

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410) 313-2485 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

1900142942

Building Address 7105 Mink Hollow Rd  
Highland MD 20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605101 Subdivision Highland  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map 40 Parcel 196 Grid 1  
Zoning R2050 Map Coordinates 13413 Lot size 1.1

Property Owner's Name Doug Herbst  
Address 7105 Mink Hollow Rd  
City Highland State MD Zip Code 20777  
Home Phone 301-854-5744 Work Phone 301-908-3227  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Existing Use Residential  
Proposed Use Residential  
Estimated Construction Cost \$ 150,000.00  
Description of Work add second floor and  
2 1/2 roof & bedroom 3 Bath  
1 laundry room alterations to Existing

Contractor Company To be Decided  
Contact Person Doug Herbst  
Address 7105 Mink Hollow Rd  
City Highland State MD Zip Code 20777  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant Owner  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
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	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"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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 checked="" 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 type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Applicant's Signature Doug Herbst  
Title/Company \_\_\_\_\_

Print Name Doug Herbst  
Date 7-10-03

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>6/4/03</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 NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 58848

Filing fee \$ 25

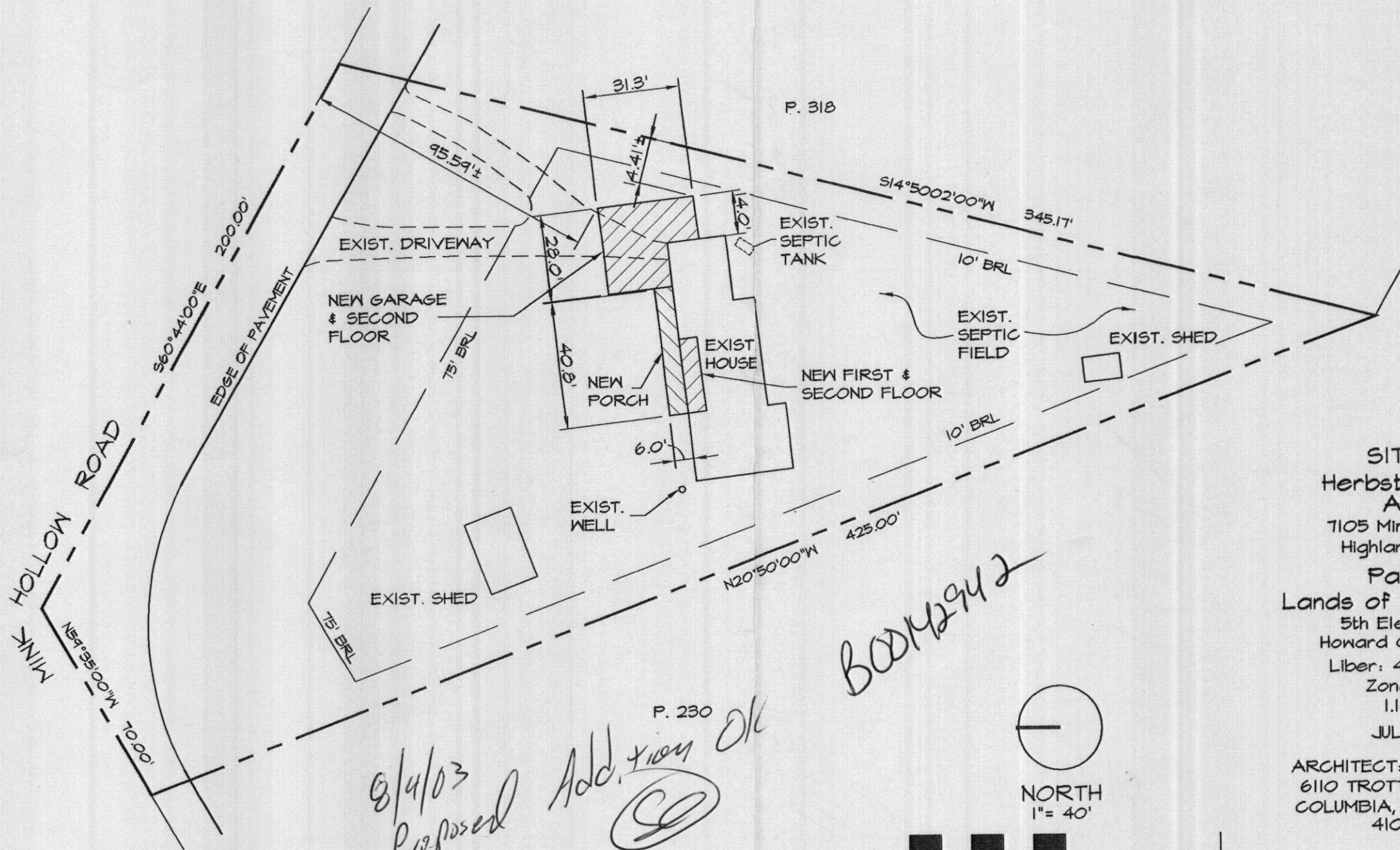
Permit fee \$ \_\_\_\_\_  
Excise tax \$ \_\_\_\_\_  
Add'l per. fee \$ \_\_\_\_\_  
TOTAL FEES \$ \_\_\_\_\_  
Sub-total paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # \_\_\_\_\_  
Validation # 28203

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Accepted by [Signature]

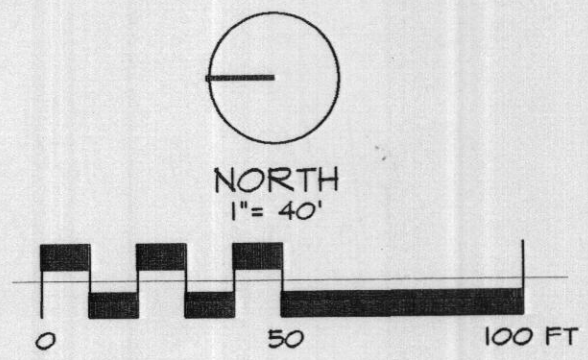
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



**SITE PLAN**  
**Herbst Residence**  
**Addition**  
 7105 Mink Hollow Road  
 Highland, MD 20777  
**Parcel 196**  
 Lands of Grace Holstein  
 5th Election District  
 Howard County, Maryland  
 Liber: 442, Folio: 390  
 Zone: RR-DEO  
 1.101 Acres  
 JULY 7, 2003  
 ARCHITECT: RONALD A. STUP  
 6110 TROTTER RIDGE COURT  
 COLUMBIA, MARYLAND 21044  
 410-531-0969

*BOOMER 2*

*8/4/03 Proposed Addition OK*



**A-1**

NOTE: SURVEY INFORMATION FROM PRECISION SURVEYING AND CONSULTING SERVICES, COLLEGE PARK, MD, NOV., 1993