

Building Permit Application

Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: 10-19-15

Permit No.: B15004961



Building Address: 60331 Green Hollow
 City: Hamilton State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Hamilton
 Section: _____ Area: _____ Lot: 117
 Tax Map: 410 Parcel: 114 Grid: 4
 Zoning: _____ Map Coordinates: _____ Lot Size: 36,200 sq ft

Existing Use: SFD
 Proposed Use: SFD w/ porch & deck
 Estimated Construction Cost: \$ 60,000
 Description of Work: Install 500 gallon log storage tank
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: Dunn
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: VAISHA PATEL
 Address: 4819 Maple Ave
 City: Beltsville State: MD Zip Code: 20705
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: SERENITY CONSTRUCTION
 Address: PO Box 1255
 City: Edley State: MD Zip Code: 21781
 Phone: 410-341-1339 Fax: _____
 Email: Serenity@apple.com

Contractor Company: H S P
 Contact Person: MICHAEL UNDERWOOD
 Address: 360 Main St
 City: Greenbelt State: MD Zip Code: 20770
 License No.: 600027
 Phone: 301-725-3232 Fax: _____
 Email: _____

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

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: _____ 2 nd floor: _____
Area of construction (sq. ft.):	Basement:
Use group:	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space <input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	Multi-family Dwelling
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____
<input type="checkbox"/> Masonry	No. of 1 BR units: _____
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
Roadsides Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadsides Tree Project Permit #	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	
Building Shell Permit Number:	

I, 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: Serenity Construction
 Print Name: _____
 Mail Address: _____
 Date: 10/19/15
 e/Company: _____

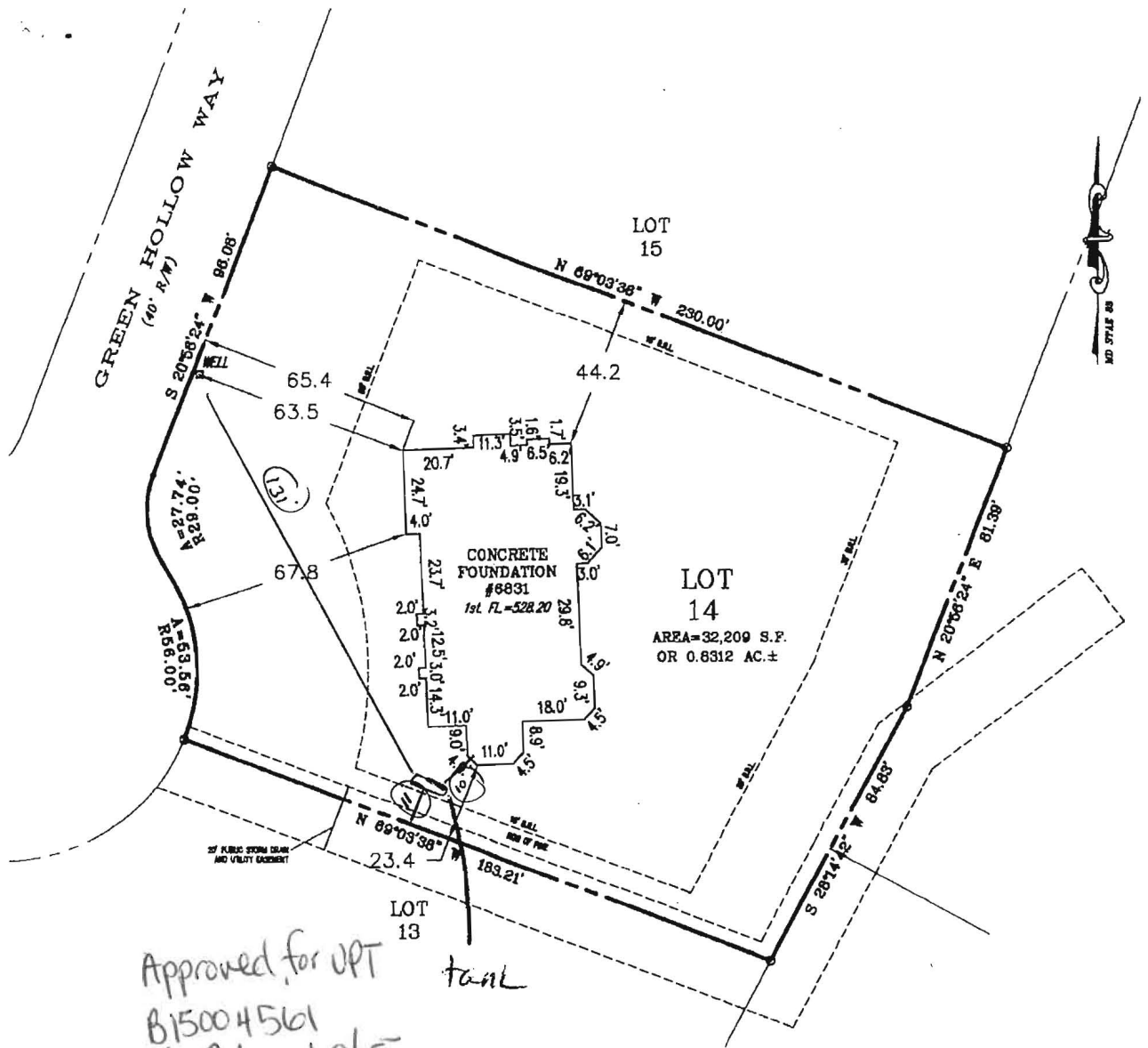
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
Public Works		
Planning Officials		
Public Safety (Zoning)		
Public Safety (Engineering)		
Health	<u>10/29/15</u>	<u>R-RA</u>
Permit Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
CONTINGENCY CONSTRUCTION START		

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	\$ <u>110</u>
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>47711</u>

ADDRESS: 6831 GREEN HALLOW WAY
 HIGHLAND, MD. 20777



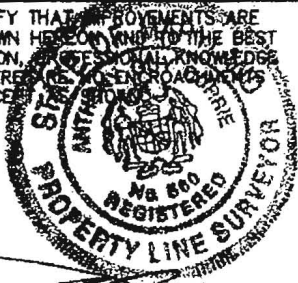
Approved for UPT
 B15004561
 KFA 10/21/15
 tail

NOTES

1. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.

FILE: # 6831 GREEN HALLOW WALL CK.dwg

I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF, THERE ARE NO UNDISCOVERED ENCUMBRANCES EXCEPT AS NOTED.



[Signature]
 SURVEYOR
 12/4/13
 DATE

WALL CHECK SURVEY

LOT 14
 HARWOOD W. OWINGS PROPERTY
 PLAT No. 18321

HOWARD COUNTY, MARYLAND

SCALE: 1" = 60'

DATE: 12-04-13

KRIS CONSULTANTS, LLC

301 PIPING ROCK DRIVE, SILVER SPRING, MD. 20905
 TEL: (301) 439-1891 FAX: (301) 439-5636
 EMAIL: KRISCONSULTANT1@VERIZON.NET



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 4/11/13

Permit No.: B13001437

Building Address: 6831 Green Hollow Way
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: Harwood W Owings
 Section: _____ Area: _____ Lot: 14
 Tax Map: 40 Parcel: 44 Grid: 4
 Zoning: RRDEO Map Coordinates: _____ Lot Size: 36,209

Property Owner's Name: Varsha & Bhupendra Patel
 Address: 4819 Naples Ave
 City: Beltsville State: MD Zip Code: 20705
 Phone: 240-346-2782 Fax: _____
 Email: ffvbp@yahoo.com
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Varsha Patel
 Address: 4819 Naples Ave
 City: Beltsville State: MD Zip Code: 20705
 Phone: 240-346-2782 Fax: _____
 Email: ffvbp@yahoo.com

Existing Use: Residential - lot
 Proposed Use: Single Family Residence
 Estimated Construction Cost: \$ 600,000
 Description of Work: Building new residential construction

Contractor Company: Home Owner
 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: Aminco Services
 Responsible Design Prof.: Ray Amin
 Address: 207 Martins Lane
 City: Rockville State: MD Zip Code: 20850
 Phone: 301-674-3766 Fax: 240-453-9972
 Email: Ramin26@aol.com

Commercial Building Characteristics	Residential Building Characteristics
Height:	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1 st floor: <u>59'-3" 96'-8"</u>
Area of construction (sq. ft.):	2 nd floor: <u>55'-8" 91'-5"</u>
Use group:	Basement:
	<input type="checkbox"/> Finished Basement
	<input checked="" type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
Construction type:	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>
<input type="checkbox"/> Structural Steel	No. of efficiency units:
<input type="checkbox"/> Masonry	No. of 1 BR units:
<input type="checkbox"/> Wood Frame	No. of 2 BR units:
<input type="checkbox"/> State Certified Modular	No. of 3 BR units:
	Other Structure:
	Dimensions:
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas	
<input checked="" type="checkbox"/> Other: <u>Geo Thermal</u>	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number: <u>G13000116</u>	
Building Shell Permit Number:	

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: Varsha Patel Print Name: VARSHA PATEL
 Email Address: ffvbp@yahoo.com Date: 4/11/13
 Title/Company: Owner

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input type="checkbox"/> Building Officials		
<input type="checkbox"/> PSZA (Zoning)		
<input type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		<u>7240 Burard</u>

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

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>100.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>2114</u>



Office of the Health Officer

7178 Columbia Gateway Drive, Columbia, MD 21046-2147

Main: 410-313-6300 | Fax: 410-313-6303

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: HowardCoHealthDep

Maura J. Rossman, M.D., Health Officer

DATE: May 6, 2013

TO: Mr. and Mrs. Varsha & Bhupendra Patel
Via-e-mail: ffvbp@yahoo.com

RE: **Building Permit # B13001437**
6831 Green Hollow Way
Highland, Maryland 20777

Mr. and Mrs. Patel,

Further review is contingent upon submission of a revised building plan showing the following:

- Building plans for a four (4) bedroom house must be submitted. The shared septic system designed for this subdivision only allows four (4) bedroom houses.
- Floor plans must be submitted for a 4 bedroom house.
- Building permit application must be resubmitted to reflect new building plans for a four (4) bedroom house.

Your building permit will be placed "on hold" until all Health Department requirements are met. If you have any questions or correspondence, I can be reached at the above address or by telephone at (410) 313-2775.

Respectfully,

A handwritten signature in cursive script that reads 'Dana Bernard'.

Dana Bernard, REHS/RS

Environmental Specialist II

Bureau of Environmental Health

Well and Septic Program

Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file

PROPERTY LOCATION:
 6831 GREEN HOLLOW WAY
 HIGHLAND, MARYLAND 20777
 LOT 14, TAX MAP #40, ELECTION DISTRICT 4TH
 HARWOOD W. OWINGS PROPERTY
 PLAT NO. 18321
 HOWARD COUNTY, MARYLAND

AREA CALCULATIONS:
 LOT AREA = 36,209 SQ FT (0.8312 AC)
 AREA OF DISTURBANCE = 20,352 SQ FT (0.4672 AC)
 TOTAL CUT = 915 CY
 TOTAL FILL = 1,332 CY

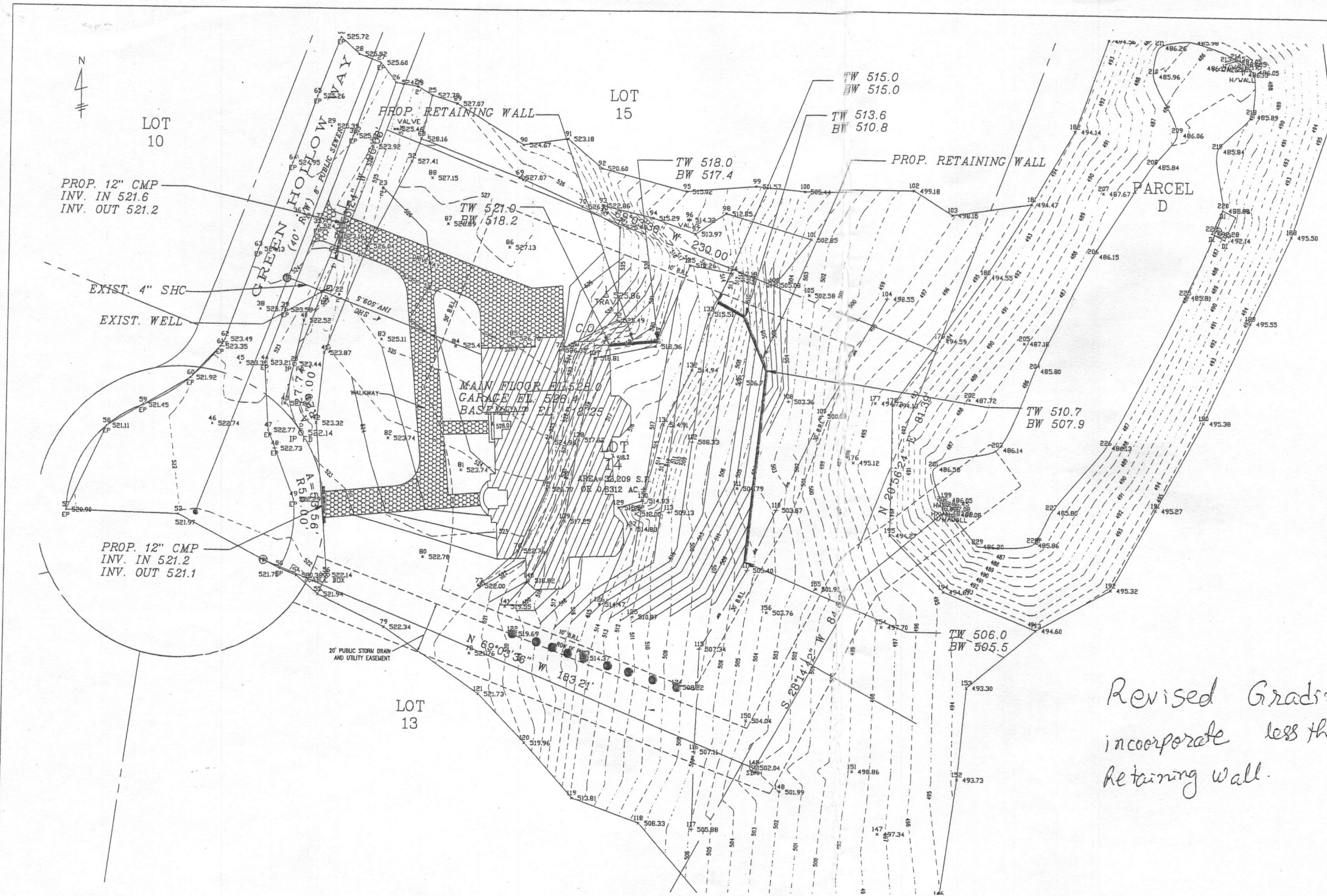
- GENERAL NOTES:**
- BUILDING CONSTRUCTION ON THIS LOT#14 SHALL BE IN ACCORDANCE TO APPROVED "OWING PROPERTY" DEVELOPMENT, HOWARD COUNTY, MARYLAND, UNDER DEPARTMENT OF PUBLIC AND ZONING FILE NUMBERS F-03-133, S-01-18, AND P-02-018.
 - THE CONTRACTOR SHALL NOTIFY THE FOLLOWING AGENCIES AT LEAST (5) WORKING DAYS PRIOR TO THE START OF WORK:
 DEPARTMENT OF PUBLIC WORKS AT (410) 313-2455,
 BUREAU OF ENGINEERING AT (410) 313-6444,
 CONSTRUCTION INSPECTIONS AND ENFORCEMENTS (410) 313-1823.
 - THE CONTRACTOR SHALL NOTIFY "MISS UTILITY" AT 1-800257-7777 AT LEAST 48 HOURS PRIOR TO ANY EXCAVATION WORK BEING DONE.
 - CONTRACTOR SHALL USE THE DIRT FROM THE EXCAVATION OF THE BASEMENT AS REQUIRED ALONG THE SITE AREA.
 - SEWER HOUSE CONNECTION IS SHOWN IN THE PLAN. CONTRACTOR SHALL EXTEND TO APPROVED COMBINED SEPTIC AREA AS SHOWN IN APPROVED "OWINGS PROPERTY" PLAN SHEET 17 OF 29 UNDER DEPARTMENT OF PLANNING AND ZONING FILE NUMBER F-03-133.
 - ALL DRIVEWAY CULVERTS SHALL BE BUILT IN ACCORDANCE TO HOWARD COUNTY DEPARTMENT OF PUBLIC WORKS DETAIL NO. R-6.06. INVERTS SHOWN IN THE PLAN ARE APPROXIMATE, CONTRACTOR SHALL MAINTAIN POSITIVE DRAINAGE.
 - EXISTING SUPER SILT FENCE WILL REMAIN DURING THE CONSTRUCTION AND PERFORM AS MEASURE FOR EROSION AND SEDIMENT CONTROL.
 - CONTRACTOR SHALL STABILIZE ALL DISTURBED AREAS BY THE END OF EACH WORKING DAY IF THE RUNOFF FROM THE DISTURBED AREAS ARE NOT DIRECTED TO ANY APPROVED SEDIMENT CONTROL MEASURE.

Revised Grading to incorporate less than 3' of retaining wall.

REVISED
 Date: 5/14/13
 Comments: B13001437

BASIS OF BEARINGS:
 THE MEASURED HORIZONTAL DATUM IS BASED ON MARYLAND STATE PLANE NAVD83

VERTICAL DATUM:
 THE VERTICAL DATUM IS BASED ON NAVD83 - HOWARD COUNTY BENCH MARK No. 34-B AND 24-C.

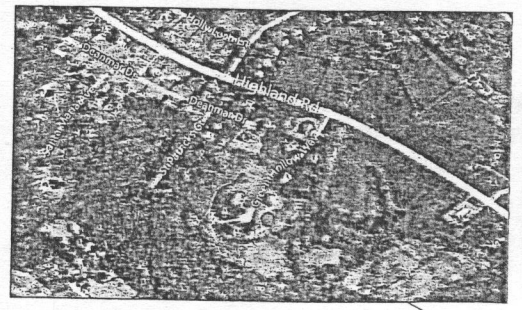


LOT 14, SITE PLAN

SCALE: 1" = 20'

LEGEND

- CHAIN LINK FENCE
- LP LIGHT POLE
- UP UTILITY POLE
- SDMH STORM DRAIN MANHOLE
- GUY
- SMH SEWER MANHOLE
- WMR WATER METER
- TRAV TRAVERSE CONTROL POINT
- WLET STORM DRAIN INLET
- HYR HYDRANT
- WV WATER VALVE
- 15' TREE/SIZE
- SIGN
- C.O. CLEAN OUT
- TW TOP OF WALL
- BW BOTTOM OF WALL



KEY PLAN

LOT 14

SCALE: NONE

ARENCO, LLC
 ARCHITECTURAL ENGINEERING CONSULTANTS
 PHONE: 240-416-1389, FAX 886-374-5418
 EMAIL: prefalp@arenco-llc.com

SITE PLAN
 6831 GREEN HOLLOW WAY, HIGHLAND
 LOT 14
 HARWOOD W. OWINGS PROPERTY
 PLAT No. 18321
 HOWARD COUNTY, MARYLAND

DATE:	NOV. 15, 2012
SCALE HZ:	1"=20'
SCALE VT:	N/A
DRAWN BY:	SA
COMPUTED BY:	SA
CHECKED BY:	PP

C-1
 DRAWING 1 OF 1