

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

Permit Number:

B10003509

Building Address: 6804 GREEN HOLLOW WAY
HIGHLAND, MD 20777

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: 2000000000 #6

Tax Map: 40 Parcel: 44 Grid: 4

Zoning: _____ Map Coordinates: _____ Lot Size: 1.195E

Existing Use: RES

Proposed Use: RES

Estimated Construction Cost: \$ \$2000.00

Description of Work: BUY A 1,000 GALLON
PROPANE TANK

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: STANLEY MACKLIN

Address: 8358 SAND CHERRY LN.

City: LAUREL State: MD Zip Code: 20723

Home Phone: _____ Work Phone: _____

Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone: _____ Fax: _____

Email: AY MACKLIN@COMCAST.NET

Contractor Company: THOMPSON GAS

Contact Person: J. RANDALL THOMPSON

Address: 6708 OLD NATIONAL PIKE

City: BOWENSDOWN State: MD Zip Code: 21713

License No.: G-60003

Phone: 3014326611 Fax: 3014327147

Email: J.DUGAN@THOMPSONGAS.COM

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
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
<u>Construction type:</u>	<u>Heating System</u>
<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	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth Width	<input type="checkbox"/> Public
1 st floor:	<input type="checkbox"/> Private
2 nd floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input checked="" type="checkbox"/> Propane Gas
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.

Applicant's Signature: J. Randall Thompson

Email Address: RTHOMP1@THOMPSONGAS.COM

Title/Company: PRESIDENT, CEO THOMPSON GAS.

Print Name: J. RANDALL THOMPSON

Date: 11/12/10

RECEIVED

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

NOV 12 2010
 LICENSES & PERMITS
 DIVISION

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials	<u>11-16-10</u>	<u>[Signature]</u>
PSZA (Zoning)		
PSZA (Engineering)	<u>12-10-10</u>	<u>[Signature]</u>
Health	<u>11-20-10</u>	<u>[Signature]</u>
Fire Protection		

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

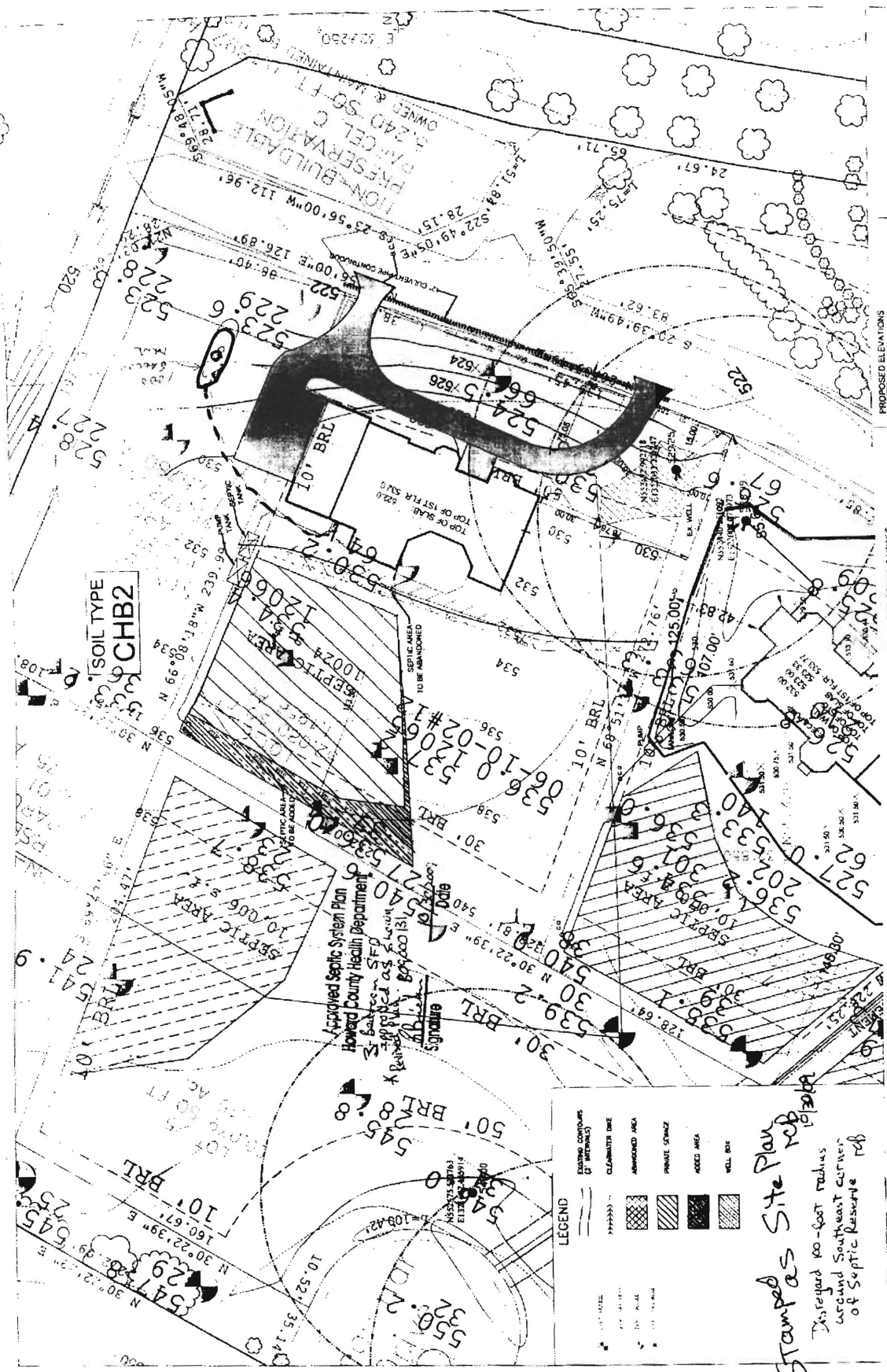
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$ <u>100.00</u>
Tech Fee	\$ <u>10.00</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$



SOIL TYPE
CHB2

LEGEND

[Symbol]	EXISTING CONTOURS (5' INTERVALS)
[Symbol]	EASEMENTS
[Symbol]	ANNEXED AREA
[Symbol]	PRIVATE SPRING
[Symbol]	AGED AREA
[Symbol]	WELL BOX

Stamped Site Plan
 Disregard 100-foot radius
 around Southeast corner
 of Septic Reserve

PROPOSED ELEVATIONS

510	GRADE AT HOUSE WATER	TITLE	PURPOSE
515	GRADE AT DRIVE	PROJECT NAME	ESTABLISH A TENTATIVE
520	GRADE AT DRIVE	OWNER	WELL LOCATIONS
525	GRADE AT DRIVE	BUILDER	RESERVED PERCOLATION
530	GRADE AT DRIVE	DATE	CERTIFICATION PLAN
535	GRADE AT DRIVE	SCALE: 1/30	TO REVEAL THE S.O.A.

SITE SPECIFIC NOTES

1. PROJECT: [blank]
2. ALL DIMENSIONS ARE TO THE CENTERLINE UNLESS OTHERWISE NOTED.
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APPLICANT INFORMATION

NAME: [blank]
 ADDRESS: [blank]
 CITY: [blank]
 STATE: [blank]
 ZIP: [blank]

PROJECT INFORMATION

PROJECT NAME: [blank]
 OWNER: [blank]
 BUILDER: [blank]
 DATE: [blank]
 SCALE: 1/30

GENERAL NOTES

1. THE OWNER SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS FROM THE APPLICABLE AGENCIES.
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Michael J. [Signature]
 10/20/2024
 10/20/24

609000131

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

609000131

Building Address 6801 Green Hollow Way
Highland MD 21777

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

Census Tract _____ Subdivision Highland Executive

Section _____ Area _____ Lot 6

Tax Map 40 Parcel 44 Grid 4

Zoning _____ Map Coordinates _____ Lot size 1.19 ac.

Existing Use vacant lot

Proposed Use single family dwelling

Estimated Construction Cost \$ 210,000.00

Description of Work Finished basement, 4 full bath

1-half bath, gas fireplace, 4-car garage,

back concrete patio

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Princess Breeze LLC

Address Alice + Stanley machine

6300 Woodside Court, Suite A

City Columbia State MD Zip Code 21046

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone 410 995 6736 Fax 410 381 8217

Contractor Company Dale Thompson Builders

Contact Person Amy Ferrer or Carl Thompson

Address 6300 Woodside Court, Suite A

City Columbia State MD Zip Code 21046

License No. _____

Phone 410 995 6736 Fax 410 381 8217

Engineer or Architect Company Dale Thompson Builders

Contact Person Amy Ferrer + Carl Thompson

Address 6300 Woodside Court, Suite A

City Columbia State MD Zip Code 21046

Phone 410 995 6736 Fax 410 381 8217

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:

Reinforced Concrete

Structural Steel

Masonry

Wood Frame

State Certified Modular

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

Utilities

SF Dwelling SF Townhouse

Depth 4397' Width _____

1st floor: _____

2nd floor: _____

Basement: 3070' per plan

Finished Basement Unfinished Basement

Crawl space Slab on Grade

No. of Bedrooms 3 per plan

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

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.

Amy Ferrer (AOS)

Dale Thompson Builders

Applicant's Signature _____
Title/Company _____

Amy Ferrer

Print Name _____

1/29/09 1/20/09

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		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10/30/2009</u>	<u>R. Bunker</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies-
T:\home\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>22359</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____



540
38
N 30°22'39" E
328.81'

540
328.81'

538
30' BRL

536
10' BRL

534
N 68°51'34" W
278.76'

532
76.78'

530
30.00'

530
15.001'

524
66.5'

522
56'00" E
126.8'

10/30/2009
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Department

Plan

Approved Septic System Plan

Howard County Health Department

3-bedroom SFD approved as shown per Revised Site Plan

Signature

Date

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Approved Septic System Plan
Howard County Health Department
3-bedroom SFD approved as shown per Revised Site Plan
Signature
Date

TOP OF SLAB: 522.0
TOP OF 1ST FLR: 532.0

SEPTIC AREA
10024

53.4
1206.6

530
64.2

524
66.5
526
524

523
229

12" CULVERT PIPE CONTINUOUS