

B11001443

Building Address: 6565 Mink Hollow Rd.  
Highland, MD 20777

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: Highland

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 30

Tax Map: 34 Parcel: 279 Grid: 21

Zoning: RRDEO Map Coordinates: \_\_\_\_\_ Lot Size: 2.90

Existing Use: N/A

Proposed Use: Storage

Estimated Construction Cost: \$ 45,000

Description of Work: Detached workshop/garage  
40 x 55

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: David Maslousky

Address: 6565 Mink Hollow Rd.

City: Highland State: MD Zip Code: 20777

Home Phone: 301-503-8079 Work Phone: 301-503-8079

Applicant's Name & Mailing Address, (if other than stated herein):  
same

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: fireice511@aol.com

Contractor Company: Kistler Buildings

Contact Person: Matt Purnell

Address: P.O. Box 395

City: Fogelsville State: PA Zip Code: 18061

License No.: \_\_\_\_\_

Phone: 443-912-6086 Fax: \_\_\_\_\_

Email: mattp@kistlerbuildings.com

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth	<input type="checkbox"/> Public
Width	<input checked="" type="checkbox"/> Private
1 <sup>st</sup> floor:	<u>Sewage Disposal</u>
2 <sup>nd</sup> floor:	<input type="checkbox"/> Public
Basement:	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Finished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Unfinished Basement	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Crawlspace	<u>Heating System</u>
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Electric
No. of Bedrooms: <u>4</u>	<input checked="" type="checkbox"/> Oil
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Natural Gas
No. of efficiency units:	<input type="checkbox"/> Propane Gas
No. of 1 BR units:	
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Footings:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof:	<u>Roadside Tree Project Permit #</u>
<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: David Maslousky

Email Address: fireice511@aol.com

Title/Company: \_\_\_\_\_

Print Name: David P Maslousky

Date: \_\_\_\_\_

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>11/10/2011</u>	<u>B. Baker</u>
Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

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>25.00</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

cash

Approved Septic System Plan  
Howard County Health Department

40' x 55' Workshop

approved as shown

Bill 001443

*Z. Birch*  
Signature

11/16/11  
Date

RECEIVED

OCT 14 2011

PLAN REVIEW DIVISION

DECOMMISSION LINE

2008

N 01°31'42" W

S 41°31'42" N

749.00'

N 44°35'05" E

102.45'

1-STORY  
FRAME  
HOUSE  
EST. 1955  
10' x 12'  
GARAGE  
EST. 1955  
10' x 12'  
GARAGE  
EST. 1955  
10' x 12'

40x55  
Workshop

35'

50'

Workshop

30'

PARCEL 279  
TAX MAP T4, GRID N  
279 ACRES  
LEFT 2.90 ACRES

425.00'

N 40°36'30" W

N 44°35'05" E

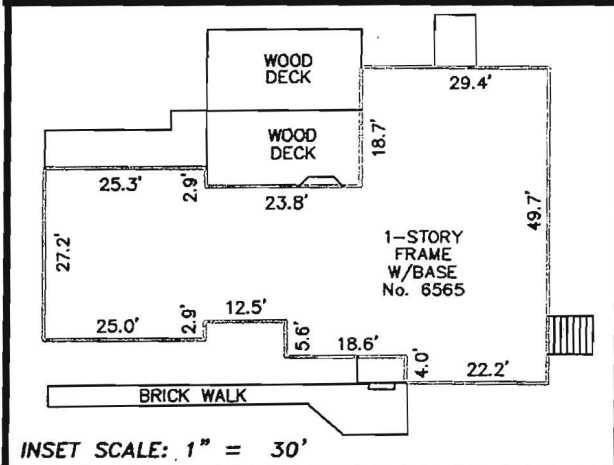
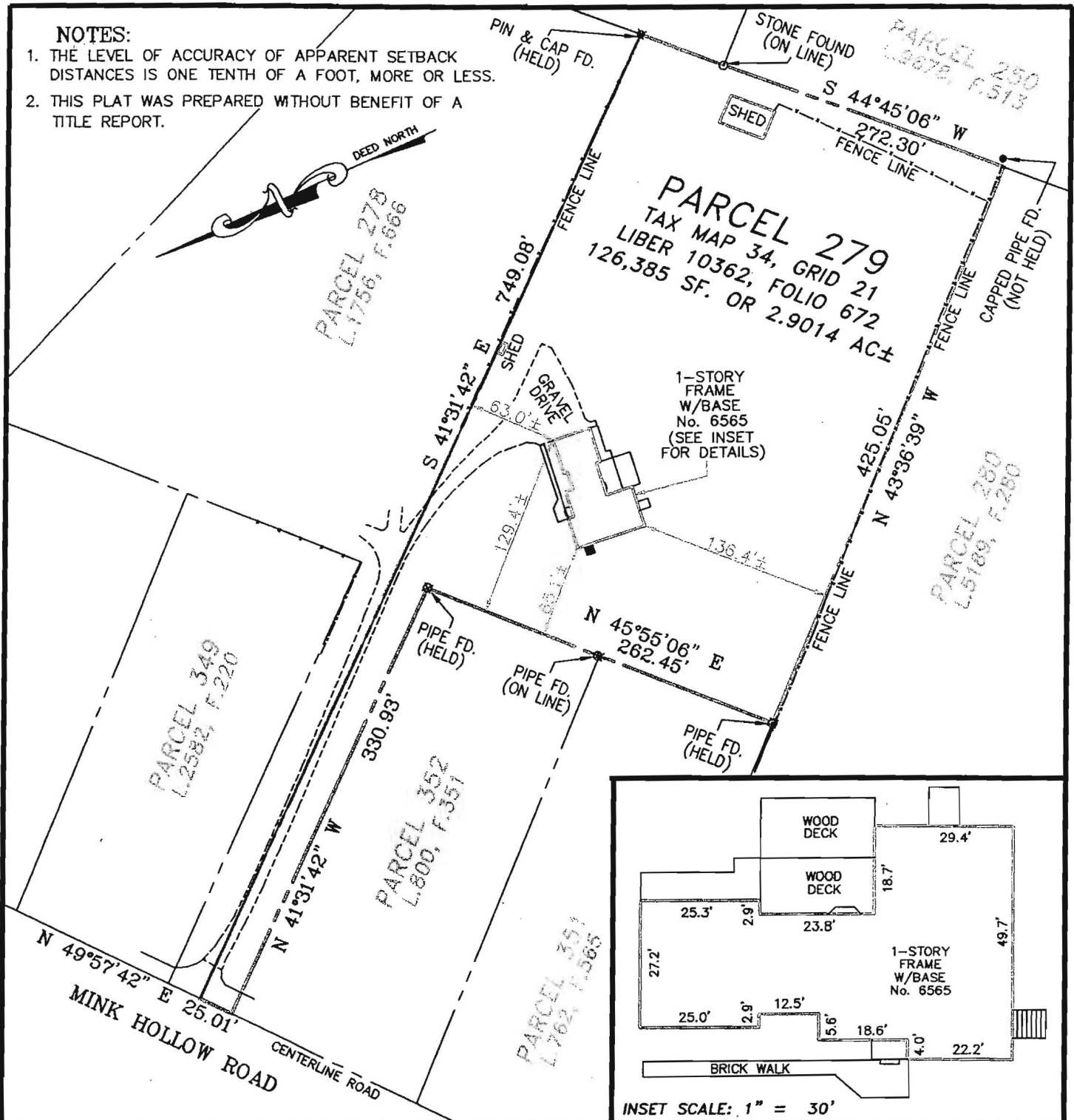
102.45'

425.00'

N 40°36'30" W

**NOTES:**

1. THE LEVEL OF ACCURACY OF APPARENT SETBACK DISTANCES IS ONE TENTH OF A FOOT, MORE OR LESS.
2. THIS PLAT WAS PREPARED WITHOUT BENEFIT OF A TITLE REPORT.



I HEREBY CERTIFY THAT IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY INFORMATION, PROFESSIONAL KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN.

STATE OF MARYLAND  
M. N. ROSHAN, L.S.  
PROFESSIONAL LAND SURVEYOR  
No. 11049

*MNR* 06/09/14  
DATE

MD REG. No. 11049

ADDRESS:  
6565 SE MINK HOLLOW ROAD  
HIGHLAND, MARYLAND 20777

BOUNDARY SURVEY  
PARCEL 279  
TAX MAP 34, GRID 21  
LIBER 10362, FOLIO 672  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 100' DATE: JUNE 9, 2011

FILE No.	NJR	ANWD11-033
	L04552	
	CLIENT	



**NJR & ASSOCIATES, LLC.**  
LAND SURVEYING AND PLANNING  
1813 MONTEVIDEO ROAD  
JESSUP, MARYLAND 20794  
TEL: (410)799-9089 FAX: (410)799-9093

**COMPLETE THIS FORM WHEN DROPPING OFF ANY  
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY  
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

**RECEIVED**

OCT 14 2011

PLAN REVIEW DIVISION

Date: 10/13/11

To: \_\_\_\_\_  
(Person's Name and Division)

From: David Maslousky (301) 503-8079  
(Your Name, Company Name and Telephone Number)

Subject: Project name \_\_\_\_\_

Project site address 6565 Mink Hollow Rd, Highland, MD 20777

Building permit # B11001443 SDP # \_\_\_\_\_

Other information pertinent to this project \_\_\_\_\_

Please check the attachments below that you are submitting with this transmittal:

- Letter of response to Howard County plan review code letter
- Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
- Structural steel certification
- Energy conservation calculations
- Certification for \_\_\_\_\_ (be specific).
- Copies of \_\_\_\_\_ (be specific).
- Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # \_\_\_\_\_
- Other \_\_\_\_\_

Is there anyone else that should be contacted regarding this project if there are questions?

If so, please list that person's name and telephone number below:

\_\_\_\_\_  
(Person's name) (Telephone number)

**PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.**

Received by 

white: Plan Review Division  
yellow: Applicant  
pink: Permit Division