

BP

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

150011181

Building Address 11678 FREDRICK RD
ELLICOTT MD 212

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

Census Tract 110380 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 16 Parcel 371 Grid 15

Zoning MDY Map Coordinates _____ Lot size 3 1/2 ac

Property Owner's Name JAYMIN M. PATEL

Address 3600 SULASKI HWY

City BALTIMORE State MD Zip Code 21224

Home Phone 410-327-7801 Work Phone 410-327-7664

Applicant's Name & Mailing Address, (if other than stated hereon):
HORIZON BUILDERS
70 HORSE SHOE TR. RD.
DENVER CO. 17517

Phone 717-335-3946 Fax _____

Existing Use Single family Res.

Proposed Use same

Estimated Construction Cost \$ 27,600.00

Description of Work BUILD 1- 28' x 40' x 9'
DECK BUILD 1- 22' x 30' x 9' DECK

Contractor Company HORIZON BUILDERS

Contact Person DONALD KRIMES

Address 70 HORSE SHOE TR. RD.

City DENVER State PA Zip Code 17517

License No. 81999304

Phone 717-335-3946 Fax _____

Occupant or Tenant JAYMIN M. PATEL

Contact Name SAME ABOVE

Address 3600 SULASKI HWY.

City BALTIMORE State MD Zip Code 21224

Phone 410-327-7801 Fax _____

Engineer or Architect Company HORIZON BUILDERS

Contact Person DONALD KRIMES

Address 70 HORSE SHOE TR. RD.

City DENVER State PA Zip Code 17517

Phone 717-335-3946 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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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

Donald Krimes
Applicant's Signature

DONALD KRIMES
Print Name

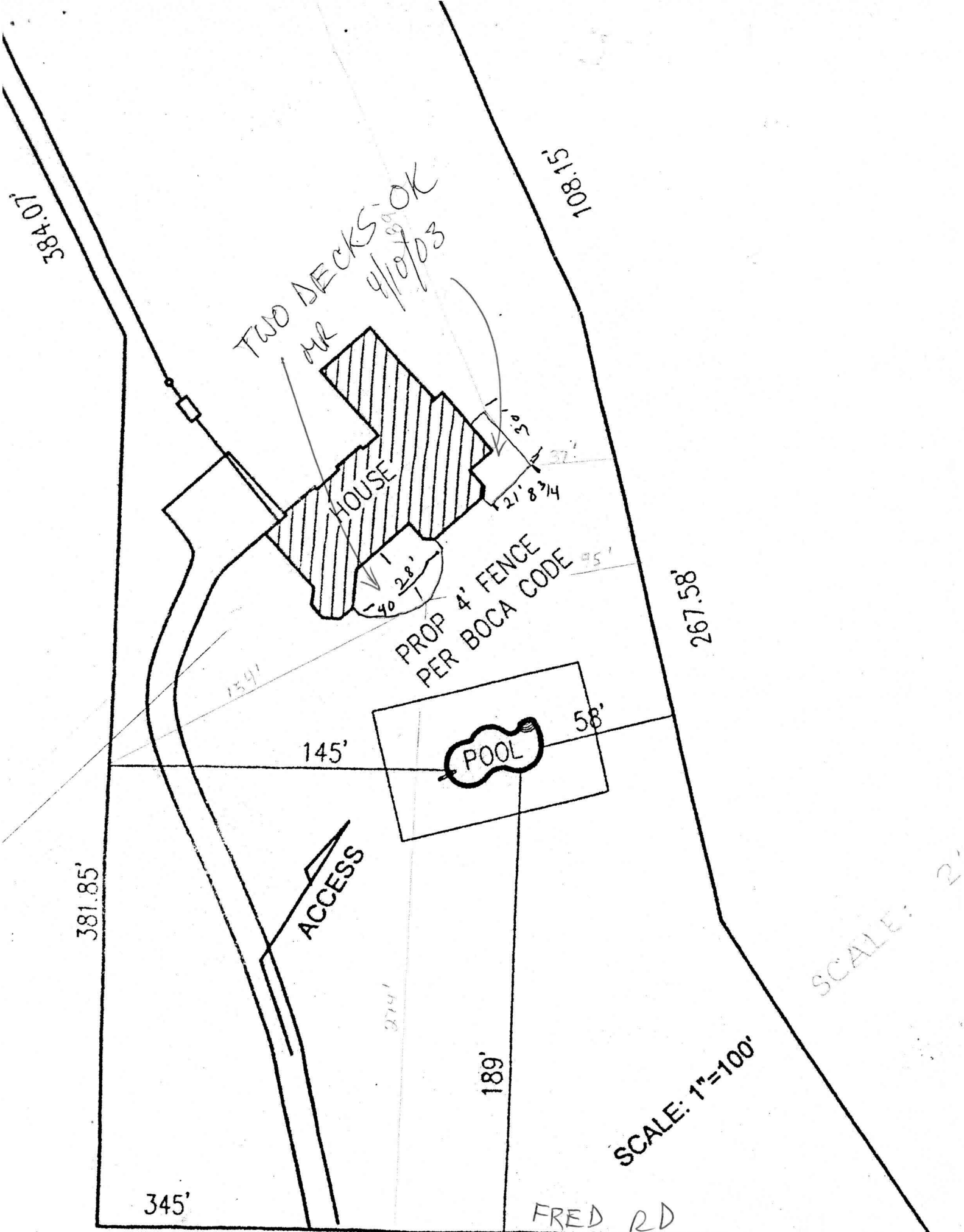
Build Horizon
Title/Company

3-2-03
Date

OKCOM
MR 4/10/03

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

49969



384.07'

108.15'

TWO DECKS - OK
MR 9/10/03

HOUSE

PROP 4' FENCE
PER BOCA CODE

145'

POOL

58'

267.58'

381.85'

ACCESS

189'

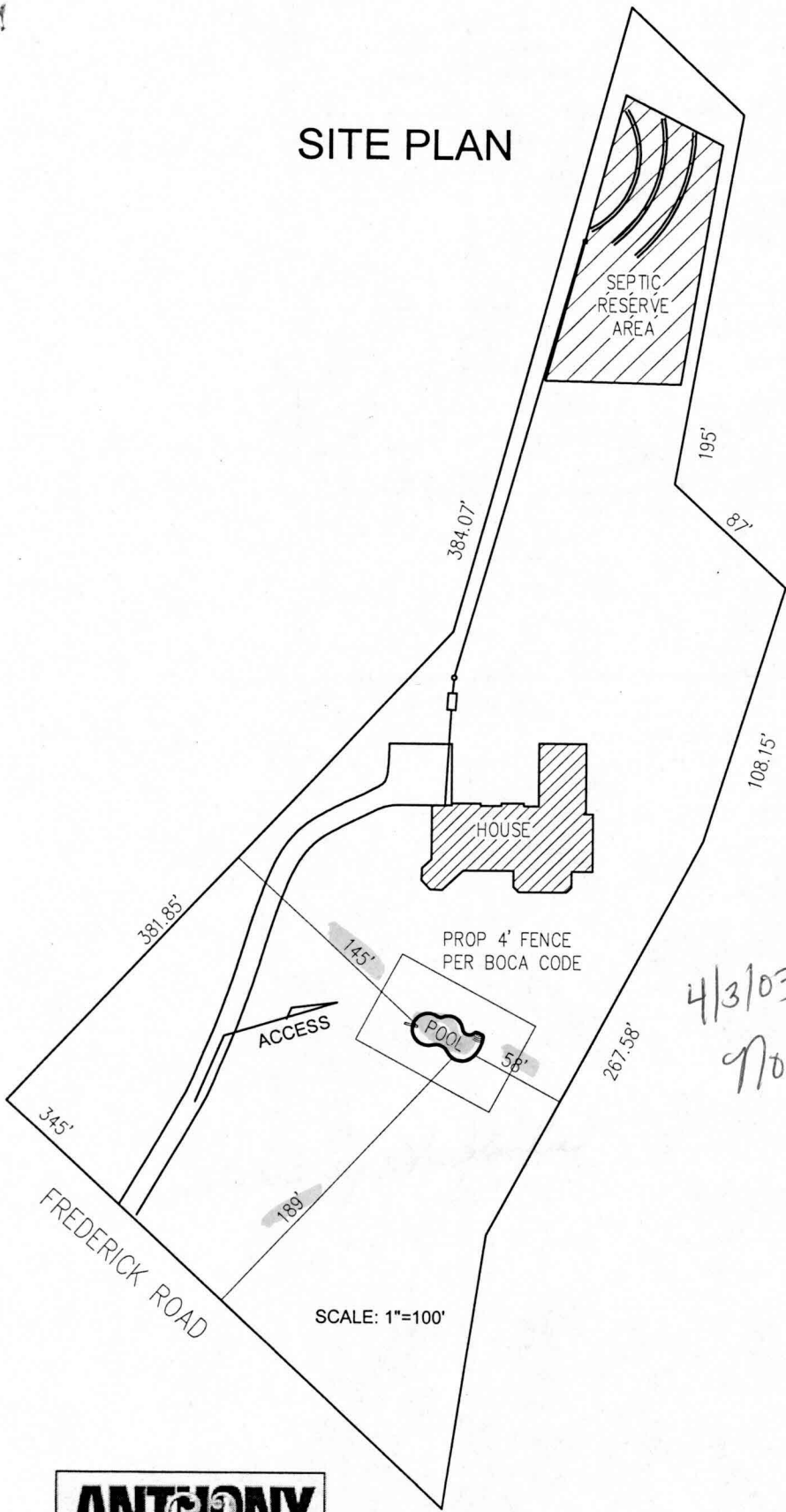
SCALE: 1"=100'

SCALE: 1"=20'

345'

FRED RD

SITE PLAN



4/3/03
No septic
well
concerns
w/ pool
OK
KCN



**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
 300128995

MEK

Building Address 11678 Frederick Road
ELLICOTT CITY, MD 21040
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 0030 Subdivision King's Gift
 Section N/A Area N/A Lot 54
 Tax Map 16 Parcel 372 Grid 1A
 Zoning RC-DEP Map Coordinates 1034 Lot size

Property Owner's Name Richard Dohler
 Address 3169-002 Pine Orchard Lane
 City ELLICOTT CITY State MD Zip Code 21042
 Home Phone 410-461-0993 Work Phone 443-277-3616
 Applicant's Name & Mailing Address, (if other than stated hereon):
SAME
 Phone Fax

Existing Use VACANT LOT
 Proposed Use Single Family Home
 Estimated Construction Cost \$ 200,000.
 Description of Work Construct new single family
dwelling, 1 story, basement, attached
2 car garage, 4 BR, 3 bath, 1 fireplace, basement

Contractor Company _____
 Contact Person DICK DOHLER
 Address 3169-002 Pine Orchard Lane
 City E.C. State MD Zip Code 21042
 License No. _____
 Phone Fax

Occupant or Tenant None
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone Fax

Engineer or Architect Company _____
 Contact Person SAME
 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>38</u> <u>88</u> 2nd floor: <u>-</u> <u>-</u> Basement: <u>38</u> <u>68</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Richard Dohler
 Applicant's Signature

Richard W. Dohler
 Print Name

Title/Company

Date 3-15-01

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land and Development DPZ		
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input checked="" type="checkbox"/> Dev. Engineering DPZ		
<input checked="" type="checkbox"/> Health	<u>4/30/01</u>	<u>Mark Reffer</u>
<input checked="" type="checkbox"/> Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	
Filing fee	\$ <u>75.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>4153</u>
Validation	# _____

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

Total linear feet of trench required 280 feet

Width of trench(es) 3 feet

Depth of trench(es) 4 feet

Depth of stone required below distribution pipe 2 feet

Dist. BOX

PUMP TANK
SEPTIC TANK
GRAVEL AROUND PIPE
AT PARKING PAD

GENERAL NOTES

SEPTIC BASIN SUBJECT TO HOWARD COUNTY HEALTH DEPARTMENT

- PROPOSED 1500 GALLON SEPTIC TANK: 527.70
- FIRST FLOOR ELEVATION: 518.70
- BASINMENT ELEVATION: 523.20
- INVERT OF SEPTIC SYSTEM AT HOUSE: 522.00
- INVERT IN AT SEPTIC TANK: 521.70
- PROPOSED GRADE OVER SEPTIC TANK: 525.00
- INVERT AT DISTRIBUTION BOX: 534.00
- EXISTING GROUND OVER DISTRIBUTION BOX: 536.00
- LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PERMIT
- CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
- THERE IS NO BASEMENT SERVICE TO SEPTIC SYSTEM

1:60

PLAN BY FCC

Approved Septic System Plan
Howard County Health Department

Signature: Mark R. [unclear] Date: 5/4/07

LOT 54

