

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 B07004034	
Building Address 3642 Snapp Rd 6100 Wood MA 21238			Property Owner's Name William Keene		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address 3642 Snapp Rd		
Census Tract _____ Subdivision _____			City Glenwood State MA Zip Code 0731		
Section _____ Area _____ Lot _____			Home Phone (609) 231- Work Phone 301 699 6114		
Tax Map 21 Parcel 1458 Grid 10			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use SFO			Contractor Company P. Drayton Co Inc		
Proposed Use 11111 8000			Contact Person P. Drayton		
Estimated Construction Cost \$ 110 000			Address 4111 Lander LA		
Description of Work Build 3 S. House Barn 36 x 36 1-story			City Jefferson State MA Zip Code 0731		
Occupant or Tenant _____			License No. 102913		
Contact Name Bill Keene			Phone 301 73-1166 Fax 301 73-1166		
Address 3642 Snapp Rd			Engineer or Architect Company _____		
City Glenwood State MA Zip Code 0731			Contact Person _____		
Phone 301 562 1001 Fax 301 562 0212			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: ____ Reinforced Concrete ____ Structural Steel ____ Masonry ____ Wood Frame ____ State Certified Modular	Utilities Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ____ Full ____ Partial ____ Other Suppression ____ # of Heads	Building Characteristics SF Dwelling ☒ SF Townhouse ☐ ____ Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement ☐ Unfinished Basement ☐ Crawl space ☐ Slab on Grade ☐ No. of Bedrooms _____ Height: _____ 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 Height: _____ ____ State Certified Modular ____ Manufactured Home	Utilities Water Supply: _____ ____ Public ____ Private Sewage Disposal: _____ ____ Public ____ Private Electric Yes ☐ No ☐ Gas Yes ☐ No ☐ Heating System: Electric ☐ Oil ☐ Natural Gas ☐ Propane Gas ☐ Sprinkler system: N/A ☐ ____ NFPA #13D ____ NFPA #13R ____ 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.

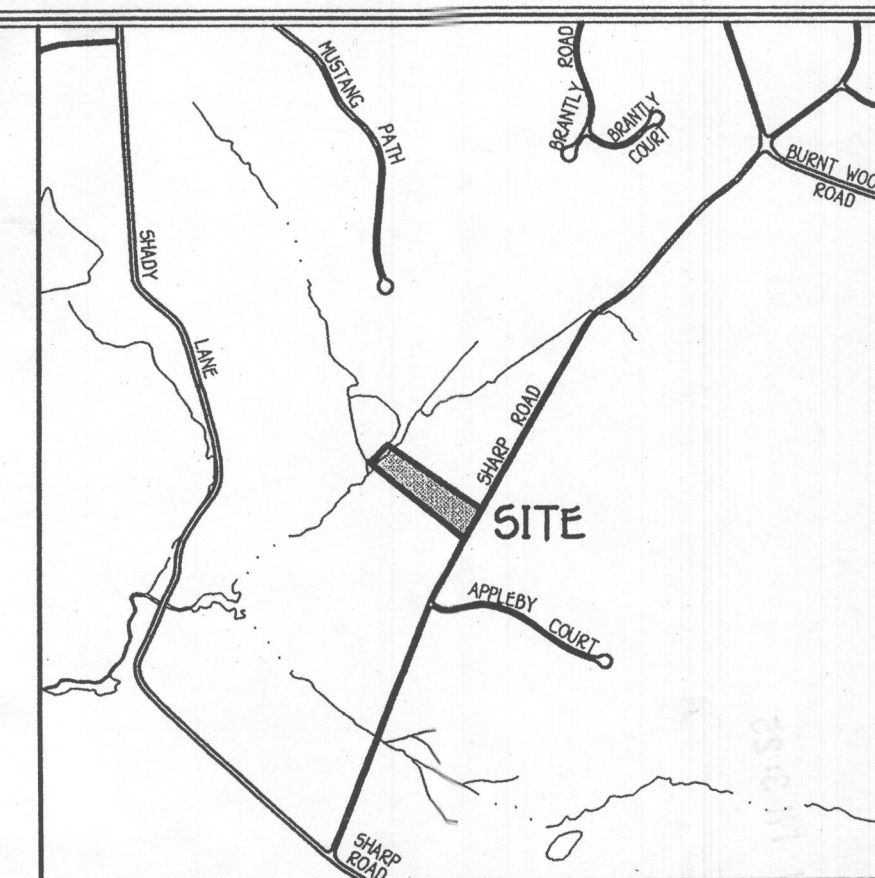
Applicant's Signature	Print Name
	William Keene
Title/Company	Date
	9/18/07

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY Land Development, DPZ State Highways Building Official Dev. Engineering, DPZ Health 10/18/2007 Fire Protection Is Sediment Control approval required prior to issuance? YES ☐ NO ☐ CONTINGENCY CONSTRUCTION START: ☐ ONE STOP SHOP: ☐ Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T:\forms\PERMIT.FRM	DPZ SETBACK INFORMATION Front: _____ Filing fee \$ _____ Rear: _____ Permit fee \$ _____ Side: _____ Excise tax \$ _____ Side St: _____ Add'l per. fee \$ _____ All minimum setbacks met? YES ☐ NO ☐ TOTAL FEES \$ _____ Is Entrance Permit required? YES ☐ NO ☐ Sub-total paid \$ _____ Historic District? YES ☐ NO ☐ Balance due \$ _____ Lot Coverage for NewTown Zone _____ Check # 57- _____ SDP/Red-line approval date _____ Validation # _____ Accepted by _____	PROPERTY ID# _____
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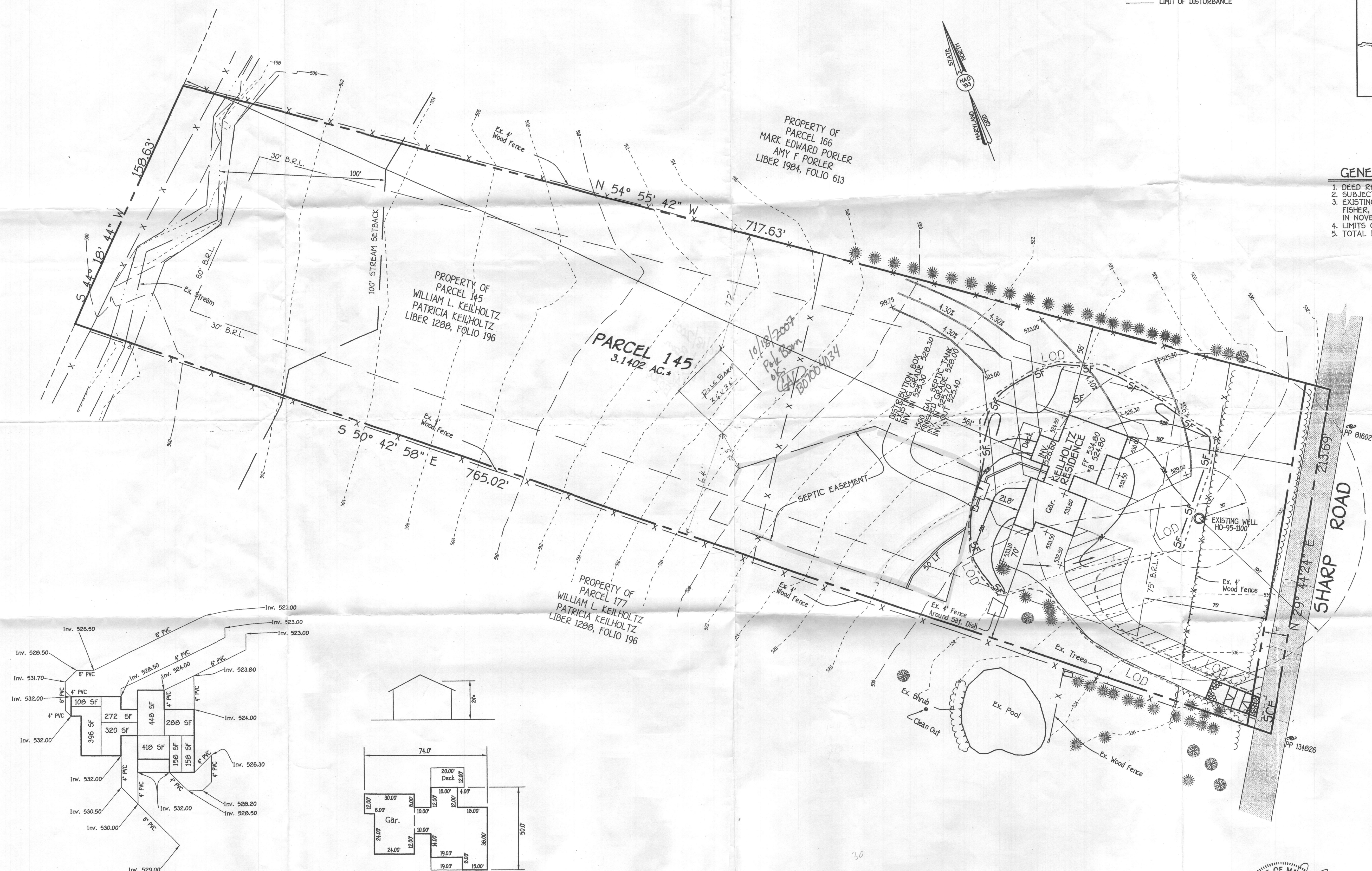
THE EXISTING WELL SHOWN ON THIS PLAN, TAG NO. HO 95-1100 HAS BEEN FIELD LOCATED BY FISHER, COLLINS & CARTER, INC. PROFESSIONAL LAND SURVEYORS AND IS ACCURATELY SHOWN.

- - - - - EXISTING 2' CONTOURS
 ———— EXISTING 10' CONTOURS
 ~~~~~~ EXISTING TREE LINE  
 +532.50 SPOT ELEVATION  
 ← DIRECTION OF DRAINAGE  
 NO ROOFTOP DISCONNECTION AREA  
 LIMIT OF DISTURBANCE



VICINITY MAP  
SCALE : 1" = 1200'

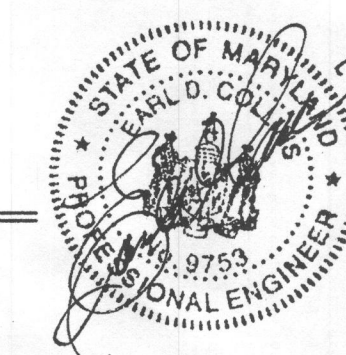
1. DEED REFERENCE: LIBER 1200 FOLIO 196.
2. SUBJECT PROPERTY ZONED RR-DEO.
3. EXISTING TOPOGRAPHY WAS FIELD RUN BY FISHER, COLLINS AND CARTER, INC. IN NOVEMBER OF 2006.
4. LIMITS OF DISTURBANCE: 15,031 SQUARE FEET
5. TOTAL IMPERVIOUS SURFACE PROPOSED: 5600 SQ.FT.



**FISHER, COLLINS & CARTER, INC.**  
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYOR  
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
ELLICOTT CITY, MARYLAND 21042  
(410) 461 - 2855

**BUILDER**  
CROSEN HOMES, INC.  
3705 SHADY LANE  
LENWOOD, MARYLAND 21730

OWNER  
WILLIAM L. AND PATRICIA KEILHOLTZ  
3446 SHARP ROAD  
GLENWOOD, MARYLAND 2738  
3646



PLOT PLAN  
PARCEL 145  
3642 SHARP ROAD  
KEILHOLTZ PROPERTY  
TAX MAP NO.: 21    PARCEL NO.: 145    GRID NO.: 10  
FOURTH ELECTION DISTRICT    HOWARD COUNTY, MARYLAND  
SCALE: 1" = 30'    DATE: MAY, 2007

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B07002552

Building Address 3642 Sharp Rd  
Glenwood, MD 21738  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 404002 Subdivision Tussocktract  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot AVUEIF  
Tax Map 21 Parcel 145 Grid 10  
Zoning RR Map Coordinates \_\_\_\_\_ Lot size 3.1402 ac.

Property Owner's Name William & Patricia Keitholtz  
Address 3646 Sharp Rd  
City Glenwood State MD Zip Code 21738  
Home Phone (410) 442-2321 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Vacant lot  
Proposed Use single family dwelling  
Estimated Construction Cost \$400,000.-  
Description of Work 2 story, 4 bedroom, 3 1/2  
bath, with 12 x 18 screened in porch  
& a 12 x 16 wood deck. Partially finished  
basement + bath and 3 car garage

Contractor Company Crosen Homes, Inc  
Contact Person Leslie Crosen  
Address 3785 Shady Lane  
City Glenwood State MD Zip Code 21738  
License No. Reg. # 868  
Phone (410) 442-8262 Fax (410) 489-5242

Occupant or Tenant See Owners  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Fisher Collins & Carter  
Contact Person Brian Luckenbaugh  
Address Centennial Square Office Park  
10272 Baltimore Nat'l Pike  
City Ellicott City State MD Zip Code 21042  
Phone (410) 461-2855 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

| Building Characteristics                                                                |  | Utilities                                                         |  |
|-----------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>              |  | Water Supply:                                                     |  |
| Depth Width                                                                             |  | <input type="checkbox"/> Public                                   |  |
| 1st floor:                                                                              |  | <input checked="" type="checkbox"/> Private                       |  |
| 2nd floor:                                                                              |  | Sewage Disposal:                                                  |  |
| Basement:                                                                               |  | <input type="checkbox"/> Public                                   |  |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> |  | <input checked="" type="checkbox"/> Private                       |  |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>             |  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| No. of Bedrooms                                                                         |  | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>      |  |
| Height:                                                                                 |  | Heating System:                                                   |  |
| Multi-family dwellings:                                                                 |  | Electric <input type="checkbox"/> Oil <input type="checkbox"/>    |  |
| No. of efficiency units:                                                                |  | Natural Gas <input checked="" type="checkbox"/>                   |  |
| No. of 1 BR units:                                                                      |  | Propane Gas <input type="checkbox"/>                              |  |
| No. of 2 BR units:                                                                      |  | Sprinkler system: N/A <input type="checkbox"/>                    |  |
| No. of 3 BR units:                                                                      |  | <input type="checkbox"/> NFPA #13D                                |  |
| Other Structure:                                                                        |  | <input type="checkbox"/> NFPA #13R                                |  |
| Dimensions:                                                                             |  | <input type="checkbox"/> Other:                                   |  |
| Footings:                                                                               |  |                                                                   |  |
| Roof Height:                                                                            |  |                                                                   |  |
| <input type="checkbox"/> State Certified Modular                                        |  |                                                                   |  |
| <input type="checkbox"/> Manufactured Home                                              |  |                                                                   |  |

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 Leslie Crosen, Agent For William Keitholtz Print Name Leslie Crosen  
Crosen Homes, Inc Date 6-25-07  
Title/Company \_\_\_\_\_

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: _____                                             | Filing fee \$ _____            |
| State Highways                                           |                |                    | Rear: _____                                              | Permit fee \$ _____            |
| Building Official                                        |                |                    | Side: _____                                              | Excise tax \$ _____            |
| Dev. Engineering, DPZ                                    |                |                    | Side St: _____                                           | Add'l per. fee \$ _____        |
| Health                                                   | <u>7/16/07</u> | <u>[Signature]</u> | All minimum setbacks met?                                | TOTAL FEES \$ _____            |
| Fire Protection                                          |                |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____        |
| Is Sediment Control approval required prior to issuance? |                |                    | Is Entrance Permit required?                             | Balance due \$ _____           |
| YES <input type="checkbox"/> NO <input type="checkbox"/> |                |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>571</u>             |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> |                |                    | Historic District?                                       | Validation # _____             |
| ONE STOP SHOP: <input type="checkbox"/>                  |                |                    | YES <input type="checkbox"/> NO <input type="checkbox"/> |                                |
| Distribution of Copies:                                  |                |                    | Lot Coverage for New Town Zone                           |                                |
| White: Building Official                                 |                |                    | SDP/Red-line approval date                               | Accepted by <u>[Signature]</u> |
| Green: LDD, DPZ                                          |                |                    | Yellow: DED, DPZ                                         |                                |
| Pink: Health                                             |                |                    | Gold: SHA                                                |                                |
| T: Home/PERMIT.FRM                                       |                |                    |                                                          |                                |