

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

B00-157434

Building Address 6547 HAPER PLACE  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6051.0 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 2  
Tax Map 34 Parcel 393 Grid 17  
Zoning RR-DEO Map Coordinates 146.00 Lot size \_\_\_\_\_

Property Owner's Name SHAHROKH FEREDON  
Address \_\_\_\_\_  
City 511 17th St NW State N Zip Code 20012  
Home Phone 410-772-3907 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SID  
Proposed Use SID  
Estimated Construction Cost \$ 3000.00  
Description of Work Install (1) 500 GAL  
416 PROPANE TANK

Contractor Company Clarke Propane  
Contact Person Doug McKnew  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone 410-987-9000 Fax 202-822-5900

Occupant or Tenant N/A  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company N/A  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____
No. of stories: _____	Sewage Disposal: Public _____ 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: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input 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 _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public _____ Private _____
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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.

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

Print Name Doug McKnew  
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>12/28/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#:	64933
Filing fee \$	_____
Permit fee \$	<u>100.00</u>
Excise tax \$	<u>100.00</u>
Add'l per. fee \$	_____
TOTAL FEES \$	<u>200.00</u>
Sub-total paid \$	_____
Balance due \$	_____
Check #	<u>200000</u>
Validation #	<u>103719</u>
Accepted by	<u>[Signature]</u>

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

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

B00152758 *KTB*

Building Address <u>6547 PAPER PLACE</u> <u>HIGHLAND MD 20777</u> Suite/Apt. #: <u>TAX ID # 05-427053</u> SDP/WP/Petition #: _____ Census Tract <u>6051.01</u> Subdivision <u>WATERPONS</u> Section _____ Area <u>MANA</u> Lot <u>2</u> Tax Map <u>34</u> Parcel <u>393</u> Grid <u>17</u> Zoning _____ Map Coordinates <u>14C10</u> Lot size <u>3.42 AC</u>	Property Owner's Name <u>FERELDAN SHAIROKH</u> Address <u>11005 HIDDEN FOX CT</u> City <u>ELLCOTT</u> State <u>MD</u> Zip Code <u>21042</u> Home Phone <u>410 772-3907</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>N/A</u> Phone _____ Fax _____
Existing Use _____ Proposed Use <u>VACANT LOT</u> Estimated Construction Cost <u>ALG BRICK HOME 4000 ROOM</u> Description of Work <u>2FD 4 CAR GARAGE</u> <u>UNFINISHED BASEMENT</u> OPTIMAL BASEMENT FOUND ORIGINAL DISCS FOUND	Contractor Company <u>GREENFIELD HOMES INC.</u> Contact Person <u>RICK</u> Address <u>6656 LUSTER DR</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> License No. <u>HISL-361</u> Phone <u>410 781-6782</u> Fax <u>443 535-0551</u>
Occupant or Tenant _____ Contact Name <u>N/A</u> Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company <u>MARK BANDY</u> Contact Person <u>MARK</u> Address _____ City _____ State <u>MD</u> Zip Code <u>2</u> Phone <u>410 750-2262</u> Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Finished Basement <input type="checkbox"/> Unfinished Basement <input 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 checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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: _____
		Other Structure: _____ State Certified Modular _____ Manufactured Home _____	

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Applicant's Signature Wayne Greenfield Print Name WAYNE GREENFIELD  
3/2/10

Title/Company \_\_\_\_\_ Date \_\_\_\_\_  
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	<u>4973</u>
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>4/7/10</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
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 New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>20253</u>
				Validation # <u>56643</u>
				Accepted by <u>[Signature]</u>

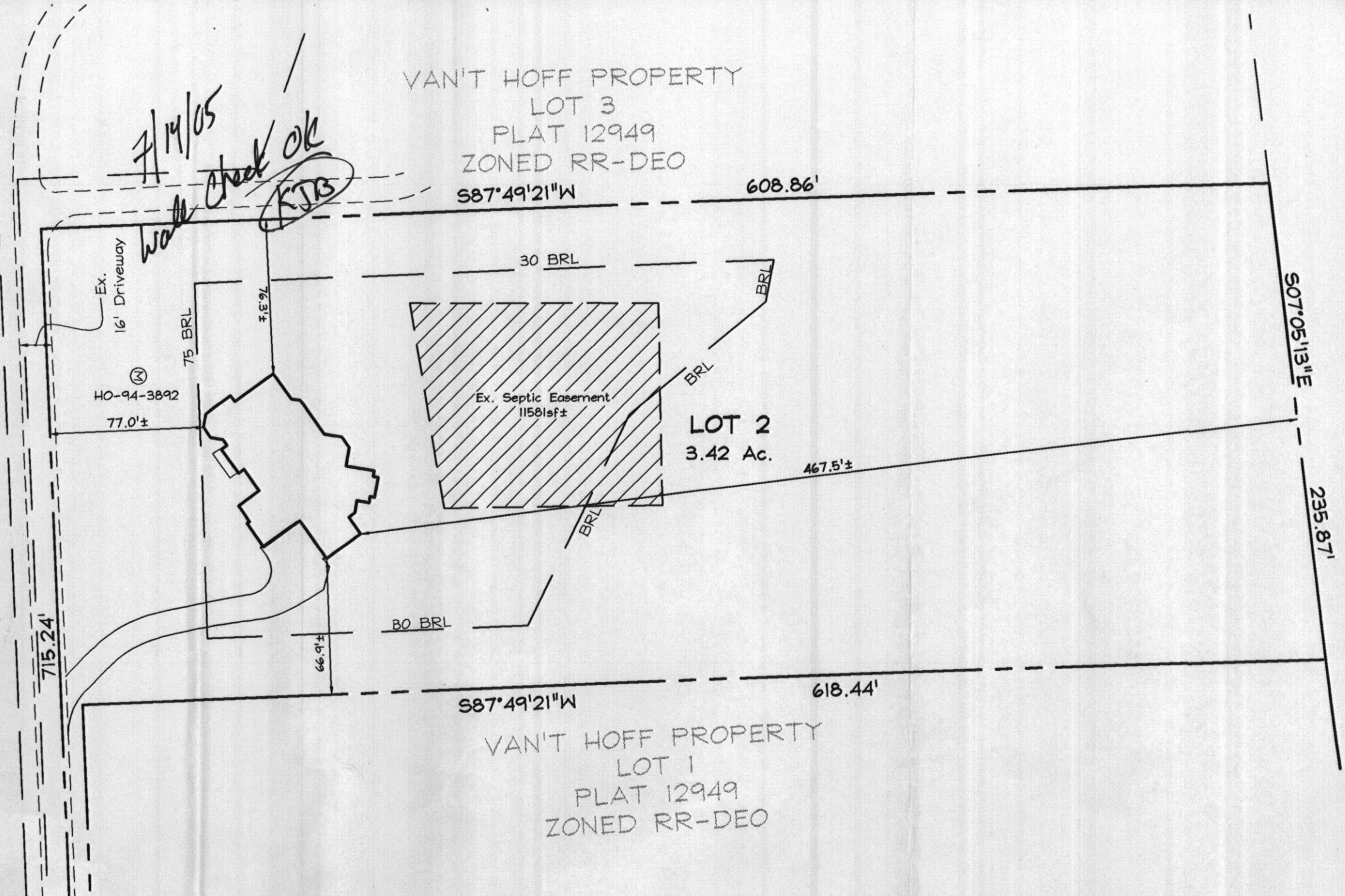
REENE PROPERTY  
LOT 1  
PLAT 5208  
ZONED RR-DEO

VAN'T HOFF PROPERTY  
LOT 3  
PLAT 12949  
ZONED RR-DEO

NAECKER PROPERTY  
LOT 1  
PLAT 4289  
ZONING RR-DEO

Maryland State Grid (NAD 83/91)

*7/14/05  
Wall  
check ok  
KJB*

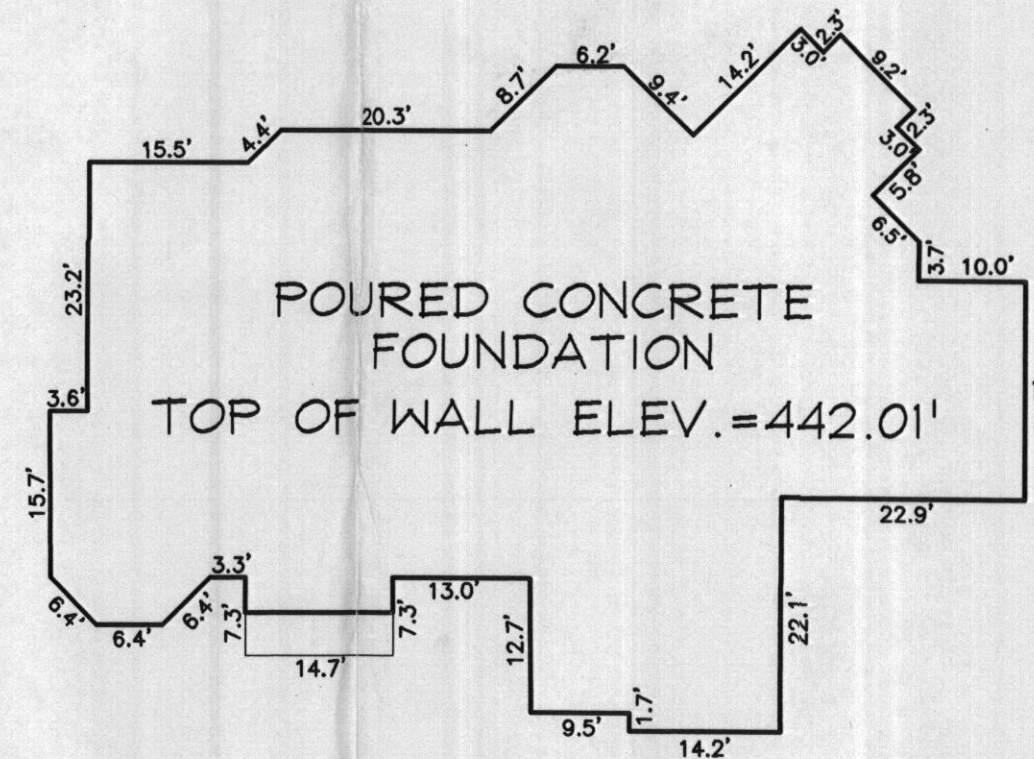


PLAN VIEW  
SCALE: 1"=60'

G.M. & MARIA MILES  
LOT 1  
L1302 F.490  
ZONED RR-DEO

GREENE FIELD  
LOT 23  
PLAT 6744  
ZONED RR-DEO

PAPER PLACE  
(Local County Road)



FOUNDATION DETAIL  
SCALE: 1"=20'

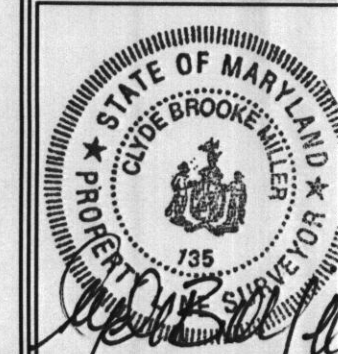
LEGEND

- F/P = FIREPLACE
- B/W = BAY WINDOW
- D/W = DRIVEWAY
- CONC = CONCRETE
- O/H = OVERHANG
- H/P = HEAT PUMP/AIR COND.
- G/M = GAS METER
- E/M = ELECTRIC METER

ADDRESS No.: 6547 N PAPER PLACE  
TOP OF WALL ELEV. = 442.01' FIRST FLOOR ELEV. = N/A  
THE LOCATION DRAWING IS OF BENEFIT TO THE CONSUMER ONLY  
INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE  
COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED  
TRANSFER, FINANCING OR REFINANCING;  
THE LOCATION DRAWING IS NOT TO BE RELIED UPON FOR THE ES-  
TABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR  
OTHER EXISTING OR FUTURE IMPROVEMENTS;  
AND THE LOCATION DRAWING DOES NOT PROVIDE FOR THE  
ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT  
SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER  
OF TITLE OR SECURING FINANCING OR REFINANCING.

BOO 152758 6547 PAPER PLACE  
GREENFIELD HOMES HOWARD MD  
FOCUS W/STAKE 20777

LOT 2  
VAN'T HOFF  
PLAT #12949  
TAX MAP 34 GRID 17  
5TH ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND



**FSH Associates**  
Engineers Planners Surveyors  
8318 Forrest Street Ellicott City, MD 21043  
Tel: 410-750-2251 Fax: 410-750-7350  
E-mail: info@fsha.biz

WALL CHECK	
FOUNDATION	Date: 07/13/05
FINAL	Date:
DRAWN BY:	MED
SCALE:	As Shown
W.O. No.:	3264

RECEIVED  
JUL 14 2005  
HOWARD COUNTY ENGINEERING DEPARTMENT