

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: BAD03984

Building Address: 2300 MEADOW TRAIL LANE
WEST FRIENDSHIP MD 21794
 Suite/Apt. # _____ SDP/WP/BA #: F07 87
 Census Tract: 60112 Subdivision: MCKINDREE VIEW
 Section: _____ Area: 2 Lot: 7
 Tax Map: 14 Parcel: 54 Grid: 12
 Zoning: RC-D50 Map Coordinates: _____ Lot Size: 16,626 S.F.

Existing Use: Residential
 Proposed Use: Residential
 Estimated Construction Cost: \$ 750,000
 Description of Work: NEW HOME CONSTRUCTION
 Occupant or Tenant: N/A

Was tenant space previously occupied? Yes No
 Contact Name: CHRIS PHER NOLAN
 Address: 2300 MEADOW TRAIL LANE
 City: WEST FRIENDSHIP State: MD Zip Code: 21794
 Phone: _____ Fax: _____
 Email: PNOLAN5@GMAIL.COM

Property Owner's Name: CHRIS PHER NOLAN
 Address: 2300 MEADOW TRAIL LANE
 City: WEST FRIENDSHIP State: MD Zip Code: 21794
 Home Phone: _____ Work Phone: 443 733 3311
 Applicant's Name & Mailing Address, (If other than stated herein):
2300 MEADOW TRAIL LANE
WEST FRIENDSHIP, MD 21794
 Phone: 443 733 3311 Fax: _____
 Email: PNOLAN5@GMAIL.COM

Contractor Company: ONE ONE ONE BUILDING
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 Phone: 443 733 3311 Fax: _____
 Email: _____

Engineer/Architect Company: LETKE DESIGN & CONSULTING
 Responsible Design Prof.: TONY LETKE
 Address: 7520 MAIN STREET
 City: SYKESVILLE State: MD Zip Code: 21784
 Phone: 410-977-2200 Fax: 410-549-4440
 Email: TONY@MULLERPERMITS.COM

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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 st floor: <u>73'-6"</u> <u>71'-0"</u>	<input type="checkbox"/> Private
2 nd floor: <u>39'-0"</u> <u>36'-0"</u>	<u>Sewage Disposal</u>
Basement: <u>53'-0"</u> <u>61'-0"</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input checked="" 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 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: Chris Pher Nolan
 Email Address: PNOLAN5@GMAIL.COM
 Title/Company: _____

Print Name: CHRIS PHER NOLAN
 Date: 12/17/10

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>1-12-11</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$ <u>1,077.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\Building App. 6/2010

DEPARTMENT OF INSPECTIONS,
 LICENSES & PERMITS
 3430 COURT HOUSE DRIVE
 ELLICOTT CITY, MD 21043
 PERMITS (410) 313-2455
 INSPECTIONS (410) 313-1850

**HOWARD COUNTY
 RESIDENTIAL
 HEATING-VENTILATION-AIR
 CONDITIONING AND
 REFRIGERATION PERMIT
 APPLICATION**

HVACR PERMIT # M110005411
 BUILDING PERMIT #

BUILDING ADDRESS: SUITE/APT:
2210 MEADOW TRAIL LANE
 SUBDIVISION:
 CENSUS TRACT: SECTION: AREA:
 LOT: TAX MAP: PARCEL:
 BLOCK: ZONE:
 PROPERTY ID: MAP COORDINATES:
 TYPE OF IMPROVEMENTS: NEW USE: RES

OWNERS NAME: CHRISTOPHER NOLAN
 ADDRESS: 2210 MEADOW TRAIL LANE
 CITY: WEST FRIENDSHIP
 STATE: MD ZIP CODE: 21794-9734
 HOME PHONE: WORK PHONE:
410-561-1004

<u>CHECK ONE</u>	<u>HOW MANY</u>
SINGLE FAMILY DWELLING <input type="checkbox"/>	<u>2</u> ZONES
SINGLE FAMILY TOWNHOUSE <input type="checkbox"/>	___ ZONES
MULTI-FAMILY / HOTEL/MOTEL <input type="checkbox"/>	___ ROOMS
ASSISTED LIVING HOMES (16 OR FEWER RESIDENTS) <input type="checkbox"/>	___ ROOMS

COMPANY NAME: Ground Loop Heating & Air Cond., Inc.
 LICENSEE NAME: Michael E. Cullum
 ADDRESS: 1701 Whiteford Road
 CITY: Darlington
 STATE: MD ZIP CODE: 21034
 PHONE: 410-836-1706 HVACR LICENSE NO: 6539

- New GEOTHERMAL
- Heating and Air Conditioning
 - Geo Thermal System
 - Heating System Only
 - Ductless Mini Splits
 - Other Work (Describe):
 - Thru The Wall Systems
- Replacement
- Heating
 - Air Conditioning
 - Heating and Air Conditioning
- 6/20/2011
 Approved (Signature)
- Additions and Alterations
- Heating
 - Air Conditioning
 - Heating and Air Conditioning

Replacement Geo Thermal Systems are not required; However, if a tax credit is being sought a permit is required

Zones	Rooms
Permit Fee = # of Zones x \$40 = <u>80.00</u>	Permit Fee = # of Rooms x \$80 = <u> </u>
Technology Fee (10% of Permit Fee) = <u>8.00</u>	Technology Fee (10% of Permit Fee) = <u> </u>
Plus Application Fee <u>50.00</u>	Plus Application Fee \$50 <u>50.00</u>
Total Fees Due = <u>\$138.00</u>	Total Fees Due = <u> </u>

I HAVE CAREFULLY EXAMINED AND READ THIS APPLICATION AND KNOW IT IS TRUE AND CORRECT. THE WORK DESCRIBED HEREIN WILL BE PERFORMED BY A STATE HVACR LICENSED PERSON(S), AND ALL WORK WILL BE PERFORMED IN COMPLIANCE WITH APPLICABLE CODES AND STANDARDS OF HOWARD COUNTY THE STATE OF MARYLAND.

Michael Cullum 5-31-11
 SIGNATURE OF LICENSEE DATE

MICHAEL E CULLUM
 PRINT NAME OF LICENSEE

Linda @groundloop.com
 Email Address

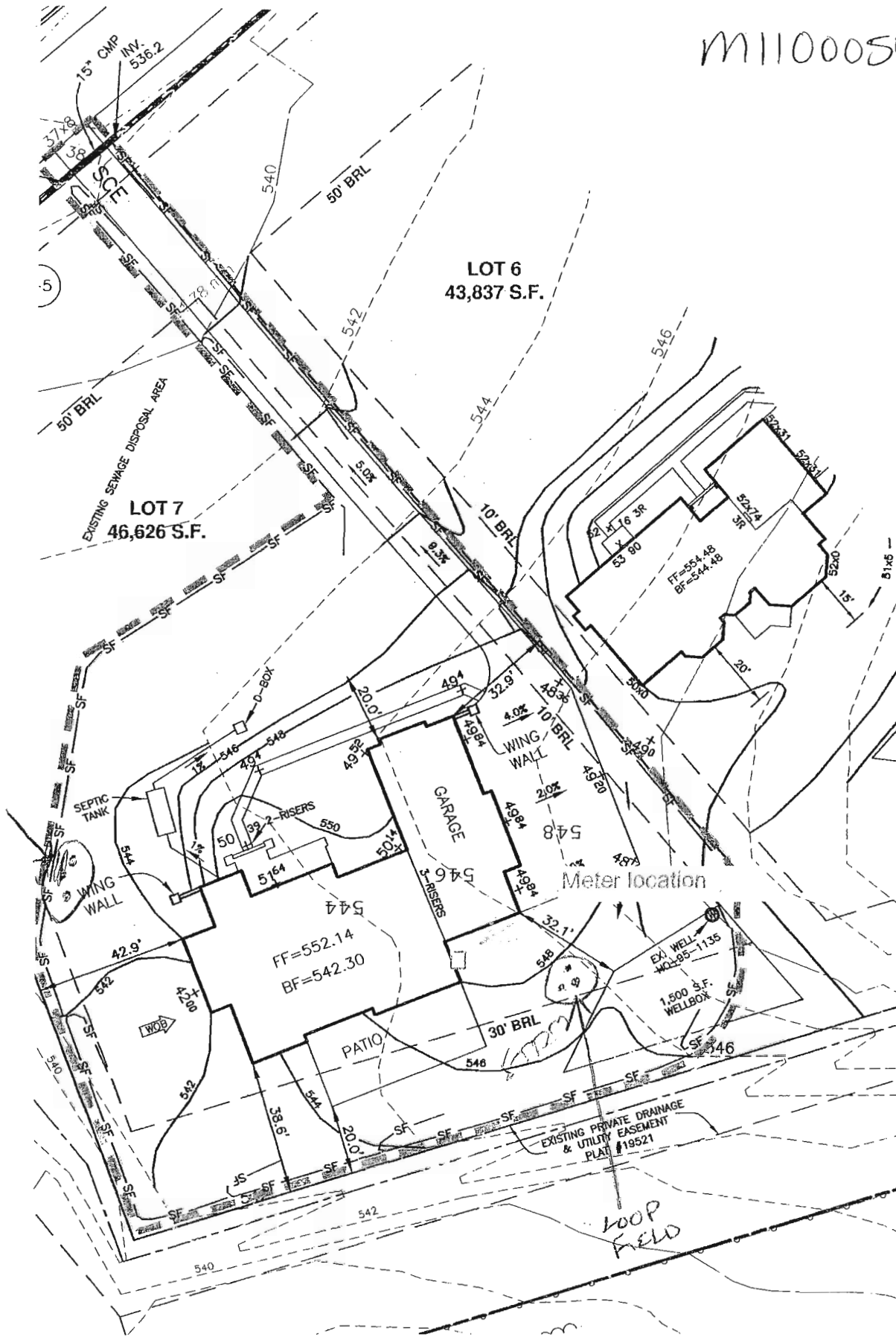
Validation

Check Number: 15717
 Cash: _____
 Receipt Number: 243552

Make check payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

WELL & SEPTIC

M11000547



PLAN VIEW
 SCALE: 1" = 40'

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:

B11003123

Building Address: 2700 Meadow Trail Ln
Ellicott City, MD 21794
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: 1
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Alison
 Address: 2700 Meadow Trail Ln
 City: Ellicott City State: MD Zip Code: 21794
 Home Phone: _____ Work Phone: 410 465 1004
 Applicant's Name & Mailing Address, (If other than stated herein):
Alison
2700 Meadow Trail Ln
Ellicott City, MD 21794
 Phone: 410 465 1004 Fax: 410 465 1003
 Email: Alison@AmericanCan.com

Existing Use: ED UNDER CONSTRUCTION
 Proposed Use: ED Warehouse
 Estimated Construction Cost: \$ 1100000
 Description of Work: Warehouse 10000 sq. ft. with
Frame Truss to accommodate heavy
loads for 6 Heavy Crane Girders

Contractor Company: American Can
 Contact Person: Thomas
 Address: 1097 Oak Hill Rd
 City: Ellicott City State: MD Zip Code: 21042
 License No.: GA56794
 Phone: 410 465 1004 Fax: 410 465 1003
 Email: Tom@AmericanCan.com

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

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 checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<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 type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input 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 type="checkbox"/> Propane Gas
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	<u>Roadside Tree Project Permit #</u>
<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: _____
 Email Address: Alison@AmericanCan.com
 Title/Company: _____

Print Name: _____
 Date: 10/19/11

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>11/4/11</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$ <u>100.</u>
Tech Fee	\$ <u>15.</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$