

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00147542 *MEP*

Building Address 4179 HERITAGE HILL LA.
ELLCOTT CITY, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 605101 Subdivision Glenely Manor Farms
Section _____ Area _____ Lot 10
Tax Map 22 Parcel 282 Grid _____
Zoning RR Map Coordinates 10D12 Lot size _____

Property Owner's Name ADONIS KRANWINKEL
Address 4179 HERITAGE HILL LA
City ELLCOTT State MD Zip Code 21042
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 240-375-5348 Fax 410-552-3610

Existing Use SFD
Proposed Use SAME WITH ADDITION
Estimated Construction Cost \$ 250,000
Description of Work NEW TWO STORY ADD. CREATING
INLARGE MSTR. SUITE
MSTR. BATH, RELOCATE KITCHEN, RELOCATE EXISTING
3 BR., ADD 2 FB. + 2 HB., NEW 3 CAR GARAGE, PORCHES ^{HOT TUB}

Contractor Company OWNER
Contact Person ADONIS KRANWINKEL
Address 4179 HERITAGE HILL LA.
City ELLCOTT State MD Zip Code 21042
License No. _____
Phone _____ Fax _____

Occupant or Tenant OWNER
Contact Name ADONIS KRANWINKEL ^{OPT. 3TH BR. IN BASEMENT WITH RI IN BSMT.}
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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: _____ Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Adonis K. Kranwinkel
Applicant's Signature
OWNER
Title/Company

ADONIS KRANWINKEL
Print Name
4-21-04
Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>6/30/04</u>	<u>Mark R. Rife</u>
<input type="checkbox"/> 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 NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 9651

Filing fee \$ 85

Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 6421
Validation # 44216

Accepted by *DR*

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07004346

TO HEALTH this is Easy to read ^{Copy}

Building Address 4179 Heritage Hill
Ellicott City 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 Adonis Krenwinkel
Address 4179 Heritage Hill
City Ellicott City State MD Zip Code 21042
Home Phone 443-804-9094 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Same as contractor
Phone _____ Fax _____

Existing Use Single family dwelling
Proposed Use Same with propane tank
Estimated Construction Cost \$ 100.00
Description of Work Install ~~two~~ one 1000 gallon
underground propane tanks.

Contractor Company Amerigas
Contact Person Gabe Raden
Address 10097 Baltimore Natl Pike
City Ellicott City State MD Zip Code 21042
License No. 79808
Phone 410-465-0800 Fax 410-465-0803

Occupant or Tenant owner
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - **COMMERCIAL**

BUILDING DESCRIPTION - **RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input 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 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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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	

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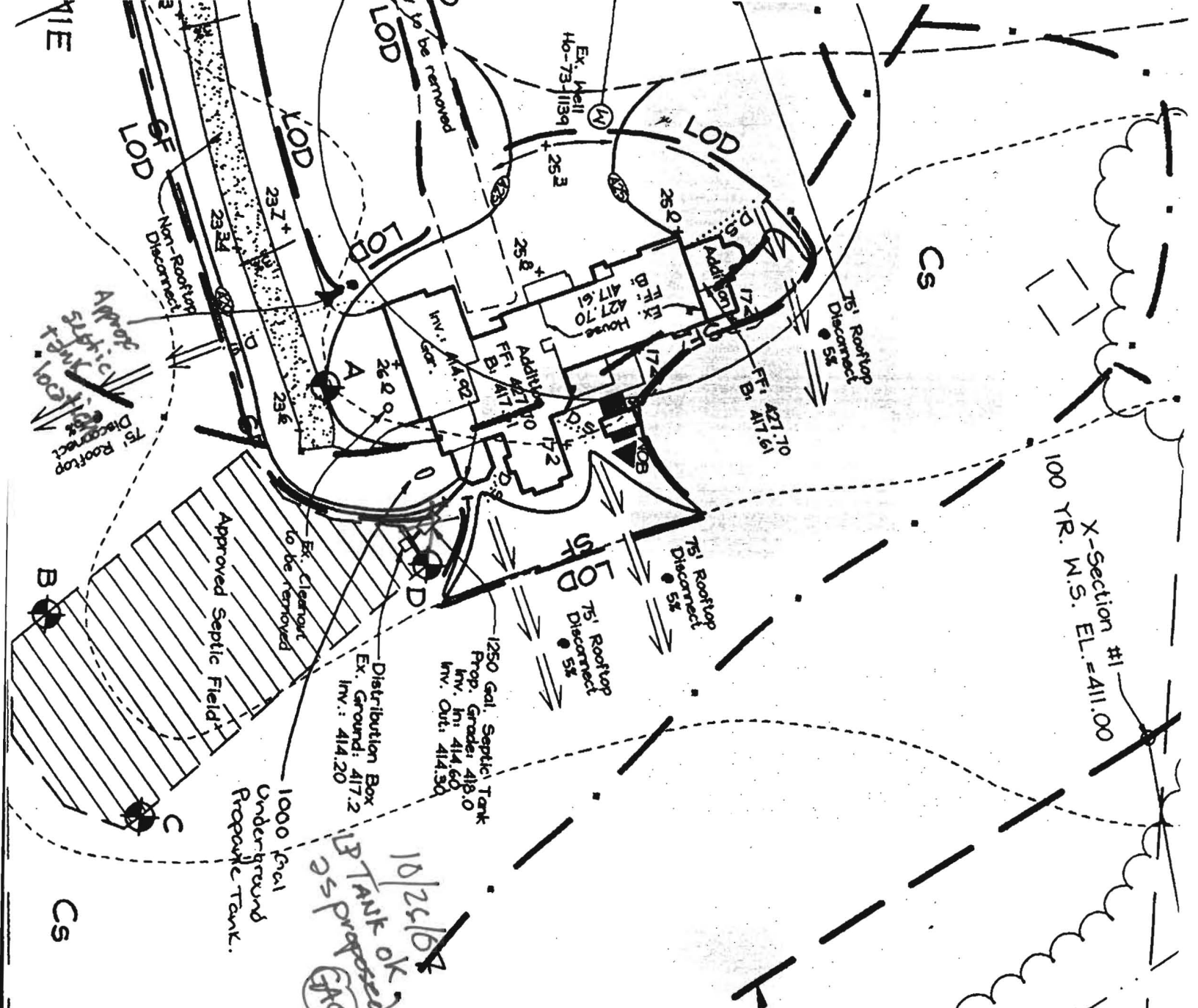
[Signature]
Applicant's Signature
Commercial Account Manager
Title/Company

Gabe Raden
Print Name
10-09-07
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

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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>10/26/07</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 # <u>4995</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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\norma\PERMIT.FRM			SDP/Red-line approval date _____	

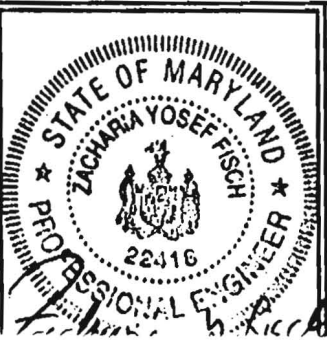


PLOT PLAN

4179 HERITAGE HILL LANE

TAX MAP 22 GRID 23
5TH ELECTION DISTRICT

PARCEL 282
HOWARD COUNTY, MARYLAND



FSH Associates

Engineers Planners Surveyors

8318 Forrest Street Ellicott City, MD 21043

Tel: 410-750-2251 Fr 750-7350

E-mail: FSHAssociates@comcast.net

DESIGN BY: PS

DRAWN BY: Sllm

CHECKED BY: ZYF

SCALE: 1"=50'

DATE: June 28, 2004

W.O. No.: 3249

SHEET No.: 1 OF 1

30' BRL

Glennelg Manor - Lot 10

11/15/00

Cindy DelZappo inquired about building a new house instead of an addition.

After review of the perc results, it appears the 10,000 sq designated area may have H₂O problems. Advised her to reperc before applying for BP.

Perc scheduled for 11/21/00

AK

TO HOLLY QUARTER RD.

N 26° 27' 48" W

50' WIDE R/W

672.54'

N 89° 50' E

230'

Existing house

Proposed addition

250'

10/24/95

LINE DEPARTMENT

20' SEPARATION LINE

4556 sq' COST
TO ADDITION

Existing
drain
fields

Septic
tank

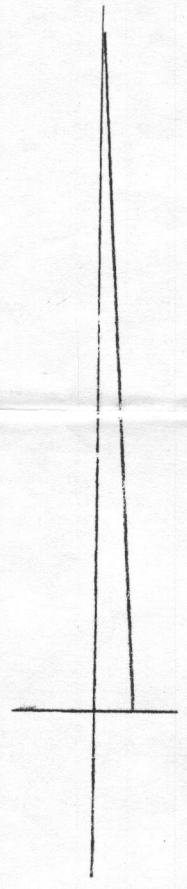
Septic

Proposed
drain
fields

230'

APPROX 50A

N 15° 40' E



PLOT PLAN