

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

000152526KN

Building Address 677 Millers Hill Rd  
HIGHLAND, MD 20777  
THED 05-34-409  
Suite/Apt. #: \_\_\_\_\_ SDP/WF/Petition #: \_\_\_\_\_  
Census Tract 6051.01 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map 34 Parcel 288 Grid 21  
Zoning RR Map Coordinates 1377 Lot size 5.84A

Property Owner's Name Joe & Marcy Quill  
Address 1008 Reddick Drive  
City Silver Spring State MD Zip Code 20901  
Home Phone 301-661-0866 Work Phone 301-724-7550  
Applicant's Name & Mailing Address, (if other than stated hereon):  
MARINA S. FEAT  
Phone 301-724-7550 Fax 301-576-7181

Existing Use OPEN SPACE  
Proposed Use RESIDENTIAL DWELLING  
Estimated Construction Cost \$ 220,000  
Description of Work New Modular Home,  
Front Porch & 2 Car Garage  
unfinished basement w/RI 2 1/2 baths  
4 BR

Contractor Company MARYLAND Custom Builders, Inc  
Contact Person MARINA S. FEAT  
Address P.O. Box 42  
City CLARKSVILLE State MD Zip Code 21027  
License No. MHAB 381  
Phone 301-724-7550 Fax 301-576-7181

Occupant or Tenant \_\_\_\_\_  
Contact Name MARINA S. FEAT  
Address P.O. Box 42  
City CLARKSVILLE State MD Zip Code 21027  
Phone 301-724-7550 Fax 301-576-7181

Engineer or Architect Company LDE, Inc.  
Contact Person STEVE HEISS  
Address 7250 Rumsby Rd, Suite 106  
City COLUMBIA State MD Zip Code 21045  
Phone 410-715-1080 Fax 410-715-7540

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>24'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>1296 sq ft</u>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" 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 checked="" type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input checked="" type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <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: <u>27'6"</u> Width: <u>48'10"</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>27'6"</u> <u>48'10"</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>27'6"</u> <u>48'10"</u>	Electric: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>27'6"</u> <u>45'0"</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
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>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Height: <u>24'</u>	
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: _____	
<input checked="" 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 HERETO; (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 ON THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

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

Print Name MARINA S FEAT  
Date 3/8/05

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

SIGNATURE APPROVAL	DEPARTMENT/SECTION	PROPERTY ID#
_____	Front _____	100
_____	Rear _____	Permit fee \$ _____
_____	Side _____	Expire fee \$ _____
_____	Side St _____	Add'l perc fee \$ _____
_____	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
_____	Is there a permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Submittal fee \$ _____
_____	Is there a permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check \$ _____
_____	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Valuation \$ _____
_____	Lot Coverage for New Town Zone _____	_____
_____	SDP/MSA pre-approval date _____	Accepted by _____
_____	_____	_____
_____	_____	_____

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