



# 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: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 11336 WILLOW RIDGE LN  
City: ELLSWORTH CITY State: MD Zip Code: 21042  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SF  
Proposed Use: SF  
Estimated Construction Cost: \$ 2,000

Description of Work: Deck - 2  
30' x 24' - OPEN - with stairs - (200)

Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied? ☐ Yes ☐ No  
Contact Name: \_\_\_\_\_  
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 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
	<input type="checkbox"/> Finished Basement
	<input type="checkbox"/> Unfinished Basement
	<input type="checkbox"/> Crawl Space
	<input type="checkbox"/> Slab on Grade
<b>Construction type:</b>	No. of Bedrooms: _____
<input type="checkbox"/> Reinforced Concrete	<b>Multi-family Dwelling</b>
<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: _____
<b>Roadside Tree Project Permit</b>	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
<b>Roadside Tree Project Permit #</b>	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Property Owner's Name: MONA AMLAN  
Address: 11336 WILLOW RIDGE LN  
City: ELLSWORTH CITY State: MD Zip Code: 21042  
Phone: 443-794-5949  
Email: MONA@YAHOO.COM

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: Same  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

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

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

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

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: MONA AMLAN  
Email Address: MONA@YAHOO.COM  
Title/Company: \_\_\_\_\_

Print Name: MONA AMLAN  
Date: 4/14/10

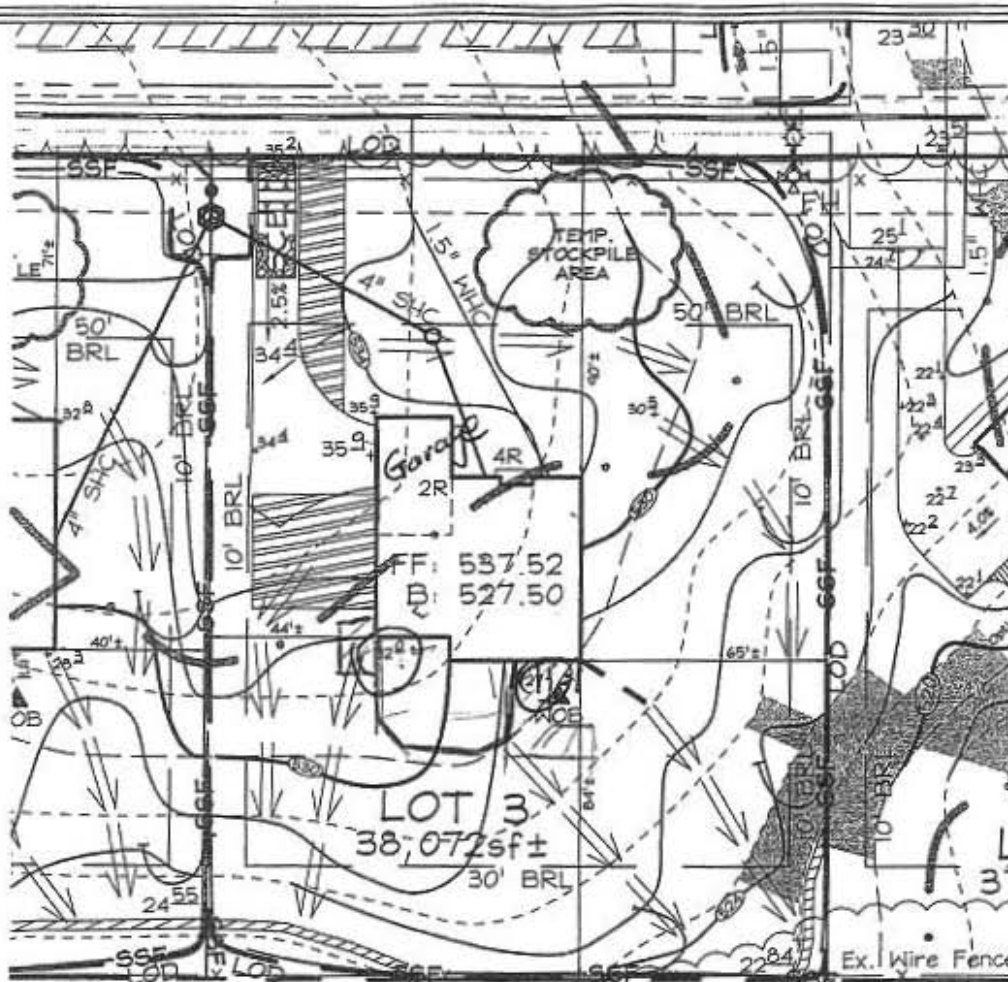
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health		
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> 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	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SMA



WILLOW RIDGE W.



HOUSE: AMLANI

*Mark@classical.net*  
**APPROVED**  
 WALKTHRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# \_\_\_\_\_  
 APP. SAN \_\_\_\_\_ DATE: 4/7/14  
 DESC. OF WORK: Deck 30x24'  
 with stairs  
*Approved as shown*

DESIGN BY: CRH2  
 DRAWN BY: CRH2  
 CHECKED BY: ZYF  
 SCALE: As Noted  
 DATE: August 1, 2013  
 W.O. No.: 3033  
 SHEET No. 1 OF 1

**FSH Associates**  
 Engineers Planners Surveyors  
 6339 Howard Lane Elkridge, MD 21075  
 Tel: 410-567-5200 Fax: 410-798-1562  
 E-mail: info@fisher.com

**PRELIMINARY LAYOUT**  
**WILLOW RIDGE**

LOT 3

GP-13-066 & Plat #22030-22033

TAX MAP 16, GRID 15 PARCELS 89, 91 & 201  
 3RD ELECTION DISTRICT HOWARD CO., MD



# 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: 11/27/13

Permit No.: B/3004381

Building Address: 11336 Willow Ridge Lane  
City: Ellicott City State: MD Zip Code: 21042  
Suite/Apt. #: SDP/WP/BA #: 3  
Census Tract: Subdivision: Willow Ridge  
Section: Area: Lot: 3  
Tax Map: 16 Parcel: 89, 91, 201 Grid: 15  
Zoning: Map Coordinates: Lot Size:

Property Owner's Name: Rashmi + Mohan Amlani  
Address: 6097 Spring Drive  
City: COLUMBIA State: MD Zip Code: 21044  
Phone: 443-744-1873 Fax:  
Email: reamlani@yahoo.com

Applicant's Name & Mailing Address, (if other than stated herein)  
Applicant's Name: Classic Homes  
Address: 90 W Edmonston Rd  
City: Rockville State: MD Zip Code: 20852  
Phone: 301-291-2001 Fax:  
Email: x311 csuisher@classicmd.net

Existing Use: open lot  
Proposed Use: New Home construction  
Estimated Construction Cost: \$ 475,000.00  
Description of Work: TO BUILD A NEW SINGLE  
Family home according to plans.

Owner: Mohan + Rashmi Amlani  
Was tenant space previously occupied? ☐ Yes ☒ No  
Contact Name: Rashmi Amlani  
Address: 6097 Spring Dr  
City: Columbia State: MD Zip Code: 21044  
Phone: 443-744-1873  
Email: reamlani@yahoo.com

Contractor Company: Classic Homes  
Contact Person: Colleen Suisher  
Address: 90 W Edmonston Rd  
City: Rockville State: MD Zip Code: 20852  
License No: 5421  
Phone: 301-291-2001 Fax:  
Email: csuisher@classicmd.net

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

Commercial Building Characteristics	Residential Building Characteristics
Height: 34' 10 1/2"	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse
No. of stories: 2	Depth Width
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: 103' 6" 54' 4"
Area of construction (sq. ft.):	2 <sup>nd</sup> floor: 63' 6" 54' 4"
Use group:	Basement:
Construction type:	<input checked="" type="checkbox"/> Finished Basement
<input checked="" type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input checked="" type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input checked="" type="checkbox"/> Wood Frame	No. of Bedrooms: 4
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling
	No. of efficiency units: N/A
	No. of 1 BR units: N/A
	No. of 2 BR units: N/A
	No. of 3 BR units: N/A
	Other Structure: N/A
	Dimensions: N/A
	Footings: N/A
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

Utilities	
Water Supply	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	COMMUNITY SEPTIC
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
Sprinkler System:	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Grading Permit Number:	G13000286
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 THERE TO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]  
Email Address: Permit Processor  
Title/Company:

Print Name: Lillian Rubenstein  
Date: 11/27/13

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		

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 checked="" type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 14680

Distribution of Copies: White: Building Officials

Green: PSZA/Zoning

Yellow: PSZA/Engineering

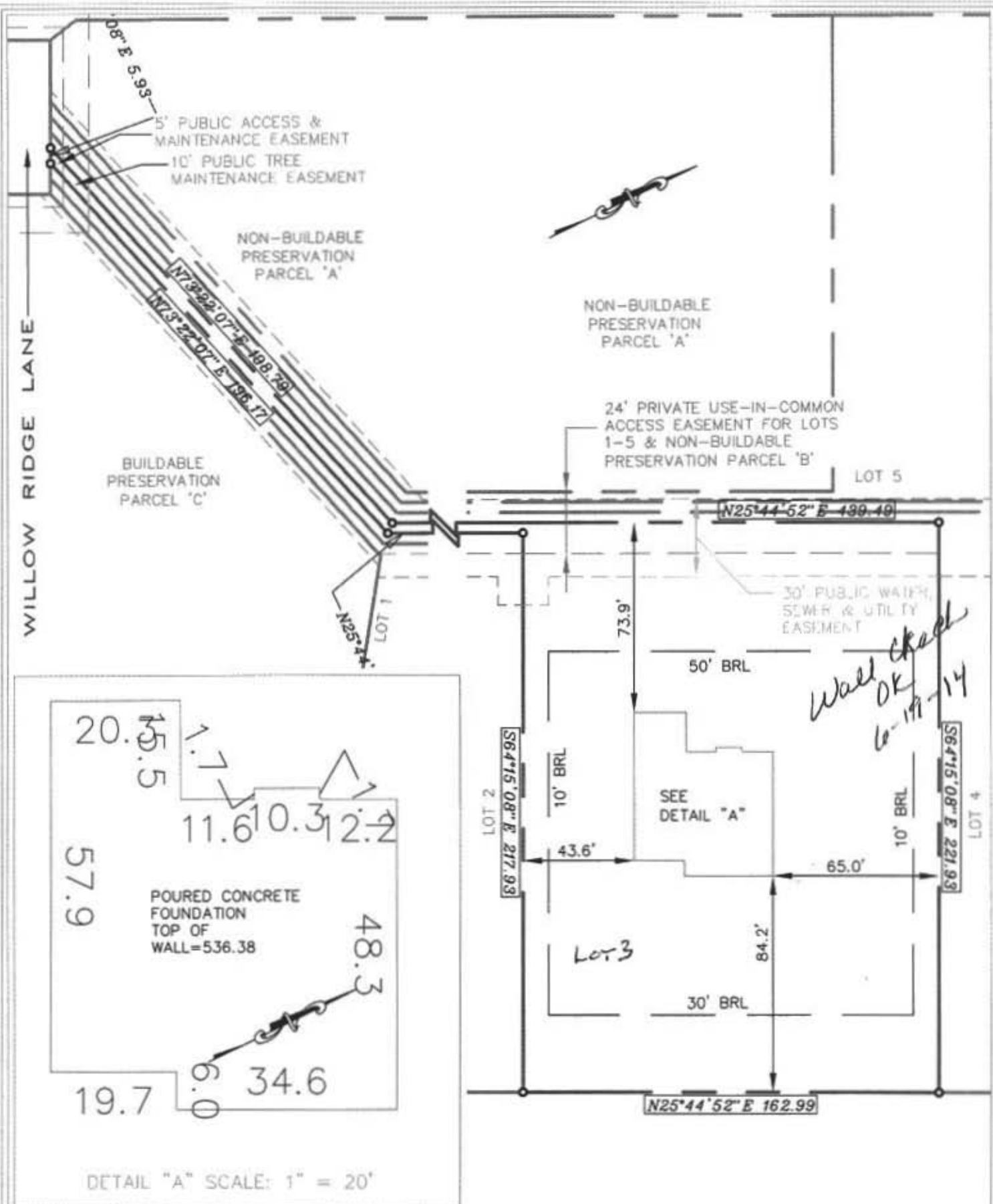
Pink: Health

Gold: SHA

T:\Operations\Updated Forms\Building\aplnp 8.2013.docx

Applied up to 100%  
Howard County Health Department  
615004381  
4-Redman 57D approved





DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE +/-0.1'

ADDRESS No.: 11336 Willow Ridge Lane Lot 3 WILLOW RIDGE

TOP OF WALL ELEV. = 536.38'

THIS LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THIS LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS.

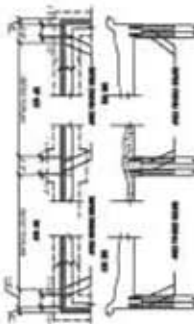
THIS LOCATION DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.

**FSH Associates**

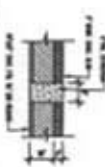
Architectural floor plan of the first floor of a building. The plan shows various rooms including an Office, Reception Room, Waiting Room, and several restrooms. It includes detailed dimensions for walls, doors, and furniture. A north arrow is located in the upper right corner. The plan is labeled "FIRST FLOOR" and "PLAN".

**1 BASEMENT/FOUNDATION PLAN**  
SCALE 1/4"=1'-0"

## 2 GARAGE STRAPS LOCATION



3 PLUMBING SLEEVE  
MIS



LEONARD

- **1. Introduction**
- **2. The Role of the Teacher**
- **3. The Role of the Student**
- **4. The Role of the Parent**
- **5. The Role of the Community**
- **6. The Role of the Government**
- **7. The Role of the Media**
- **8. The Role of the Church**
- **9. The Role of the Family**
- **10. The Role of the Individual**

NOTE:  
ALL POINT LOADS (ROOF AND BEAMS)  
TO GO THROUGH FLOORS  
NO SQUASH BLOCKS

GENERAL INFORMATION	
NAME	PROJECT
STATUS	STATUS
DESCRIPTION	DESCRIPTION
DATE	DATE
GENERAL INFORMATION	
1. PROJECT NAME	
2. PROJECT LOCATION	
3. PROJECT TYPE	
4. PROJECT PHASE	
5. PROJECT BUDGET	
6. PROJECT RISK	
7. PROJECT TEAM	
8. PROJECT SCHEDULE	
9. PROJECT DELIVERABLES	
10. PROJECT STAKEHOLDERS	
11. PROJECT COMMUNICATION	
12. PROJECT REPORTING	
13. PROJECT EVALUATION	
14. PROJECT CLOSURE	
15. PROJECT ARCHIVE	

PERMIT SE  
11-6-2013  
IDENCE

## THE AMLANI RESIDENCE

11336 WILLOW RIDGE LANE  
ELLICOTT CITY, MD 21042

**CLASSIC HOMES**  
of MARYLAND

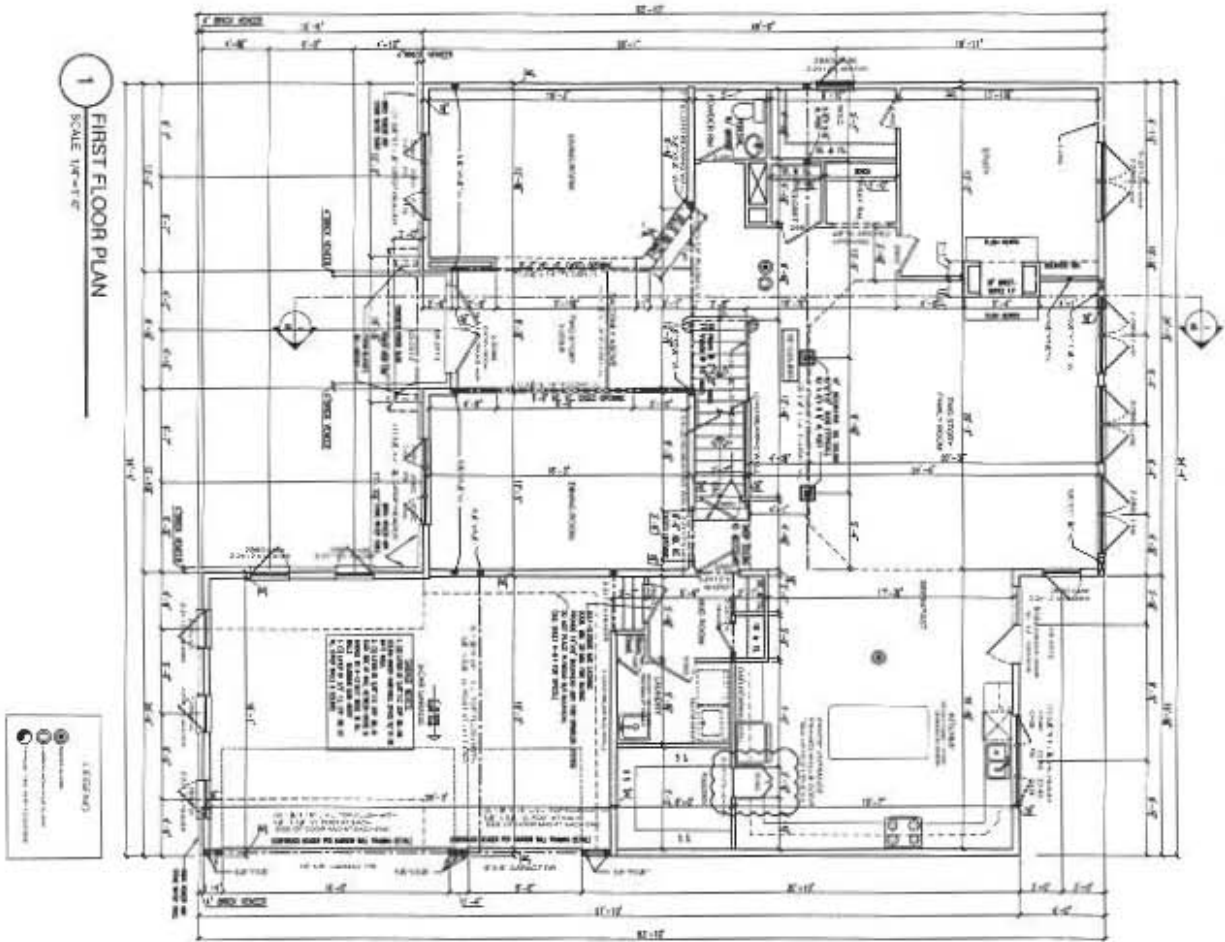
30 W. Edmanston Drive Suite 405  
Rockville, MD 20852  
Tel: 301 251 2001 Fax: 301 251 1322  
[www.classicmd.net](http://www.classicmd.net)

A-1.0

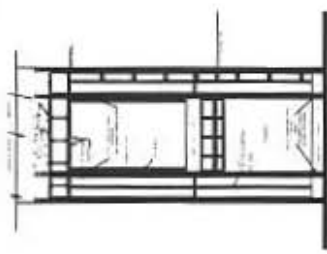
**Chemical Process**

11

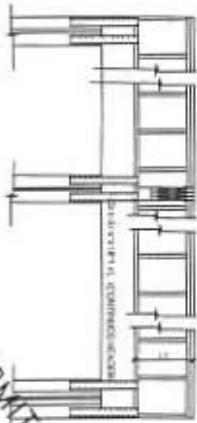
**1 FIRST FLOOR PLAN**  
SCALE 1/4"=1'-0"



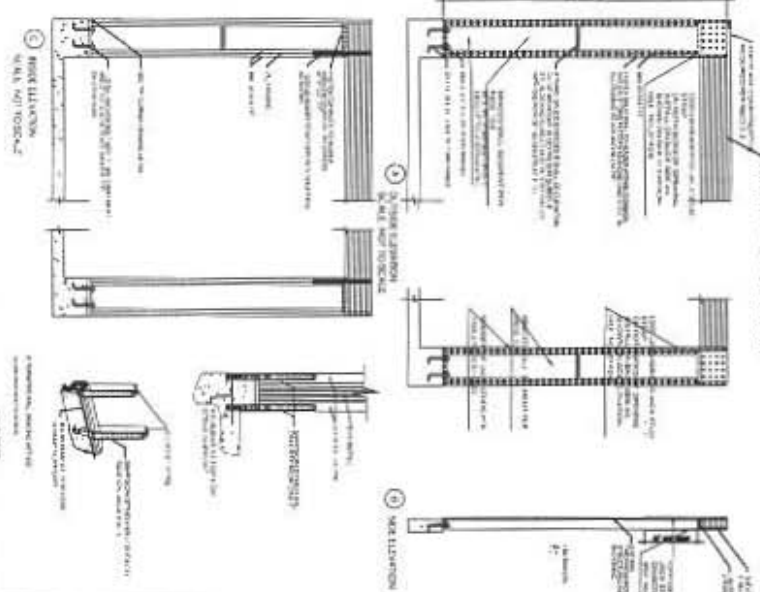
**2 FOYER NARROW WALL FRAMING**  
NOT TO SCALE



**3 GARAGE HEADER**  
NOT TO SCALE



**4 GARAGE NARROW WALL FRAMING**  
NOT TO SCALE



**NOTE:**  
ALL POINT LOADS (ROOF AND BEAMS)  
TO GO THROUGH FLOORS  
NO SQUASH BLOCKS

ITEM	DESCRIPTION	QUANTITY	UNIT
1	2x10 JOIST	10	LF
2	2x12 JOIST	5	LF
3	2x14 JOIST	2	LF
4	2x16 JOIST	1	LF
5	2x18 JOIST	1	LF
6	2x20 JOIST	1	LF
7	2x22 JOIST	1	LF
8	2x24 JOIST	1	LF
9	2x26 JOIST	1	LF
10	2x28 JOIST	1	LF

**THE AMLANI RESIDENCE**

11336 WILLOW RIDGE LANE  
ELLICOTT CITY, MD 21042

**CLASSIC HOMES**  
of MARYLAND

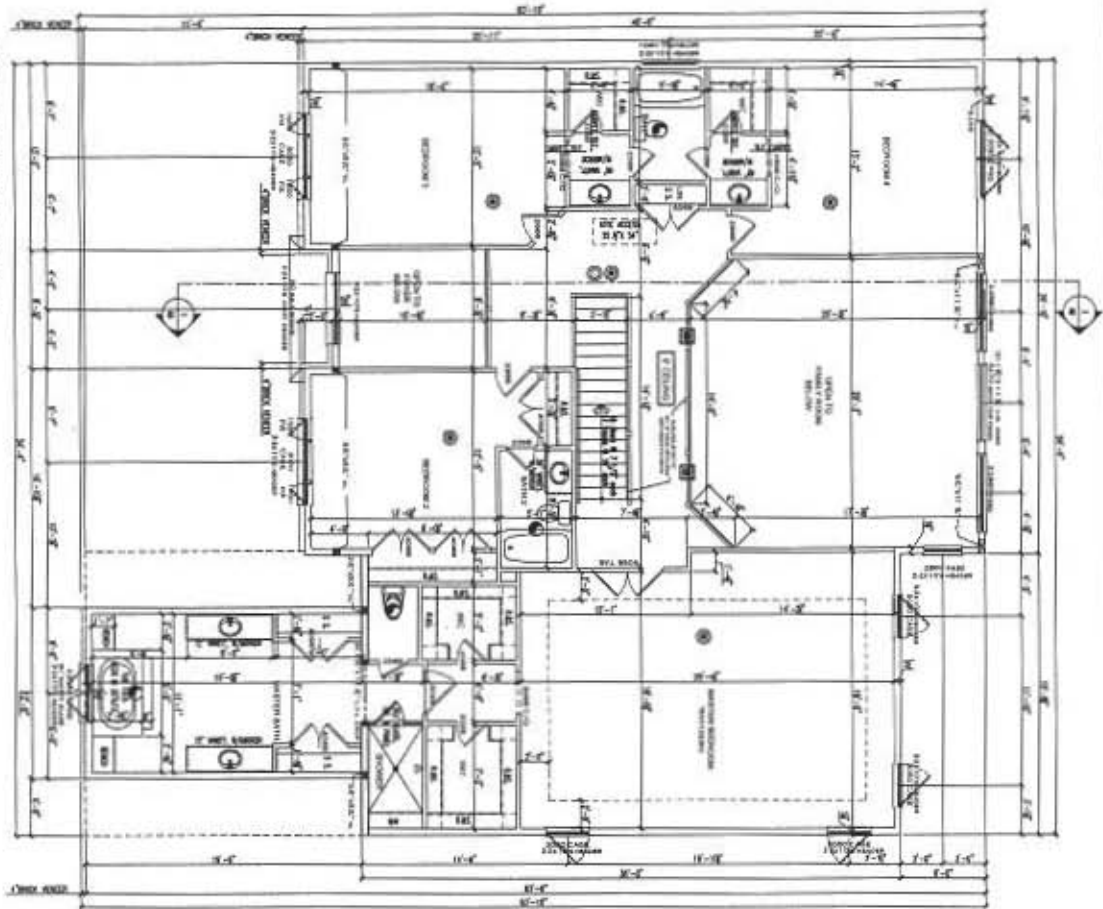
30 W. Edmonston Drive Suite 401  
Hagerstown, MD 20632  
Tel: 301-251-3001 Fax: 301-251-1232  
www.classicmd.net

A-2.0

PERMIT  
11-6-2013

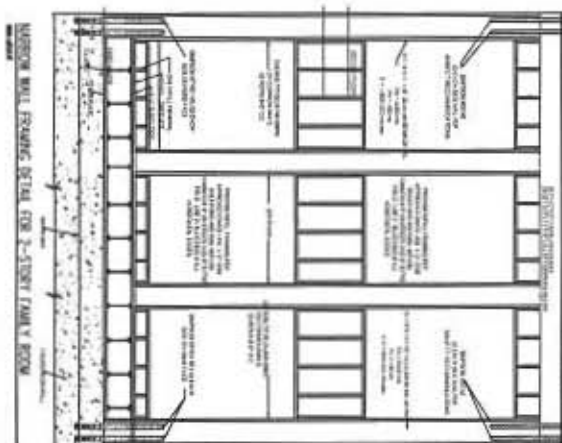
# 1 SECOND FLOOR PLAN

SCALE: 1/8" = 1'-0"



# 2 NARROW WALL FRAMING @ FAMILY RM

NTB



NOTE:  
 ALL POINT LOADS (ROOF AND BEAMS)  
 TO GO THROUGH FLOORS  
 NO SQUASH BLOCKS

DESCRIPTION	QTY	UNIT
2x10 JOIST	1	LINEAL
2x12 JOIST	1	LINEAL
2x14 JOIST	1	LINEAL
2x16 JOIST	1	LINEAL
2x18 JOIST	1	LINEAL
2x20 JOIST	1	LINEAL
2x22 JOIST	1	LINEAL
2x24 JOIST	1	LINEAL
2x26 JOIST	1	LINEAL
2x28 JOIST	1	LINEAL
2x30 JOIST	1	LINEAL
2x32 JOIST	1	LINEAL
2x34 JOIST	1	LINEAL
2x36 JOIST	1	LINEAL
2x38 JOIST	1	LINEAL
2x40 JOIST	1	LINEAL
2x42 JOIST	1	LINEAL
2x44 JOIST	1	LINEAL
2x46 JOIST	1	LINEAL
2x48 JOIST	1	LINEAL
2x50 JOIST	1	LINEAL
2x52 JOIST	1	LINEAL
2x54 JOIST	1	LINEAL
2x56 JOIST	1	LINEAL
2x58 JOIST	1	LINEAL
2x60 JOIST	1	LINEAL
2x62 JOIST	1	LINEAL
2x64 JOIST	1	LINEAL
2x66 JOIST	1	LINEAL
2x68 JOIST	1	LINEAL
2x70 JOIST	1	LINEAL
2x72 JOIST	1	LINEAL
2x74 JOIST	1	LINEAL
2x76 JOIST	1	LINEAL
2x78 JOIST	1	LINEAL
2x80 JOIST	1	LINEAL
2x82 JOIST	1	LINEAL
2x84 JOIST	1	LINEAL
2x86 JOIST	1	LINEAL
2x88 JOIST	1	LINEAL
2x90 JOIST	1	LINEAL
2x92 JOIST	1	LINEAL
2x94 JOIST	1	LINEAL
2x96 JOIST	1	LINEAL
2x98 JOIST	1	LINEAL
2x100 JOIST	1	LINEAL

PERMIT SET  
 11-6-2013

THE AMLANI RESIDENCE

11336 WILLOW RIDGE LANE  
 ELLICOTT CITY, MD 21042

CLASSIC HOMES  
 of MARYLAND  
 Builders Overseas  
 50 W. Cameron Drive Suite 405  
 Rockville, MD 20850  
 Tel: 301 251 2001 Fax: 301 251 1222  
 www.classicmd.net

A-3.0







