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DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00143371

MB

Building Address ~~Parcel # 6850~~ Santa Maria Ave
Highland MD 20777

Suite/Apt. #: SDP/WR/Petition #:

Census Tract 605101 Subdivision

Section Area Lot

Tax Map 40 Parcel 190 Grid 3

Zoning PROEO Map Coordinates Lot size 685 Acres

Existing Use Vacant Land

Proposed Use Residence NEW SINGLE FAMILY HOME

Estimated Construction Cost \$ 300,000

Description of Work Construction of new

CONSTRUCTION SITE HOME 4 BR 2F 2600

ATTACHED 2 CAR GARAGE FIN BUILT DECK

Occupant or Tenant Kim & Kathy Park 15 POORH

Contact Name Kim Park

Address 10117 Brunswick Ave

City Silver Spring State MD Zip Code 20908

Phone 301-6496729 Fax 202-789-8120

Property Owner's Name Kim & Kathy PARK

Address 10117 Brunswick Ave

City Silver Spring State MD Zip Code 20908

Home Phone 301-6496729 Work Phone 202-789-8120

Applicant's Name & Mailing Address, (if other than stated hereon):

Fax 202-789-8120

Phone Fax

Contractor Company ~~MAKERS HOME LLC~~

Contact Person Judy Kettner OWNER

Address 15882 Frederick Road

City Gaithersburg State MD Zip Code 20878

License No. 51292

Phone 410-794-1350 Fax 410-794-1325

Engineer or Architect Company North American Home

Contact Person Kelly Timmons Corporation

Address 5724 Industry Lane

City Frederick State MD Zip Code 21704

Phone 301-694-9100 Fax

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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"/>	
		Full <input type="checkbox"/>	
		Partial <input type="checkbox"/>	
		Other Suppression <input type="checkbox"/>	
		# of Heads <input type="checkbox"/>	

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 Kim Park Print Name Kim Park

Title/Company August 1, 2003 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:	59087
State Highways			Rear:	
Building Official			Side:	
Dev. Engineering DPZ			Side St.:	
Health	8/16/03	J. Jay	All minimum setbacks met?	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Sediment Control approval required prior to issuance?			Is Entrance Permit required?	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date	
			Accepted by	

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Forms PERMIT FRM Rev: 5/17/00

B00143371

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B0014 5687 764</u>
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Building Address <u>6850 Santa Maria Ave</u> <u>Highland, MD 20777</u>	Property Owner's Name <u>Kim & Kathy Park</u> Address <u>10117 Brunswick Ave</u> City <u>Silver Spring</u> State <u>MD</u> Zip Code <u>20903</u> Home Phone _____ Work Phone <u>201-649-6739</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605101</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>40</u> Parcel <u>190</u> Grid <u>3</u> Zoning <u>RR DEO</u> Map Coordinates <u>13K12</u> Lot size _____	Contractor Company <u>Americas</u> Contact Person <u>Tom McLaughlin</u> Address <u>10097 Baltimore National Pike</u> City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u> License No. _____ Phone <u>410-465-0800</u> Fax _____
Existing Use <u>S.F.D.</u> Proposed Use <u>Same with T&E</u> Estimated Construction Cost \$ <u>2700.00</u> Description of Work <u>Install (1) 1000 Gallon Asme</u> <u>V.G. Propane Tank, per NFPA 58</u>	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 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 _____ 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: _____ <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 Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

<u>Thomas R. McLaughlin III</u> Applicant's Signature Account mgr	<u>Thomas R. McLaughlin III</u> Print Name <u>1-24-04</u> Date
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Title/Company _____
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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AGENCY <u>Land Development, DPZ</u> <u>State Highways</u> <u>Building Official</u> <u>Dev. Engineering, DPZ</u> <u>Health</u> <u>Fire Protection</u> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>	SIGNATURE APPROVAL <u>1/12/04 Brian Baker</u> DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>0005-9087</u> Filing fee \$ <u>100</u> Permit fee \$ <u>10</u> Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ <u>110</u> Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3502</u> Validation # <u>38572</u> Accepted by <u>DR</u>
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