Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800

Allah Anoward County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Cour Hipuse Drive Ellicott City, MD 21043

Permit Number:
B/1000343

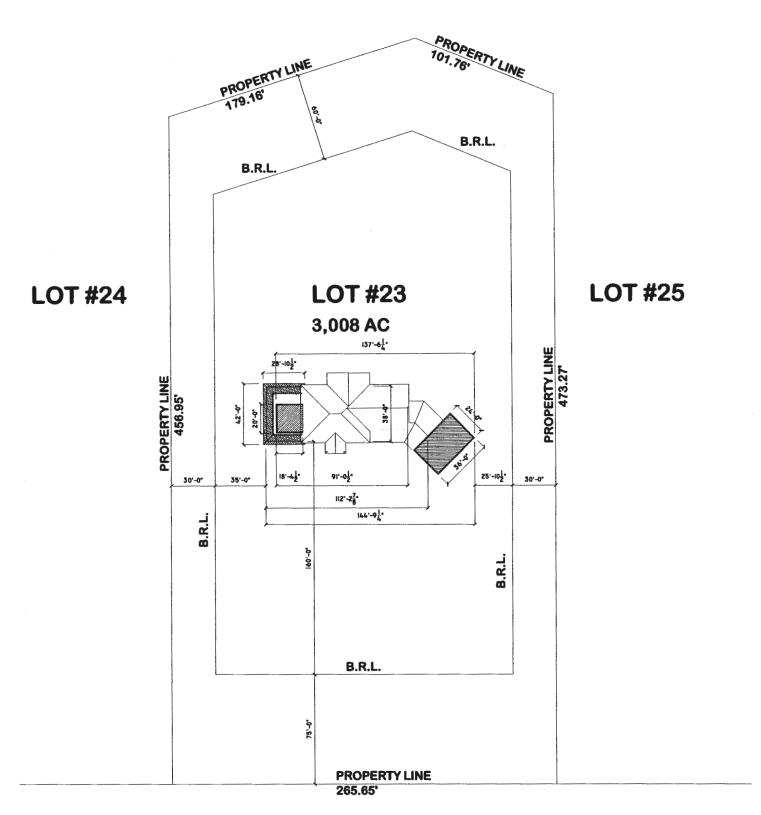
	1 11 11 15					- 11	
Building Address: 13007 Tw	Building Address: 13007 Twalko Hills Road			Property Owner's Name: BALDEY SINGH			
Clarksville, MO	21029		Address: 13007 Twalvas Hills Road				
•			city: Claulis ville sta	ate:	10_z	ip Code:	21029
Suite/Apt. #SD			Home Phone:	\	Work Phone:		
Census Tract: Subdivision: Section: Lot:			Applicant's Name & Mailing Ad	dress, (I	f other than	stated he	rein):
			Pohis Buckus	111			
Tax Map:Parcel	: Grid:		11542 Fabrusing	Ci	· # 40	I, MI	0 20404
Zoning: Map Coordin	ates:Lot Size	:	Phone: 301-433-44			10.	
Existing Use: Single Fan	nely Rosndont	-	Email: Vabuc 33 (u				
Proposed Use: Sunala Fa			Contractor Company: CO	NS	45,	INC	*
Estimated Construction Cost: \$ 10			Contact Person: Address: 732 Kell	_		745A175F	
		a. itan	Address: 732 Kon	nac	4 51.	· HU	
Description of Work: Add a			City: Washingtustate	: DC	Zip Co	de:	1100
ovar garage, add			Phone: 202 545 133	2	am.	5115	1279
run room t add a	bar in basea	neart plus.	Email:	7 Fa	x:	040	1771
Occupant or Tenant: OWN	32		EITHEN:				
Was tenant space previously occupie		□No	Engineer/Architect Company: _				
Contact Name: BALDEV	SINCOH		Responsible Design Prof.:				
Address: 13007 Twel		(Address:				
city: Charles ville			City:State		7in Cod	le.	
,		21001					
Phone:	Fax:		Phone:	Fa	x:		
Email:			Email:				
BUILDING DESCRI	PTION - COMMERCIAL		BUILDING DE	ESCRIPTION	ON – RESIDEN	TIAL	
Building Characteristics	Utilities		Building Characteristics			Utilities	
Height: - 37 C!	Water Supp	lv.	SF Dwelling SF Townho				oly
No. of stories:	☐ Public		Depth Wis		☐ Public	-	
Gross area, sq. ft./floor:	Private		1st floor: 135' '36		Private		
5,555	Sewage Dispo	eal	2 nd floor: 90' 36		□ Public	vaae Disp	osai
Area of construction (sq. ft.):	☐ Public		Basement: 113' 4-0	-	Private		
	Private		Unfinished Basement	_	Electric:	☐ Yes	□No
ا بد سر وا	Electric:	□No	☐ Crawl Space			☐ Yes	□No
Use group:	Gas: Yes	□No	☐ Slab on Grade		He	ating Sys	tem_
Construction trans-			No. of Bedrooms:	_	☐ Electric		
Construction type:	Heating Syste	em	Multi-family Dwelling		□ Oil		
Reinforced Concrete	□ Electric □ Oil		No. of efficiency units:		☐ Natural G		
☐ Structural Steel	☐ Natural Gas ☐ Pro		No. of 1 BR units:	-	☐ Propane (Sas	
∐ Masonry	Sprinkler System	em:	No. of 2 BR units: No. of 3 BR units:	-			
© Wood Frame	□ N/A		Other Structure:				
State Certified Modular	□ Full		Dimensions:				
> Roadside Tree Project Permit	□ Partial						roject Permit
□Yes □No			Footings:		> Roadsi	de Tree P	
	Other Suppression		Roof:		□Yes		⊡No
Roadside Tree Project Permit #	Other Suppression No. of Heads:		Roof: State Certified Modular		□Yes		
	No. of Heads: REES AS FOLLOWS: (1) THAT HE/SHE Y WHICH ARE APPLICABLE THERETO; OUNTY OFFICIALS THE RIGHT TO ENT	; (4) THAT HE/SHE W TER ONTO THIS PROP	Roof: State Certified Modular Manufactured Home MAKE THIS APPUCATION; (2) THAT THE INFO	ORMATIOI EFFERENCE E WORK P	Roadside T	TRA TRES	ect Permit #
THE UNDERSIGNED HEREBY CERTIFIES AND AG WITH ALL REGULATIONS OF HOWARD COUNT THIS APPLICATION (5) THAT HE/SHE GRANTS COUNT Applicant's Signature VOLUC 33 (2) Email Address	No. of Heads: REES AS FOLLOWS: (1) THAT HE/SHE Y WHICH ARE APPLICABLE THERETO; OUNTY OFFICIALS THE RIGHT TO ENT	; (4) THAT HE/SHE W TER ONTO THIS PROP	Roof: State Certifled Modular Manufactured Home MAKE THIS APPUCATION; (2) THAT THE INFO ILL PERFORM NO WORK ON THE ABOVE REPERTY FOR THE PURPOSE OF INSPECTING REPERTY FOR THE PURPOSE OF INSPECTING	ORMATIOI EFFERENCE E WORK P	Roadside Roa	Free Proje	2011
Roadside Tree Project Permit # THE UNDERSIGNED HEREBY CERTIFIES AND AG WITH ALL REGULATIONS OF HOWARD COUNT THIS APPLICATION (5) THAT HE/SHE GRANTS C Applicant's Signature VOLUC 33 (2)	No. of Heads: REES AS FOLLOWS: (1) THAT HE/SHE Y WHICH ARE APPLICABLE THERETO; OUNTY OFFICIALS THE RIGHT TO ENT Y AND COM	; (4) THAT HE/SHE W TER ONTO THIS PROP PT	Roof: State Certified Modular Manufactured Home MAKE THIS APPUCATION; (2) THAT THE INFO ILL PERFORM NO WORK ON THE ABOVE RIFERTY FOR THE PURPOSE OF INSPECTING RIFERTY FOR THE PURPOSE OF INSPECTING	ORMATIOI EFFERENCE E WORK P	Roadside Roa	TRA TRES	2011
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Roadside Tree Project Permit # THE UNDERSIGNED HEREBY CERTIFIES AND AG WITH ALL REGULATIONS OF HOWARD COUNT THIS APPLICATION (5) THAT HE/SHE GRANTS COUNTY STATEMENT	No. of Heads: REES AS FOLLOWS: (1) THAT HE/SHE Y WHICH ARE APPLICABLE THERETO; OUNTY OFFICIALS THE RIGHT TO ENT Checks Payable t	TO: DIRECTOR OF F	Roof: State Certified Modular Manufactured Home MAKE THIS APPUCATION; (2) THAT THE INFO ILL PERFORM NO WORK ON THE ABOVE RE PERTY FOR THE PURPOSE OF INSPECTING FIRST YOR THE PURPOSE OF INSPECTING INTO Name O2.03.20 FINANCE OF HOWARD COUNTY ATLY & LEGIBLY** EUSE ONLY-	ORMATIOI EFFERENCE E WORK P	Roadside To Processing Control of the Control of th	Free Proje	2011
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Roadside Tree Project Permit # THE UNDERSIGNED HEREBY CERTIFIES AND AG WITH ALL REGULATIONS OF HOWARD COUNT THIS APPLICATION (5) THAT HE/SITE GRANTS COUNTY SIGNATURE FROM THE STATE OF THE PROJECT OF T	No. of Heads: REES AS FOLLOWS: (1) THAT HE/SHE Y WHICH ARE APPLICABLE THERETO; OUNTY OFFICIALS THE RIGHT TO ENT Checks Payable t	TO: DIRECTOR OF F PLEASE WRITE NEL DPZ SETBACK Front:	Roof: State Certified Modular Manufactured Home MAKE THIS APPUCATION; (2) THAT THE INFO ILL PERFORM NO WORK ON THE ABOVE RE PERTY FOR THE PURPOSE OF INSPECTING FIRST YOR THE PURPOSE OF INSPECTING INTO Name O2.03.20 FINANCE OF HOWARD COUNTY ATLY & LEGIBLY** EUSE ONLY-	ORMATION DEFERENCE E WORK P	Roadside To Propose Pr	Free Projection of the Project	2011
Roadside Tree Project Permit # THE UNDERSIGNED HEREBY CERTIFIES AND AG WITH ALL REGULATIONS OF HOWARD COUNT THIS APPLICATION (5) THAT HE/SITE GRANTS COUNTY SIGNATURE FOR A S	No. of Heads: REES AS FOLLOWS: (1) THAT HE/SHE Y WHICH ARE APPLICABLE THERETO; OUNTY OFFICIALS THE RIGHT TO ENT Checks Payable t	TO DESCRIPTION OF PARTY OF PAR	Roof: State Certified Modular Manufactured Home MAKE THIS APPUCATION; (2) THAT THE INFO ILL PERFORM NO WORK ON THE ABOVE RE PERTY FOR THE PURPOSE OF INSPECTING FIRST YOR THE PURPOSE OF INSPECTING INTO Name O2.03.20 FINANCE OF HOWARD COUNTY ATLY & LEGIBLY** EUSE ONLY-	ORMATION EFFERENCE IE WORK PE	Roadside To Propose To	Free Projection of the Project	2011

	AGENCY	DATÉ	SIGNATURE OF APPROVAL
State	Highways		
Build	ing Officials		
4SZA	(Zoning)		
PSZA	(Engineering)		
Healt	h		
Fire P	rotection		

Is Sediment Control approval required for 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 New Town Z	one:	
SDP/Red-line approval date:		

Filing Fee	15 -1 -1
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



TWELVE HILLS ROAD

PLOT PLAN

SCALE: 1/64" = 1'-0"

B 1 1000 343

Permits: 410-313-2455 Inspections: 410-313-1810 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application Department of Inspections, Licenses & Permits 3430 Court House Drive Ellicott City, MD 21043

Pe	rmit	Num	her
1.0	HILL	NUITI	ncı

Address: Salet: Spokeriston: Subdivision:	Building Address:			Property Owner's Name:			
Mone Phone:	A free	The Association of the Committee of the		Address:	1 - 1		
Home Phone Work Phone Work Phone Work Phone Service Work Phone Parcel Grid Tank Mapp				City:State:		Zip Code:	
Applicant's Name & Mailing Address, (if other than stated herein):				Home Phone:	Work Phone	e:	
Tax Map: Parcel: Grid: Coning: Map Coordinates: Lot Size: Email: Email: Email: Contractor Company: Contact Person: Address: Contractor Contact Company: Contact Person: Address: City: State: Zip Code: Contactor Company: Contact Person: Address: City: State: Zip Code: City: Zip Code: Ci				Applicant's Name & Mailing Address	s, (If other tha	n stated her	ein):
PROPER Fax Email:							
Estimated Construction Cost: \$ Contract Person: Address: City:							
Contractor Company: Estimated Construction Cost: \$ Description of Work:	Zoning: Map Cool	rdinates: Lot Size	:				
Description of Work:	Existing Use:			Email:			
Exemple of Work:	Proposed Use:			1 /			
Cocupant or Tenant:	Estimated Construction Cost: \$			1 1			
Coccupant or Tenant:	Description of Work:					code:	
Corpant or Tenant: Wis tenant space previously occupied? Tyes							
Cocupant of Tenant:			/	Phone:	Fax:		
Responsible Design Prof.: Responsible Design Prof.: Address: Zip Code: City: State: Zip Code: Address: Zip Code: City: State: Zip Code: City: State: Zip Code: Zip Cod	Occupant or Tenant:			Email:		· · · · · ·	
Contact Name: Address: City: State: Zip Code: City: State: Zip Code: Phone: Fax: Wip Code: Phone: Fax: State: Zip Code: Phone: Fax: Wip Code: Phone: Phone: Fax: Wip Code: Phone: Phone: Fax: Wip Code: Phone: Phone: Phone: Phone: Phone: Fax: Wip Code: Phone: Phon		<u>_</u>	П	Engineer/Architect Company:		1, 2	
Address: City: State: Zip Code:							
City: State: Zip Code: Phone: Fax: Phone: Phone: Fax: Phone: Phone: Fax: Phone: Phone: Fax: Phone: Fax: Phone:							
Phone:		•		11		ado:	
Email: Building Characteristics							
Building Characteristics Utilities Building Characteristics Utilities Water Supply No. of Stories:		• •					
Building Characteristics	Email:			Email:			
No. of stories: Public Sewage Disposal					PTION - RESIDE		
Depth Dept					-		h
Sewage Disposal Sewage Dis			<u>iy</u>	Depth Width		Water Supp	<u></u>
Sewage Disposal Public Public Basement Public Public Public Public Public Public Public Public Public Private Public Public Private Public							
Area of construction (sq. ft.):	01033 4104, 34, 11, 110011		osal .			wage Dispo	<u>osal</u>
Use group: Electric: Yes No Gas: Yes No Gas: Yes No Slab on Grade Heating System Slab on Grade Heating System No. of Slab on Grade Heating System No. of Slab on Grade Heating System No. of Electric No. of El	Area of construction (sq. ft.):	☐ Public					
Salab on Grade		☐ Private					
Construction type: Heatina System No. of Bedrooms: Construction type: Heatina System No. of Bedrooms: Multi-family Dwelling Coli No. of Bedrooms: No. of State Certified Modular No. of High System: No. of 1 R units: No. of 3 R units: No. of 3 R units: No. of 3 R units: No. of 1 R units: No. of 3 R units: No. of 1 R units	Use group:						
Reinforced Concrete Electric Oil No. of Efficiency units: No. of Efficiency units: No. of 18 Runits: Propane Gas Sprinkler System: No. of 18 Runits: Propane Gas Sprinkler System: No. of 18 Runits: N						cathig byst	
Structural Steel Natural Gas Propane Gas No. of 1 BR units: Propane Gas No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: Other Structure: Dimensions: Dimensions: Propane Gas No. of 3 BR units: Other Structure: Dimensions: Propane Gas No. of 3 BR units: Other Structure: Dimensions: Dimensions: Propane Gas Dimensions: Dimen			<u>em</u>				
Masonry			nane Gas				
Wood Frame							
Dimensions: Partial Dimensions: Partial Parti							
Partial Part	☐ State Certified Modular	☐ Full	:				
Roadside Tree Project Permit # No. of Heads: State Certified Modular Roadside Tree Project Permit State Certified Modular State Certified Modular Roadside Tree Project Permit State Certified Modular Roadside Tree Project Permit Purpose of Nake Tulis Application State Certified Modular Roadside Tree Project Permit Purpose of Nake Tulis Application Stocker Project Permit Purpose of Nake Tulis Application Stocker Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Application Roadside Tree Project Permit Purpose of Nake Tulis Ap		101/407/2					oject Permit
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 COM 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 DESCRIBE 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** Date** Title/Company** Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **** **PLEASE WRITE NEATLY & LEGIBLY*** FOR OFFICE USE ONLY-** AGENCY DATE SIGNATURE OF APPROVAL State Highways		379300000000					SOUTH MANAGES AND A SECRET PROPERTY.
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 CONWITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBE 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	Roadside Tree Project Permi	t# No. or neads.			Roadside	Tree Proje	ct Permit #
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 (Zoning) Health Fire Protection Is Sediment Control approval required for issuance? Yes No CONTINGENCY CONSTRUCTION START Control approval required for issuance? Yes No CONTINGENCY CONSTRUCTION START Control approval required for issuance? Yes No Side State Highways Filing Fee \$ Permit Fee \$ Excise Tax \$ PSFS \$ Guaranty Fund \$ All minimum setbacks met? Yes No Is Entrance Permit Required? Yes No Historic District? Yes No Sub-Total Paid \$	WITH ALL REGULATIONS OF HOWARD CO THIS APPLICATION; (5) THAT HE/SHE GRAN Applicant's Signature	UNTY WHICH ARE APPLICABLE THERETO	; (4) THAT HE/SHE TER ONTO THIS PR	WILL PERFORM NO WORK ON THE ABOVE REFERE OPERTY FOR THE PURPOSE OF INSPECTING THE WORK OF T	NCED PROPERTY N	NOT SPECIFICAL	LY DESCRIBED !
AGENCY DATE SIGNATURE OF APPROVAL State Highways Building Officials PSZA (Zoning) PSZA (Engineering) Health Fire Protection Is Sediment Control approval required for issuance? Yes No CONTINGENCY CONSTRUCTION START Control approval required for issuance? Yes No CONTINGENCY CONSTRUCTION START DPZ SETBACK INFORMATION Front:	Title/Company				A		
State Highways Building Officials PSZA (Zoning) PSZA (Zoning) Side: PSZA (Engineering) Health Fire Protection Is Sediment Control approval required for issuance? Yes No CONTINGENCY CONSTRUCTION START Front: Rear: Side: Side St.: All minimum setbacks met? Yes No Is Entrance Permit Required? Yes No Historic District? Yes No Sub-Total Paid \$			X. S. SELINA : 41 TO SELECT SERVICE /5 THE	THE PARTY OF THE P			
Building Officials PSZA (Zoning) PSZA (Zoning) Side: Side: Side St.: Health Fire Protection Is Sediment Control approval required for issuance? Yes No CONTINGENCY CONSTRUCTION START Tech Fee Excise Tax Side: Side St.: All minimum setbacks met? Yes No Is Entrance Permit Required? Yes No Historic District? Yes No Sub-Total Paid \$	AGENCY DAT	E SIGNATURE OF APPROVAL	DPZ SETBA				
PSZA (Zoning) PSZA (Engineering) Health Fire Protection Is Sediment Control approval required for issuance?	State Highways		Front:				
PSZA (Zoning) Side: Side St.: Guaranty Fund \$			Rear:	 -			
PSZA (Engineering) Side St.: Guaranty Fund \$		·	Side:				
Health Fire Protection Is Sediment Control approval required for issuance? Yes No CONTINGENCY CONSTRUCTION START All minimum setbacks met? Yes No Is Entrance Permit Required? Yes No Historic District? Yes No Sub-Total Paid \$	PSZA (Engineering)		Side St.:	·			
Fire Protection Is Sediment Control approval required for issuance? Yes No CONTINGENCY CONSTRUCTION START Is Entrance Permit Required? Yes No Historic District? Yes No Sub-Total Paid \$	Health MA	11 Lourand	All minimu				
□ CONTINGENCY CONSTRUCTION START Historic District? □ Yes □No			Is Entrance				
□ ONE STOP SHOP			Historic Dis			\$	

Distribution of Copies: White: Building Officials Green: PST:\Operations\Updated Forms\New building app 11.10.2010.docx

Green: PSZA,Zoning

Yellow: PSZA,Engineering

SDP/Red-line approval date:

Pink: Health

Gold: SHA



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: 10-21-14

Permit No. 1814003875

Building Address: 130077 70		Property Owner's Name: Bittle V STARS Address: 15007 Turky Wills Da	
City: State:	The state of the s	City: Zip Code:	and the same
Suite/Apt: #SDP	/WP/BA#:	Phone: Fax:	<u> </u>
Census Tract:	Subdivision:	Email:	2
Section: Area	Lot	Applicant's Name & Mailing Address, (If other than stated herein)	nie Ei
Tax Map: Parcel:		Applicant's Name:	
	The state of the s	Address:	- 130
Zoning: Map Coordinat	tes:Lot Size:	City: William State: Ma Zip Code: 2/154	North Street
Existing Use:		Phone: 444 9772 126 Fax:	all a
		The second secon	
Proposed Use:	CONTRACTOR OF THE PROPERTY OF	Contractor Company: Old Lite Rivers	- 0.0
Estimated Construction Cost: \$/	0,000	Contact Person: Att F.	
Description of Work:	, 37 10 × 26 24	City: State: Zip Code: 2113	The second
Marray Little TX	A TOTAL PROPERTY OF THE PARTY O	License No.: 1441 173737	
The state of the s		Phone: 4/2 977 Fax:	A STATE OF THE PARTY OF THE PAR
		Email: 1974 Annual of Mild house, the same	April 1
			304
Was tenant space previously occupied?		Engineer/Architect Company:	39 00
Contact Name:	The Salar	Responsible Design Prof.:	
Address:	All Control of the Co	Address:	No. of Con-
city	The state of the s	Adultess	
	The second secon	City: State: Zip Code:	-
Phone:	Fax:	Phone; Eax:	
Emails		Email:	
Commercial Building Characteristics	Boold control Building Charge to state	Utilities	
Height:	Residential Building Characteristics SF Dwelling SF Townhouse	Water Supply	
No. of stories:	Depth Width	□ Public	
Gross area, sq. ft./floor:	1 floor:		
Gross area, sq. ft./floor:	2 nd floor:	Private	
	2 nd floor: Basement:	Private <u>Sewage Disposal</u>	
Area of construction (sq. ft.):	2 nd floor: Basement: □ Finished Basement	Private Sewage Disposal □ Public	
Area of construction (sq. ft.):	2 nd floor: Basement:	Private Sewage Disposal □ Public □ Private	
Area of construction (sq. ft.): Use group: Construction type:	2 nd floor: Basement: □ Finished Basement □ Unfinished Basement*	Private Sewage Disposal □ Public □ Private Electric: □ Yes □ No	
Area of construction (sq. ft.): Use group: Construction type: Reinforced Concrete	2 nd floor: Basement: Finished Basement Crawl Space Slab on Grade No, of Bedrooms:	Private Sewage Disposal □ Public □ Private Electric: □ Yes □ No Gas: □ Yes □ No	
Area of construction (sq. ft.): Use group: Construction type: Reinforced Concrete Structural Steel	2 nd floor: Basement: Finished Basement Unfinished Basement Crawl Space Slab on Grade No, of Bedrooms: Multi-family Dwelling	Sewage Disposal Public Private Electric: Yes No Gas: Yes No Heating System	
Area of construction (sq. ft.): Use group: Construction type: Reinforced Concrete Structural Steel	2 nd floor: Basement: Finished Basement Unfinished Basement Crawl Space Slab on Grade No, of Bedrooms: Multi-family Dwelling No. of efficiency units:	Private Sewage Disposal □ Public □ Private Electric: □ Yes □ No Gas: □ Yes □ No Heating System □ Electric □ Oil	
Area of construction (sq. ft.): Use group: Construction type: Reinforced Concrete Structural Steel	2 nd floor: Basement: Finished Basement Unfinished Basement Crawl Space Slab on Grade No, of Bedrooms: Multi-family Dwelling	Sewage Disposal Public Private Electric: Yes No Gas: Yes No Heating System Electric Oil Natural Gas: Propane Gas	
Area of construction (sq. ft.): Use group: Construction type: Structural Steel Masonry Wood Frame	2nd floor: Basement: Finished Basement Unfinished Basement Crawl Space Slab on Grade No. of Bedrooms: Multi-family Dwelling No. of efficiency units: No. of 1 BR units: No. of 3 BR units:	Private Sewage Disposal □ Public □ Private Electric: □ Yes □ No Gas: □ Yes □ No Heating System □ Electric □ Oil	
Area of construction (sq. ft.): Use group: Construction type: Structural Steel Masonry Wood Frame	2nd floor: Basement: Unfinished Basement Crawl Space Slab on Grade No, of Bedrooms: Multi-family Dwelling No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure:	Sewage Disposal Public Private Electric: Yes No Gas: Yes No Heating System Electric: Oil Natural Gas Propane Gas	
Area of construction (sq. ft.): Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular	2 nd floor: Basement: □ Finished Basement □ Unfinished Basement □ Crawl Space □ Slab on Grade No, of Bedrooms: Multi-family Dwelling No. of efficiency units: No. of 1 BR units: No. of 2 BR units: Other Structure: Dimensions:	Sewage Disposal Public Private Electric: Yes No Gas: Yes No Heating System Electric Oil Natural Gas Propane Gas Pother: Sprinkler System:	
Area of construction (sq. ft.): Use group: Construction type: Structural Steel Masonry Wood Frame	2nd floor: Basement: Uffinished Basement Crawl Space Slab on Grade No, of Bedrooms: Multi-family Dwelling No. of 1 BR units: No. of 2 BR units: No. of 3 BR units: Other Structure: Dimensions: Footings:	Sewage Disposal Public Private Electric: Yes No Gas: Yes No Heating System Electric Oil Natural Gas Propane Gas Pother: Sprinkler System:	
Area of construction (sq. ft.): Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular Roadside Tree Project Permit	2 nd floor: Basement: □ Finished Basement □ Unfinished Basement □ Crawl Space □ Slab on Grade No, of Bedrooms: Multi-family Dwelling No. of efficiency units: No. of 1 BR units: No. of 2 BR units: Other Structure: Dimensions:	Sewage Disposal Public Private Electric: Yes No Gas: Yes No Heating System Electric Oil Natural Gas: Propane Gas POther: Sprinkler System: Yes No	
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Area of construction (sq. ft.): Use group: Construction type: Reinforced Concrete Structural Steel Masonry Wood Frame State Certified Modular No Roadside Tree Project Permit Yes	2nd floor: Basement: □ Finished Basement □ Unfinished Basement □ Crawl Space □ Slab on Grade No, of Bedrooms: 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 ES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE INTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROCESSION OF THE PROPERTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROCESSION OF THE PROPERTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROCESSION OF THE PROPERTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY OFFICIALS THE PROPERTY OFFICIAL	Public Private Electric: Yes No Gas: Yes No Heating System Electric Oil Natural Gas Propane Gas Prother: Sprinkler System: Yes No Grading Permit Number: O MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMWILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBE OPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES. Print Name	
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AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways	The Har	
Building Officials	1 mg v.	
PSZA (Zoning)		
PSZA (Engineering)	and the second	
Health.	-13-K	Burn 1
Is Sediment Control approv	al require	d for issuance? A Yes No

CONTINGENCY CONSTRUCTION START

Green: PSZA, Zoning

Yellow: PSZA, Engineering

Lot Coverage for New Town Zone:

SDP/Red-line approval date:

All minimum setbacks met? ☐ Yes ☐ No Is Entrance Permit Required? ☐ Yes ☐ No

☐ Yes ☐No

Front: Rear:

Historic District?

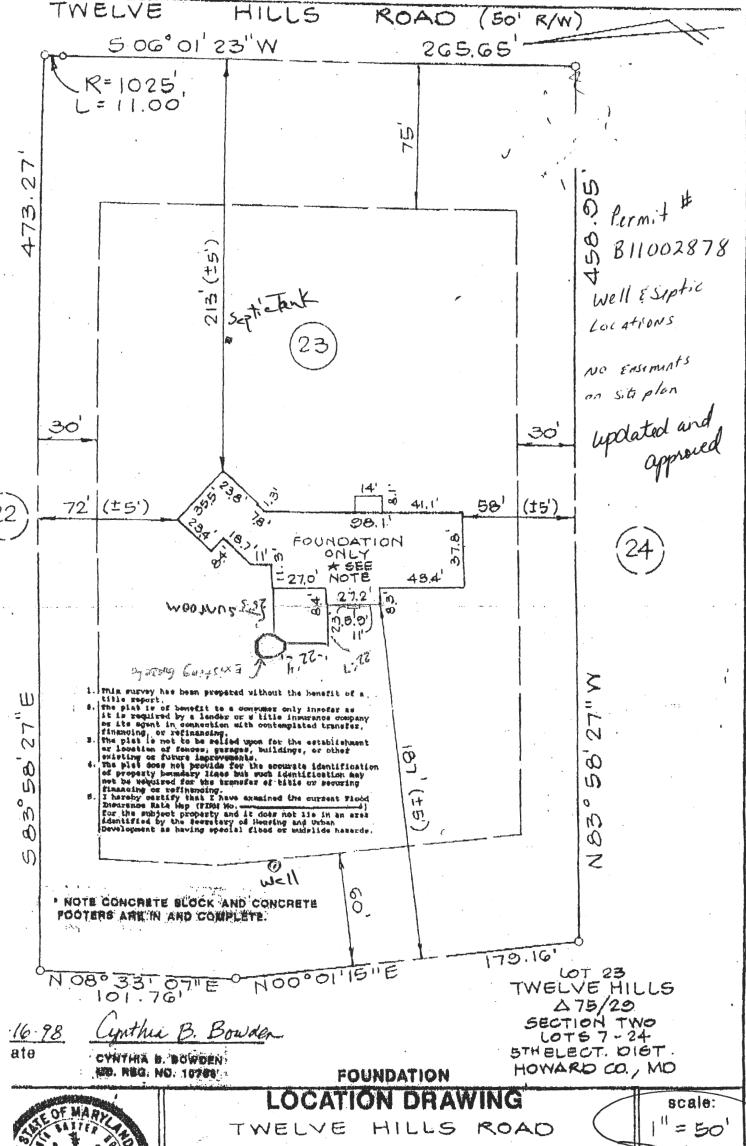
Tech Fee **Excise Tax Guaranty Fund** Add'l per Fee \$ **Total Fees** Sub-Total Paid Balance Due # 1205

Permit Fee

Pink: Health Gold: SHA

Operations\Updated Forms\Building appImp 8.2012.docx

tribution of Copies: White: Building Officials



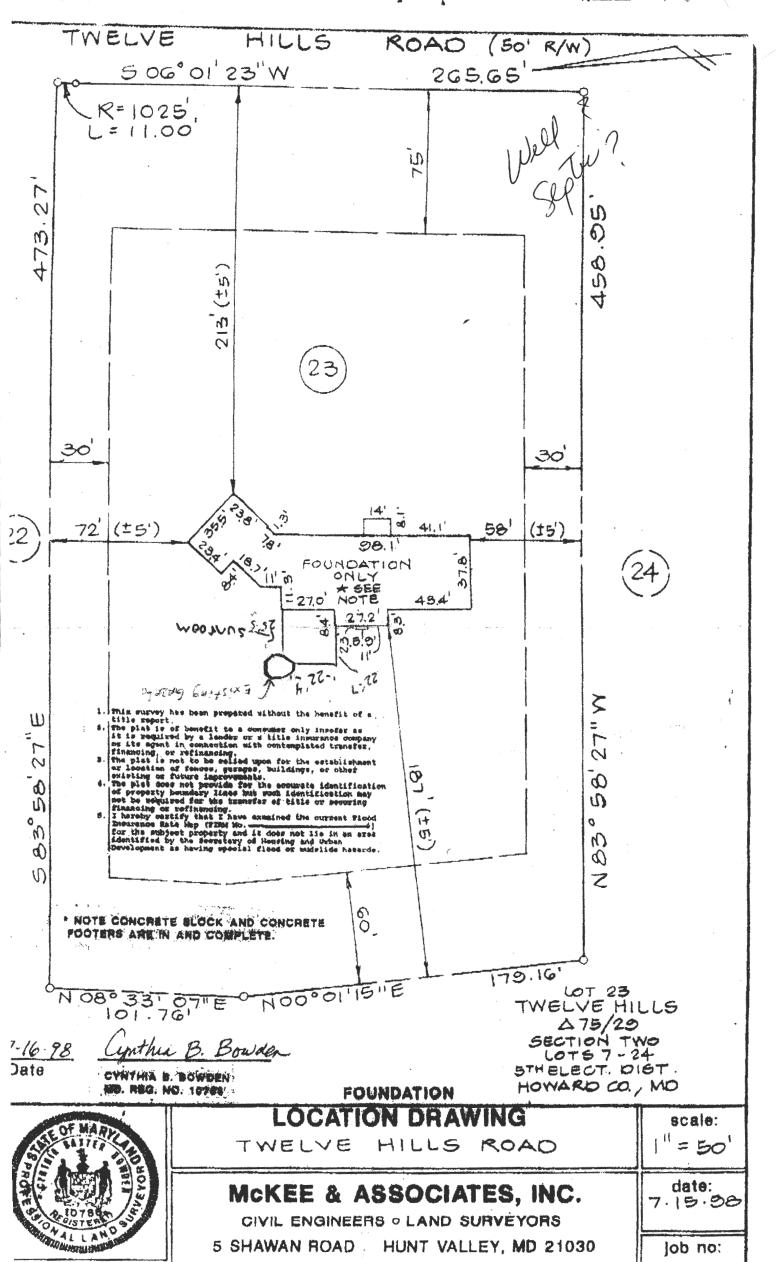


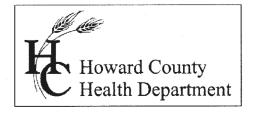
McKEE & ASSOCIATES, INC.

CIVIL ENGINEERS . LAND SURVEYORS
5 SHAWAN ROAD . HUNT VALLEY, MD 21030

7・15・98 Job no:

date:





7178 Columbia Gateway Drive, Columbia MD 21046 Phone (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300 Website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

October 17, 2011

TO: Michael Fitzgerald

Via E-mail: MFITZGERALD@OLDLINEBUILDERS.COM

662 Rising Drive

Westminster, Maryland 21157

RE: Building Permit # B11002838 13007 Twelve Hills Road Building Site Plan

Dear Mr. Fitzgerald:

Prior to building permit approval, an approved Building Plan is required. Further review is contingent upon submission of a Building Plan showing the following:

- Well must be shown on building plan.
- Show the exact location of existing structures, wells, septic easements, septic reserve areas, and other septic system components such as septic tank, dry wells and distribution boxes.

Your building permit will be placed "on hold" until all Health Dept. 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,

Dana Bernard, Environmental Sanitarian

Bureau of Environmental Health

Well and Septic Program Phone (410) 313-2775

E-mail: DBernard@howardcountymd.gov

cc: Well & Septic program file



Bureau of Environmental Health 7178 Columbia Gateway Drive, Columbia, MD 21046-2147 (410) 313-2640 Fax (410) 313-2648 TDD (410) 313-2323 Toll Free 1-866-313-6300

website: www.hchealth.org

Peter L. Beilenson, M.D., M.P.H., Health Officer

February 11th, 2011

Baldev Singh 13007 Twelve Hills Rd Clarksville, MD 21029

Re:

Building Permit #B11000343

Dear Mr. Singh,

This office has recently received the above referenced building permit application for an addition but we are unable to recommend approval of your application at this time.

According to Health Dept. records the current septic tank capacity does not meet regulations for the proposed increase in living space due to the addition. The current septic tank is 1,250 gallons. A minimum septic tank capacity of 2,000 gallons is required. To meet this requirement a new 2,000 gallon tank must be installed or a 1,000 gallon tank may be installed in series with the existing tank. All septic tanks must be compartmentalized, top seam tanks.

In addition, Howard County Code (Sec. 3.808) requires a Percolation Certification Plan for increase in living space over 250 sq. ft. This plan delineates the existing septic reserve area and reflects any proposed changes to the property. Requirements for this plan can be found at: http://www.howardcountymd.gov/Health/docs/perctestandplanreqs.pdf. The plan must be submitted and approved prior to building permit approval.

The proposal meets all other required setbacks and the existing septic system has adequate amount of trench to support an additional bedroom.

Your building permit will remain 'on hold' until all Health Dept, requirements are met. If you have any questions regarding this evaluation or requirements for the Percolation Certification Plan you may contact me at the Bureau of Environmental Health at 410-313-1771.

Sincerely,

Heidi Scott, R.S. Well & Septic Program

Development Coordination Section

Copy:

file



HUBJECT SEPTIC SYSTEM EXPANSION

SHEET NO. SUBJECT REFERENCE: BLDG. PERMIT #B-111000343 Et SEPTIC TANK (1,250 pol.) Et. DEWIN FIELD | JE, LIEWELL EX. DEMIN FIELD | 90' MENCH , EXISTING PRIVEWAY BOO JUL IN SEPTED

* SEE ATTACHED

DETAIL

Professional Certification I hereby certify that these documents were prepared or approved by me, and that I am a duly licensed Professional Engineer under the laws of the State of Maryland.

License No. 21875, Expiration Date: 2/12/2012

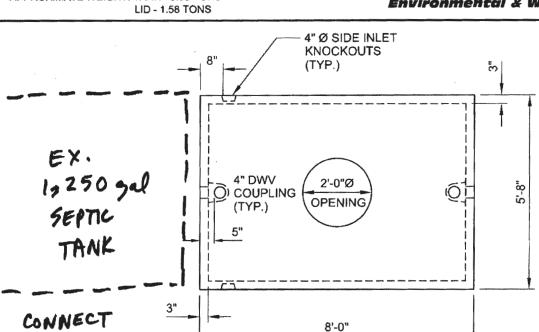


1000 GALLON SEPTIC TANK

SPECIFICATIONS/MODERN PRECAST CONCRETE STANDARDS:

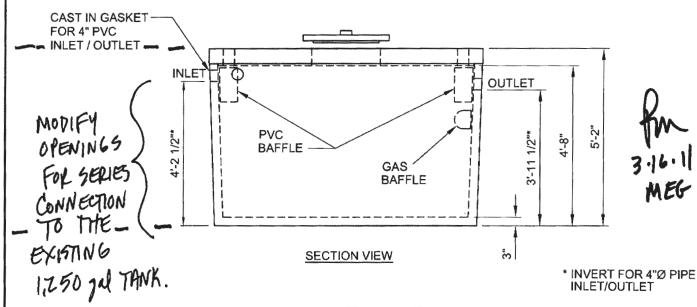
- CONCRETE STRENGTH: 4000 PSI MIN. @ 28 DAYS
- REINFORCING CONFORMS TO ASTM A615 & A185
- DESIGN: MAXIMUM EARTH COVER IS 4'-0"; NO TRAFFIC LOADS
- 1" BUTYL RUBBER GASKET PROVIDED FOR JOINT
- APPROXIMATE WEIGHT: TANK 3.03 TONS

Environmental & Wastewater Division



CONNECT IN LINE AND ON GRADE

PLAN VIEW





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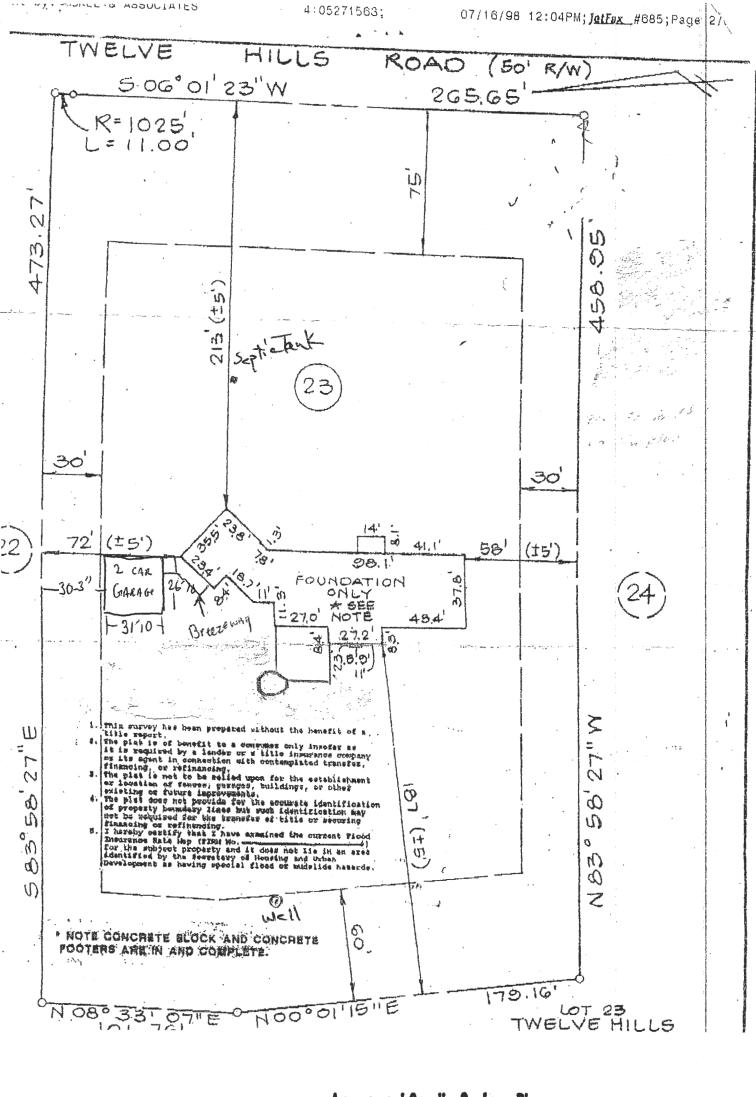
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-76^57'59"



Howard County
MARYLAND

By: Office: Map Width: 455.00 ft. Print Date: 2/10/2011 Scale: 1 in. = 50 ft.



Approved Septic System Plan
Howard County Health Department

Signature

B14003875