Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800 * Howard County Building/Fire Permit Application
Department of Inspections, Licenses & Permits

3430 Court House Drive Ellicott City, MD 21043 Permit Number:

Plane 5

Building Address: 1/895 W	Simpson	BOOD	Property Owner's Name: 314	Some Plans	No Alebback
Cally KTI 1 Digg	1 1120 31	29	Address: //k// / / /	Similar.	ic Rimbo
Suite/Apt. # Colombia SDP		STOOK 1	City: State	17111	Zip Code:
	/WP/BA #3 2100	1100	Home Phone: 34/3 34/5-		, ,
Census Tract:	Subdivision:	1. H	Applicant's Name & Mailing Addre		
Section:Are	3		Applicant's Name & Maning Address	ess, (ii other thai	i stated herein).
Tax Map:Parcel:_	Grid:		1/4		
Zoning: Map Coordinat	tes:Lot Size:	THE	Phone:	_ Fax:	
Sidning Unit Co. 1	1 1	,	Email:		
	ally thome	,			30 M / No.
Proposed Use: ASS FA	ecs rending (mage	Contractor Company: // //// Contact Person:		3-
Estimated Construction Cost: \$4.0	A3 DAME	1 Boyt	Address:		
Description of Work:	^		City: 2. 2. 2. 2. 2. State:		
FREE STA	NDing GARAG	0	License No.:	0	
MERTS	pace william	-	Phone:		
Occupant or Terlant:	and the second s	CVISTIN	Email:	LHAN.	
Was tenant space previously occupied?		□No	Engineer/Architect Company:		
	Lifes.	L110	· ·		
Contact Name:			Responsible Design Prof.:		
Address:			Address: //// Rayman		
City:	State: Zip Code: _		City: Alexan State:	Zip Co	de: <u>- 1//////</u>
Phone:	Fax:		Phone: 1 1- 3176 21/16	Fax:/_	111/2 168/2
Email:			Email:		
BLUI DING DESCRIPT	TION - COMMERCIAL		PLUI DING DESC	RIPTION – RESIDE	NTIAL
Building Characteristics	Utilities	1/1	Building Characteristics	KIPTION - RESIDE	Utilities
Height:	Water Suppl	v / / f	☐ SF Dwelling ☐ SF Townhouse		Nater Supply
No. of stories:	☐ Public		<u>Depth</u> Width		
Gross area, sq. ft./floor:	☐ Private		1 st floor: 2 nd floor:	☐ Private	Discoul
	Sewage Dispos	sal	Basement:	□ Public	wage Disposal
Area of construction (sq. ft.):	☐ Public		☐ Finished Basement	Private	2.2
Y	☐ Private		☐ Unfinished Basement	Electric:	☐ Yes ☐ No
Use group:	Electric:	□No	☐ Crawl Space	Gas:	☐ Yes ☐ No
	Gas: ☐ Yes	□No	☐ Slab on Grade		eating System
Construction type:	Heating Syste	m	No. of Bedrooms: Multi-family Dwelling	☐ Electric	
☐ Reinforced Concrete	☐ Electric ☐ Oil	3	No. of efficiency units:	□ Natural 0	Gas V / /
☐ Structural Steel	☐ Natural Gas ☐ Prop	oane Gas	No. of 1 BR units:	☐ Propane	Gas
☐ Masonry	Sprinkler Syste	<u>m:</u>	No. of 2 BR units:		
☐ Wood Frame	□ N/A		No. of 3 BR units:	-	
☐ State Certified Modular	□ Full /-	al ^p	Other Structure: Dimensions:		
> Roadside Tree Project Permit	☐ Partial		Footings:	> Roads	ide Tree Project Permit
□Yes □No	☐ Other Suppression		Roof:	□Ye	THE RESERVE OF THE PROPERTY OF
Roadside Tree Project Permit #	No. of Heads:		☐ State Certified Modular ☐ Manufactured Home	Roadside	Tree Project Permit #
THE UNDERSIGNED HEREBY CERTIFIES AND AGREI WITH ALL REGULATIONS OF HOWARD COUNTY W THIS APPLICATION; (5) THAT HE/SHE GRANTS COU Applicant's Signature Email Address	VHICH ARE APPLICABLE THERETO; UNTY OFFICIALS THE RIGHT TO ENTI	(4) THAT HE/SHE W ER ONTO THIS PROP	ILL PERFORM NO WORK ON THE ABOVE REFER	ENCED PROPERTY N	OT SPECIFICALLY DESCRIBED IN
Title/Company					
.3			INANCE OF HOWARD COUNTY		
	***	-FOR OFFICE	ATLY & LEGIBLY** E USE ONLY-		
ACENCY DATE OF	IGNATURE OF APPROVAL			Filing Fee	\$
	IGHATURE OF APPROVAL	-		Permit Fee	\$
State Highways	, , , , , , , , , , , , , , , , , , , ,	Front:		Tech Fee	S
Building Officials	,	Rear:		Excise Tax	\$
PSZA (Zoning)		Side:		PSFS	\$
PSZA (Engineering)	1	Side St.:		Guaranty Fund	\$
Health 3-10-124	ana Bunaid	All minimum	setbacks met? Yes No	Add'l per Fee	\$
Fire Protection		Is Entrance P	ermit Required?	Total Fees	\$
Is Sediment Control approval required for CONTINGENCY CONSTRUCTION STAR		Historic Distr	ict?	Sub- Total Paid	\$

☐ ONE STOP SHOP

Lot Coverage for New Town Zone: SDP/Red-line approval date:

Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 415-313-3809

Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive Ellicott City, MD 21043

Permit Number:

B12000 353

	1-17	-0			
Building Address: 1/8754			Property Owner's Name:	74 + Dian	MILLER
C'LARXSVILLE	[. M.D 21	1029	Address: 1/895 W		
	- January Comment	St. Pronter	City: CLARKSUMS		
Suite/Apt. #SDI			14.19 19.11		
Census Tract:	Subdivision: AS HUL	That LRADA	Home Phone: 443-745	-5/ Nork Phone	2:
			Applicant's Name & Mailing Ad	dress, (If other tha	n stated herein):
Section:Ar					
Tax Map: Parcel:	/		11-11-		
Zoning: Map Coordina	ites:Lot Size	e:3AC	Phone:	Fax:	
Existing Use: Sinkly Fa			Email:		
	, ,			A . A . W . E	0.00/10.0
Proposed Use: ADD FRU	of STANDING	ALITE S	Contractor Company:	WORLY D	CHOS (SOLO)
Estimated Construction Cost: \$	25.000		Contact Person:	2 GRADO	00
Description of Work:			Address: 5500 DORE	of Hora	UKING -112
BULLO FRED STA			City: ELLICOTT Corystate:		ode: <u>21042</u>
COULD LYBRAIN	WING WITHING	·	License No.: CTRO2	20	2000
			Phone: 443-367-0	•	
Occupant or Tenant:	5		Email: RERECTION	LO AND	D.COM
Was tenant space previously occupied		□No	Engineer/Architect Company: _		
	: Lies	L.40		,	nupra Kask
Contact Name:			Responsible Design Prof.:		·
Address:		l	Address: 1612 BROWN	1 BRIDGE K	bAD
City:	State: Zip Code:		City: HIBHLAND State:		
Phone:	Fax:		Phone: 301-106 2666		
	, Mo.,		}	Tax.	170-A-000
Email:			Email:		
BUILDING DESCRIP	TION - COMMERCIAL		BUILDING DE	SCRIPTION - RESIDER	VTIAL
Building Characteristics	Utilities	11/1	Building Characteristics		Utilities
Height:	Water Suppl		☐ SF Dwelling ☐ SF Townhou	ise V	Vater Supply
No. of stories:	Public //	1	Depth Wide		1/1/
Gross area, sq. ft./floor:	☐ Private	-	1 st floor:	☐ Private	10/11
	Sewage Dispo	sai	2 nd floor:	□ Public	wage Disposal
	244000000000000000000000000000000000000		Basement:	La Public	
Area of construction (so, ft.):	D Public 14		T Sinished Basement	Private	A)1H
Area of construction (sq. ft.):	Public		☐ Finished Basement	☐ Private	D(Yes DNo
	□ Private	ПМо	☐ Finished Basement ☐ Unfinished Basement ☐ Crawl Space	☐ Private Electric: Gas:	Aves No
Area of construction (sq. ft.): Use group:	Private Electric: Xyes	□ No	☐ Unfinished Basement	Electric: Gas:	XYes □ No
Use group:	☐ Private Electric: Xyes Gas: ☐ es	□No	☐ Unfinished Basement☐ Crawl Space☐ Slab on Grade No. of Bedrooms:	Electric: Gas: He	Yes No
Use group: Construction type:	Electric: Xygs Gas: Des Heatiga Syste	□No	☐ Unfinished Basement ☐ Crawl Space ☐ Slab on Grade No. of Bedrooms: Multi-family Dwelling	Electric: Gas: He Dilectric	Yes No Yes No atina System
Use group: Construction trae; Reinforced Concrete	☐ Private Electric: Xygs Gas: ☐ es Heatiga Syste ☐ Electric ☐ Oil	□ No	☐ Unfinished Basement ☐ Crawl Space ☐ Slab on Grade No. of Bedrooms: Multi-family Dwelling No. of efficiency units:	Electric: Gas: He Electric Oil Natural G	Ves No Ves No verting System
Use group: Construction trae: Reinforced Concrete Structural Steel	Electric: Xys Gas: Ses Heating Syste Electric Oil	□ No em	☐ Unfinished Basement ☐ Crawl Space ☐ Slab on Grade No. of Bedrooms: Multi-family Dwelling No. of efficiency units: No. of 1 BR units:	Electric: Gas: He Dilectric	Ves No Ves No verting System
Use group: Construction state: Reinforced Concrete Structural Steel	Electric: Ayos Gas: Ges Heating Syste Blectric Gol Natural Ass.	□ No em	☐ Unfinished Basement ☐ Crawl Space ☐ Slab on Grade No. of Bedrooms: Multi-family Dwelling No. of efficiency units: No. of 1 BR units: No. of 2 BR units:	Electric: Gas: He Electric Oil Natural G	Ves No Ves No verting System
Use group: Construction state; Reinforced Concrete Structural Steel Masonry Wood Frame	□ Private Electric: □ Yos Gas: □ es Heating Syste □ Electric □ Oi □ Natural (15) □ Por	□ No em Trane Gas	☐ Unfinished Basement ☐ Crawl Space ☐ Slab on Grade No. of Bedrooms: Multi-family Dwelling No. of efficiency units: No. of 1 BR units:	Electric: Gas: He Di Electric Oil Natural G	Ves No Ves No verting System
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Use group: Construction state; Reinforced Concrete Structural Steel Masonry Wood Frame	Private Electric: Xys Gas: Jes Heating Syste Electric Oil Natural (Asset) Pys Sorinkler Syste N/A Full Pyrtial	□ No em Trane Gas	☐ Unfinished Basement ☐ Crawl Space ☐ Slab on Grade No. of Bedrooms:	Electric: Gas: He Electric Oil Natural G	Ves No Ves No verting System
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Use group: Construction stree; Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	☐ Private Electric: Xys Gas: ☐ les Heatila Syste ☐ Electric ☐ Ol ☐ Natural Ays ☐ Private ☐	No RM	□ Unfinished Basement □ Crawl Space □ Slab on Grade No. of Bedrooms: Multi-family Dwelling No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof: □ State Certified Modular □ Manufactured Home	Electric: Gas: H6 □ Electric □ Oil □ Natural G □ Propane	Yes No Yes No Antina System Sas A A A Gas
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Use group: Construction time: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular The UNDERSIGNED HEREBY CERTIFIES AND AGREE WITH ALL REGULATIONS OF HOWARD COUNTY WITHING RELECTION; (5) WANT HE/SHE GRAINTS COUNTY WITHING RELECTION (6) WANT HE/SHE GRAINTS COUNTY WANT HE/SHE GRAINTS COUNTY WITHING RELECTION (6) WANT HE/SHE GRAINTS COUNTY WANT HE/SHE GRAINTS CO	Private Electric: Yys Gas: Jes Heatiga Syste Electric Joh Natural John Sorinkler Syste District John No. of Heads: ES AS FOALOWS: (1) THAT HE/SHE I HICH ARE APPUCABLE THERETO, NOTY OFFICIALS THE RIGHT TO ENTI	IS AUTHORIZED TO N (4) THAT HE/SHE WI ER ONTO THIS PROPE	□ Unfinished Basement □ Crawl Space □ Slab on Grade No. of Bedrooms: Multi-family Dwelling No. of efficiency units: No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings: Roof: □ State Certified Modular □ Manufactured Home MAKE THIS APPLICATION; (2) THAT THE INFOR	Electric: Gas: H6 □ Electric □ Oil □ Natural G □ Propane	Yes No Yes No No Notine System Gas That Hershe Will Comply its Specifically described in Positing Notices.
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Distribution of Copies: White: Building Officials Green: P. T:\Operations\Updated Forms\New building app 11.10.2010.docx Green: PSZA,Zoning

SDP/Red-line approval date: Yellow: PSZA, Engineering

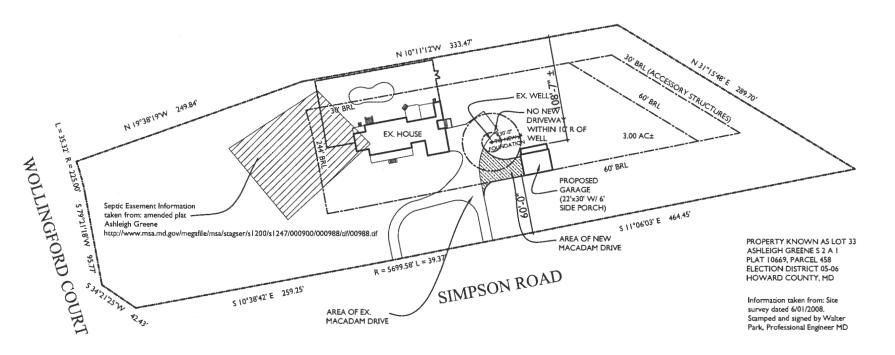
Lot Coverage for New Town Zone:

Pink: Health

Balence Due \$

Check 7228

Gold: SHA





Approved Septic System Plan
Howard County Health Department

Dans Burad 3-6-1

Thire

Doi

12 7000

PROPERTY PLAT SCALE: 1"=100'-0"

Clarksville, MD 21029 Residence Miller Simpson Road, The 11895

1, MD 20777 76-2666

301-776-2886 fax 1-877-828-7267 fo@TransformingArchitecture.co

301-7

DATE

Plan

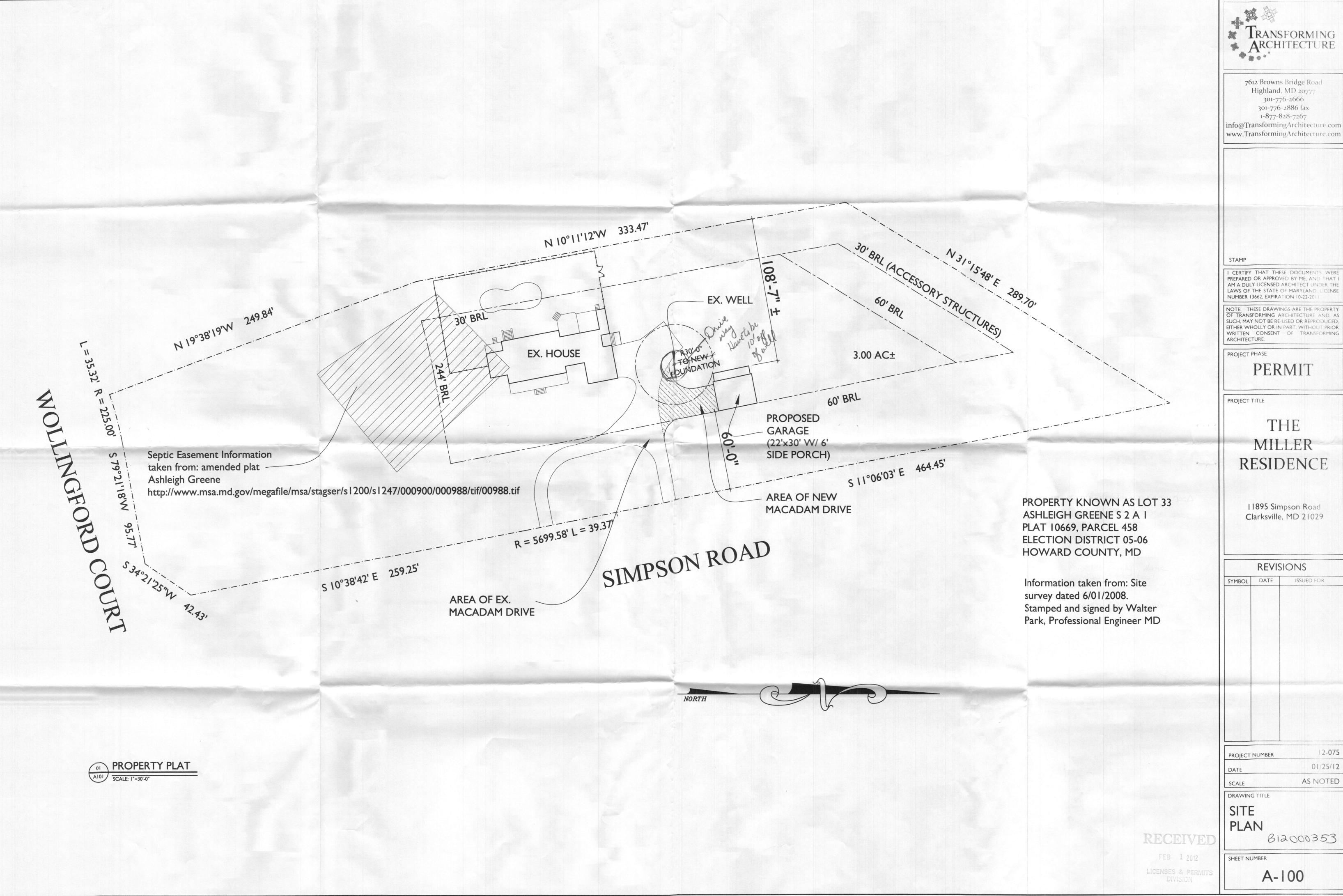
Site

SCALE: AS NOTED

PROJECT No: 11-075

03/06/12

612 Browns Bridge Rd Highland, NSFORMING CHITECTURE





7612 Browns Bridge Road Highland, MD 20777 301-776-2666 301-776-2886 fax 1-877-828-7267 info@TransformingArchitecture.com

I CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I LAWS OF THE STATE OF MARYLAND, LICENSE

EITHER WHOLLY OR IN PART, WITHOUT PRIOR

PERMIT

THE MILLER RESIDENCE

11895 Simpson Road Clarksville, MD 21029

REVISIONS

SYMBOL	DATE	issued for
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01/25/12

AS NOTED

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