

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 B00159781	
Building Address <u>12081 Sand Hill Manor Dr</u> <u>Marriottsville, MD 21104</u>			Property Owner's Name <u>Anshu Randhawa</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: <u># 14582</u>			Address <u>12081 Sand Hill Manor Dr</u>		
Census Tract <u>603000</u> Subdivision <u>The Estates @ Sand Hill</u>			City <u>Marriottsville</u> State <u>MD</u> Zip Code <u>21104</u>		
Section _____ Area _____ Lot <u>44</u>			Home Phone <u>410-442-8087</u> Work Phone <u>410-218-7656</u>		
Tax Map <u>16</u> Parcel <u>3</u> Grid <u>2</u>			Applicant's Name & Mailing Address, (if other than stated hereon):		
Zoning <u>RD-DEO</u> Map Coordinates _____ Lot size <u>1.044</u>			Phone <u>410-218-7656</u> Fax <u>410-442-8087</u>		
Existing Use _____			Contractor Company _____		
Proposed Use _____			Contact Person <u>Tim Wilkinson</u>		
Estimated Construction Cost \$ <u>9000</u>			Address <u>2807 Oak Grove Avenue</u>		
Description of Work <u>Deck Construction</u> <u>26'X24'</u> <u>ELEVATED 3FT</u>			City <u>Baltimore</u> State <u>MD</u> Zip Code <u>21227</u>		
Occupant or Tenant <u>Occupant</u>			License No. _____		
Contact Name _____			Phone <u>443-597-9154</u> Fax _____		
Address _____			Engineer or Architect Company _____		
City _____ State _____ Zip Code _____			Contact Person _____		
Phone _____ Fax _____			Address _____		
			City _____ State _____ Zip Code _____		
			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	1st floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	2nd floor: _____
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: _____
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <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 _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Height: _____ Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
		_____ State Certified Modular _____ 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

<u>Anshu Randhawa</u> Applicant's Signature	<u>ANSHU RANDHAWA</u> Print Name
_____	<u>3/15/06</u> 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: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>5/24/06</u>	<u>Anshu Randhawa</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"/>	
Distribution of Copies- _____	While: Building Official _____	Green: LDD, DPZ _____	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\norm\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ _____	Pink: Health _____
				Gold: SHA _____

12081 Sandhill Manor Drive

APPROVED

WALK-THRU BUILDING PERMIT

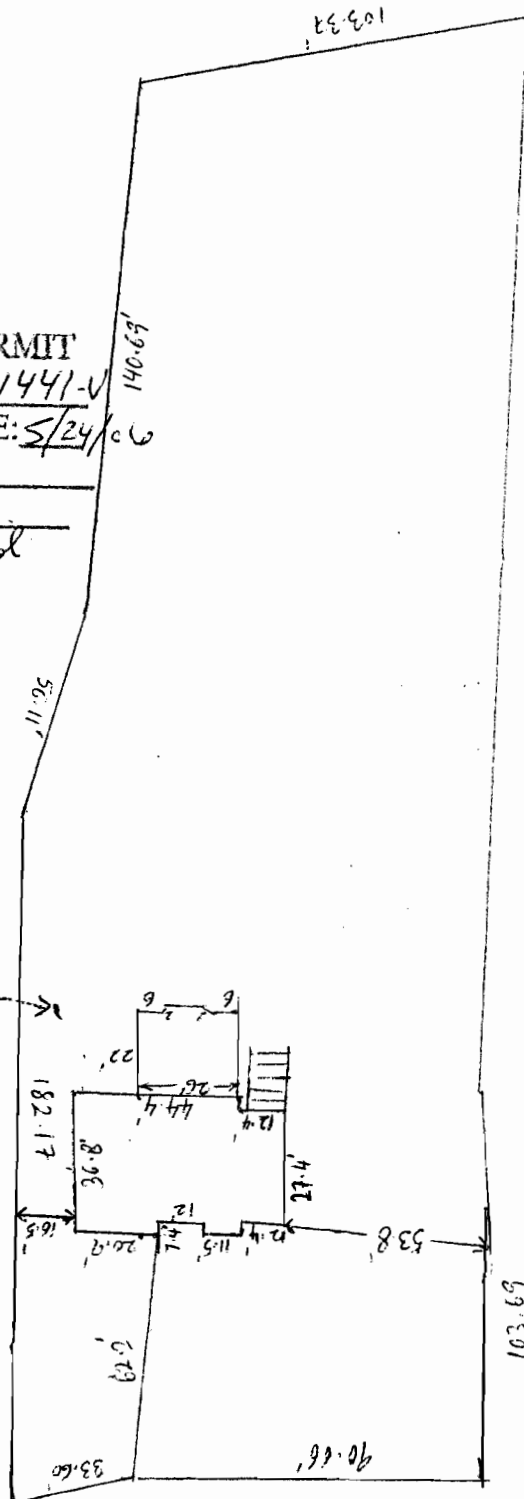
BP# B00159781 A# 511441-V

APP. SAN sf DATE: 5/24/06

DESC. OF WORK:

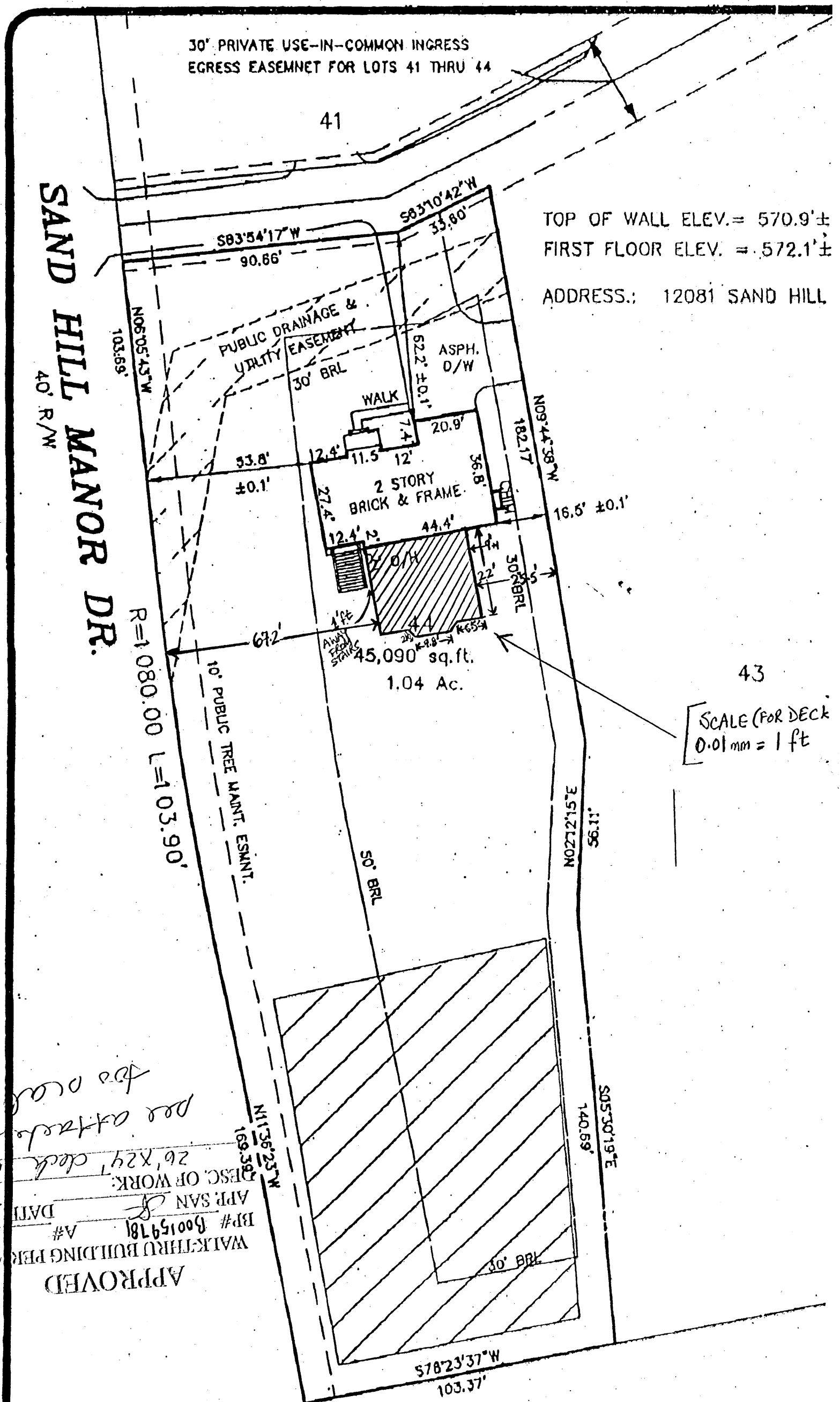
26' x 24' deck
elevated

Septic cleanout



public water

1" = 50'



LOT 44

THE ESTATES AT SAND HILL

ELECTION DISTRICT NO. 3
HOWARD COUNTY, MARYLAND
PLAT NO. 14584

THE INFORMATION SHOWN HAS BEEN
ACCEPTABLE SURVEY PROCEDURES AND
INFORMATION. THIS DRAWING IS TO BE
FINANCING, OR REFINANCING ONLY AND
THE ESTABLISHMENT OF PROPERTY LINES
GARAGES, BUILDINGS, OR OTHER EXIS

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

500147389 KB

Building Address 12051 SAND HILL MANOR DR
MANASSASVILLE MD 21104

Suite/Apt. # _____ SDP/WP/Petition # _____
Census Tract _____ Subdivision ESTATES AT SAND HILL

Section _____ Area _____ Lot 1.11

Tax Map 10 Parcel _____ Grid _____

Zoning RR DDD Map Coordinates 1166 Lot size 45070

Existing Use VACANT LOT

Proposed Use NEW HOME

Estimated Construction Cost \$ 75,000

Description of Work CONSTRUCT A CHURCHILL
2 STY. PART BRICK, FR, 2 FR,
1 HD, FR & GARAGE (4 BR)

Occupant or Tenant _____

Contact Name Oak Hill Properties, L.L.C.

Address 5305 Jefferson Pike

City Frederick State MD Zip Code 21703-6917

Phone 612-0430 Fax 473-7143

Property Owner's Name _____

Address Oak Hill Properties, L.L.C.

City Frederick State MD Zip Code 21703-6917

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Contractor Company _____

Contact Person John

Address 5072 Denny Hall Drive

City Ellicott City State MD Zip Code 21042

Phone 917-0296 Fax 917-0296

License No. 314 COUNTY HEALTH DEPT

Phone HOWARD COUNTY HEALTH

BUREAU OF ENVIRONMENTAL HEALTH

Engineer or Architect Company midlink inc

Contact Person John

Address 5072 Denny Hall Drive

City Ellicott City State MD Zip Code 21042

Phone 917-0296 Fax 917-0296

BUILDING DESCRIPTION COMMERCIAL

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 DESCRIPTION RESIDENTIAL

Building Characteristics

SF Dwelling ☒ SF Townhouse ☐

Depth _____ Width _____

1st floor 31.5 31.5

2nd floor 31.5 31.5

Basement 31.5 31.5

Finished Basement ☐ Unfinished Basement ☒

Crawl space ☐ Slab on Grade ☐

No. of Bedrooms 4

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 _____

☐ 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 THERE TO; (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 _____

Title/Company _____

Print Name _____

Date 4/3/2004

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

PLEASE WRITE NEATLY AND LEGIBLY

FOR OFFICE USE ONLY

AGENCY _____ DATE _____ SIGNATURE APPROVAL _____

Planning Department DPZ _____

Building Official _____

Dev. Engineering DPZ _____

Health _____

Fire Department _____

Seismic Control approval required prior to issuance

YES ☐ NO ☒

CO-TERMINING CONSTRUCTION START DATE _____

ONE STOP SHOP _____

Distribution of Copies _____

White Building Official _____

Green CDD DPZ _____

Yellow DED DPZ _____

Pink HEALTH _____

Gold SHA _____

DPZ SETBACK INFORMATION

Frontal _____

Side _____

Back _____

Minimum setbacks met? ☒ YES ☐ NO

Is Entrance/Permit required? ☒ YES ☐ NO

Historic District? ☐ YES ☒ NO

Low coverage for New Town Zone? ☐ YES ☒ NO

SDP/Redline approval date _____

PROPERTY INFO

Filing fees \$ _____

Permit fees \$ _____

EXCISE TAX \$ _____

Add'l per fee \$ _____

TOTAL FEES \$ _____

Sub-total paid \$ _____

Balance due \$ _____

Check _____

Validation _____

Accepted _____