

Menu Save Reset Cancel Help

Approved MRE  
4/30/24

Record Detail (This section is required.)

Permit Type Building/Residential/Alteration/SFD Permit Number B24000894 Opened Date 03/15/2024  
Description of Work SFD/ Construct a new 7' wide basement access areaway at the location of an existing window, on the right side of the house towards the rear.\*\*SUBJECT TO FIELD INSPECTION\*\*

Online BP.  
yB 4/24/24

check spelling

Address (This section is required.)

Search Reset Clear Get Parcel & Owner  
Street # 11937 Street Name LIME KILN Street Type RD  
Unit Type --Select-- Unit # X Coordinate -76.92774 Y Coordinate 39.15092  
City FULTON State MD Zip Code 20759 Primary Yes

Parcel (This section is required.)

Search Reset Clear Get Address & Owner  
GIS ID 843459 Parcel 181 Parcel Area 3.19 Land Value 271400 Improved Value 462500 Exemption Value 191100 Plan Area RURAL  
Legal Description IMPSLOT 1 3.192 A[ ] 11937 LIME KILN ROAD[ ] RITTER ACRES

check spelling

Block 1 Lot 1 Census Tract 605102 Council Dist 4 Inspection Dist Supervisor Dist Map # DAP Zone  
Plan Area State Tax Id 1405367522 Subdivision Name RITTER ACRES  
Section Area Tax Map 46  
Grid Zoning District RR-DEO ADC Map 5052-B6  
SDP No. Final Plan No. WP File No.  
Record Plat No. 6859 WS Contract No. FDP No. Primary Yes  
Owner Occupied Year Built 1964 Historic District Yes No  
Historic District Registry No. Stat Area 5-17A Flood Plain Yes No  
Building No

Owner (This section is not required.)

Search Reset Clear  
Name KATHE  
Address Line 1 11937 LIME KILN RD  
Address Line 2  
Address Line 3  
Mail City FULTON  
Mail State MD  
Mail Zip Code 20759  
Phone 410-992-3841  
Primary Yes  
E-mail

Cell Number      Fax Number

**Professionals** (This section is not required.)

**License #**  
21040010019  
**License Type**  
Architect  
**Primary**  
No

**Business Name**  
RJARCHITECT  
**First Name**      **Middle Name**      **Last Name**  
▼ RONALD           JOHNSTON  
**Address Line 1**  
▼ 11407 BARLEY FIELD WAY  
**Address Line 2**

**City**      **State**      **ZIP Code**  
MARRIOTTSVILLE      MD      21104  
**Phone 1**      **Phone 2**      **Fax**  
4104423667  
**E-mail**  
RON@RJARCHITECT.COM

**Applicant** (This section is not required.)

**Search**      **As Owner**      **As Lic. Prof**      **As Contact**

**Type**  
Applicant  
**Relationship**  
Applicant  
**Primary**  
No      ▼

**First Name**      **MI**      **Last Name**  
RONALD           JOHNSTON  
**Full Name**  
▼ RONALD JOHNSTON  
**Organization Name**  
RJARCHITECT  
**Street Address**  
11407 BARLEY FIELD WAY  
**Address Line 2**

**City**      **State**      **Zip Code**  
MARRIOTTSVILLE      MD      21104  
**Phone**      **Cell**      **Fax**  
4104423667  
**E-mail**  
RON@RJARCHITECT.COM

**Contact** (This section is not required.)

**Search**      **As Owner**      **As Lic. Prof**      **As Contact**

**Type**  
Contact  
**Relationship**  
Licensed Professional      ▼  
**Primary**  
Yes      ▼

**First Name**      **MI**      **Last Name**  
RONALD           JOHNSTON  
**Full Name**  
▼ RONALD JOHNSTON  
**Organization Name**  
RJARCHITECT  
**Street Address**  
11407 BARLEY FIELD WAY  
**Address Line 2**

**City**      **State**      **Zip Code**  
MARRIOTTSVILLE      MD      21104  
**Phone**      **Cell**      **Fax**  
4104423667  
**E-mail**  
RON@RJARCHITECT.COM

**Addtl Info**

**Est Construction Cost**      **Housing Units**      **Number of Buildings**      **Public Owned**  
11000      0      0      No      ▼  
**Construction Type**  
--Select--      ▼

**RESIDENTIAL ALTERATION INFO**

**RESIDENTIAL ALTERATION INFORMATION**

**Total Square Footage**      **No of Stories**      **Basement**      **Bedrooms**      **Full Baths**      **Half Baths**      **Water**      **Sewage**  
131      SQFT (Number) 1      (Number) Partially Finished      ▼ 0      (Number) 0      (Number) 0      (Number) Private      ▼ Private

Existing Utilities  
Unknown



Existing Heating System  
Unknown



Existing Sprinkler System  
None



Type of New Fireplace  
--Select--



Expiration Date  
10/20/2024



Submit

Cancel

Real Property Data Search ( )  
 Search Result for HOWARD COUNTY

[View Map](#)      [View GroundRent Redemption](#)      [View GroundRent Registration](#)

Special Tax Recapture: None

Account Identifier: District - 05 Account Number - 367522

**Owner Information**

Owner Name: WAH KATHERINE A      Use: RESIDENTIAL  
 Principal Residence: YES  
 Mailing Address: 11937 LIME KILN RD      Deed Reference: /17344/ 00453  
 FULTON MD 20759-

**Location & Structure Information**

Premises Address: 11937 LIME KILN RD      Legal Description: LOT 1 3.192 A  
 FULTON 20759-0000      11937 LIME KILN ROAD  
 RITTER ACRES

Map: Grid: Parcel: Neighborhood: Subdivision: Section: Block: Lot: Assessment Year: Plat No:  
 0046 0001 0181 5020201.14 2001 1 2023 Plat Ref:

Town: None

Primary Structure Built Above Grade Living Area Finished Basement Area Property Land Area County Use  
 1964 1,735 SF 3,1900 AC

StoriesBasementType ExteriorQualityFull/Half BathGarageLast Notice of Major Improvements  
 1 YES STANDARD UNITBRICK/ 3 2 full

**Value Information**

	Base Value	Value		
		As of 01/01/2023	Phase-in Assessments As of 07/01/2023	As of 07/01/2024
Land:	271,400	297,600		
Improvements	191,100	229,900		
Total:	462,500	527,500	484,167	505,833
Preferential Land:	0	0		

**Transfer Information**

Seller: RITTER JAMES F TRUSTEE      Date: 12/22/2016      Price: \$442,500  
 Type: NON-ARMS LENGTH OTHER      Deed1: /17344/ 00453      Deed2:  
 Seller: RITTER JAMES F      Date: 05/24/2011      Price: \$0  
 Type: NON-ARMS LENGTH OTHER      Deed1: /13247/ 00371      Deed2:  
 Seller: SMITH IRENE FARRAR      Date: 03/13/1986      Price: \$116,500  
 Type: ARMS LENGTH IMPROVED      Deed1: /01447/ 00680      Deed2:

**Exemption Information**

Partial Exempt Assessments: Class      07/01/2023      07/01/2024  
 County: 000      0.00  
 State: 000      0.00  
 Municipal: 000      0.00|0.00      0.00|0.00

Special Tax Recapture: None

**Homestead Application Information**

Homestead Application Status: No Application

**Homeowners' Tax Credit Application Information**

Homeowners' Tax Credit Application Status: No Application      Date:

Cell Number      Fax Number

**Professionals** (This section is not required.)

**License # \*** 08010092718  
**Business Name** TERRA NOVA LANDSCAPING INC  
**License Type \*** MHIC Ind  
**Primary** Yes  
**First Name** GRANT      **Middle Name**      **Last Name** REWEGA  
**Address Line 1** 3309 DAMASCUS ROAD  
**Address Line 2**  
**City** BROOKEVILLE      **State** MD      **ZIP Code** 20833-0000  
**Phone 1** 2408762837      **Phone 2**      **Fax**  
**E-mail** GRANT@TERRANOVADESIGNBUILD.COM

**Applicant** (This section is not required.)

Search      As Owner      As Lic. Prof      As Contact

**Type \*** Applicant  
**Relationship** Applicant  
**Primary** Yes  
**First Name** jon      **MI** m      **Last Name** coakley  
**Full Name** jon m coakley  
**Organization Name** Terra Nova  
**Street Address** 3177 elmmede rd  
**Address Line 2**  
**City** ellicott city      **State** MD      **Zip Code** 21042  
**Phone** 4436044029      **Cell**      **Fax**  
**E-mail** joncoakley55@gmail.com

**Addtl Info**

**Est Construction Cost \*** 40000      **Housing Units \*** 0      **Number of Buildings \*** 0      **Public Owned** No  
**Construction Type** 434 - Additions, Alterations and Conversions - Residential

**POOL INFORMATION**

**MISCELLANEOUS POOL INFORMATION**

**Capital Project-No Fee \***  Yes  No      **Capital Project Number** (Text)      **Fee Exempt**  Yes  No      **Water Supply** Private      **Sewage Disposal** Private  
**Existing Use \*** SFD      **Type of Pool or Spa \*** In Ground Pool and Hot Tub      **Pool Safety Device \*** Fence      **Electrical Permit Number**      **Expiration Date** (Text) 10/9/2024

**Related Records**

Showing 1-2 of 2

Permit Number	Record Type Alias	Status	Number	Street Name	Opened Date	Description
B24001304	Residential Pool or Spa Permit	Review In Process	5324	CATALPA	04/11/2024	SFD/ construct 20 x 40 inground concrete pool w/ integ
E24002045	Residential Electrical Miscellaneous Permit	Ready for Issuance	5324	CATALPA	04/19/2024	Wiring & bonding in ground swimming pool

Proposed Areaway for

# The Wah Residence

11937 Lime Kiln Road, Fulton, Maryland 20759

APPLICABLE CODE: 2021 IRC AS AMENDED BY HOWARD COUNTY

## NOTES

### 1.0 GENERAL

1.01 THE BUILDER SHALL BE RESPONSIBLE AND LIABLE FOR FULL COMPLIANCE WITH ALL APPLICABLE BUILDING CODES, ORDINANCES, REGULATIONS AND AMENDMENTS, AND ALL OTHER AUTHORITIES HAVING JURISDICTION, WHETHER OR NOT SUCH CODES AND REQUIREMENTS ARE EXPLICITLY DOCUMENTED IN THESE DRAWINGS. CONSTRUCTION SHALL COMPLY WITH THE INTERPRETATIONS OF THE LOCAL BUILDING OFFICIAL. IF THE INTERPRETATION OF THE LOCAL BUILDING OFFICIAL IS AT VARIANCE WITH THESE PLANS OR SPECIFICATIONS, THE MORE STRINGENT SHALL APPLY. USE OF THESE DRAWINGS TO OBTAIN A BUILDING PERMIT OR TO CONSTRUCT THE STRUCTURE DOCUMENTED HEREIN SHALL CONSTITUTE ACCEPTANCE OF THESE CONDITIONS BY THE BUILDER.

1.02 IN THE EVENT OF A DISCREPANCY BETWEEN THE ARCHITECTURAL PLANS

3.02 MINIMUM SPECIFIED COMPRESSIVE STRENGTH @ 28 DAYS:

LOCATION OF CONCRETE	FC (PSI)
BASEMENT WALLS AND FOUNDATIONS NOT EXPOSED TO WEATHER	2500
BASEMENT SLABS AND INTERIOR SLABS ON GRADE	2500
BASEMENT WALLS, EXTERIOR FOUNDATION WALLS AND OTHER WORK EXPOSED TO WEATHER	3000
DRIVEWAYS, CURBS, WALKS, PATIOS, PORCHES, STEPS/STAIRS AND UNHEATED GARAGE SLABS	3500

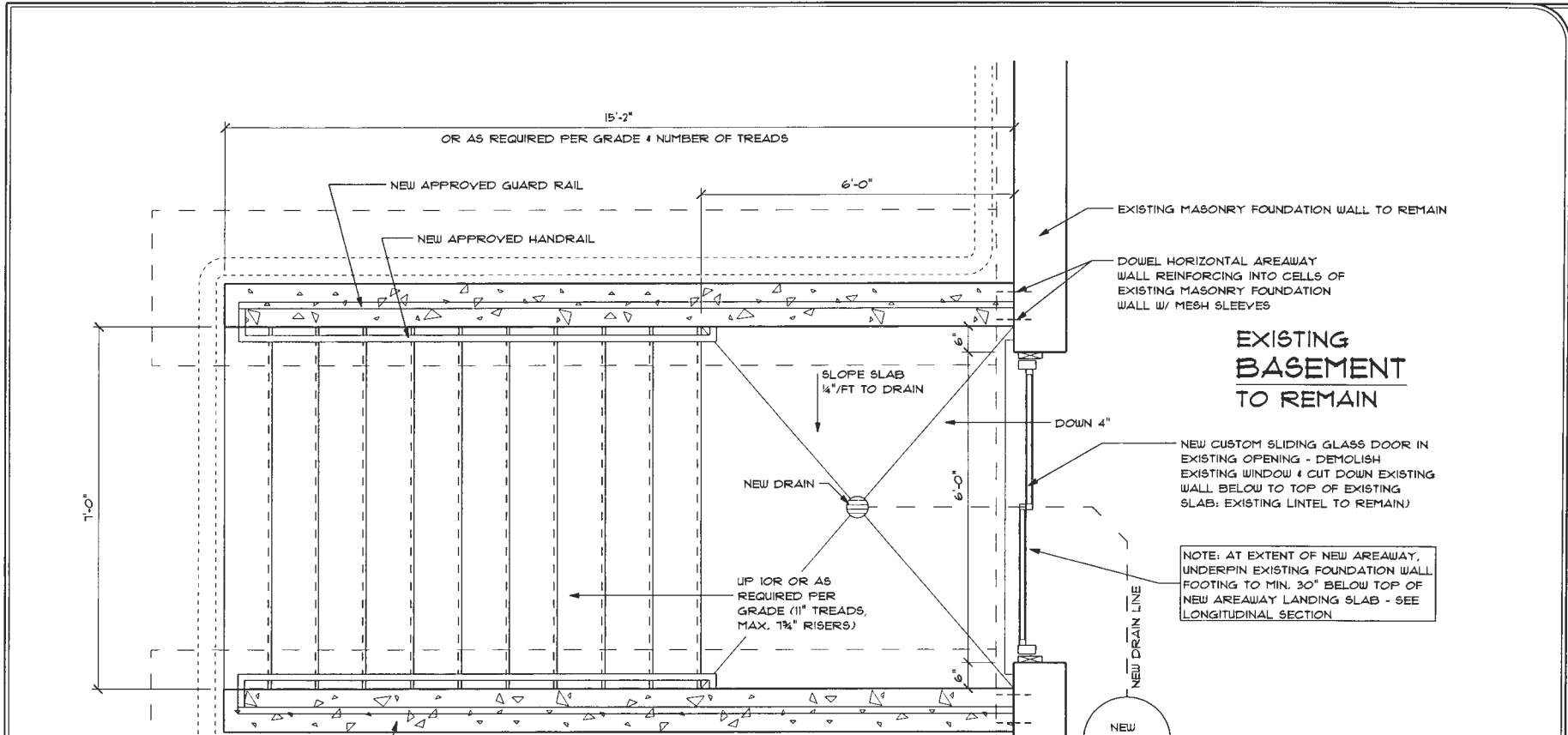
### GENERAL CONSTRUCTION NOTES

1. THE CONTRACTOR SHALL SECURE ALL NECESSARY PERMITS. CONSTRUCTION SHALL BE IN FULL ACCORDANCE WITH ALL LOCAL CODES AND REGULATIONS IN EFFECT AT THE TIME OF PERMIT ISSUANCE.

2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR INITIATING, MAINTAINING AND SUPERVISING ALL SAFETY PROGRAMS AND PRECAUTIONS IN CONNECTION WITH THE WORK. THE CONTRACTOR SHALL TAKE ALL REASONABLE PRECAUTIONS AND PROVIDE ALL REASONABLE PROTECTION TO PREVENT DAMAGE, INJURY OR LOSS TO: ALL EMPLOYEES ON THE WORK AND ALL OTHER PERSONS WHO MAY BE AFFECTED THEREBY, INCLUDING THE HOMEOWNER, HIS FAMILY, AND OTHERS WHO MAY BE ON THE PREMISES FROM TIME TO TIME; ALL THE WORK AND ALL MATERIALS AND EQUIPMENT

7. ON-SITE VERIFICATION OF ALL DIMENSIONS AND CONDITIONS SHALL BE THE RESPONSIBILITY OF THE CONTRACTOR AND HIS SUBCONTRACTORS. CONTRACTOR SHALL VERIFY ADEQUACY OF EXISTING STRUCTURE TO RECEIVE NEW CONSTRUCTION.

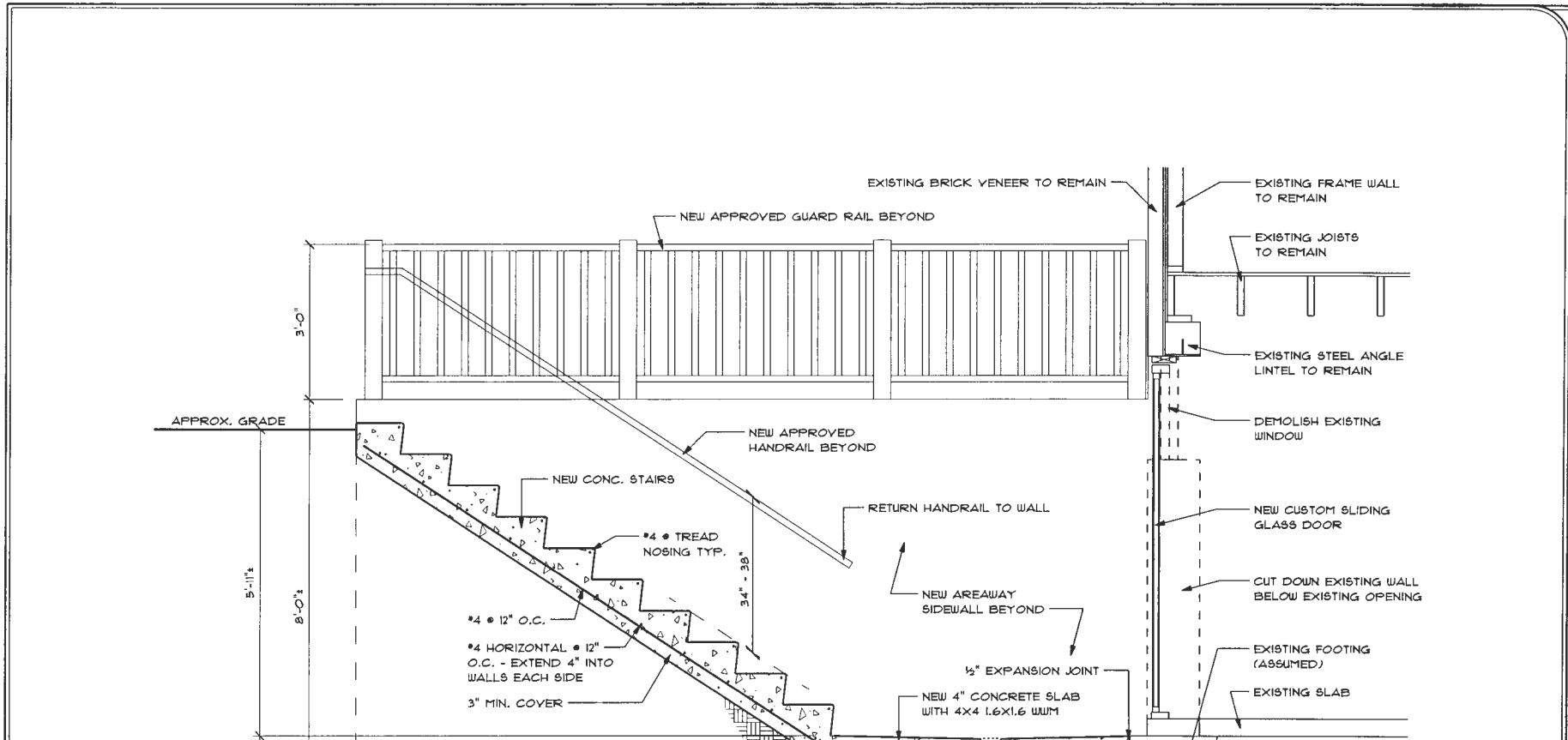
NOTE: NO EXHAUSTIVE OR INVASIVE INVESTIGATION OF EXISTING CONDITIONS WAS PERFORMED. CONTRACTOR SHALL FIELD-VERIFY ALL CONDITIONS AND DIMENSIONS. IF A SIGNIFICANT DISCREPANCY OR UNANTICIPATED CONDITION IS DISCOVERED, CONTRACTOR SHALL NOTIFY ARCHITECT AND OWNER BEFORE PROCEEDING WITH THE WORK, AND SHALL NOT PROCEED UNTIL A MUTUALLY ACCEPTABLE RESOLUTION IS REACHED.



RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS  
 11407 BARLEY FIELD WAY  
 MARIOTTSVILLE, MD 21104  
 410-443-3667

Residence

02/59



RONALD JOHNSTON AND ASSOCIATES, ARCHITECTS  
 11407 BARLEY FIELD WAY  
 MARRIOTTSVILLE, MD 21104  
 +410-442-3667

Residence  
 Maryland, 20759



*6/24/64*

# PERMIT

*approved  
N. Douglas  
RDP*

P. 08542

A. 08217

SEWAGE DISPOSAL SYSTEM

MARYLAND STATE DEPARTMENT OF HEALTH

HOWARD COUNTY

**INDEXED**

ELLICOTT CITY

DISTRICT 5

DATE 6/3/64

Tattie & Lay Const. Co. IS PERMITTED TO INSTALL  ALTER

ADDRESS Simpsonville, Maryland PHONE AT 6-2241

A SEWAGE DISPOSAL SYSTEM LOCATED AT \_\_\_\_\_

SUBDIVISION \_\_\_\_\_ ROAD \_\_\_\_\_ LOT \_\_\_\_\_

PROPERTY OWNER Irene E. Smith

ADDRESS 2929 Connecticut Ave., Washington, D. C. Adams 4-7594

SPECIFICATIONS 3 bedrooms

DRAIN FIELD \_\_\_\_\_ DEPTH \_\_\_\_\_ FEET, BOTTOM AREA \_\_\_\_\_ SQ. FT.

SEEPAGE PITS \_\_\_\_\_ ABSORBENT SIDE-WALL AREA \_\_\_\_\_ SQ. FT.

SEPTIC TANK CAPACITY 750 GALLONS

FOR GARBAGE GRINDER, INCREASE DISPOSAL AREA 22% & TANK CAPACITY 50%.

OTHER Dry well - 300 sq. ft. absorbent side wall area below inlet pipe.  
Locate dry well 235 ft. from front lot line and 58 ft. from  
left side line as lot is seen when facing it from Lime Kiln Road.

PLANS APPROVED BY Ronald Fletcher DATE 4/2/64

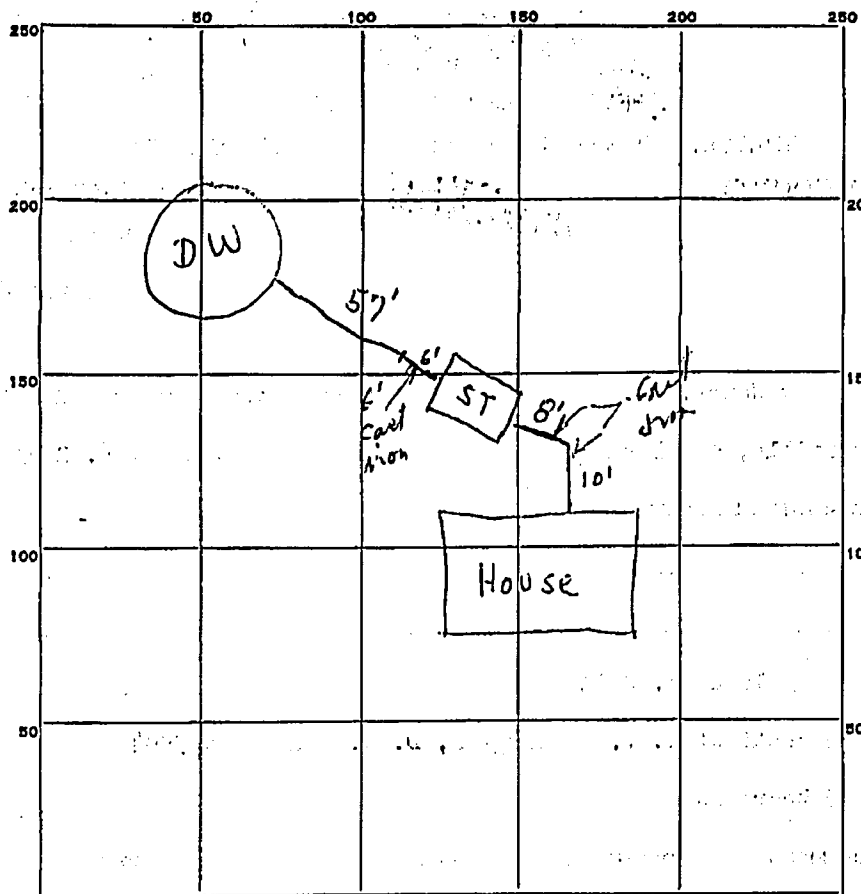
FILL SEPTIC TANK AND DISTRIBUTION BOX WITH WATER BEFORE CALLING FOR AN INSPECTION. COVER NO WORK UNTIL INSPECTED AND APPROVED.

NEITHER THE HOWARD COUNTY COMMISSIONERS NOR THE HEALTH DEPARTMENT IS RESPONSIBLE FOR THE SUCCESSFUL OPERATION OF ANY SYSTEM.

*6-2880*

9/24/64

12 ft  
8' dia  
57  
26  
8/3



INDICATE NORTH. - NAME ADJOINING ROADWAY AS BASE LINE.

*Linn Kilm Rd*

PERMIT CARD Not Posted

SEPTIC TANK, LEVEL OK CLEANOUTS OK

DISTRIBUTION BOX, LEVEL \_\_\_\_\_

TILE FIELD, DEPTH \_\_\_\_\_ FT. TRENCH WIDTH \_\_\_\_\_ FT.

GRAVEL DEPTH \_\_\_\_\_ IN. TOTAL LENGTH \_\_\_\_\_ FT.

NUMBER OF TRENCHES \_\_\_\_\_ TOTAL BOTTOM AREA \_\_\_\_\_

SEEPAGE PITS, INSIDE DIAMETER 12 FT. DEPTH BELOW INLET 8 FT.

ABSORBENT AREA 300+ SQ. FT.

REMARKS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE SYSTEM APPROVED 9/24/64 INSPECTOR A. F. Lettner