

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

Building Address Lot 2 Farming Dr.  
Highland MD 20779  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2  
 Tax Map 45 Parcel 63 Grid 5  
 Zoning \_\_\_\_\_ Map Coordinates 18C5 Lot Size \_\_\_\_\_

Property Owner's Name Winchester Homes Inc  
 Address 405 Rockledge Dr. Ste 800  
 City Bethesda State MD Zip Code 20817  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Existing Use SFD  
 Proposed Use SFD WITH TANK  
 Estimated Construction Cost \$ 1000  
 Description of Work Install (1) 1000 LIG  
Propane tank and run 1/2" line to  
home per NEPA 54.5B  
 Occupant or Tenant OWNER  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Contractor Company Michel Welding & Mechanical Repair  
 Contact Person Robert J Michel Sr  
 Address 2518 Green Rd  
 City Baldwin State MD Zip Code 21013  
 License No. 73061  
 Phone 410 692 5416 Fax 443 927 9357  
 Engineer or Architect Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**  
 Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction 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 Characteristics**  
 SF Dwelling  SF Townhouse   
 Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1<sup>st</sup> floor: \_\_\_\_\_  
 2<sup>nd</sup> floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement  Crawl  
 space  Slab on Grade   
 No. of Bedrooms \_\_\_\_\_  
 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: \_\_\_\_\_  
 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   
 Sprinkler system: N/A   
 NFPA #13D  
 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.

Michel Welding's Mechanical Repair  
 Applicant's Signature  
 Title/Company

Robert J Michel Sr  
 Print Name  
10/8/09  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY - DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>10-15-09</u>	<u>Michael Asst</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?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Is Entrance Permit Required?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Historic District?	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date _____	Accepted by _____

**APPROVED**

WALK-THRU BUILDING PERMIT

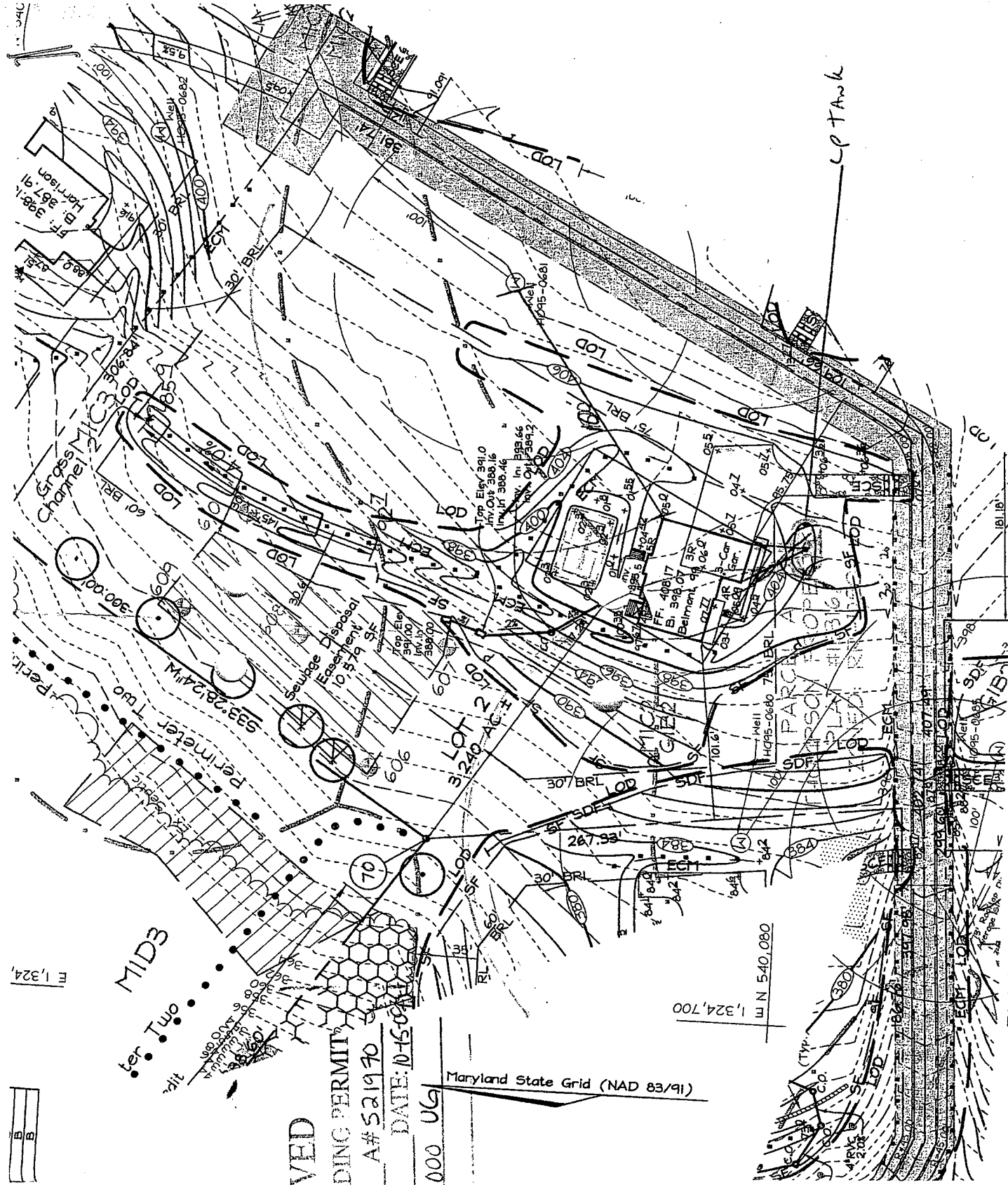
BP# A# 521970

APP. SAN HS DATE: 10-15-04

DESC. OF WORK: 1,000 UG

CP Tank

Maryland State Grid (NAD 83/91)



U N 540,080  
1,324,700

PLAN VIEW  
SCALE: 1"=50'

DING NOTES

Lot # 2 1" = 50

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
 B09002125

Building Address 12611 Farmville Dr. v. v. v.  
Highland MD 20757

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision Vistas AT  
Brookside Bldg

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2

Tax Map 43 Parcel 63 Grid S

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size 3240 AC

Property Owner's Name \_\_\_\_\_  
 Address 6905 Rockledge Dr. v. v. v.  
 City Ellicott City State MD Zip Code 20717

Home Phone \_\_\_\_\_ Work Phone 301-907-1007

Applicant's Name & Mailing Address, (if other than stated herein):  
Carol V. v. v.

Phone 410 Fax \_\_\_\_\_  
279-1634

Existing Use vacant  
 Proposed Use SED  
 Estimated Construction Cost \$ 325,000

Description of Work Baltimore w 3 car garage  
Rear entrance to car, full front deck  
3rd floor for 4th car garage

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company \_\_\_\_\_  
 Contact Person Andrew S. v. v.  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. 57  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company CSM Assoc. PC  
 Contact Person Charles H. v. v.  
 Address 6339 Howard Dr.  
 City Ellicott City State MD Zip Code 20717  
 Phone 410 Fax 410-796-1567  
507-5200

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>45</u> Width <u>62</u> 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ 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 \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name Carol V. v. v.  
 Date 8-17-09

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 \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>9-15-09</u>	<u>Dana Bernard</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"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date _____	Accepted by _____

Maryland State Grid (NAD 83/91)

N 540,900  
E 1,324,700

MATCHLINE SEE SHEET

N 540,175  
E 1,324,700

N 540,175  
E 1,325,825

Approved Septic System Plan  
Howard County Health Department  
*Rena Bernard*  
Signature Date 9-15-08

APPROVED FOR PRIVATE WATER AND PRIVATE SEWERAGE SYSTEMS IN ACCORDANCE WITH THE MASTER PLAN OF HOWARD COUNTY  
*Robert W. Weller*  
COUNTY HEALTH OFFICER  
HOWARD COUNTY HEALTH DEPARTMENT  
11/31/07 DATE

OWNER  
JENNIE M. THOMPSON  
8067 Browns Bridge Road  
Highland, Maryland 20777

DEVELOPER/CONTRACT PURCHASER  
HAILEY DEVELOPMENT LC  
3905 National Drive, Suite 105  
Burtensville, Maryland 20866  
Telephone: (301) 476-7715

"I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF."

STATE OF MARYLAND  
ZACHARIA YOSEF FISH, P.E. #22418  
FSH ASSOCIATES  
1/3/2007 DATE

AMENDED PERCOLATION CERTIFICATION PLAN  
J. THOMPSON PROPERTY  
LOTS 1 THRU 6  
(A RESUBDIVISION OF NON-BUILDABLE PARCEL 'A'  
THOMPSON PROPERTY PLAT #13316)  
TAX MAP 45 GRID 5 PARCEL 13  
5TH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

STATE OF MARYLAND  
ZACHARIA YOSEF FISH, P.E. #22418  
FSH ASSOCIATES

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

DESIGN BY: ZYF  
DRAWN BY: HK  
CHECKED BY: ZYF  
SCALE: 1"=50'  
DATE: Jan 2, 2007  
P.L.O. No.: 3288  
SHEET No.: 2 OF 2