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.: B1600901

Building Address: 11309 WILLOW RIDGE LANE
City: Ellicott 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: Residence
Proposed Use: Residence
Estimated Construction Cost: $ 500,000
Description of Work: 9,928 SF two story Addition to existing 1,930 SF existing house
Occupant or Tenant: _____
Was tenant space previously occupied? ☐Yes ☐No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Property Owner's Name: SAKAR KANLE
Address: 11309 Willow Ridge Lane
City: Ellicott City State: MD Zip Code: 21042
Phone: 443-824-0592 Fax: _____
Email: Imsakar@gmail.com

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Amit Barman
Address: 8101 Sandy Spring Road
City: LAUREL State: MD Zip Code: 20707
Phone: 864-643-7251 Fax: _____
Email: amitbarman.arch@gmail.com

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

Engineer/Architect Company: SAA ARCHITECTURE
Responsible Design Prof.: R. Glen Stephens
Address: 8101 Sandy Spring Road
City: LAUREL State: MD Zip Code: 20707
Phone: 301-573-0600 Fax: _____
Email: EXT-138 Glen@saa-arch.com

Commercial Building Characteristics	Residential Building Characteristics
Height:	☑ SF Dwelling ☐ SF Townhouse
No. of stories:	Depth Width
Gross area, sq. ft./floor:	1st floor:
	2nd floor:
Area of construction (sq. ft.):	Basement:
	☑ Finished Basement
Use group:	☐ Unfinished Basement
	☐ Crawl Space
Construction type:	☐ Slab on Grade
☐ Reinforced Concrete	No. of Bedrooms: 5
☐ Structural Steel	Multi-family Dwelling
☐ Masonry	No. of efficiency units:
☐ Wood Frame	No. of 1 BR units:
☐ State Certified Modular	No. of 2 BR units:
	No. of 3 BR units:
	Other Structure:
	Dimensions:
Roadside Tree Project Permit	Footings:
☐Yes ☐No	Roof:
Roadside Tree Project Permit #	☐ 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	
☐ Other:	
Sprinkler System:	
☑ Yes ☐ No	
Grading Permit Number:	
Building Shell Permit Number:	

RECEIVED
MAR 10 2016
LICENSES & PERMITS DIVISION
9:20 AM

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 _____ Print Name AMIT BARMAN

Email Address amitbarman.arch@gmail.com Date 03/10/16

Title/Company Associate / SAA Architecture

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	3/23/16	

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

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:	

Filing Fee	$ 25.00
Permit Fee	$
Tech Fee	$
Excise Tax	$
PSFS	$
Guaranty Fund	$
Add'l per Fee	$
Total Fees	$
Sub- Total Paid	$
Balance Due	$
Check	#

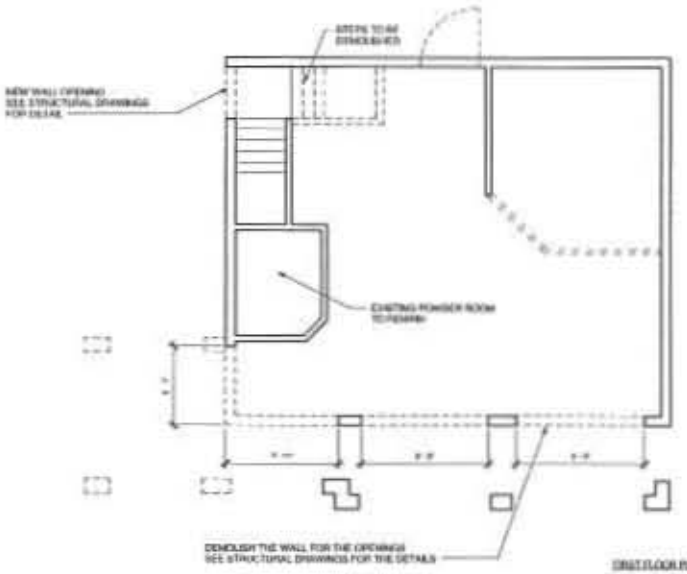
Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx

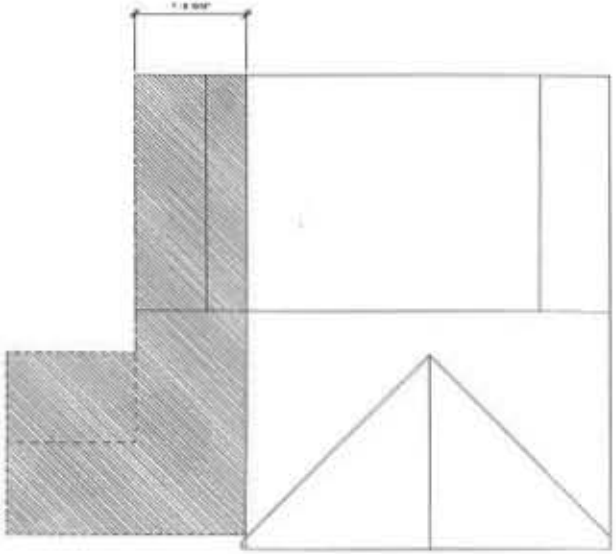
LEGEND

ITEMS TO BE DEMOLISHED

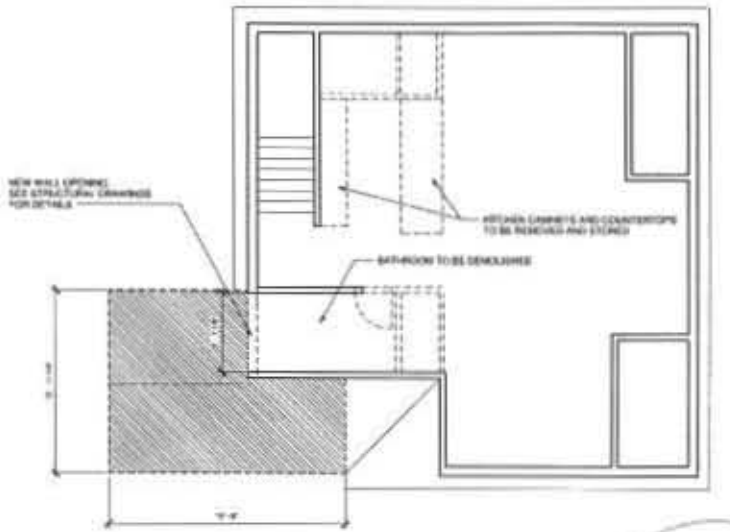
ROOF TO BE DEMOLISHED



FIRST FLOOR PLAN



ROOF PLAN



SECOND FLOOR PLAN

1 DEMOLITION PLANS
1/4" = 1'-0"

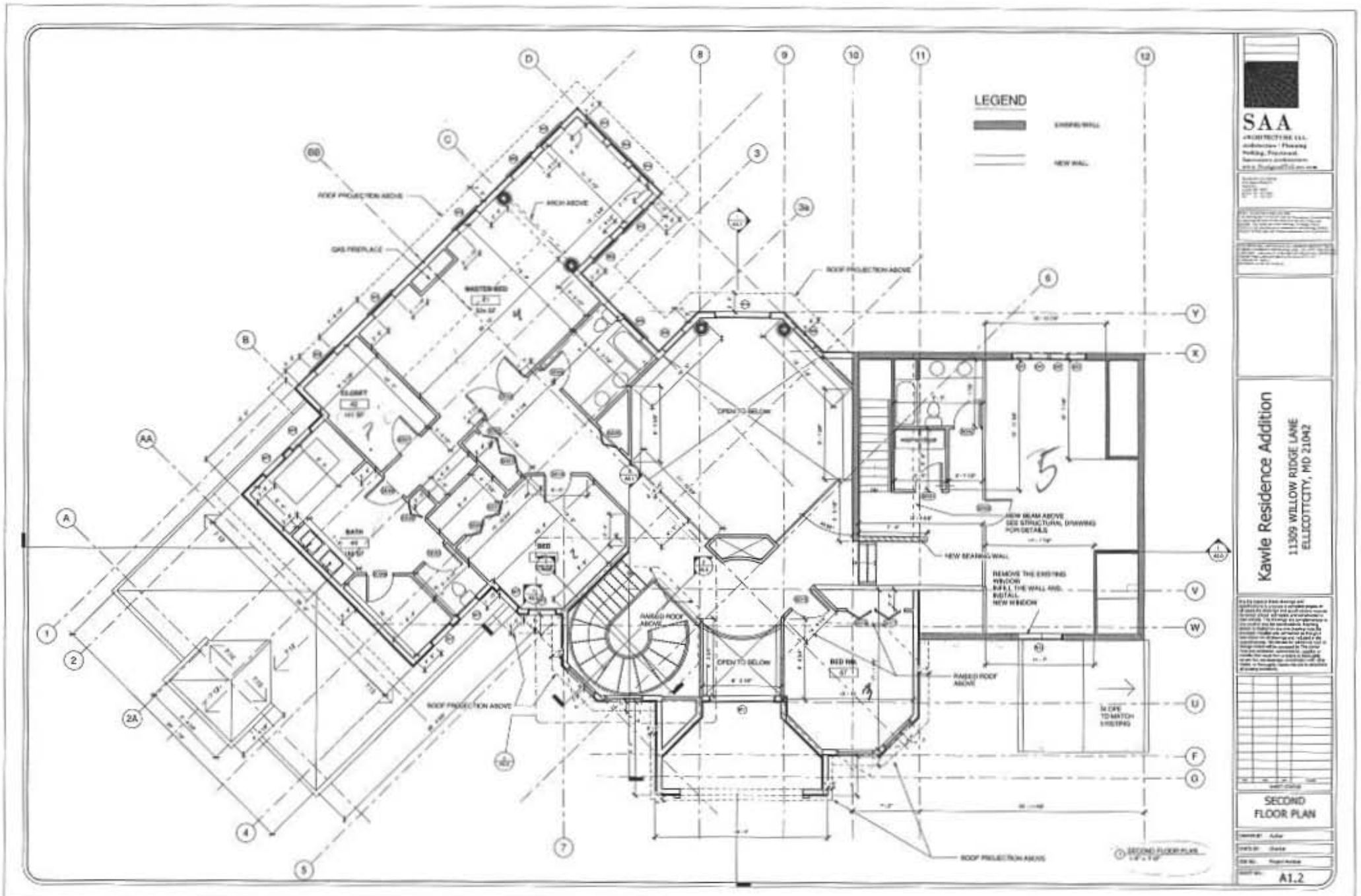
SAA

KAWLE RESIDENCE
ADDITION
11309 WILLOW RIDGE LANE
ELLICOTT CITY, MD 21042

DEMO PLAN

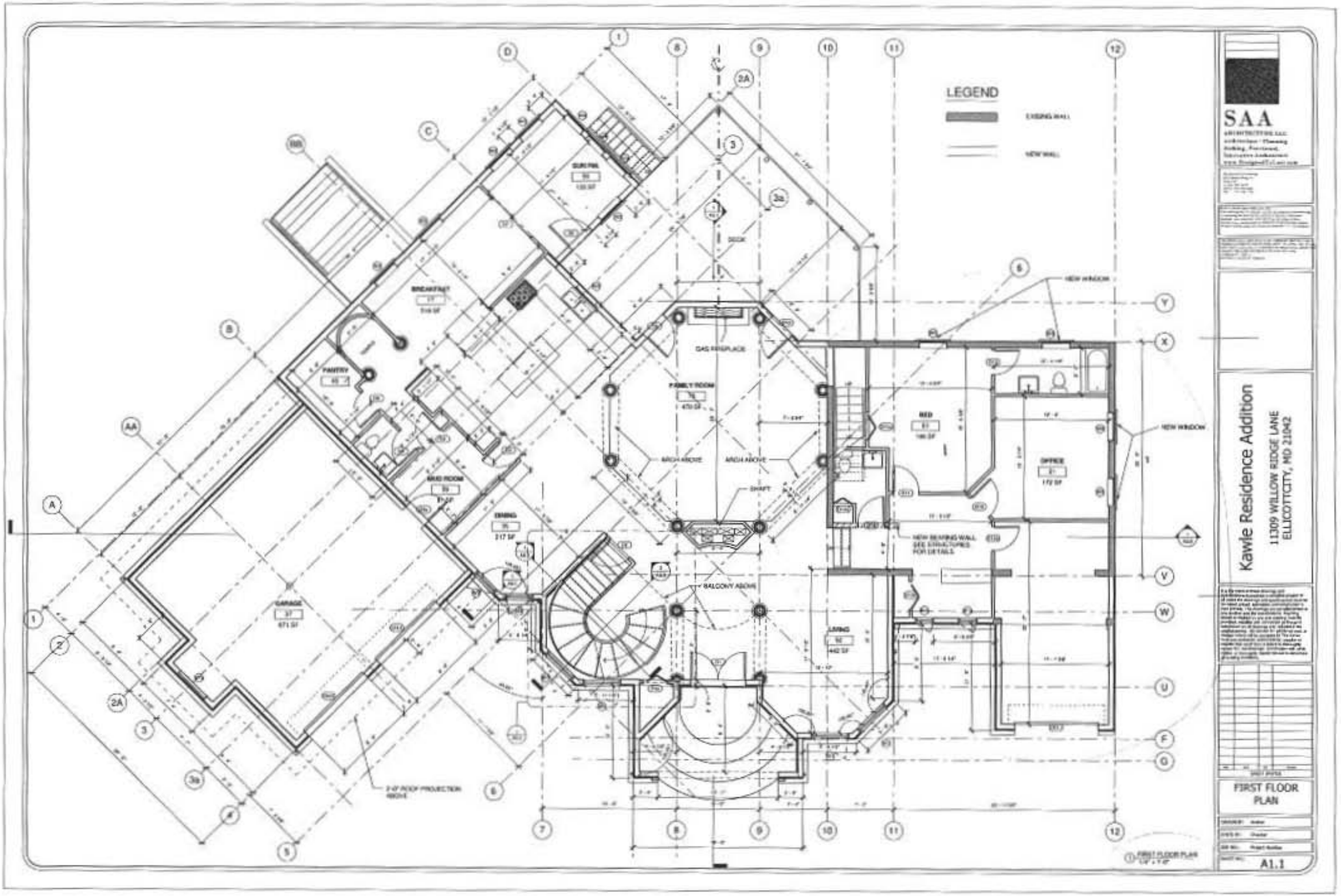
A1.0

6 Bedrooms

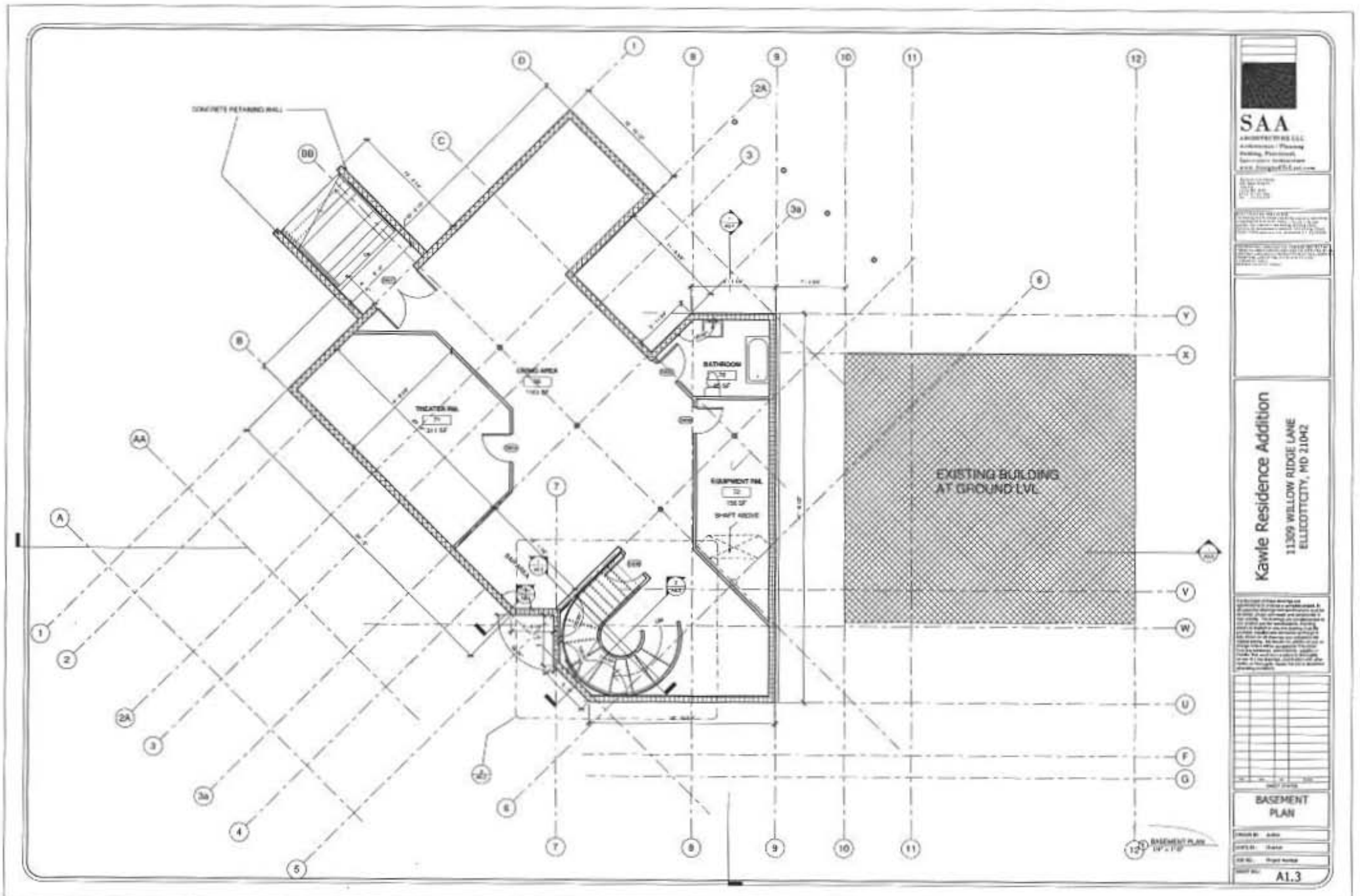


2 BR ?

4 Bedrooms


LEGEND
EXISTING WALL
NEW WALL
SAA
Kawle Residence Addition
11309 WILLOW RIDGE LANE
ELLICOTTCITY, MD 21042
FIRST FLOOR PLAN
A1.1
GAS FIREPLACE
FAMILY ROOM
BREAKFAST
PANTRY
KIND ROOM
DINING
GARAGE
BED
OFFICE
LIVING
SHAFT
ARCH ABOVE
BALCONY ABOVE
NEW WINDOW
NEW BEARING WALL
SEE STRUCTURES
FOR DETAILS
2'-0" ROOF PROJECTION
ABOVE

1 Bedroom



SAA

Kawle Residence Addition

11309 WILLOW RIDGE LANE
ELLICOTT CITY, MD 21042

BASEMENT PLAN

A1.3

D Bedrooms

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER B07002914

Building Address 11434 FREDERICK RD ELLICOTT CITY MD 21042

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

Census Tract 603000 Subdivision —

Section _____ Area _____ Lot _____

Tax Map 16 Parcel 89 Grid 15

Zoning RC Map Coordinates _____ Lot size 5.38A

Property Owner's Name GREENFIELD HOMES INC

Address 6656 LUSTER DR

City HIGHLAND State MD Zip Code 20777

Home Phone 410-365-3702 Work Phone 410-781-6782

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

Phone _____ Fax _____

Existing Use VACANT LOT

Proposed Use NEW SFD

Estimated Construction Cost $ 75,000.

Description of Work 1 BR | FB, 1 HB, KITCH 2 STORY, SLAB ON GRADE, PORCH

Contractor Company GREENFIELD HOMES INC

Contact Person RICK MINOR

Address 6656 LUSTER DR.

City HIGHLAND State MD Zip Code 20777

License No. HIC 3601

Phone 410-365-3702 Fax 410-988-2453

Occupant or Tenant GREENFIELD HOMES INC

Contact Name RICK MINOR

Address 6656 LUSTER DR

City HIGHLAND State MD Zip Code 20777

Phone 410-365-3702 Fax 410-988-2453

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - *COMMERCIAL*

Building Characteristics

ight:

of stories:

oss area, sq. ft. per floor:

e group:

nstruction 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 DESCRIPTION - *RESIDENTIAL*

Building Characteristics

SF Dwelling X SF Townhouse ☐

	Depth	Width
1st floor:	26'	31-8"
2nd floor:	32-2	31-8"
Basement:	—	

1850

Finished Basement ☐ Unfinished Basement ☐
Crawl space ☐ Slab on Grade X
No. of Bedrooms 1
Height: 30'-0"

Multi-family dwellings:
No. of efficiency units: _____
No. of 1 BR units: 1
No. of 2 BR units: _____
No. of 3 BR units: _____

Other Structure: _____
Dimensions: _____
Footings: _____
Roof Height: _____

___ State Certified Modular
___ Manufactured Home

Utilities

Water Supply:
X Public
___ Private

Sewage Disposal:
___ Public
X Private

Electric Yes X No ☐
Gas Yes X No ☐

Heating System:
Electric X Oil ☐
Natural Gas ☐
Propane Gas ☐

Sprinkler system: N/A ☐
___ NFPA #13D
___ NFPA #13R
___ Other:

APPLICANT 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

Print Name RICK MINOR

Co. Mgr. GREENFIELD HOMES INC.
Company

7-13-07
Date

Checks payable to: ***DIRECTOR OF FINANCE OF HOWARD COUNTY***

** PLEASE WRITE NEATLY AND LEGIBLY. **

- FOR OFFICE USE ONLY -

Sc/Ag 1623.82

AGENCY	DATE	SIGNATURE APPROVAL
Development, DPZ		
Highways		
ng Official		
Engineering, DPZ	9/5/07	
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 _____ Accepted by _____

PROPERTY ID#:

Filing fee	$ 100.00
Permit fee	$ 251.64
Excise tax	$ 1230.24
Add'l per. fee	$ 35.16
TOTAL FEES	$
Sub-total paid	$
Balance due	$
Check	# Cash
Validation	#

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

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Rev. 11/4/04

W/S Sheet Payment attached