

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
B00158129

Building Address 13989 Clarksville Pike
Highland MD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605102 Subdivision Marshall Prop.
 Section 1 Area _____ Lot 1
 Tax Map 40 Parcel 33 Grid 15
 Zoning TR-DED Map Coordinates 19A2 Lot size 19.44

Property Owner's Name John Murrell
 Address 13989 Clarksville Pike
 City Highland State MD Zip Code 20777
 Home Phone 240-401-2349 Work Phone -
 Applicant's Name & Mailing Address, (if other than stated hereon):
Carol Hoffmann / Tevis Oil
82 John St
Westminster MD 21158
 Phone 410-848-4433 Fax 410-848-8580

Existing Use SFD
 Proposed Use SFD + TANK
 Estimated Construction Cost \$ 2425.00
 Description of Work INSTALL 1-1,000 gallon
underground propane TANK TRENCH
line FROM TANK TO STUBOUT.

Contractor Company Tevis Oil
 Contact Person C. Nevin Hoines
 Address 82 John St.
 City Westminster State MD Zip Code 21158
 License No. 486
 Phone 410-848-4433 Fax 410-848-8580

Occupant or Tenant OWNER
 Contact Name OWNER
 Address SAME
 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: <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: N/A <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 _____	Water Supply: <input checked="" type="checkbox"/> Public <input 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: <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"/>
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.

Carol Hoffmann
 Applicant's Signature
Tevis Oil Tank Installation
 Title/Company

CAROL HOFFMAN
 Print Name
1-14-06
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**** PLEASE WRITE NEATLY AND LEGIBLY ****

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Placement, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>3-6-06</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# 64533

Filing fee \$	
Permit fee	\$ <u>100.00</u>
Excise tax	\$ <u>10.00</u>
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>110.00</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>662</u>
Validation #	<u>109336</u>

Accepted by [Signature]

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

300152011

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2456; INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300157121

Building Address 13989 Clarksville Pike
Highland, MD 20777
 Suite/Apt. #: N/A SDP/WP/Petition #: N/A
 Census Tract 605102 Subdivision Mark Morrell Prop.
 Section 1 Area _____ Lot _____
 Tax Map 40 Parcel 33 Grid 16
 Zoning RR-OED Map Coordinates 18A2 Lot size 19.4 Acres

Property Owner's Name John Morrell / Patti Meehan
 Address c/o 611 Nursery Road
 City Westminster State MD Zip Code 21157
 Home Phone 410-840-0800 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Mark Koski
GYC Group, Ltd.
P.O. Box 1550
Westminster, MD 21158
 Phone 410-840-0800 Fax 410-840-9211

Existing Use New Single Family Permit 300152011
 Proposed Use SFD w/ Retaining Wall
 Estimated Construction Cost \$ 14,000
 Description of Work Build 6' High Concrete
+ Stone Retaining Wall 94' Long.

Contractor Company GYC Group, Ltd.
 Contact Person MARK KOSKI
 Address P.O. Box 1550
 City Westminster State MD Zip Code 21158
 License No. 0125150599
 Phone 410-840-0800 Fax 410-840-9211

Occupant or Tenant Owner
 Contact Name Mark Koski
 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: <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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # 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: <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"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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: _____
No. of Bedrooms _____	
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.

Mark A. Koski
 Applicant's Signature
GYC Group, Ltd
 Title/Company

MARK A. KOSKI
 Print Name
11/22/05
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	64533
<input type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Permit fee \$ <u>5</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>11/22/05</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>14931</u>
				Validation # <u>102664</u>
				Accepted by <u>[Signature]</u>

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B000152011 KN

Building Address 13989 Route 108 Clarksville Rd
Highland, MD 20777

Property Owner's Name John Morrell and Patti Mechar
Address 13989 Route 108

Suite/Apt. #: _____ SDP/W/P/Petition #: _____

Census Tract 105102 Subdivision MORRELL Property
Section TAXED 05-385512 Area _____ Lot _____

City Highland State MD Zip Code 20777

Tax Map 40 Parcel 33 Grid 16

Home Phone 301-670-6144 Work Phone 410-840-0800

Zoning R-DEO Map Coordinates BPA2 Lot size 19.4 Acres

Applicant's Name & Mailing Address, (if other than stated hereon):
MARK KOSKI - GVC Group, Ltd.
P.O. Box 1550 Westminster, MD 21158
Phone 410-840-0800 Fax 410-840-9211

Existing Use SFD to be rered
Proposed Use SFD
Estimated Construction Cost \$ 700,000

Contractor Company GVC Group, Ltd.
Contact Person MARK A. KOSKI

Description of Work SFD with 5 Bedroom, 3/2 Bath
and attached 3 car Garage, Finished Basement
with full Bath

Address P.O. Box 1550
City Westminster State MD Zip Code 21158
License No. 0125/50599
Phone 410-840-0800 Fax 410-840-9211

Occupant or Tenant N/A

Engineer or Architect Company Alexander Design Studio

Contact Name _____

Contact Person Charles Alexander

Address _____

Address 8212 Main Street

City _____ State _____ Zip Code _____

City Ellicott City State MD Zip Code 21043

Phone _____ Fax _____

Phone 410-313-9930 Fax 410-465-8208

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" 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 checked="" type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> <u>6</u>	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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 _____	

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.

Mark A. Koski
Applicant's Signature
President GVC Group, Ltd.
Title/Company

MARK A. KOSKI
Print Name
1/25/05
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>2/7/05</u>	<u>Kacie Noonan</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies: White: Building Official Green: LDD, DPZ
T:\Norms\PERMIT.FRM

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # <u>13921</u>
SDP/Red-line approval date _____	Validation # _____

Accepted by [Signature]

64533

on can enter your
me from underground.
True or False

Answer: True.

500 152011

6 bedrooms (FIND FIVE)

MORRELL
PROPERTY

Call 1-800-SOS-RADON

to learn about testing your home and protecting your family.

3/4" = 100' +/-

ALAN W. AND BERNICE D. RILEY
PARCEL 416
LIBER 5721 FOLIO 8
ZONE-RR-DEO

MORRELL PROPERTY
PARCEL 33
19.4 AC±
LIBER 5721/1
ZONED- RR-DEO

JOHN AND DENISE GRIFFITHS
PARCEL 417
LIBER 3696 FOLIO 331
ZONE-RR-DEO

*600' 15" retaining wall
as located
off 11/29/05*

MARSHALL R. AND JANA L.

