

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELLESCOTT CITY AND TOWNS PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER <u>B0900049</u>	
Building Address <u>15035 ROLLING HILLS DRIVE</u> <u>GLENWOOD, MD: 21738</u>			Property Owner's Name <u>DR. SHAHAB A. MALIK</u>		
Suite/Apt. #: _____ SDPWP/Petition #: _____			Address <u>15035 ROLLING HILLS DRIVE</u>		
Census Tract <u>605601</u> Subdivision <u>CATTAIL RIDGE</u>			City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u>		
Section _____ Area _____ Lot <u>30 1.131A</u>			Phone <u>410-442-5897</u> Phone <u>410-582-3960</u>		
Tax Map <u>21</u> Parcel _____ Grid <u>21-3</u>			Applicant's Name & Mailing Address, (if other than stated hereon): <u>SAME AS ABOVE</u>		
Zoning _____ Map Coordinates _____ Lot size <u>1 ACRE</u>			Phone <u>410-442-5897</u> Fax <u>410-582-9653</u>		
Existing Use <u>RESIDENTIAL</u>			Contractor Company _____		
Proposed Use <u>RESIDENTIAL</u>			Contact Person <u>DR. SHAHAB A. MALIK / MOHAMMUD A. MALIK</u>		
Estimated Construction Cost <u>\$50,000/± approximately</u>			Address <u>15035 ROLLING HILLS DRIVE</u>		
Description of Work <u>EXTENSION OF BASEMENT, MORNING ROOM AND MASTER BED ROOM</u>			City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u>		
Occupant or Tenant <u>SELF OCCUPIED</u>			License No. _____		
Contact Name <u>DR. SHAHAB A. MALIK</u>			Phone <u>410-442-5897</u> Fax <u>410-582-9653</u>		
Address <u>15035 ROLLING HILLS DRIVE</u>			Engineer or Architect Company <u>RESIDENTIAL ARCHITECTURE</u>		
City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u>			Design <u>DESIGN</u>		
Phone <u>410-442-5897</u> Fax <u>410-582-9653</u>			Contact Person <u>HENRY R. WILLARD JR.</u>		
Address _____			Address <u>P.O. Box 186 GLENELG</u>		
City _____ State _____ Zip Code _____			City <u>GLENELG</u> State <u>MD</u> Zip Code <u>21738</u>		
Phone _____ Fax _____			Phone <u>410-489-4673</u> 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>76'</u> <u>46'</u> 2nd floor: <u>62'</u> <u>48'</u> Basement: <u>62'</u> <u>48'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> Height: <u>9' AND 8'</u> 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: _____ <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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input 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>[Signature]</u> Applicant's Signature <u>OWNER</u> Title/Company	<u>SHAHAB A. MALIK</u> Print Name <u>2-2-2009</u> Date
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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>2-2-09</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 # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
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				
T:\forms\PERMIT.FRM			Rev. 11/4/04	

VALUATION BUILDING COMPANY

HS

9/14/01

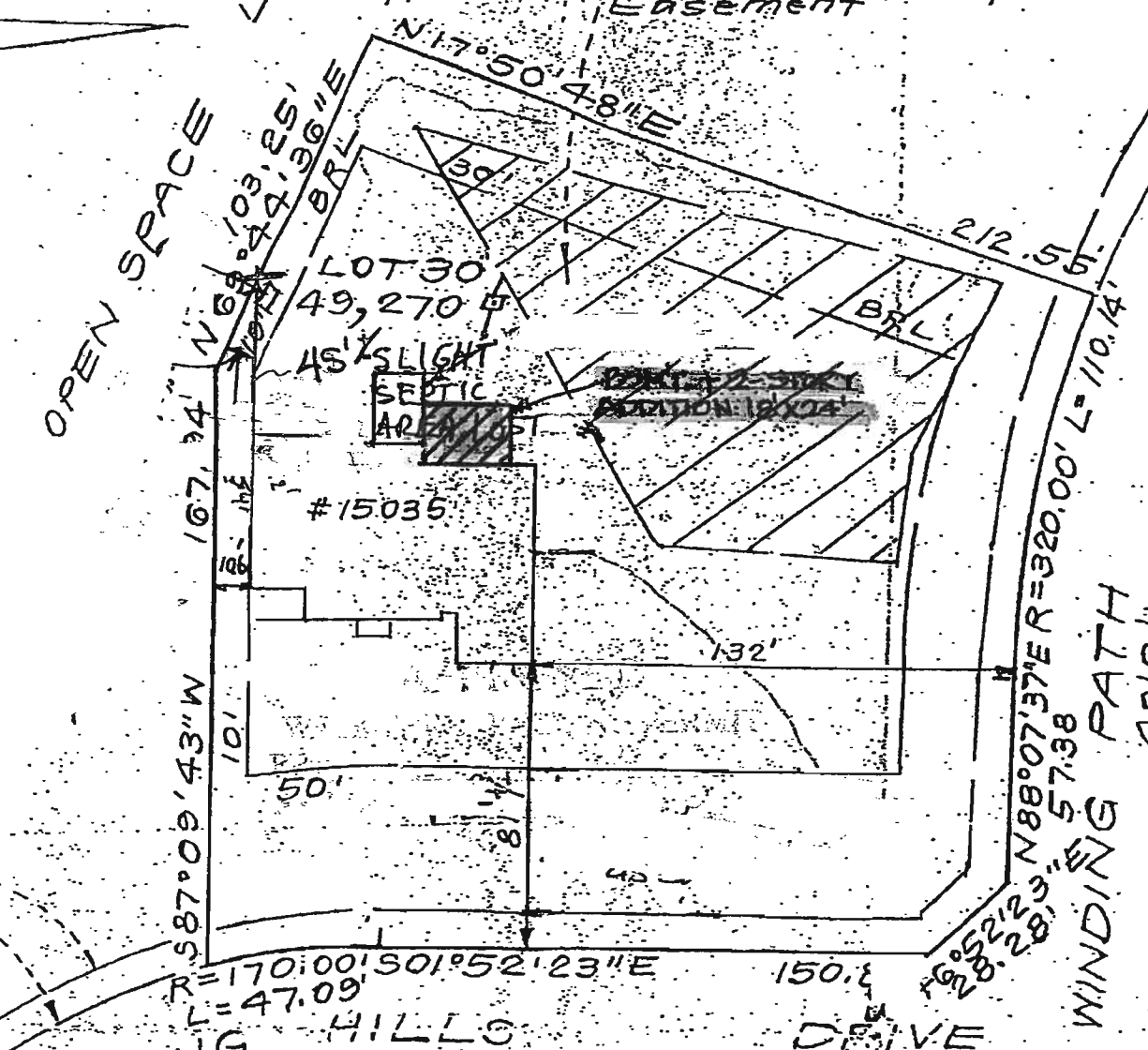
SLIGHT SEPTIC AREA LOSS
NO OBJ. TO SEPTIC PERMIT

12x10' deck

Private Sewerage Easement

OPEN SPACE

COURT



SITE PLAN 01/09

1"=50'-0"
15035 ROLLING HILLS DRIVE
GLENWOOD, MARYLAND 21730

Wall Check

ROLLING HILLS DRIVE
40' R/W

WINDING PATH
40' R/W

YACHTS
BRI...
AP...
E...
HS

58993-C

2-2-08

18'x24'
addition as shown

DEPT. 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	B08003591 PERMIT NUMBER																																																
Building Address <u>15035 ROLLING HILLS DR</u> <u>GLENWOOD, MD 21738</u>		Property Owner's Name <u>DR. SHAHAB A. MALIK</u> Address <u>15035 ROLLING HILLS DRIVE</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Phone <u>410-442-5887</u> Phone <u>443-370-5330</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>M. A. MALIK</u> <u>15035 ROLLING HILLS DR.</u> <u>GLENWOOD, MD 21738</u> Phone <u>410-442-5887</u> Fax _____																																																	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Cattail Ridge</u> Section _____ Area _____ Lot <u>40</u> Tax Map <u>21</u> Parcel <u>228</u> Grid <u>3</u> Zoning _____ Map Coordinates _____ Lot Size _____		Contractor Company <u>SELF</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____																																																	
Existing Use <u>SFD</u> Proposed Use <u>SFD & Deck</u> Estimated Construction Cost \$ <u>4500/- approx.</u> Description of Work <u>COVER DECK WITH A</u> <u>12-6 X 16 ROOM.</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____																																																	
Occupant or Tenant <u>SELF</u> Contact Name <u>DR. SHAHAB A. MALIK</u> Address <u>15035 ROLLING HILLS DR.</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Phone <u>410-442-5887</u> Fax _____ <u>410-919-3833</u>																																																			
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_____ Title/Company		<u>12/31/08.</u> Date																																																	
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -																																																			
<table border="1"><tr><td>Land Development DPZ</td><td>_____</td><td>Blind fees</td><td>_____</td></tr><tr><td>State Highways</td><td>_____</td><td>Permit fees</td><td>_____</td></tr><tr><td>Building Officials</td><td>_____</td><td>Excise tax</td><td>_____</td></tr><tr><td>Dev. Engineering DPZ</td><td>_____</td><td>Additional fees</td><td>_____</td></tr><tr><td>Health</td><td>_____</td><td>ROLLBACKS</td><td>_____</td></tr><tr><td>Fire Protection</td><td>_____</td><td>Supplemental</td><td>_____</td></tr><tr><td>Is Sediment Control approval required prior to issuance?</td><td>_____</td><td>Balance due</td><td>_____</td></tr><tr><td>YES <input type="checkbox"/> NO <input type="checkbox"/></td><td>_____</td><td>Check</td><td>_____</td></tr><tr><td>Historic District</td><td>_____</td><td>Validation</td><td>_____</td></tr><tr><td>YES <input type="checkbox"/> NO <input type="checkbox"/></td><td>_____</td><td></td><td>_____</td></tr><tr><td>Lot Coverage for New Town Zone</td><td>_____</td><td></td><td>_____</td></tr><tr><td>SDP Red line approval date</td><td>_____</td><td>Accepted by</td><td>_____</td></tr></table>				Land Development DPZ	_____	Blind fees	_____	State Highways	_____	Permit fees	_____	Building Officials	_____	Excise tax	_____	Dev. Engineering DPZ	_____	Additional fees	_____	Health	_____	ROLLBACKS	_____	Fire Protection	_____	Supplemental	_____	Is Sediment Control approval required prior to issuance?	_____	Balance due	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	Check	_____	Historic District	_____	Validation	_____	YES <input type="checkbox"/> NO <input type="checkbox"/>	_____		_____	Lot Coverage for New Town Zone	_____		_____	SDP Red line approval date	_____	Accepted by	_____
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Distribution of Copies - White: Building Officials - Green: EDD, DPZ - Yellow: DED, DPZ - Pink: Health - Gold: SHA IT: forms/buildingpermitapplication REV 10/28/04																																																			

Health 12/31/08 RBuch

MD

9/14/01

12/11/08

12 x 18" deck

DEBO OF YORK

9/14/01
SLIGHT SEPTIC ~~W~~ AREA LOSS
NO OBJ. TO SEPTIC PERMIT

Private Sewerage
Easement

OPEN SPACE

✓ 0 2

N 17° 50' 48" E

LOT 30
49,270 4

SLIGHT
SEPTIC
AREA LOST

#15035

deck

50'

18

BR L

150.89' 5462
DRIVE

COURT

WINDING PATH 40'R/W

ROLLING HILLS
40'R/W

Wall Check

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B08003591	
Building Address <u>15035 ROLLING HILLS DR:</u> <u>GLENWOOD, MD: 21738</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____		Property Owner's Name <u>DR. SHAHAB A. MALIK</u> Address <u>15035 ROLLING HILLS DRIVE</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Phone <u>410-442-5897</u> Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>SAME AS ABOVE</u> Phone <u>410-919-3833</u> Fax <u>410-582-9653</u>			
Existing Use <u>RESIDENTIAL</u> Proposed Use <u>RESIDENTIAL</u> Estimated Construction Cost \$ <u>5000/7th approx.</u> Description of Work <u>Building of a covered DECK</u>		Contractor Company <u>SELF</u> Contact Person <u>DR. SHAHAB A. MALIK</u> Address <u>15035 ROLLING HILLS DR.</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> License No. _____ Phone <u>410-442-5897</u> Fax <u>410-582-9653</u>			
Occupant or Tenant <u>SELF OCCUPIED</u> Contact Name <u>DR. SHAHAB A. MALIK</u> Address <u>15035 ROLLING HILLS DRIVE</u> City <u>GLENWOOD</u> State <u>MD</u> Zip Code <u>21738</u> Phone <u>410-442-5897</u> Fax <u>410-582-9653</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			

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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: N/A <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u> 1st floor: _____ 2nd floor: _____ Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____ <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 checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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M. A. MALIK

Applicant's Signature _____ Print Name M. A. MALIK

Title/Company _____ Date 12/11/2008

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#	
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Health	<u>12/11/08</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 # _____	
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			YES <input type="checkbox"/> NO <input type="checkbox"/>		
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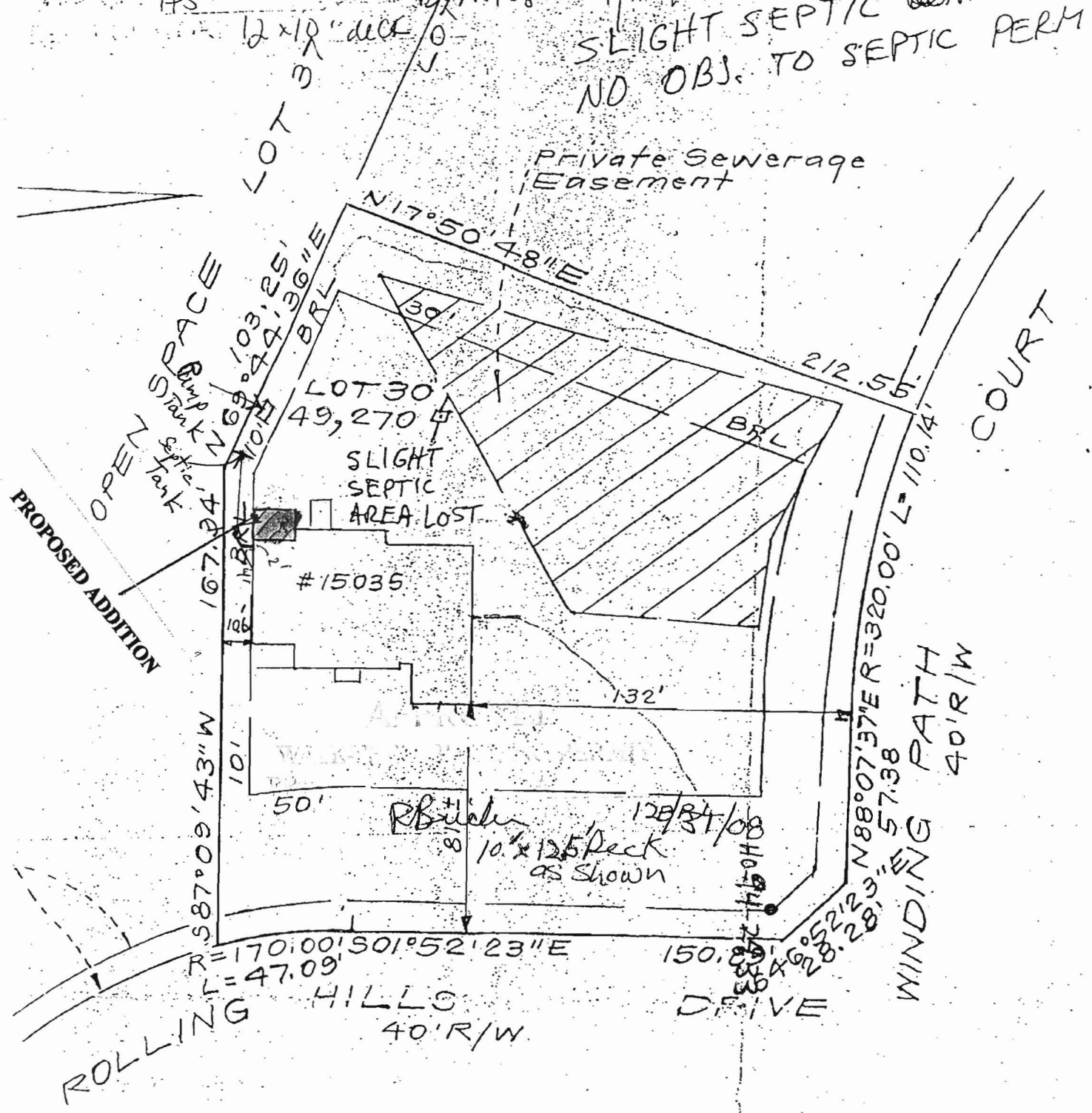
Rev. 11/4/04

APPROVED

MR

9/14/01

SLIGHT SEPTIC AREA LOSS
NO OBJ. TO SEPTIC PERMIT



Wall Check