

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B09003436

Building Address 11031 S. Hill Farm Rd
Montgomery, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Mr. & Mrs. Robert & Wilma
 Address _____
 City _____ State MD Zip Code 21012
 Phone _____ Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Michael Miller
 Phone _____ Fax _____
(410) 701-7002 (410) 401-5008

Existing Use SFIA
 Proposed Use SFIA
 Estimated Construction Cost \$ _____
 Description of Work Structural Addition
to existing plans.
29.32 sq. ft. / 1st floor

Contractor Company Michael Miller Inc.
 Contact Person Michael Miller
 Address _____
 City _____ State MD Zip Code 21012
 License No. _____
 Phone _____ Fax _____
(410) 701-7002 (410) 401-5008

Occupant or Tenant Mr. & Mrs. Robert & Wilma
 Contact Name _____
 Address _____
 City _____ State MD Zip Code 21042
 Phone _____ Fax _____
(410) 701-7002 (410) 313-0605

Engineer or Architect Company Michael Miller Inc.
 Contact Person Michael Miller
 Address _____
 City _____ State MD Zip Code 21012
 Phone _____ Fax _____
(410) 701-7002 (410) 401-5008

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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"/>
_____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

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

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.

Michael Miller
 Applicant's Signature

 Title/Company

 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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>12/11/09</u>	<u>Michael Miller</u>	All minimum setbacks met? _____	TOTAL FEES \$ _____
<input type="checkbox"/> 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>CP01</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- _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	Accepted by _____
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Yellow: DED, DPZ
				Pink: Health
				Gold: SHA



3525 H Ellicott Mills Drive, Ellicott City, MD 21043
(410) 313-2640 Fax (410) 313-2648
TDD (410) 313-2323 Toll Free 1-866-313-6300
website: www.hchealth.org

Penny E. Borenstein, M.D., M.P.H., Health Officer

February 6, 2004

**From: Mr. John A. Boris Jr., Supervisor
Howard County Health Department
Well & Septic Program**

To: Propane Tank Contractors

Dear Contractors

In receipt of any building permits for the installation of propane tanks and gas lines we require a scaled drawing showing the location of the tank and gas line with proper setback distances from the septic easement, septic tank and well on the property. This drawing must be submitted prior to the release of the permit by our office and premature installation of the tank.

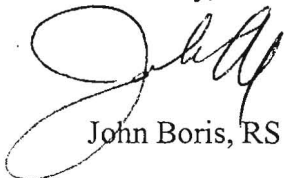
Providing measurements from two corners of the house to each end of the tank triangulates the propane tank location and allows repair crews to the well or septic system from accidentally disturbing this area with consequent injury.

Current setback distances to the septic easement, septic tank, and well is 20 feet, 10 feet, and 30 feet respectively.

If a propane tank is installed prior to the release of the building permit by our office, and does not meet the above required setback distances, the contractor will bear the responsibility and expense of relocating the tank to a proper location.

Please call me if you have any questions at (410)-313-2651.

Sincerely,



John Boris, RS

JB/jb

Cc Howard County DILP

*This policy memo
was faxed to Carroll Fuel Co.
on 2/9/04 by (FR)
for BP 00146083 w/
cc to Ronce Forest
@ DILP*

SEE BACK 75

EXISTING GRAVEYARD

EXISTING BARN

APPROVED

WALKTHRU BUILDING PERMIT

BP#

A# 531038

APP. SAN. HS

DATE: 2-11-10

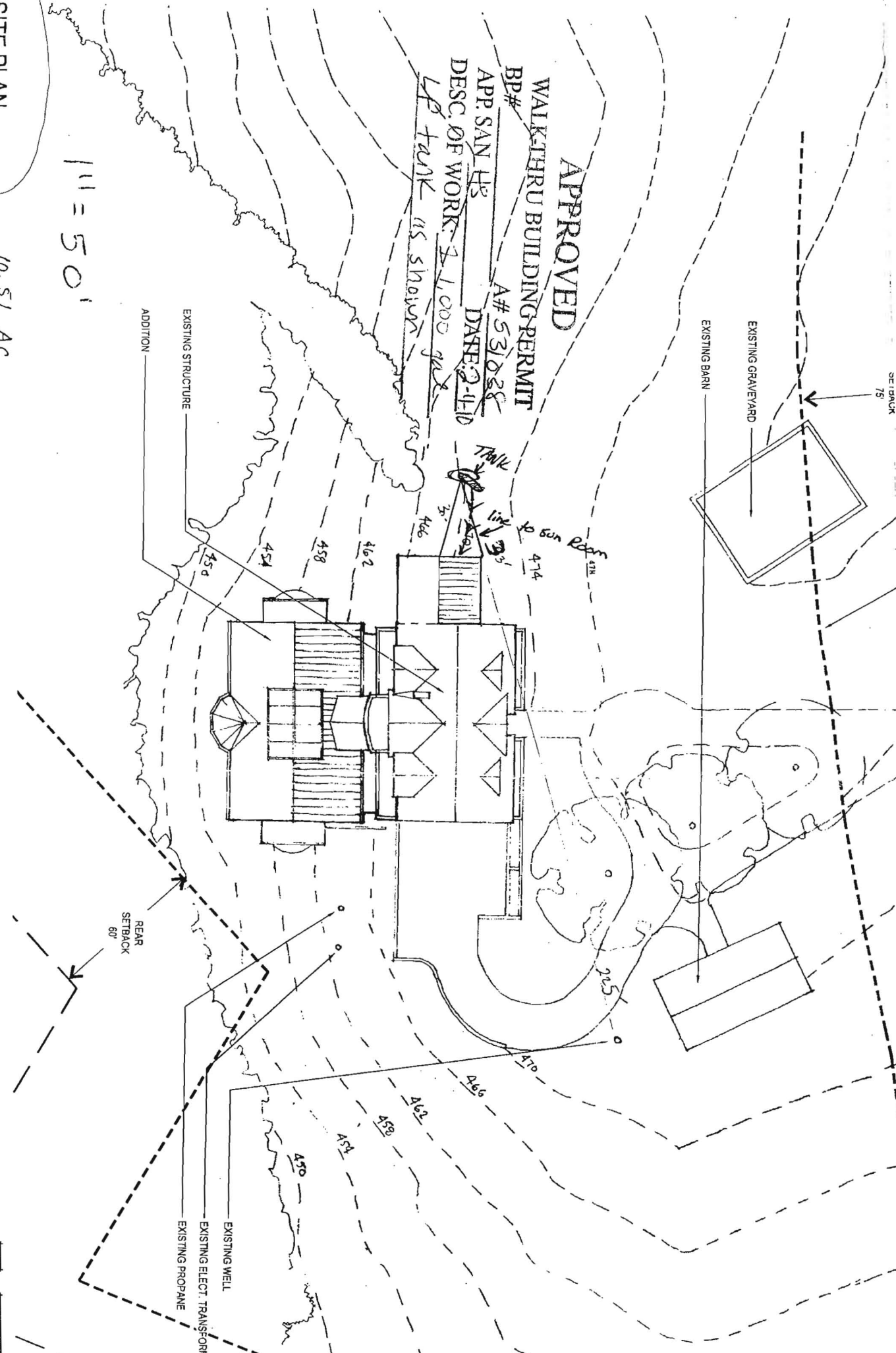
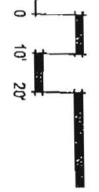
DESC. OF WORK: 2 1,000 gal. LP tank as shown

111 = 50'

SITE PLAN

SCALE: 1/32" = 1'-0"

10.51 AC



STANDARD SYMBOLS

∠	ANGLE
⊕	CENTERLINE
∅	DIAMETER
±	PLUS OR MINUS
⊔	PROPERTY LINE

STANDARD ABBREVIATIONS

AB.	ANCHOR BOLT	M.H.	MANHOLE
ABV.	ABOVE	MAS.	MASONRY
A.F.F.	ABOVE FINISH FLOOR	MAX.	MAXIMUM
ADJ.	ADJACENT	M.C.	MEDICINE CABINET
A/C	AIR CONDITIONING	MTL.	METAL
ALT.	ALTERNATE	MW.	MICROWAVE
ALUM.	ALUMINUM	MIN.	MINIMUM
		MIR.	MIRROR
BSMT.	BASEMENT	MISC.	MISCELLANEOUS
BRN.	BEARING	M.O.	MASONRY OPENING
BM.	BENCHMARK	MULL.	MULLION
BLK.	BLOCK		
BD.	BOARD	NOM.	NOMINAL
BOT.	BOTTOM	N.I.C.	NOT IN CONTRACT
B.O.B.	BOTTOM OF BEAM	N.T.S.	NOT TO SCALE
BLDG.	BUILDING	NO.	NUMBER
		O.C.	ON CENTER
CAB.	CABINET	OPG.	OPENING
CPT.	CARPET	O.A.	OUTSIDE DIAMETER
CSMT.	CASEMENT	OA.	OVERALL
CLG.	CEILING	OH.	OVERHEAD
CER.	CERAMIC	OPP.	OPPOSITE HAND
C.T.	CERAMIC TILE		
CIR.	CIRCLE	PNL.	PANEL, PANELS
CLT.	CLEAR, CLEARANCE	PTN.	PARTITION
COL.	COLUMN	PVMT.	PAVEMENT
CONC.	CONCRETE	PLWD.	PLYWOOD
C.M.U.	CONCRETE MASONRY UNIT	P.H.	PHYSICALLY HANDICAPPED
CONST.	CONSTRUCTION	PT.	POINT
CONT.	CONTINUE, CONTINUOUS	PTD.	PAINTED
CONTR.	CONTRACT, CONTRACTOR	P.V.C.	POLYVINYL CHLORIDE
		P.C.F.	POUNDS PER CUBIC FOOT
D.H.	DOUBLE HUNG	P.L.F.	POUNDS PER LINEAR FOOT
D.L.	DEAD LOAD	P.S.F.	POUNDS PER SQUARE FOOT
DTL.	DETAIL	P.S.I.	POUNDS PER SQUARE INCH
DIAG.	DIAGONAL	PREFAB.	PREFABRICATE, PREFABRICATED
DIA.	DIAMETER	PFN.	PRE FINISH
DIM.	DIMENSION	P.L.	PROPERTY LINE
DN.	DOWN		
D.S.	DOWN SPOUT	Q.T.	QUARRY TILE
DWG.	DRAWING		
D.F.	DRINKING FOUNTAIN	RAD.	RADIUS
D.W.	DISHWASHER	REC.	RECESS, RECESSED
		REF.	REFRIGERATOR
EA.	EACH	REF.	REINFORCED, REINFORCING
E.F.	EACH FACE	REQ'D.	REQUIRED
E.W.	EACH WAY	R.A.	RETURN AIR
ELEC.	ELECTRIC, ELECTRICAL	REV.	REVISE, REVISED
EWC.	ELECTRIC WATER COOLER	R.H.	RIGHT HAND
ELEV.	ELEVATION (VERTICAL HEIGHT)	R.O.W.	RIGHT OF WAY
EQ.	EQUAL	R.	RISER
EXH.	EXHAUST	R/S	ROD AND SHELF
E.J.	EXPANSION JOINT	R.D.	ROOF DRAIN
EXT.	EXTERIOR	R.O.	ROUGH OPENING
		S.	SHELF, SHELVING
F.A.	FIRE ALARM	SCH.	SCHEDULE
F.E.	FIRE EXTINGUISHER	SECT.	SECTION
FP.L.	FIREPLACE	SHT.	SHEET
FIXT.	FIXTURE	S.H.	SINGLE HUNG
FLR.	FLOOR, FLOORING	SIM.	SIMILAR
F.D.	FLOOR DRAIN	S.C.	SOLID CORE
FLUOR.	FLUORESCENT	S.P.	SOUNDPROOF
FTG.	FOOTING	SPEAK.	SPEAKER
FND.	FOUNDATION	SPEC.	SPECIFICATION
FR.	FRAME, FRAMED, FRAMING	SQ.	SQUARE
FUR.	FURRED, FURRING	S.S.	STAINLESS STEEL
		STD.	STANDARD
GA.	GAGE, GAUGE	STL.	STEEL
GALV.	GALVANIZED	STOR.	STORAGE
GL.	GLASS, GLAZING	S.D.	STORM DRAIN
GLAM.	GLUED LAMINATE	STRCT.	STRUCTURAL
G.B.	GRAB BAR	SYN.	SYNTHETIC
GYP. BD.	GYPSON BOARD	SYS.	SYSTEM
		TEL.	TELEPHONE
HDR.	HEADER	TV.	TELEVISION
HVAC	A / C	THK.	THICK, THICKNESS
HT.	HEIGHT	T.O.A.	TOP OF ARCH
H.A.	HOLLOW CORE	T.O.B.	TOP OF BEAM
HORIZ.	HORIZONTAL	T.O.W.	TOP OF WALL
H.A.	HOSE BIB	T&G	TONGUE AND GROOVE
		T.B.	TOWEL BAR
INCL.	INCLUDE, INCLUDED, INCLUDING	T.	TREAD
I.D.	INSIDE DIAMETER	TYP.	TYPICAL
INSUL.	INSULATE, INSULATED		
INT.	INTERIOR	U.N.O.	UNLESS NOTED OTHERWISE
		UR.	URINAL
JT.	JOINT		
LAV.	LAVATORY	V.B.	VAPOR BARRIER
L.H.	LEFT HAND	VERT.	VERTICAL
L.T.	LIGHT	V.T.	VINYL TILE
L.W.	LIGHTWEIGHT	V.I.F.	VERIFY IN FIELD
LNTL.	LINTEL		
LL.	LIVE LOAD	W.H.	WATER HEATER
		W.C.	WATER CLOSET
		W.P.	WATERPROOFING
		W.R.	WATER RESISTANT
		W.W.R.	WELDED WIRE FABRIC
		WIN.	WINDOW
		W/O	WITHOUT
		WD.	WOOD
		W.I.	WROUGHT IRON

DRIVEWAY AND PARKING AREA AT THE WILKINS RESIDENCE ELLCOTT CITY, MARYLAND

PROJECT TEAM

OWNER

Wilkins Family
11031 Gaither Farm Road
Ellicott City, MD 21042

ARCHITECT

Marren Architects
1016 Morton Street
Baltimore, MD 21201
410.659-0578

STRUCTURAL ENGINEER

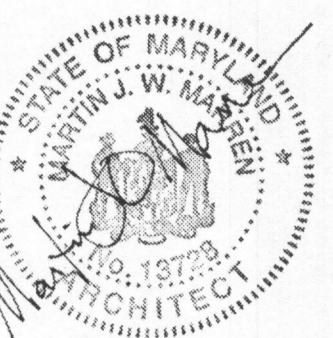
Structural Solutions, Inc.
706 Walker Avenue
Baltimore, MD 21212
443.791-6194

M A R R E N

1016 MORTON ST
BALTIMORE, MD 21201
(410) 659-0578 (V)
(410) 659-0578 (F)
MARRENARCHITECTS.COM

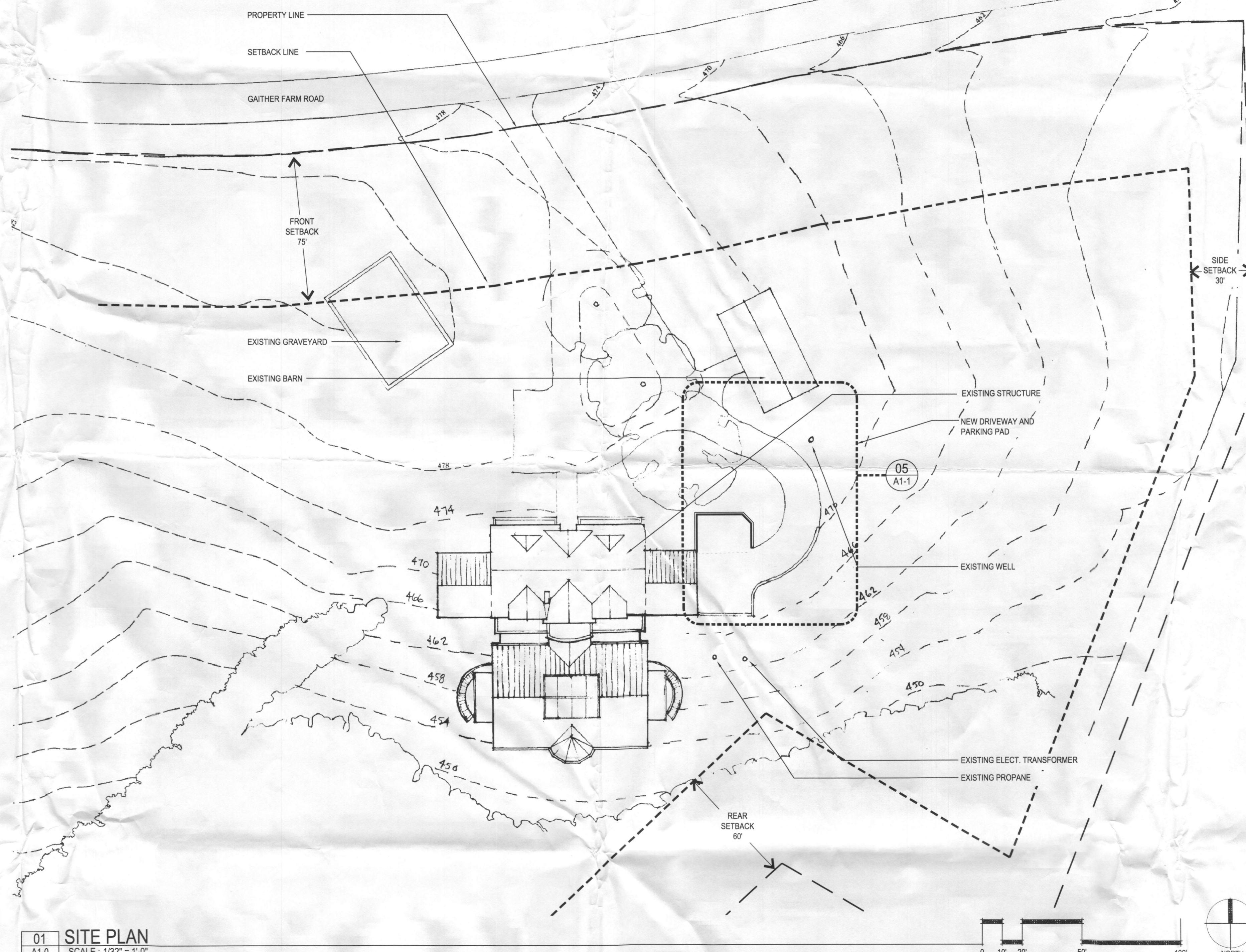
ARCHITECTS

SEAL:



PROFESSIONAL CERTIFICATION:

I certify that these documents were prepared or approved by me, and that I am a duly licensed architect under the laws of the State of Maryland, license number 13728, expiration date 12/31/09.



01 SITE PLAN
A1-0 SCALE: 1/32" = 1'-0"

STANDARD ANNOTATIONS

SHEET SEQUENCE NO.	ROOM NAME	XXX	ROOM TAG
SHEET GROUP NO.	ROOM NUMBER	X	
DISCIPLINE CODE	DOOR LABEL	X	DOOR TAG
DRAWING NAME	WINDOW LABEL	X	WINDOW TAG
DRAWING NO.	REVISION NO.	X	REVISION TAG
SHEET NO.			
DRAWING SCALE			

VIEW ORIENTATION	DRAWING NO.	AX-X	ELEVATION TAG	CEILING TYPE	X	REFLECTED CEILING TAG
	SHEET NO.	AX-X		CEILING HT.	AX-X	
				ELEVATION	X-X	ELEVATION MARK
				LOCATION	X	
VIEW ORIENTATION	DRAWING NO.	X/AX-X	INTERIOR ELEVATION TAG	VIEW ORIENTATION	X	SECTION TAG
	SHEET NO.	X/AX-X		DRAWING NO.	AX-X	
				SHEET NO.	AX-X	
				EXTENT OF SECTION		

DRAWING INDEX

ARCHITECTURAL

A1-0	COVER / SITE PLAN
A1-1	DRIVEWAY / RETAINING WALL

DRIVEWAY AND PARKING AREA AT
THE WILKINS RESIDENCE
11031 GAITHER FARM RD
ELLCOTT CITY, MD 21042

MAP	29
GRID	10
BLOCK	01
LOT	26

REVISIONS	
NO.	DATE

SHEET TITLE
COVER / SITE PLAN

DATE 04.11.11

SCALE AS NOTED

DRAWN BY MJM

SHEET NUMBER

A1-0

ISSUED FOR PERMIT
04/11/11

Building Address: 11031 Gaither Farm Road
Ellicott City, MD 21042

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

Census Tract: _____ Subdivision: Gaither Farm

Section: _____ Area: _____ Lot: 26

Tax Map: _____ Parcel: _____ Grid: 10

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Wilkins Herbert P Sr.

Address: 11031 Gaither Farm Rd

City: Ellicott City State: MD Zip Code: _____

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (If other than stated herein):
Michael Miller

Phone: _____ Fax: _____

Email: _____

Existing Use: _____

Proposed Use: SFD

Estimated Construction Cost: \$ _____

Description of Work: _____

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Harbour Stone

Contact Person: Michael Miller

Address: 3655 Sycamore Valley Pk

City: Glenwood State: MD Zip Code: 21738

License No.: _____

Phone: _____ Fax: _____

Email: Mallanmiller@Comcast.net

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Footings:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Roof:	<u>Roadside Tree Project Permit #</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 _____

Email Address _____

Title/Company _____

Print Name _____

Date _____

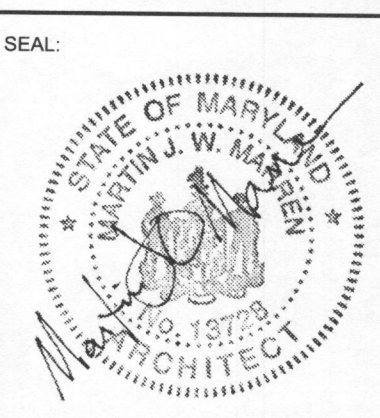
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>5-1110 Bernack</u>
Fire Protection		

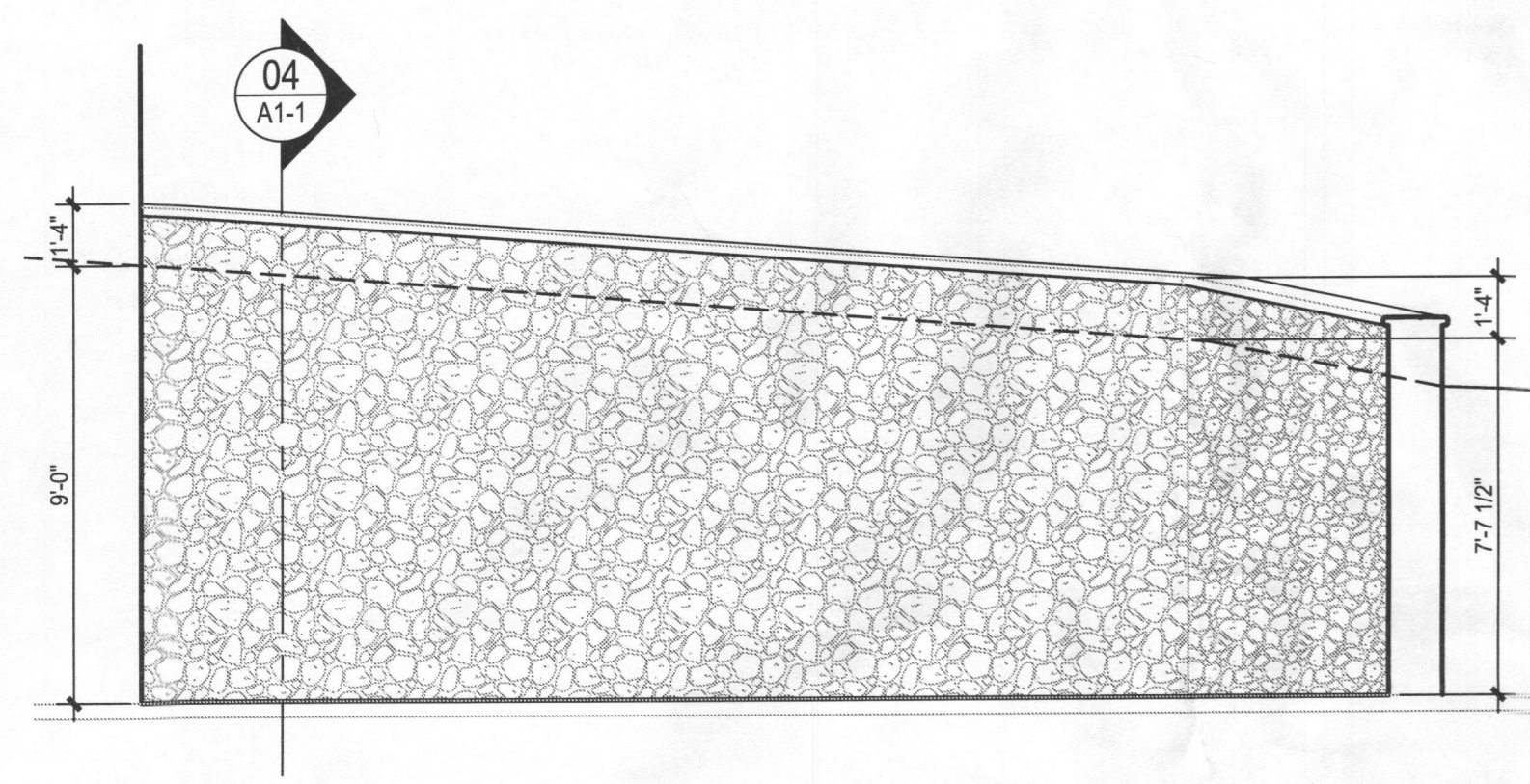
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

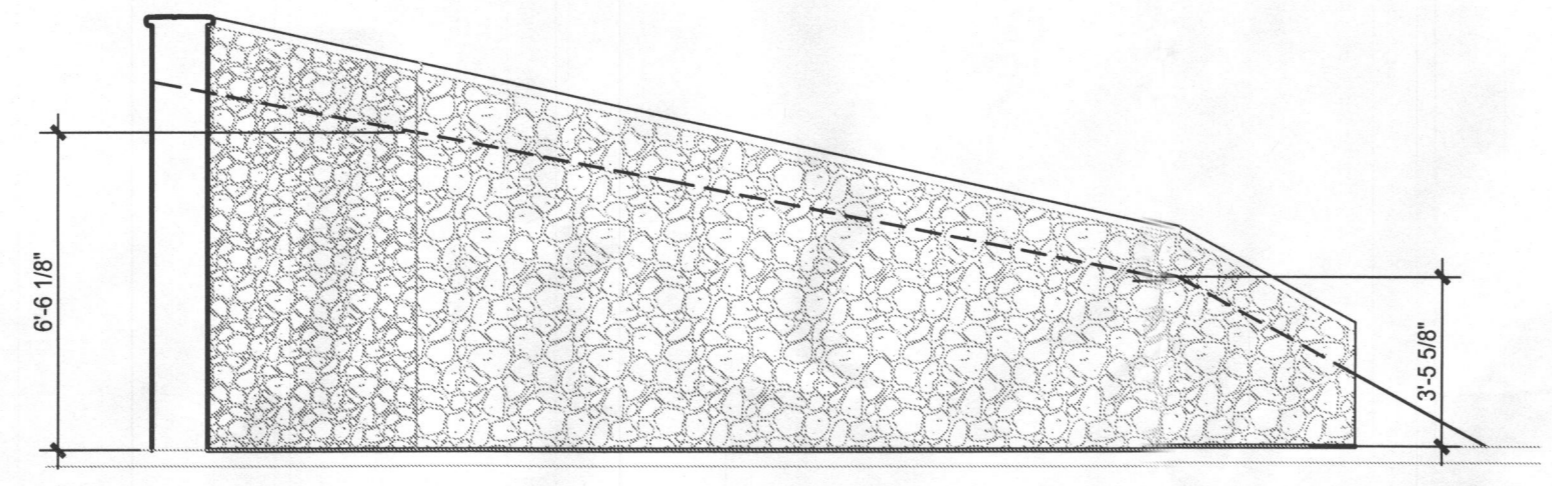
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



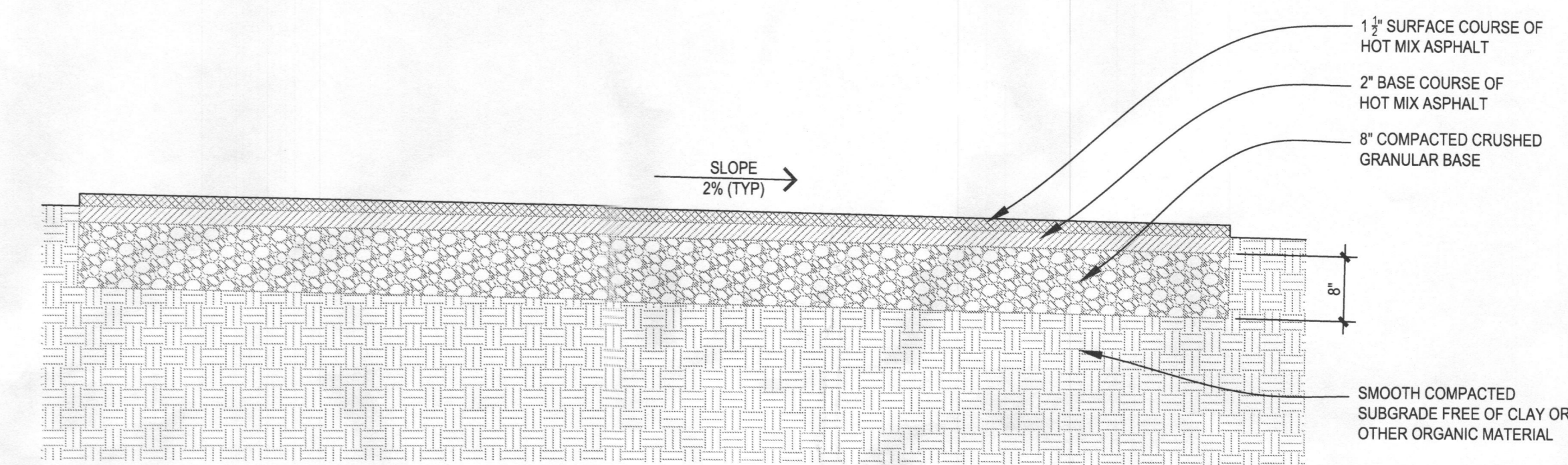
PROFESSIONAL CERTIFICATION:
I certify that these documents were prepared or approved by me, and that I am a duly licensed architect under the laws of the State of Maryland, license number 13728, expiration date 12/31/09.



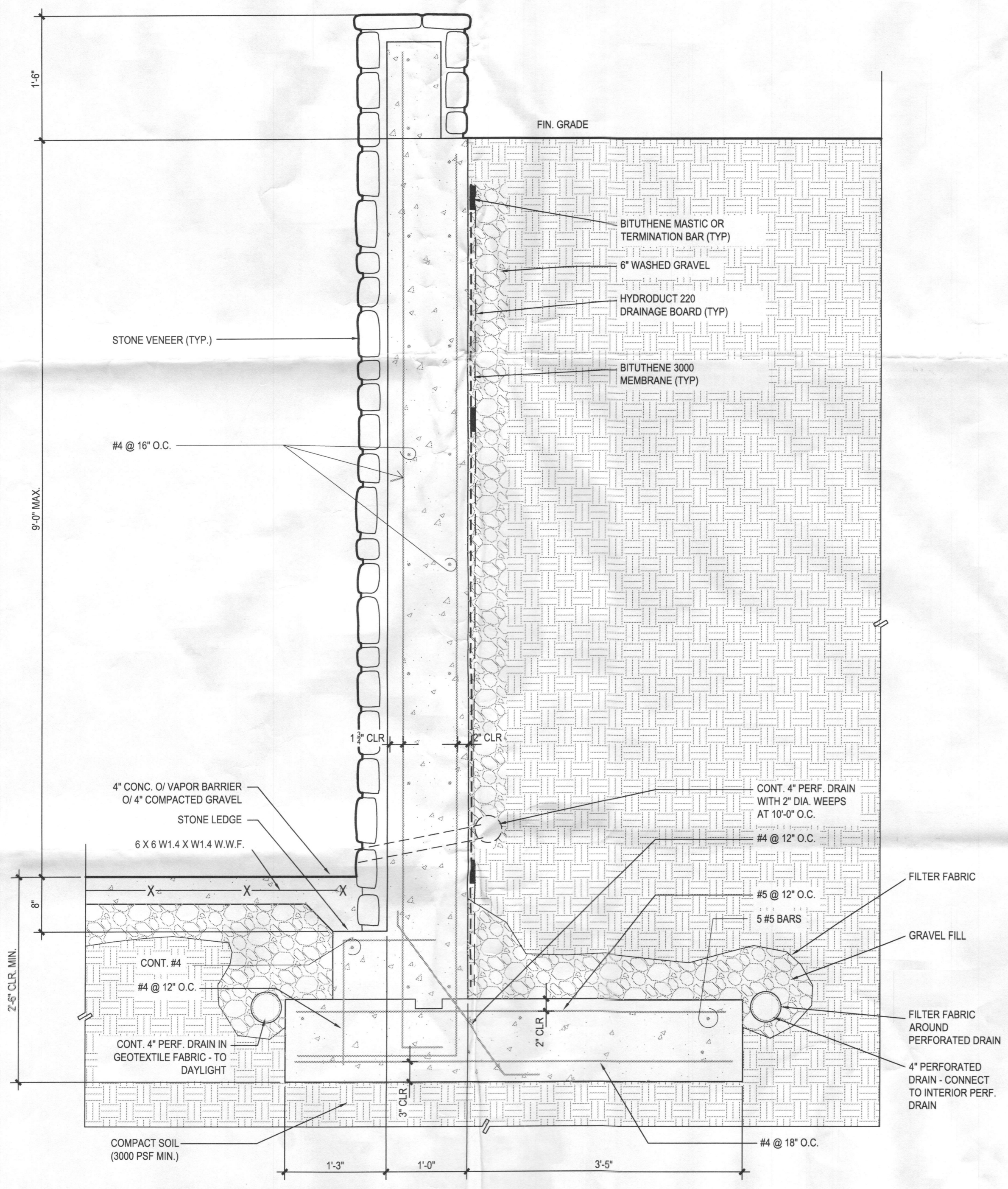
01 WALL ELEVATION 1
A1-1 SCALE: 1/4" = 1'-0"



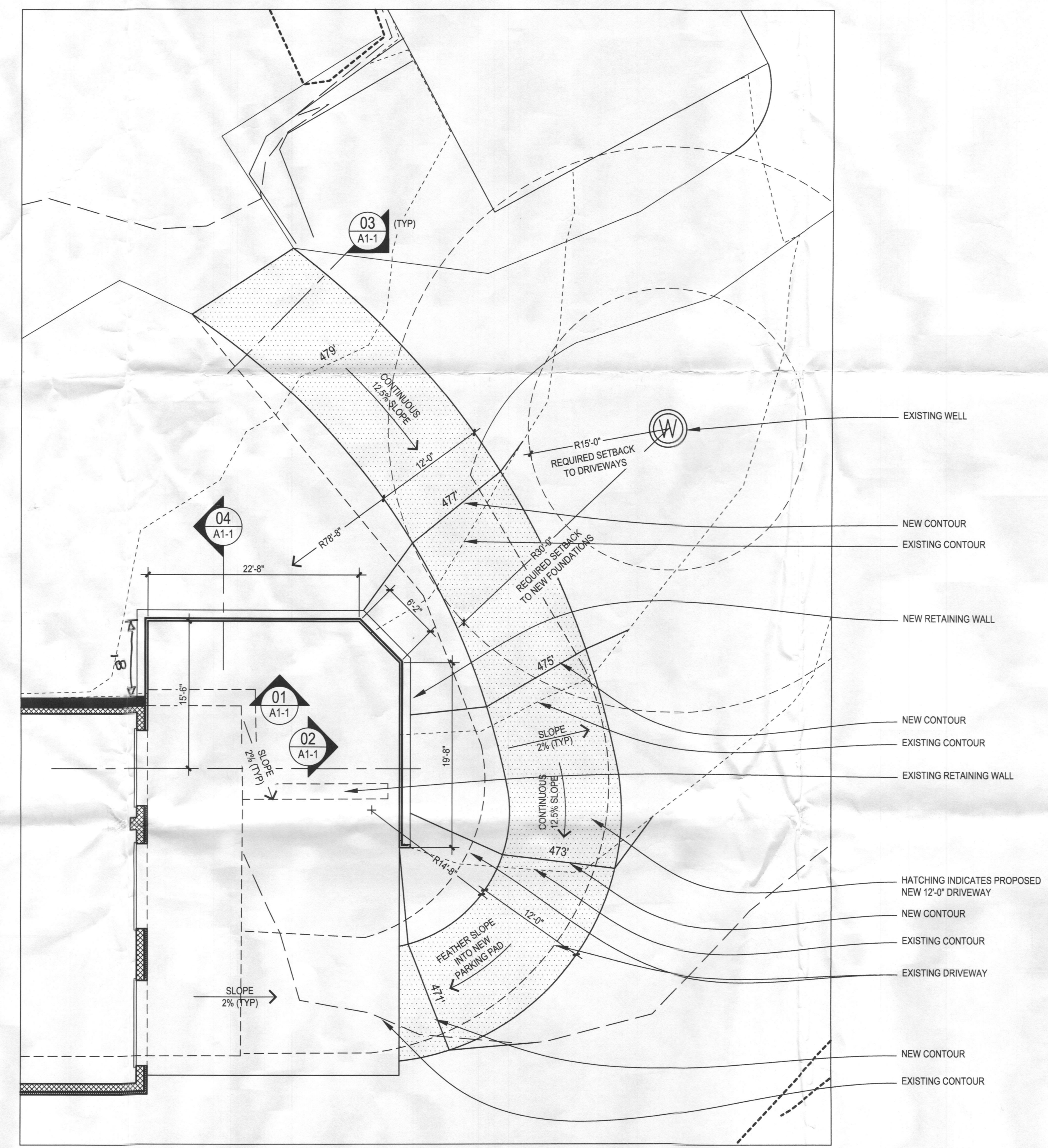
02 WALL ELEVATION 2
A1-1 SCALE: 1/4" = 1'-0"



03 DRIVEWAY PAVEMENT SECTION
A1-1 SCALE: 3/4" = 1'-0"



04 WALL SECTION 1
A1-1 SCALE: 1" = 1'-0"



05 PROPOSED RETAINING WALL AND DRIVEWAY PLAN
A1-1 SCALE: 1/8" = 1'-0"

DRIVEWAY AND PARKING AREA AT
THE WILKINS RESIDENCE
11031 GAITHER FARM RD
ELLICOTT CITY, MD 21042

REVISIONS

NO.	DATE

SHEET TITLE
RETAINING WALL AND DRIVEWAY PLANS

DATE 04.11.11
SCALE AS NOTED
DRAWN BY MJM

SHEET NUMBER

A1-1

ISSUED FOR PERMIT
04/11/11



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:
B12000809

Building Address: 11031 Gaither Farm Rd.
Ellicott City, MD 21042

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

Census Tract: _____ Subdivision: Gaither Farm

Section: _____ Area: _____ Lot: 26

Tax Map: 29 Parcel: _____ Grid: 10

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Proposed Use: Single family Dwelling

Estimated Construction Cost: \$5,000

Description of Work: Enclose existing Back Porch (800 S.F.)

Occupant or Tenant: OWNER OCCUPIED

Was tenant space previously occupied? Yes No

Contact Name: Michael Miller

Address: 3655 Sycamore Valley Run

City: Glenwood State: MD Zip Code: 21738

Phone: (410) 961-9002 Fax: (410) 489-5068

Email: harbortownbuilders@comcast.net

Property Owner: Mr & Mrs. Herbert Wilkins

Address: 11031 Gaither Farm Rd.

City: Ellicott City State: MD Zip Code: 21042

Home Phone: (410) 715-0604 Work Phone: (410) 963-XXXX

Applicant's Name & Mailing Address, (If other than stated herein): 9785

SAME

Phone: _____ Fax: (410) 715-0605

Email: None

Contractor: Harbor Town Redevelopment, Inc.

Contact Person: Michael Miller

Address: 3655 Sycamore Valley Run

City: Glenwood State: MD Zip Code: 21738

License No.: MHIC # 43206

Phone: (410) 961-9002 Fax: (410) 489-5068

Email: harbortownbuilders@comcast.net

Engineer/Architect Company: Marren Architects

Responsible Design Prof.: Martin Marren

Address: 1016 Morton Street

City: Baltimore State: MD Zip Code: 21201

Phone: (410) 659-0578 Fax: (410) 659-0578

Email: marrenarchitects.com

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: <u>30'</u>	<u>Water Supply</u>
No. of stories: <u>2</u>	<input type="checkbox"/> Public
Gross area, sq. ft./floor: <u>4,600</u>	<input checked="" type="checkbox"/> Private
Area of construction (sq. ft.): <u>800</u>	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input checked="" type="checkbox"/> Wood Frame	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
Roadside Tree Project Permit:	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #:	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth: <u>40'</u> Width: <u>80'</u>	<input type="checkbox"/> Public
1 st floor: <u>40'</u> <u>80'</u>	<input checked="" type="checkbox"/> Private
2 nd floor: <u>40'</u> <u>80'</u>	<u>Sewage Disposal</u>
Basement: <u>40'</u> <u>80'</u>	<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>6</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	Roadside Tree Project Permit:
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #:
<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: [Signature] Print Name: Michael A. Miller

Email Address: harbortownbuilders@comcast.net Date: 3/5/12

Title/Company: President Harbor Town Redevelopment, Inc.

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
Health		<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$ <u>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Check 3348

HER

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
300 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2400 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00141762

Building Address 11031 Gaither Farm Rd.
Ellicott City, MD 21042

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

Census Tract 6030 Subdivision Gaither Farm

Section _____ Area _____ Lot 20

Tax Map 29 Parcel 1 Grid 10

Zoning RC Map Coordinates 15BR Lot size _____

Property Owner's Name Mr. & Mrs. Harbert Wilkins

Address 11031 Gaither Farm Rd.

City Ellicott State MD Zip Code 21042

Home Phone (410) 715-0604 Work Phone _____

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

Phone _____ Fax _____

Existing Use Barn/Storage

Proposed Use Residential

Estimated Construction Cost \$ 150,000.00

Description of Work Interior alterations,
Per drawings: Add Bath & Bar, Finish
Interior 1st floor & loft.

Contractor Company Harbour Towne Redevelopment Inc

Contact Person Michael Miller

Address 3655 Sycamore Valley Run

City Glenwood State MD Zip Code 21738

License No. MLLS 43206

Phone (410) 489-5068 Fax same

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company Structural Solutions, Inc

Contact Person Peter J. Malmquist

Address 303 E. Hamburg St.

City Baltimore State MD Zip Code 21230

Phone (410) 837-6345 Fax same

BUILDING DESCRIPTION - COMMERCIAL **BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics		Utilities		Building Characteristics		Utilities	
Height: _____	No. of stories: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Use group: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: _____	2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
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		Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Natural Gas <input type="checkbox"/>	Basement: <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: <input type="checkbox"/> 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"/>	No. of Bedrooms _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Propane Gas <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/>
			Full <input type="checkbox"/>	Other Structure: _____	Dimensions: _____		NFPA #13D _____
			Partial <input type="checkbox"/>	Footings: _____	Roof: _____		NFPA #13R _____
			Other Suppression _____				Other: _____
			# of Heads _____	<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 [Signature] Print Name Michael Miller

Harbour Towne Redevelopment Inc. Date 5/9/03

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: _____	7619
State Highways			Rear: _____	Filing fee \$ <u>25.00</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>7/25/03</u>	<u>Mark Left</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>8767</u>
				Validation # <u>20115</u>

Accepted by: [Signature]

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

Building Address 11011 G... Farm Rd.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision ...
 Section _____ Area _____ Lot 26
 Tax Map ... Parcel _____ Grid ...

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work ...
 Occupant or Tenant _____
 Contact Name ...
 Address _____
 City _____ State MD Zip Code _____
 Phone _____ Fax ...

Contractor Company _____
 Contact Person ...
 Address _____
 City _____ State MD Zip Code _____
 License No. _____
 Phone _____ Fax _____
 Engineer or Architect Company ...
 Contact Person ...
 Address _____
 City ... State MD Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 4
 Multi-family dwellings:
 No. of efficiency units: 4
 No. of 1 BR units: _____
 No. of 2 BR units: N/A
 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 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 _____
 Title/Company _____

Print Name _____
 Date 4/9/19

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 Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	7-24-2009	<i>[Signature]</i>	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>1767</u>
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	

10755

**HOWARD COUNTY
 PERMIT APPLICATION**

310000304
PERMIT NUMBER

Building Address 11031 Gauthier Farm Rd
Ellicott City MD

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 210

Tax Map 29 Parcel _____ Grid 10

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Herbert Wilkins
 Address 11031 Gauthier Farm Rd
 City Ellicott City State MD Zip Code 21042
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use SFD
 Proposed Use SFD with tank
 Estimated Construction Cost \$ 1000

Description of Work Install (1) 1000 UG propane tank and run 1/2" line to house and pool heater

Occupant or Tenant _____

Contact Name OWNER
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company Michel Welding & Mechanical
 Contact Person Harbert Wilkins / Robert J. Michelse
 Address 2518 Green Rd
 City Baldwin State MD Zip Code 21013
 License No. 73007
 Phone 410 692 5410 Fax _____

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 _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1 st floor: _____ 2 nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
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: _____	
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

Applicant's Signature Michel Welding's Mechanical Repaire
 Title/Company _____

Print Name Robert J Michelse
 Date 11/20/09

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 Highways		
Building Officials		
Dev. Engineering, DPZ		
Health	<u>2-4-10</u>	<u>Nancy Smith</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit Required?
 YES NO

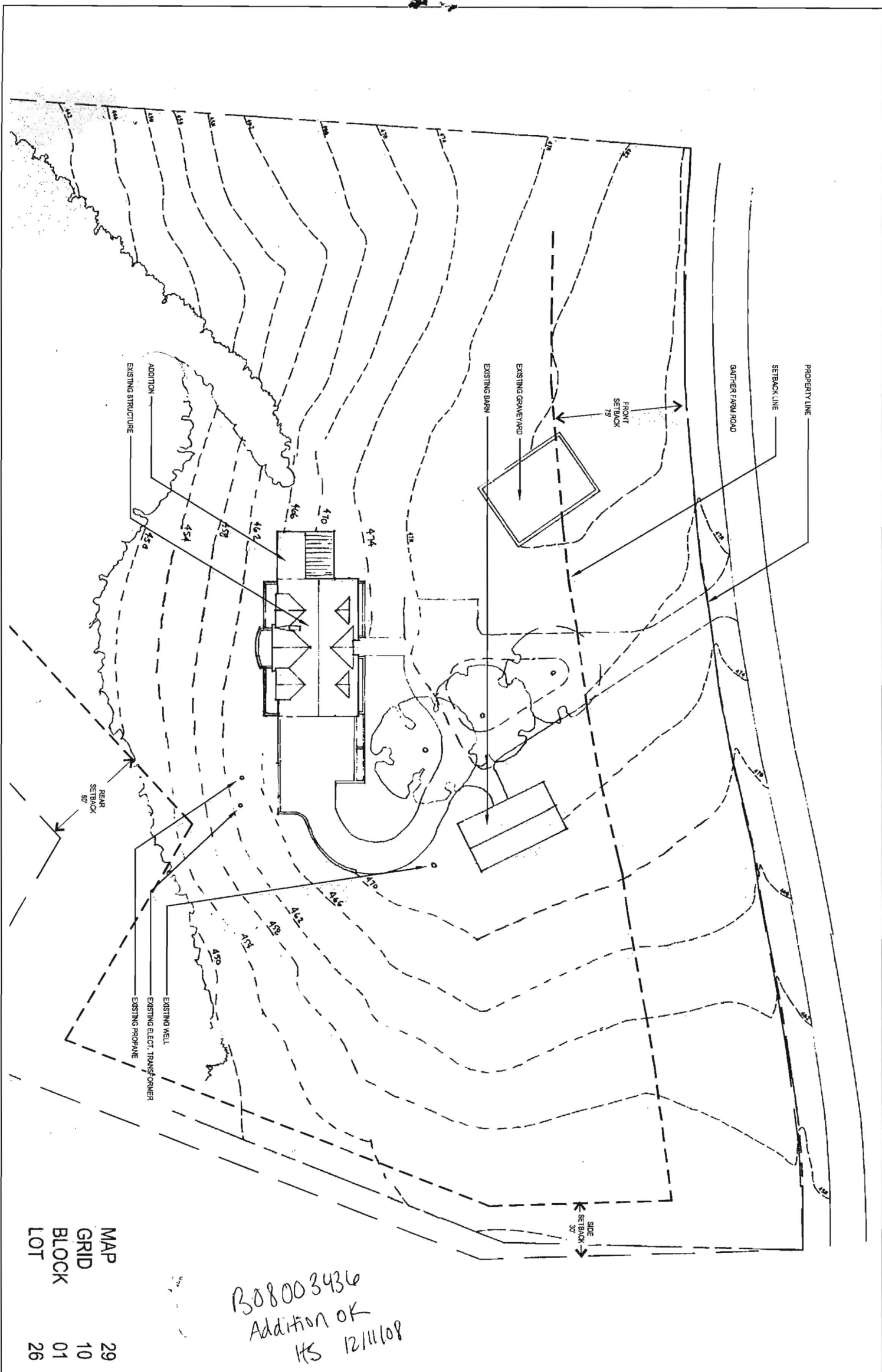
Historic District?
 YES NO

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

PROPERTY ID # _____

Filing fee \$ 110
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per fee \$ _____
 TOTAL FEES \$ 110
 Sub-total paid \$ _____
 Balance due \$ _____
 Check # _____
 Validation # _____

Accepted by _____



MAP
GRID
BLOCK
LOT

29
10
01
26

*B08003436
Addition OK
HS 12/11/08*

MARREN ARCHITECTS 1016 MORTON ST. BALTIMORE, MD 21201 (410) 659-0578 (V) (410) 659-0578 (F)	DRAWING TITLE SITE PLAN	DWG NO.
	SCALE 1/64" = 1'-0"	PROJECT ADDITIONS TO: THE WILKINS RESIDENCE 11031 GAITHER FARM RD ELLICOTT CITY, MD 21042
	DATE 11/21/08	

Building Address: 11031 Goucher Farm Road
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Mr. [unclear]
 Address: _____
 City: Ellicott City State: MD Zip Code: 21043
 Home Phone: _____ Work Phone: _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____
 Phone: _____ Fax: _____

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ _____
 Description of Work: _____

Contractor Company: _____
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: _____ Fax: _____
 Email: _____

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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: _____
 Email Address: _____
 Title/Company: _____

Print Name: _____
 Date: 3/17/11

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3-25-11</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

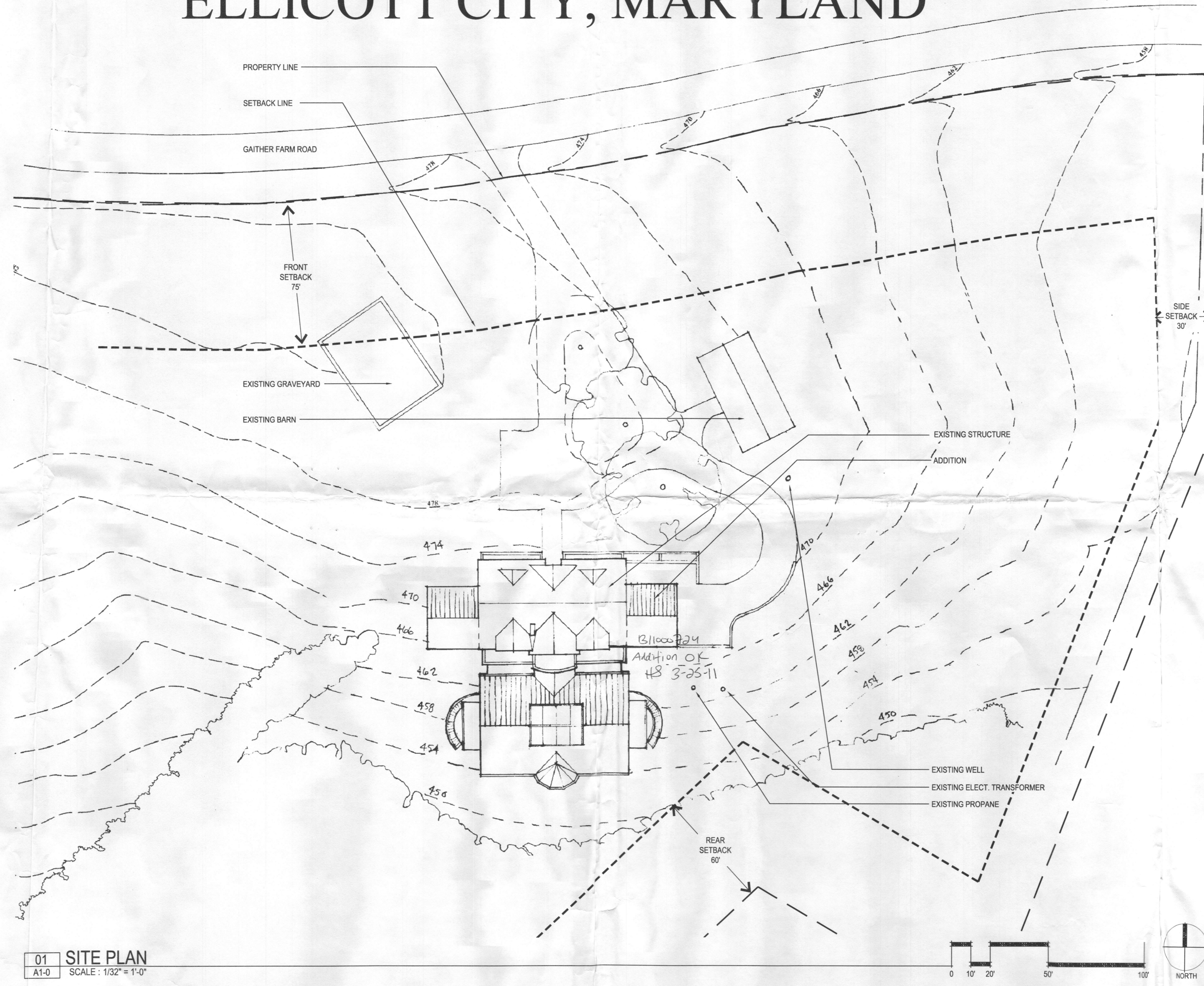
STANDARD SYMBOLS

∠	ANGLE
⊕	CENTERLINE
∅	DIAMETER
+/-	PLUS OR MINUS
⊔	PROPERTY LINE

STANDARD ABBREVIATIONS

A.B.	ANCHOR BOLT	M.H.	MANHOLE
ABV.	ABOVE	MAS.	MASONRY
A.F.F.	ABOVE FINISH FLOOR	MAX.	MAXIMUM
ADJ.	ADJACENT	M.C.	MEDICINE CABINET
A/C	AIR CONDITIONING	MTL.	METAL
ALT.	ALTERNATE	MW.	MICROWAVE
ALUM.	ALUMINUM	MIN.	MINIMUM
		MIR.	MIRROR
BSMT.	BASEMENT	MISC.	MISCELLANEOUS
BRN.	BEARING	M.O.	MASONRY OPENING
BM.	BENCHMARK	MULL.	MULLION
BLK.	BLOCK		
BD.	BOARD	NOM.	NOMINAL
BOT.	BOTTOM	N.I.C.	NOT IN CONTRACT
B.O.B.	BOTTOM OF BEAM	N.T.S.	NOT TO SCALE
BLDG.	BUILDING	NO.	NUMBER
		O.C.	ON CENTER
CAB.	CABINET	OPG.	OPENING
CPT.	CARPET	O.A.	OUTSIDE DIAMETER
CSMT.	CASEMENT	OA.	OVERALL
CLG.	CEILING	OH.	OVERHEAD
CER.	CERAMIC	OPP.	OPPOSITE HAND
C.T.	CERAMIC TILE		
CIR.	CIRCLE	PNL.	PANEL, PANELS
CLT.	CLEAR, CLEARANCE	PTN.	PARTITION
COL.	COLUMN	PVMT.	PAVEMENT
CONC.	CONCRETE	PLYWD.	PLYWOOD
C.M.U.	CONCRETE MASONRY UNIT	P.H.	PHYSICALLY HANDICAPPED
CONST.	CONSTRUCTION	PT.	POINT
CONT.	CONTINUE, CONTINUOUS	PTD.	PAINTED
CONTR.	CONTRACT, CONTRACTOR	P.V.C.	POLYVINYL CHLORIDE
		P.C.F.	POUNDS PER CUBIC FOOT
D.H.	DOUBLE HUNG	P.L.F.	POUNDS PER LINEAR FOOT
D.L.	DEAD LOAD	P.S.F.	POUNDS PER SQUARE FOOT
DTL.	DETAIL	P.S.I.	POUNDS PER SQUARE INCH
DIAG.	DIAGONAL	PREFAB.	PREFABRICATE, PREFABRICATED
DIA.	DIAMETER	PFN.	PRE FINISH
DIM.	DIMENSION	P.L.	PROPERTY LINE
DN.	DOWN		
D.S.	DOWN SPOUT	Q.T.	QUARRY TILE
DWG.	DRAWING		
D.F.	DRINKING FOUNTAIN	RAD.	RADIUS
D.W.	DISHWASHER	REC.	RECESS, RECESSED
		REF.	REFRIGERATOR
EA.	EACH	REINF.	REINFORCED, REINFORCING
E.F.	EACH FACE	REQ'D.	REQUIRED
E.W.	EACH WAY	R.A.	RETURN AIR
ELEC.	ELECTRIC, ELECTRICAL	REV.	REVISE, REVISED
EWC.	ELECTRIC WATER COOLER	R.H.	RIGHT HAND
ELEV.	ELEVATION (VERTICAL HEIGHT)	R.O.W.	RIGHT OF WAY
EQ.	EQUAL	R.	RISER
EXH.	EXHAUST	R/S	ROD AND SHELF
E.J.	EXPANSION JOINT	R.D.	ROOF DRAIN
EXT.	EXTERIOR	R.O.	ROUGH OPENING
		S.	SHELF, SHELVING
F.A.	FIRE ALARM	SCH.	SCHEDULE
F.E.	FIRE EXTINGUISHER	SECT.	SECTION
FPL.	FIREPLACE	SHT.	SHEET
FIXT.	FIXTURE	S.H.	SINGLE HUNG
FLR.	FLOOR, FLOORING	SIM.	SIMILAR
F.D.	FLOOR DRAIN	S.C.	SOLID CORE
FLUOR.	FLUORESCENT	S.P.	SOUNDPROOF
FTG.	FOOTING	SPK.	SPEAKER
FND.	FOUNDATION	SPEC.	SPECIFICATION
FR.	FRAME, FRAMED, FRAMING	SQ.	SQUARE
FUR.	FURRED, FURRING	S.S.	STAINLESS STEEL
		STD.	STANDARD
GA.	GAGE, GAUGE	STL.	STEEL
GALV.	GALVANIZED	STOR.	STORAGE
GL.	GLASS, GLAZING	S.D.	STORM DRAIN
GLAM.	GLUED LAMINATE	STRCT.	STRUCTURAL
G.B.	GRAB BAR	SYN.	SYNTHETIC
GYP. BD.	GYP. BOARD	SYS.	SYSTEM
		TEL.	TELEPHONE
HDR.	HEADER	TV.	TELEVISION
HVAC	A/C	THK.	THICK, THICKNESS
HT.	HEIGHT	T.O.A.	TOP OF ARCH
H.A.	HOLLOW CORE	T.O.B.	TOP OF BEAM
HORIZ.	HORIZONTAL	T.O.W.	TOP OF WALL
H.A.	HOSE BIB	T&G	TONGUE AND GROOVE
		T.B.	TOWEL BAR
INCL.	INCLUDE, INCLUDED, INCLUDING	T.	TREAD
I.D.	INSIDE DIAMETER	TYP.	TYPICAL
INSUL.	INSULATE, INSULATED	U.N.O.	UNLESS NOTED OTHERWISE
INT.	INTERIOR	UR.	URINAL
		V.B.	VAPOR BARRIER
JT.	JOINT	VERT.	VERTICAL
LAV.	LAVATORY	V.T.	VINYL TILE
L.H.	LEFT HAND	V.I.F.	VERIFY IN FIELD
LT.	LIGHT		
L.W.	LIGHTWEIGHT	W.H.	WATER HEATER
LNTL.	LINTEL	W.C.	WATER CLOSET
L.L.	LIVE LOAD	W.P.	WATERPROOFING
		W.R.	WATER RESISTANT
		W.W.R.	WELDED WIRE FABRIC
		WIN.	WINDOW
		WO.	WOOD
		WD.	WOOD
		W.I.	WROUGHT IRON

ADDITIONS TO: THE WILKINS RESIDENCE ELLCOTT CITY, MARYLAND



01 SITE PLAN
A1-0 SCALE: 1/32" = 1'-0"

STANDARD ANNOTATIONS

SHEET SEQUENCE NO.	ROOM NAME	XXX	ROOM TAG
SHEET GROUP NO.	ROOM NUMBER	X	
DISCIPLINE CODE	DOOR LABEL	⊕	DOOR TAG
DRAWING NAME	WINDOW LABEL	⊕	WINDOW TAG
DRAWING NO.	REVISION NO.	X	REVISION TAG
SHEET NO.			
DRAWING SCALE			

VIEW ORIENTATION	DRAWING NO.	AX-X	ELEVATION TAG
SHEET NO.			
DRAWING NO.	DRAWING NO.	AX-X	DETAIL TAG
SHEET NO.			
VIEW ORIENTATION	DRAWING NO.	AX-X	INTERIOR ELEVATION TAG
SHEET NO.			
CEILING TYPE	CEILING HT.	⊕	REFLECTED CEILING TAG
ELEVATION	LOCATION	⊕	ELEVATION MARK
VIEW ORIENTATION	DRAWING NO.	AX-X	SECTION TAG
SHEET NO.			
EXTENT OF SECTION			

PROJECT TEAM

OWNER
Wilkins Family
11031 Gaither Farm Road
Ellicott City, MD 21042

ARCHITECT
Marren Architects
1016 Morton Street
Baltimore, MD 21201
410.659-0578

STRUCTURAL ENGINEER
Structural Solutions, Inc.
706 Walker Avenue
Baltimore, MD 21212
443.791-6194

BUILDING DATA

BUILDING CODES

BUILDING CODE:
INTERNATIONAL RESIDENTIAL CODE FOR ONE AND TWO FAMILY RESIDENCES (2006 EDITION) (WITH AMENDMENTS)

BUILDING CALCULATIONS

BASEMENT	ENCLOSED AREA:	685
	TOTAL GROUND FLOOR AREA:	685
FIRST FLOOR:	ENCLOSED AREA:	675
	COVERED OPEN AREA:	202
	TOTAL FIRST FLOOR AREA:	877
NUMBER OF STORIES:		2 (INCLUDING GARAGE)
BASEMENT FLOOR LEVEL:		+470.2'

CLASSIFICATIONS

OCCUPANCY:	SINGLE-FAMILY RESIDENCE
CONSTRUCTION TYPE:	V-B
ZONING:	RC-DEO
FLOOD ZONE:	X

LIFE SAFETY

FIRE DISTRICT:	YES
EMERGENCY LIGHTING:	N/A
EXIT SIGNS:	N/A
FIRE ALARM:	N/A
SMOKE DETECTION:	YES
PANIC HARDWARE:	N/A
SPRINKLED:	N/A

DRAWING INDEX

ARCHITECTURAL

A1-0	COVER / SITE PLAN
A2-0	FLOOR PLANS
A2-1	ROOF PLAN / REFLECTED CEILING PLAN / FLOOR FINISH PATTERN PLAN
A3-0	BUILDING ELEVATIONS
A3-1	BUILDING SECTIONS
A3-2	WALL SECTIONS

STRUCTURAL

S-1	STRUCTURAL PLANS AND DETAILS
S-2	STRUCTURAL DETAILS

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(410) 659-0578 (F)
MARRENARCHITECTS.COM
ARCHITECTS

PROFESSIONAL CERTIFICATION:
I certify that these documents were prepared or approved by me, and that I am a duly licensed architect under the laws of the State of Maryland, license number 13728, expiration date 12/31/09.

ADDITIONS TO:
THE WILKINS RESIDENCE
11031 GAITHER FARM RD
ELLCOTT CITY, MD 21042

MAP	29
GRID	10
BLOCK	01
LOT	26

REVISIONS

NO.	DATE

SHEET TITLE

COVER / SITE PLAN

DATE 03.17.11

SCALE AS NOTED

DRAWN BY FCS

SHEET NUMBER

A1-0

ISSUED FOR PERMIT
03/17/11