

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

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

Permit Number:

B10003800

Building Address: 11205 Melvin Court, Laurel

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 1

Tax Map: 410 Parcel: 118 Grid: 9

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: SEH

Proposed Use: open deck

Estimated Construction Cost: \$ 2,000

Description of Work: construct open 15x19 deck w/ steps to grade

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: NVR, INC

Address: 1085 Marshalee Drive

City: Elkridge State: MD Zip Code: 21075

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein):
T&A Contractors, Inc
1512 Sandy Spring Rd, Burtonsville, MD 20866

Phone: 301-924-2111 Fax: 301-549-4200

Email: _____

Contractor Company: T&A Contractors, Inc

Contact Person: Jessica Rice

Address: 452 Sandy Spring Rd

City: Burtonsville State: MD Zip Code: 20866

License No.: MHC # 17489

Phone: 301-924-2111 Fax: 301-549-4200

Email: Jessica.Rice@undercitytandala.com

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height: _____	<input checked="" type="checkbox"/> <u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
	Sewage Disposal
Area of construction (sq. ft.): _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group: _____	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
Construction type:	Heating System
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	Sprinkler System:
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
<input checked="" type="checkbox"/> Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<input checked="" type="checkbox"/> <u>Water Supply</u>
Depth Width	<input checked="" type="checkbox"/> Public
1 st floor: _____	<input type="checkbox"/> Private
2 nd floor: _____	Sewage Disposal
Basement: _____	<input checked="" type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	Heating System
No. of Bedrooms: _____	<input type="checkbox"/> Electric
	<input type="checkbox"/> Oil
Multi-family Dwelling	<input type="checkbox"/> Natural Gas
No. of efficiency units: _____	<input type="checkbox"/> Propane Gas
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> 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 PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (4) 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: _____

Authorized Agent

Title/Company: _____

Print Name: Jessica Rice

Date: December 8, 2010

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	<u>12-8-10</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

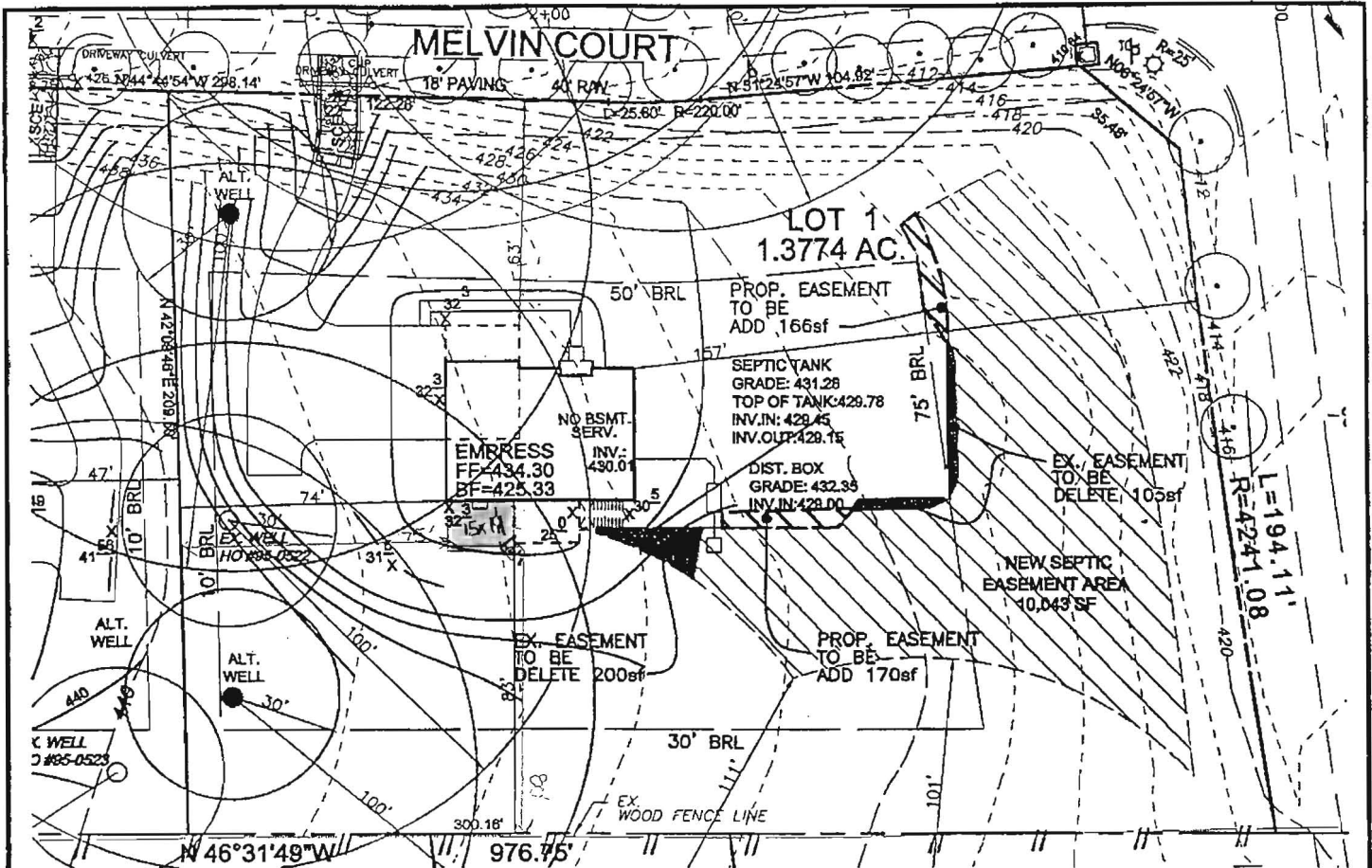
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

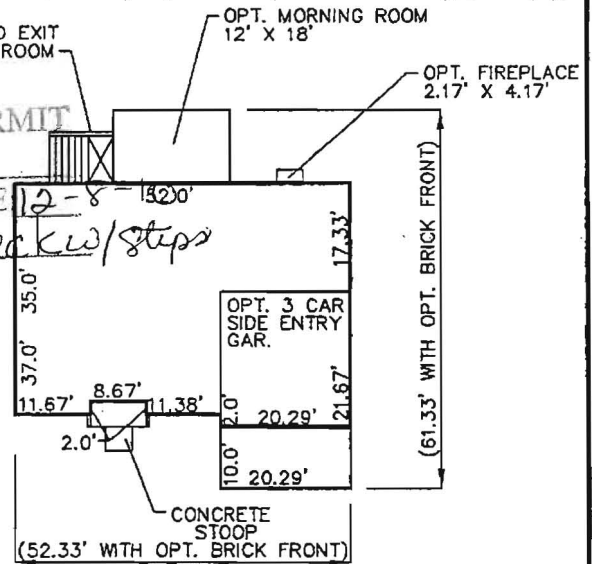
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$



APPROVED
WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 THE EXISTING WELL SHOWN ON
 LOT 1 TAG NO. HO-95-0522
 HAVE BEEN FIELD LOCATED BY
 ROBERT H. VOGEL ENGINEERING,
 INC.
 BUILDING OF LOT 1
 GROSS FLOOR AREA: 2,708 SF.

DATE: 12-8-10
 WORK: 15' x 11' Deck w/ steps



ELEV. E
EMPRESS
 SCALE: 1" = 30'

ROBERT H. VOGEL ENGINEERING, INC.
 ENGINEERS • SURVEYORS • PLANNERS
 8407 MAIN STREET TEL: 410.461.7666
 ELICOTT CITY, MD 21043 FAX: 410.461.8961

SCALE: 1"=50'
 DRAWN BY: KG/HS
 CHECKED BY: RHV
 DATE: JULY 2010
 W. O. #: 04-49
 SHEET # 1 OF 1

NV HOMES
SCAGGSVILLE KNOLLS
 F-06-091
 LOT 1

TAX MAP 46 BLOCK 3&9
 5TH ELECTION DISTRICT

PARCEL 118
 HOWARD COUNTY, MARYLAND

B10002552

Building Address 1105 BELVIN CT
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 1
 Tax Map 44 Parcel 11 Grid _____
 Zoning _____ Map Coordinates _____ Lot Size _____
 Existing Use NEW RESIDENTIAL HOME
 Proposed Use INSTALL PROPANE TANK
 Estimated Construction Cost \$ 2500.00
 Description of Work INSTALL PROPANE TANK UNDER
TRUCK DRIVELANE TANK AND DETAIL
FOR HOME TO LINE TO HOME
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Property Owner's Name NO. HINES
 Address 1105 BELVIN CT
 City _____ State MD Zip Code 21114
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone 410-246-1114 Fax _____
 Contractor Company Valley Natural Gas
 Contact Person William Growig
 Address 2711 HUNTINGTON RD
 City JESSUP State MD Zip Code 21714
 License No. 67743
 Phone 410-779-1114 Fax 410-779-1114
 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

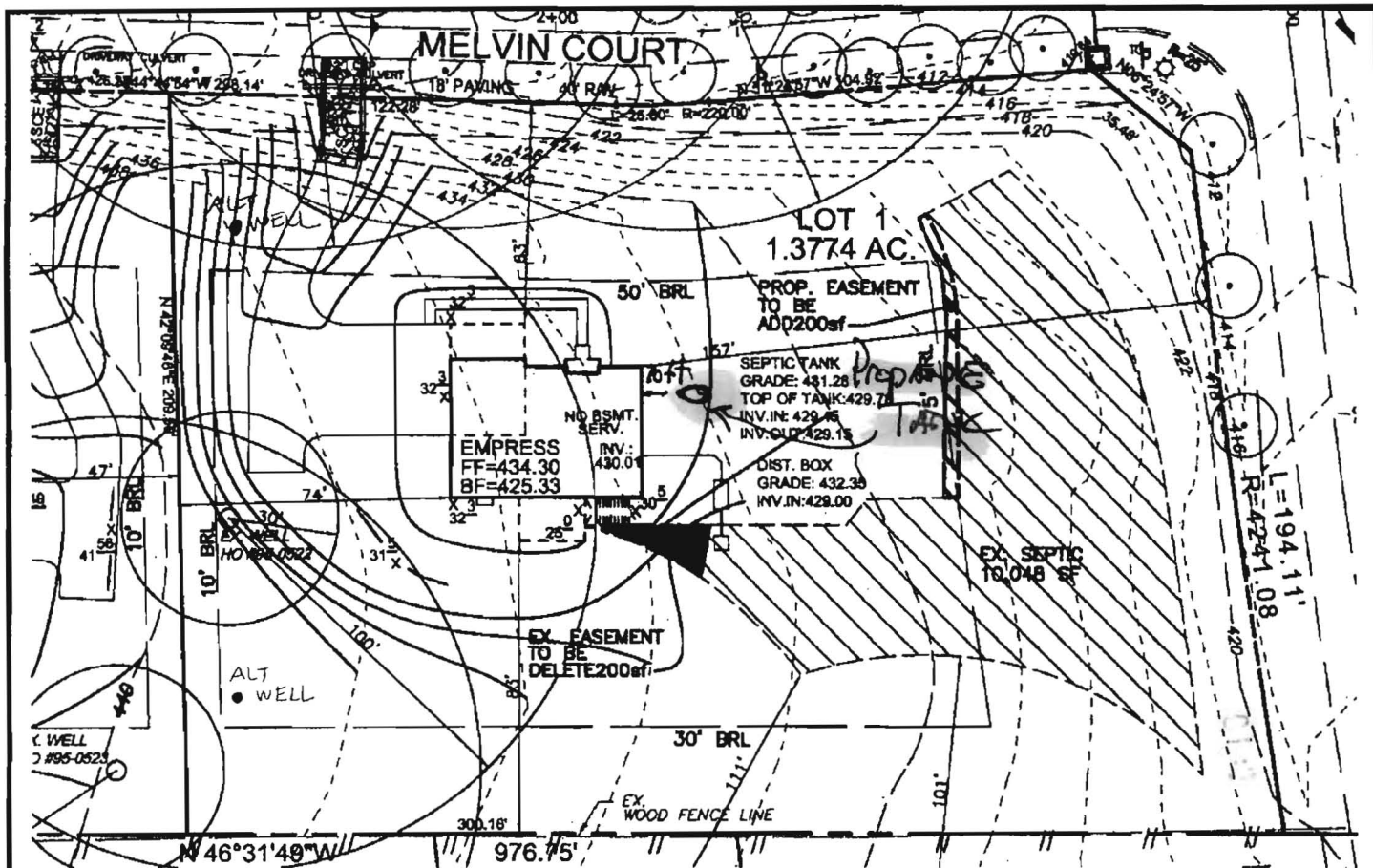
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 William Growig
 Title/Company Propane Installer

Print Name William Growig
 Date 8/13/10

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 PLEASE WRITE NEATLY AND LEGIBLY.

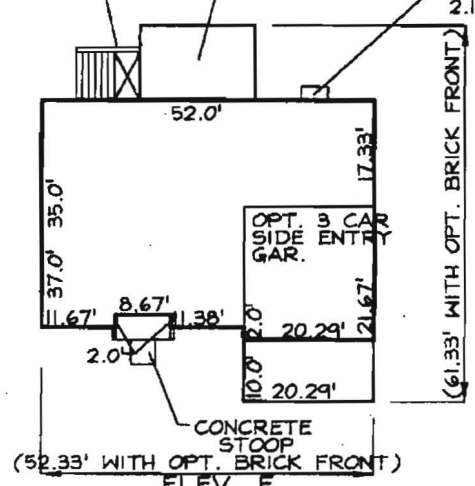
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ			Front: _____	\$ _____	
State Highways			Rear: _____	Permit fee \$ <u>100</u>	
Building Officials			Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ <u>10</u>	
Health	<u>8/26/10</u>	<u>Shawn Gatt</u>	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 # _____	
			Historic District?	Validation # _____	
			YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____		
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by _____	



*Uptank
OK 8-26-10
HS*

THE EXISTING WELL SHOWN ON LOT 1 TAG NO. HO-95-0522 HAVE BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. BUILDING OF LOT 1 GROSS FLOOR AREA: 2,708 SF.

OPT. 7.75' WELLED EXIT W/OPT. MORNING ROOM
OPT. MORNING ROOM 12' X 18'
OPT. FIREPLACE 2.17' X 4.17'



ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELICOTT CITY, MD 21043 FAX: 410.461.8961

EMPRESS
SCALE: 1" = 30'

**NV HOMES
SCAGGSVILLE KNOLLS**
F-06-091
11205 LOT 1
14217-MELVIN COURT

SCALE: 1"=50'
DRAWN BY: KG/HS
CHECKED BY: RHV
DATE: JULY 2010
W. O. #: 04-49
SHEET # 1 OF 1

TAX MAP 46 BLOCK 3&9 5TH ELECTION DISTRICT
PARCEL 118 HOWARD COUNTY, MARYLAND

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B/0002499

Building Address 11205 Melvin Court
Laurel, MD 20723

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 1

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name NVR Inc
 Address 6085 Marshalee Dr #130
 City Elkridge State MD Zip Code 21075
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein):

 Phone _____ Fax _____

Existing Use Vacant Lot
 Proposed Use Single Family
 Estimated Construction Cost \$ 280,000
 Description of Work 2 Story Single Family

Occupant or Tenant _____

Contact Name _____

Address: _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature _____

Email Address _____

Title/Company _____

Print Name _____

Date _____

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

AGENCY	DATE	SIGNATURE APPROVAL
<u>Land Development, DPZ</u>		
<u>State Highways</u>		
<u>Building Officials</u>		
<u>Dev. Engineering, DPZ</u>		
<u>Health</u>	<u>8/26/10</u>	<u>[Signature]</u>
<u>Fire Protection</u>		

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID #
Front: _____	Filing fee \$ <u>12,000</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per fee. \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>1012011</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

