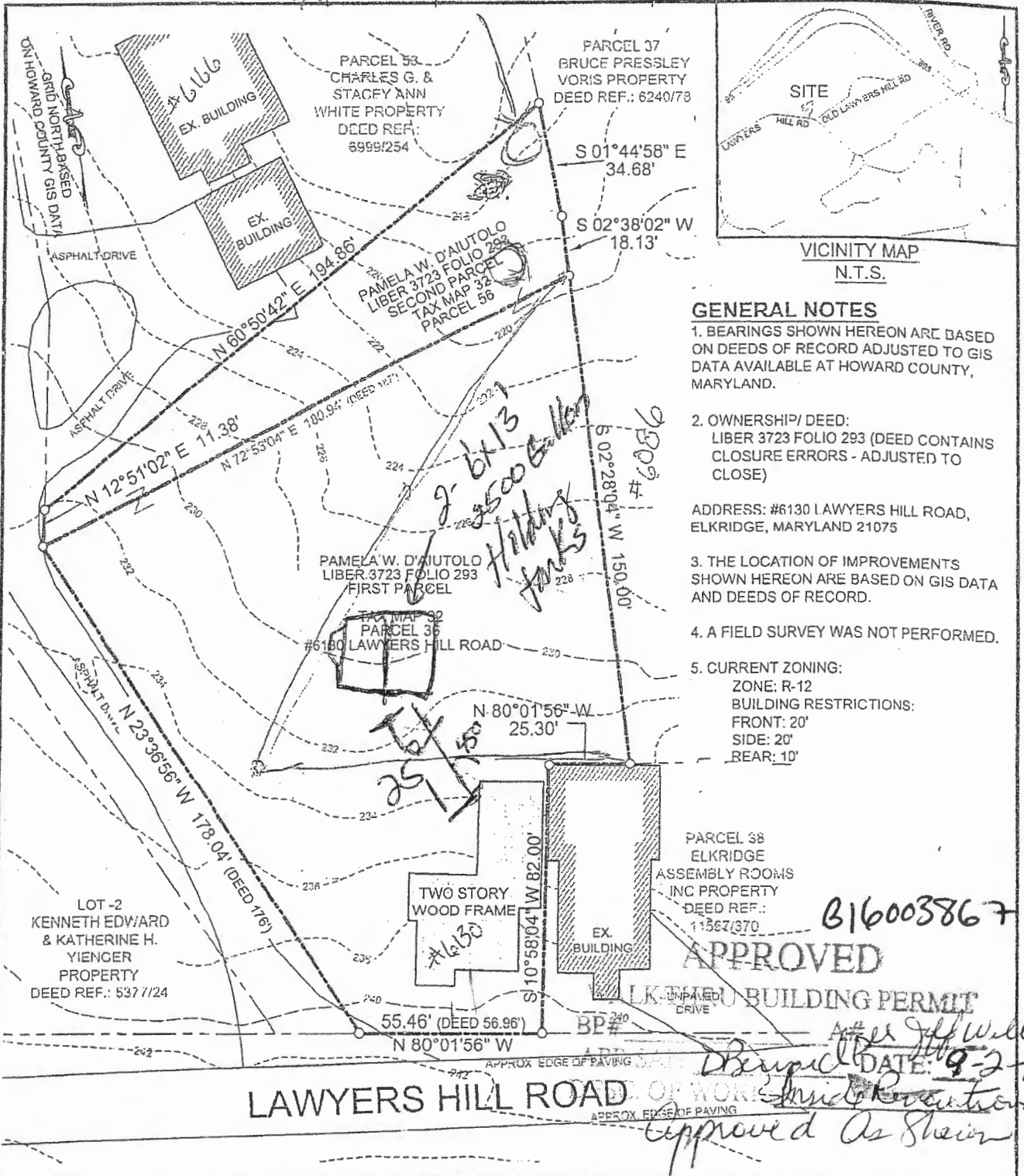
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$	<u>135.00</u>
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  
 Per Jeff. Williams



*\* Suspected cess pit*



**GENERAL NOTES**

1. BEARINGS SHOWN HEREON ARE BASED ON DEEDS OF RECORD ADJUSTED TO GIS DATA AVAILABLE AT HOWARD COUNTY, MARYLAND.
2. OWNERSHIP/ DEED: LIBER 3723 FOLIO 293 (DEED CONTAINS CLOSURE ERRORS - ADJUSTED TO CLOSE)
3. THE LOCATION OF IMPROVEMENTS SHOWN HEREON ARE BASED ON GIS DATA AND DEEDS OF RECORD.
4. A FIELD SURVEY WAS NOT PERFORMED.
5. CURRENT ZONING: ZONE: R-12  
BUILDING RESTRICTIONS:  
FRONT: 20'  
SIDE: 20'  
REAR: 10'

*g. b. 13  
3500 Gallon  
Holding Tank*

*316003867*

**APPROVED**

**ELK RIDGE BUILDING PERMIT**

*Approved As Shown*  
DATE: *9-2-16*  
*Approved As Shown*

**PRECISION SURVEYING AND MAPPING LLC**

6809 South River Drive, Middle River, Maryland 21220  
www.precision-surveys.us Phone: 410-459-2124  
Using Freedom Technology to Map America

DATE	12-29-15
SCALE	1"=40'
DESIGNED BY	
DRAWN BY	SLS

PLOT PLAN OF  
**6130 LAWYER HILL ROAD**  
ELK RIDGE, MARYLAND 21075  
PARCELS 36 & 56  
DEED REF.: 3723/293  
BALTIMORE COUNTY, MARYLAND