

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B00156488

Building Address 17201 HARDY RD  
 Suite/Apt. #: 04-316140 SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 6040 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map 7 Parcel 37 Grid 8  
 Zoning RCDE2 Map Coordinates 859 Lot size \_\_\_\_\_

Property Owner's Name CUMBERLAND CIVIL, Inc  
 Address 16391 A E. MULLINX RD.  
 City WOODBRINE State MD Zip Code 21797  
 Home Phone 301-252-1122 Work Phone 443-745-7512  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
ARTHUR CRAPAN 15024 KENWOOD CT  
 Phone 443-745-7512 Fax WOODBRINE, MD 21797

Existing Use VACANT LOT  
 Proposed Use SINGLE FAMILY HOME  
 Estimated Construction Cost \$ 250,000  
 Description of Work NEW CUSTOM SINGLE FAMILY HOME  
4 BEDROOM 3 BATH w/ 1/2 BATH UNFINISHED BASEMENT  
2 CAR GARAGE w/ PORCH ON FRONT

Contractor Company CRAPAN CONTRACTORS, INC.  
 Contact Person ARTHUR CRAPAN  
 Address 15024 KENWOOD CT.  
 City WOODBRINE State MD Zip Code 21797  
 License No. 9750  
 Phone 443-745-7512 Fax \_\_\_\_\_

Occupant or Tenant OWNER  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company FSH ASSOC.  
 Contact Person ZACH FISH  
 Address 8318 FOREST ST.  
 City ELICOTT CITY State MD Zip Code 21043  
 Phone 410-780-7251 Fax 410-750-7350

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor:		Sewage Disposal:	Public <input type="checkbox"/>
Use group:		Private <input checked="" type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Construction type:		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Heating System:
<input type="checkbox"/> Reinforced Concrete		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/>
<input type="checkbox"/> Structural Steel		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry		Propane Gas <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Wood Frame		Sprinkler system: N/A <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular		Full <input type="checkbox"/>	NFPA #13D <input type="checkbox"/>
		Partial <input type="checkbox"/>	NFPA #13R <input type="checkbox"/>
		Other Suppression <input type="checkbox"/>	Other: _____
		# of Heads _____	

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 THEREIN; (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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Print Name ARTHUR S CRAPAN  
 Date 9/27/05 10:13:05

Title/Company \_\_\_\_\_  
 Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health			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>1079</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ <u>10813</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by <u>[Signature]</u>
Distribution of Copies: _____			Lot Coverage for New/Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

# FILE INQUIRY FORM

RJW  
7/25/05

Property Address: 17197 Hardy Rd.

Per test conducted on 7/15/05 showed enough  
repair area for the existing home. Prior testing  
done 5/12/05 showed enough area for (3) systems  
for the proposed new house. Well ok to be  
75' from existing SDA but once well fails new  
location is shown on plan maintaining the 100' separation.  
75' is ok per BG, BW.

(KSD)

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B08002901

Building Address 17201 Hardy Road  
MT. Airy Md. 21771  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 604001 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 207 F1  
 Tax Map 7 Parcel 535A ~~29~~ Grid 8  
 Zoning RC Map Coordinates \_\_\_\_\_ Lot size 0.63Ac

Property Owner's Name Keith Karrer  
 Address 17201 Hardy Rd  
 City MT. Airy State Md Zip Code 21771  
 Phone 410 487 5864 Phone cell-441 610 3232  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
 Proposed Use s/w- Deck  
 Estimated Construction Cost \$ 415K  
 Description of Work Install covered deck  
16 x 16 w/Steps

Contractor Company Myself  
 Contact Person same  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 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: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads
_____ State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> _____ Depth _____ Width _____	Water Supply: _____ _____ Public _____ Private
1st floor: _____	Sewage Disposal: _____ _____ Public _____ 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"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms _____	
Height: _____	
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: _____	
_____ State Certified Modular _____ Manufactured Home	

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.

Keith Karrer  
 Applicant's Signature

Keith Karrer  
 Print Name

\_\_\_\_\_  
 Title/Company

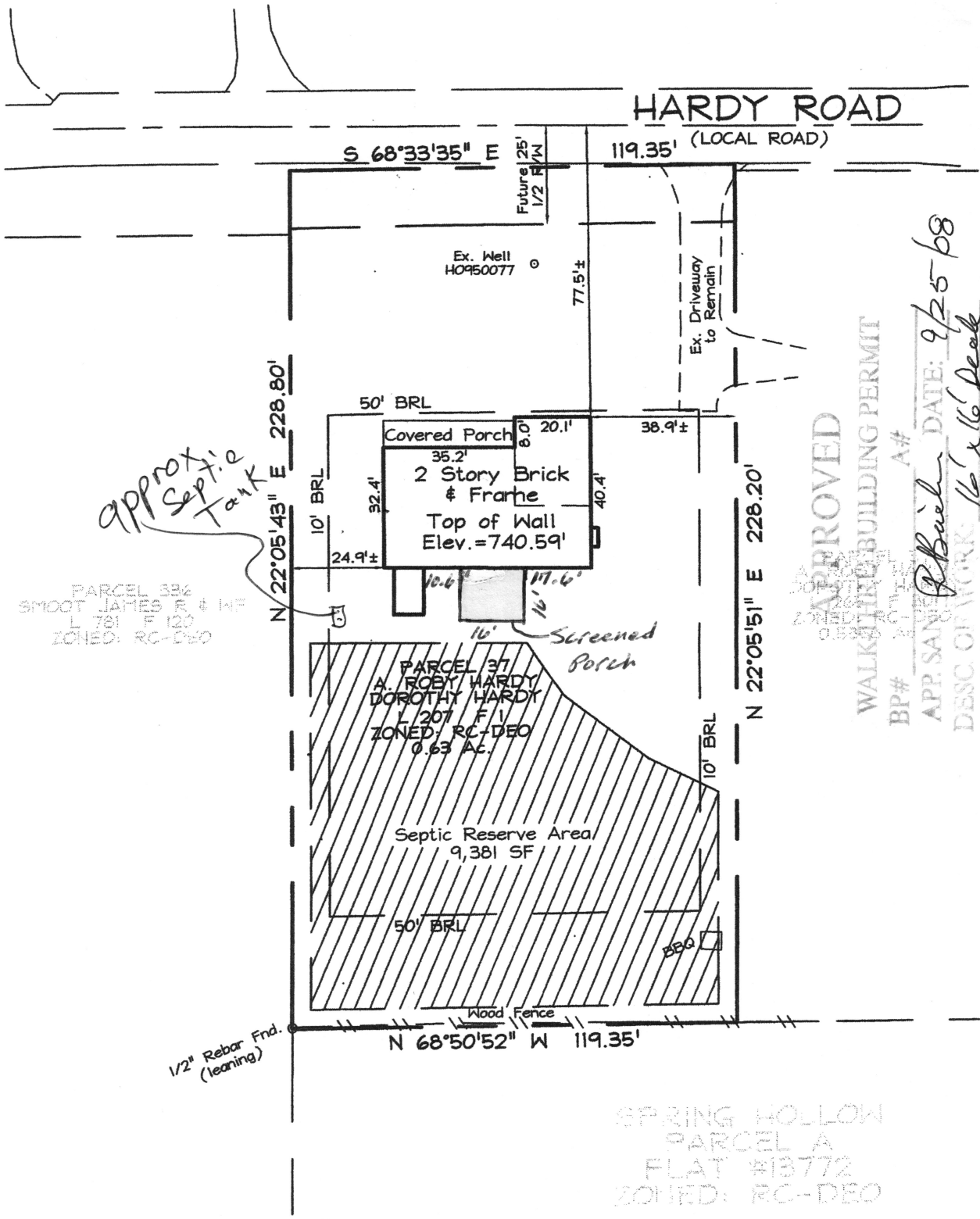
9/25/08  
 Date

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

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ	<u>9/25/08</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/>
State Highways			
Building Official			
Dev. Engineering, DPZ			
Health	<u>9/25/08</u>	<u>[Signature]</u>	<input checked="" type="checkbox"/>
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DPZ SETBACK INFORMATION		PROPERTY ID#:
Front: <u>50</u>	Filing fee	\$ _____
Rear: <u>30</u>	Permit fee	\$ _____
Side: <u>10</u>	Excise tax	\$ _____
Side St.: <u>N/A</u>	Add'l per. fee	\$ _____
All minimum setbacks met?	TOTAL FEES	\$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Is Entrance Permit required?	Balance due	\$ _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Check	# <u>6352</u>
Historic District?	Validation	# _____
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
Lot Coverage for NewTown Zone <u>N/A</u>		
SDP/Red-line approval date _____	Accepted by _____	

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



*approx. Septic Tank*

APPROVED  
 WALKED BUILDING PERMIT  
 A#  
 APP. SALES DATE: 9/25/68  
 DESC. OF WORK: 16' x 16' Deck  
 W/Steps approved as shown  
 Maryland State Grid (NAD 83/91)

SPRING HOLLOW  
 PARCEL A  
 FLAT #13772  
 ZONED: RC-DEO

**LEGEND**

- |                  |                           |
|------------------|---------------------------|
| F/P = FIREPLACE  | O/H = OVERHANG            |
| B/W = BAY WINDOW | H/P = HEAT PUMP/AIR COND. |
| D/W = DRIVEWAY   | G/M = GAS METER           |
| CONC = CONCRETE  | E/M = ELECTRIC METER      |
- DIMENSIONS FROM FOUNDATION WALL TO PROPERTY LINE ARE ±0.1'  
 ADDRESS No.: 17197 HARDY ROAD  
 TOP OF WALL ELEV. = 740.59'  
 THE 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;