

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

000159031

Building Address 3600 CAMDEN COURT
ELICOTT CITY MARYLAND 21043
Suite/Apt. #: 03-344029 SPP/WP/Petition #: GP#06-84
Census Tract 603000 Subdivision Hyman Property #17566
Section 1 Area 29 Lot 21
Tax Map 23 Parcel 29 Grid 9
Zoning RC-10 Map Coordinates 41/9 Lot size 1.37A

Property Owner's Name Hamilton Reed
Address 8000 MAIN STREET
City ELICOTT CITY State MD Zip Code 21043
Home Phone 410-977-1328 Work Phone 410-461-2760
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410-977-1328 Fax 410-461-2761

Existing Use Building Lot
Proposed Use Single Family Home
Estimated Construction Cost \$ 750,000.00
Description of Work Full Basement
3 CM G.I. WALLS, 14 ROOMS
1/2 F. REPLACES, 5 BEDROOMS,
4.5 BATHS, CLOSETS, PORCH

Contractor Company HAMILTON REED
Contact Person STEPHEN FORNEY
Address 8000 MAIN STREET
City ELICOTT CITY State MD Zip Code 21043
License No. 410-461-2760 Fax 410-461-2761

Occupant or Tenant
Contact Name STEPHEN FORNEY
Address 8000 MAIN STREET
City ELICOTT CITY State MD Zip Code 21043
Phone 410-977-1328 Fax 410-461-2761

Engineer or Architect Company HAMILTON REED
Contact Person STEPHEN FORNEY
Address 8000 MAIN STREET
City ELICOTT CITY State MD Zip Code 21043
Phone 410-461-2760 Fax 410-461-2761

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: <u>35'-0"</u>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>2000</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group:	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type:	Heating System:
<input type="checkbox"/> Reinforced Concrete	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Depth <u>31.67' x 85.76'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>30' x 46.1'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: <u>31.67' x 85.76'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>31.67' x 85.76'</u>	Heating System:
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms <u>5</u>	Propane Gas <input type="checkbox"/>
Height: <u>35'-0"</u>	Sprinkler system: <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Multi-family dwellings:	NFPA #13D <input checked="" type="checkbox"/>
No. of efficiency units: <u>0</u>	NFPA #13R <input checked="" type="checkbox"/>
No. of 1 BR units: <u>0</u>	Other: <input checked="" type="checkbox"/>
No. of 2 BR units: <u>0</u>	
No. of 3 BR units: <u>0</u>	
Other Structure: <u>0</u>	
Dimensions: <u>0</u>	
Footings: <u>0</u>	
Roof Height: <u>0</u>	
<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 Stephen F. Forney, owner
Title/Company HAMILTON REED LLC

Print Name STEPHEN F. FORNEY
Date 4-13-06

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highway		
Building Official		
Dev. Engineering, DPZ		
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: <u>0</u>	Filing fee \$ <u>100</u>
Rear: <u>0</u>	Permit fee \$ <u>0</u>
Side: <u>0</u>	Excise tax \$ <u>0</u>
Side St: <u>0</u>	Add'l per. fee \$ <u>0</u>
All minimum setbacks met?	TOTAL FEES \$ <u>0</u>
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Sub-total paid \$ <u>0</u>
Is Entrance Permit required?	Balance due \$ <u>0</u>
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check \$ <u>0</u>
Historic District?	Validation \$ <u>0</u>
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Lot Coverage for New Town Zone	
SOP/Red-line approval date	

CONTINGENCY CONSTRUCTION START: ☐
ONE STOP SHOP: ☐
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
PERMIT FPM

Accepted by 8
Rev. 11/4/04

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B070-2722

Building Address 3600 Cameron Ct
Ell City MD 21043

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 4500

Description of Work Large house with 4 bedrooms
and 3 bathrooms.

1-1000

Occupant or Tenant John Lee

Contact Name John Lee

Address 3600 Cameron Ct.

City Ell City State MD Zip Code 21043

Phone 410-961-7731 Fax _____

Property Owner's Name John Lee

Address 3600 Cameron Ct.

City Ell City State MD Zip Code 21043

Home Phone 410-961-7731 Work Phone _____

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

Phone _____ Fax _____

Contractor Company Schubert Propane

Contact Person James M. Schubert

Address 3100 Deerpark Circle

City Rockville State MD Zip Code 21150

License No. 963800

Phone 301-581-1000 Fax 301-581-1000

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" 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: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	
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.

John Lee

Applicant's Signature

Title/Company

John Lee

Print Name

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 \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ <u>10.00</u>
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>7/17/07</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>110.00</u>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?				Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				Check # <u>Cash</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
Distribution of Copies: _____			SDR/Red-line approval date _____	Accepted by: <u>[Signature]</u>
White: Building Official			Yellow: DED, DPZ	Pink: Health
Green: LDD, DPZ				Gold: SHA

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Stephen F. Forney
Hamilton Reed LLC
8000 Main Street
Ellicott City MD 21043

2/16/07
ck. 742
+ 25.00
Inv. 91647

To whom it may concern, Lot 1 Hyman Property. We are submitting new revised plot plan.

Lot 1 Hyman Property location: **3600 Cameron Court**
Ellicott City, Md 21042 Building Permit: **B00159031** which shows the house was adjusted from the septic field and raised. There is no problem with Building Restriction Lines or approved well or septic area. Please distribute this Plot Plan to the appropriate departments.

Thank you,

Stephen F. Forney

Steve Forney Sr.
Hamilton Reed

* OLD ELEVATION

FF. 383.80

BB 373.01

cc: Health
2/21/07

Seaf

* NEW ELEVATION

FF. 387.50

BB. 376.71

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COUNTY 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 808001981	
Building Address <u>3600 Cameron Ct.</u> <u>Ellicott City, MD 21042</u>			Property Owner's Name <u>Jun Lee</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____			Address <u>3600 Cameron Ct.</u>		
Census Tract _____ Subdivision _____			City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u>		
Section _____ Area _____ Lot _____			Phone <u>(410) 531-4833</u> Phone <u>(410) 336-7328</u>		
Tax Map _____ Parcel _____ Grid _____			Applicant's Name & Mailing Address, (if other than stated herein): _____		
Zoning _____ Map Coordinates _____ Lot size _____			Phone _____ Fax _____		
Existing Use _____			Contractor Company _____		
Proposed Use <u>Personal (household)</u>			Contact Person _____		
Estimated Construction Cost \$ <u>20,000</u>			Address _____		
Description of Work <u>Deck 45'x12' x 23 1/2'x14'</u>			City _____ State _____ Zip Code _____		
_____			License No. _____		
_____			Phone _____ Fax _____		
Occupant or Tenant <u>owner</u>			Engineer or Architect Company _____		
Contact Name _____			Contact Person _____		
Address _____			Address _____		
City _____ State _____ Zip Code _____			City _____ State _____ Zip Code _____		
Phone _____ Fax _____			Phone _____ Fax _____		

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<u>Building Characteristics</u> 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	<u>Utilities</u> 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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	<u>Building Characteristics</u> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>80'</u> <u>85'</u> 2nd floor: <u>60'</u> <u>65'</u> Basement: <u>64'</u> <u>85'</u> <input type="checkbox"/> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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	<u>Utilities</u> 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 type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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Applicant's Signature [Signature] Jun Y. Lee
 Title/Company _____ Date 7/2/08

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
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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>7/2/08</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 # _____
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 NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____
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