



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received: 3-28-14

Permit No.: B14000921

Building Address: 7335 Mink Hollow Rd
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 40 Parcel: 0025 Grid: 0007
 Zoning: RR Map Coordinates: _____ Lot Size: 4.29

Property Owner's Name: Marc F. Heather Borowski
 Address: 7335 Mink Hollow Rd
 City: Highland State: MD Zip Code: 20777
 Phone: 301 854 0694 Fax: _____
 Email: heathermarcb@gmail.com

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Carport
 Proposed Use: Garage + B Storage Room
 Estimated Construction Cost: \$ 100,000 480 ft
 Description of Work: Turn Carport into Garage, add Carport + Storage Room, 3rd fl raise existing Roof pitch
 Occupant or Tenant: Heather + Marc Borowski
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Petit Construction, Inc
 Contact Person: Boyd Petit
 Address: 7560 Greenwood Drive
 City: Highland State: MD Zip Code: 20777
 License No.: M.H.I.C. # 31911
 Phone: 301 854 2477 Fax: _____
 Email: petitconstruction@aol.com

Engineer/Architect Company: Andrie Fontaine
 Responsible Design Prof.: _____
 Address: 3925 Old Rolling Rd
 City: Glenelg State: MD Zip Code: 21737
 Phone: (410) 531 3225 Fax: _____
 Email: ejresearch@aol.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>30 x 51</u>
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: <u>25 x 51</u>
Construction type: _____	<input checked="" type="checkbox"/> Finished Basement <u>Penthouse</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Craw Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>3</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	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

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input checked="" type="checkbox"/> Other: <u>Fireplace</u>	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Grading Permit Number: _____	
Building Shell Permit Number: _____	

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: Marc Borowski Print Name: Marc Borowski
 Email Address: heathermarcb@gmail.com Date: 3.28.14
 Title/Company: _____

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>4/14/14</u>	<u>Andrew Pearl</u>

Is Sediment Control approval required for Issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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>25</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>2062</u>



Building Permit Application
 Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: 3-28-14

Permit No.: B14000921

Building Address: 7335 Mink Hollow Rd
 City: Highland State: MD Zip Code: 20777
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: 40 Parcel: 0025 Grid: 0007
 Zoning: RR Map Coordinates: _____ Lot Size: 4.29

Property Owner's Name: Marc F. Heather Borowski
 Address: 7335 Mink Hollow Rd
 City: Highland State: MD Zip Code: 20777
 Phone: 301 854 0694 Fax: _____
 Email: heathermarcb@gmail.com
 Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: Carport
 Proposed Use: Garage + B Storage Room
 Estimated Construction Cost: \$ 100,000 480#
 Description of Work: Turn Carport into Garage;
add Carport + Storage Room, 320#
raise existing roof pitch
 Occupant or Tenant: Heather + Marc Borowski
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Petit Construction, Inc.
 Contact Person: Boyd Petit
 Address: 7560 Greenwood Drive
 City: Highland State: MD Zip Code: 20777
 License No.: M.H.L.C. # 31911
 Phone: 301 954 2477 Fax: _____
 Email: petitconstruction@aol.com

Engineer/Architect Company: André Fontaine
 Responsible Design Prof.: _____
 Address: 3925 Old Rolling Rd
 City: Glenelg State: MD Zip Code: 21737
 Phone: (410) 531 3925 Fax: _____
 Email: cgsearch@aol.com

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 st floor: <u>30 x 51</u>
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: <u>25 x 51</u>
Construction type: _____	<input checked="" type="checkbox"/> Finished Basement <u>Partial</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>3</u>
<input type="checkbox"/> State Certified Modular	<input checked="" type="checkbox"/> Multi-family Dwelling
	No. of efficiency units: _____
	No. of 1 BR units: _____
	No. of 2 BR units: _____
	No. of 3 BR units: _____
	Other Structure: _____
	Dimensions: _____
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular
	<input type="checkbox"/> Manufactured Home

Utilities
Water Supply
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Sewage Disposal
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System
<input type="checkbox"/> Electric <input checked="" type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input checked="" type="checkbox"/> Other: <u>Fireplace</u>
Sprinkler System:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Grading Permit Number: _____
Building Shell Permit Number: _____

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: Marc Borowski
 Print Name: Marc Borowski
 Email Address: heathermarcb@gmail.com
 Date: 3.28.14
 Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL	DPZ SETBACK INFORMATION	Filing Fee
State Highways			Front: _____	\$ <u>25</u>
Building Officials			Rear: _____	\$
PSZA (Zoning)			Side: _____	\$
PSZA (Engineering)			Side St.: _____	\$
Health	<u>4/14/14</u>	<u>André Fontaine</u>	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: _____	\$
				Sub-Total Paid \$
				Balance Due \$
				Check # <u>2062</u>

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

Approved Sept. System Plan
 Howard County Health Department

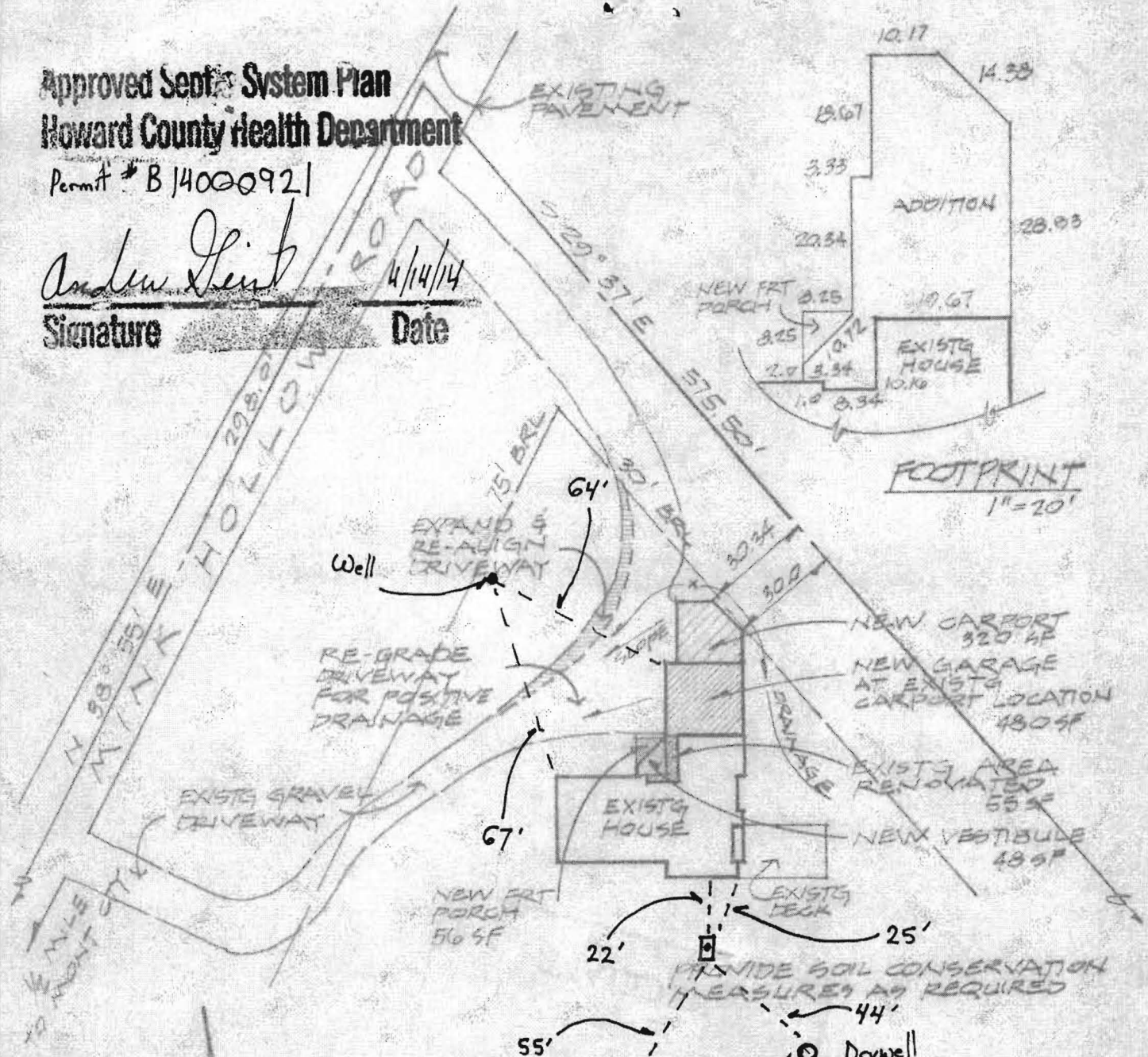
Permit # B14000921

Andrew Heint

Signature

4/14/14

Date



PARTIAL SITE PLAN

1" EQUALS 40'
 MAP 0040 GRID 0007 PARCEL 0025
 ZONED RR 4.209 ACRES
 7335 MINK HOLLOW RD,
 HIGHLAND
 HOWARD COUNTY
 MARYLAND
 20777-9777

FEB 24, 14
 SHEET
 1
 OF ONE
 1307-4L

ADDITIONS & ALTERATIONS FOR
HEATHER & MARC BOROWSKI
 7335 MINK HOLLOW RD, HIGHLAND, MD 20777-9777
 ANDRE G. FONTAINE ARCHITECT (410) 531-3925