



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: 11-1-13

Permit No.: B13004096

Building Address: 11324 Willow Ridge Lane
City: Ellicott City State: MD Zip Code: 21042
Suite/Apt. #: SDP/WP/BA #: _____
Census Tract: _____ Subdivision: _____
Section: _____ Area: _____ Lot: 1
Tax Map: 16 Parcel: _____ Grid: 15
Zoning: _____ Map Coordinates: _____ Lot Size: 35,223

Existing Use: _____
Proposed Use: Residential Single Family Dwelling
Estimated Construction Cost: \$ 357,040.00
Description of Work: Single Family Dwelling
4 Bedrooms, 2.5 Baths, 2 car Garage

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: _____	☒ SF Dwelling ☐ SF Townhouse
No. of stories: _____	Depth: _____ Width: _____
Gross area, sq. ft./floor: _____	1 st floor: 38'0" 52'0"
Area of construction (sq. ft.): _____	2 nd floor: 32'4" 52'0"
Use group: _____	Basement: 36'4" 52'0"
Construction type: _____	☒ Finished Basement
☒ Reinforced Concrete	☒ Unfinished Basement
☐ Structural Steel	☐ Crawl Space
☒ Masonry	☐ Slab on Grade
☒ Wood Frame	No. of Bedrooms: 4
☐ State Certified Modular	Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
	Footings: _____
	Roof: _____
	☐ State Certified Modular
	☐ Manufactured Home

Property Owner's Name: Joseph Mauban-Christie Lee
Address: 9031 Constant Course
City: Columbia State: MD Zip Code: 21046
Phone: 443-413-6065 Fax: _____
Email: _____

Applicant's Name & Mailing Address (if other than stated herein)
Applicant's Name: Dinesh Jan
Address: 50 W Edmonston Dr STE 405
City: Rockville State: MD Zip Code: 20852
Phone: 301-251-2001 Fax: 301-251-1222
Email: bkey@classicmd.net

Contractor Company: Classic Homes of Maryland
Contact Person: Bryan Kay
Address: 50 W Edmonston Dr STE 405
City: Rockville State: MD Zip Code: 20852
License No.: 5421
Phone: 301-251-2001 Fax: 301-251-1222
Email: bkey@classicmd.net

Engineer/Architect Company: FSH Associates
Responsible Design Prof.: Zach Fisch
Address: 6339 Howard Lane
City: Ellicott City State: MD Zip Code: 21075
Phone: 410-567-5200 Fax: 410-796-1562
Email: zfish@fshen.com

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: 61300284
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: [Signature]
Email Address: bkey@classicmd.net
Title/Company: _____

Print Name: Jane Deffen
Date: 11/1/13

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	11/15/13	R. Brighen

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

Distribution of Copies: ☒ send to Health ☐ Green: PSZA, Zoning

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	\$ 150
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	\$ 19497



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☐ State Certified Modular	No. of 2 BR units: _____
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	Other Structure: _____
	Dimensions: _____
Roadside Tree Project Permit	Footings: _____
☐ Yes ☒ No	Roof: _____
Roadside Tree Project Permit # _____	☐ State Certified Modular
	☐ Manufactured Home

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City: Columbia State: MD Zip Code: 21046
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Applicant's Name: Dinae Jain
Address: 50 W Edmonston Dr STE 405
City: Annapolis State: MD Zip Code: 20752
Phone: 301-251-2001 Fax: 301-251-1222
Email: djkay@classical.net

Contractor Company: Classic Hous of Maryland
Contact Person: Mike Kay
Address: 50 W Edmonston Dr STE 405
City: Annapolis State: MD Zip Code: 20752
License No.: 5421
Phone: 301-251-2001 Fax: 301-251-1222
Email: mike@classical.net

Engineer/Architect Company: FSA Associates
Responsible Design Prof.: Zach Fisch
Address: 6339 Howard Lane
City: FTH City State: MD Zip Code: 21075
Phone: 410-567-5200 Fax: 410-796-1562
Email: zfish@fisher.com

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: 61300284
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Applicant's Signature: [Signature]

Print Name: [Name]

Email Address: [Email]

Date: [Date]

Title/Company: [Title/Company]

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

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Distribution of Copies: White: Building Officials Green: PSZA, Zoning

Yellow: PSZA, Engineering

Pink: Health

Gold: SHA

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

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Side: _____
Side St.: _____
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Is Entrance Permit Required? ☐ Yes ☐ No
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Filing Fee	\$ 100
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# 19497

Approved Septic System Plan
Howard County Health Department

Approved Septic System Plan
Howard County Health Department

B13004096

4-Bedroom SFD approved as shown

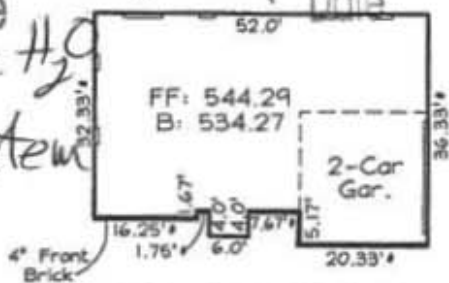
R. Bucken

WOB

11/15/13

Date

* public H₂O
* shared system



**Dimensions including brick.

HOUSE: MAUBAN

NOTE: Basement requires sewage ejector pump to first floor.



DESIGN BY: ZYP&CRH2
DRAWN BY: CRH2
CHECKED BY: ZYP
SCALE: As Noted
DATE: Oct. 9, 2013
W.O. No.: 3807
SHEET No. 1 OF 1

FSH Associates
Engineers Planners Surveyors
6339 Howard Lane Elkridge, MD 21075
Tel: 410-567-5200 Fax: 410-796-1562
E-mail: info@fshn.com

Jim
RESITE

Rev. 2

WILLOW RIDGE

LOT 1

GP-13-068 & Plat #22030-22033

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