



# 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: 5/16/15

Permit No.: B15001767

Building Address: 14542 Monticello Drive  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

Property Owner's Name: Jerry H. Hahn  
 Address: 14542 Monticello Drive  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Applicant's Name & Mailing Address, (If other than stated herein)**  
 Applicant's Name: MYHOWARD.INFO  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 License No.: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Engineer/Architect Company: \_\_\_\_\_  
 Responsible Design Prof.: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Utilities	
<b>Water Supply</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
<b>Sewage Disposal</b>	
<input type="checkbox"/> Public	
<input type="checkbox"/> Private	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Heating System</b>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<b>Sprinkler System:</b>	
<input type="checkbox"/> Yes <input 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: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Date: \_\_\_\_\_  
 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>5/20/15</u>	<u>H. Oswald</u>

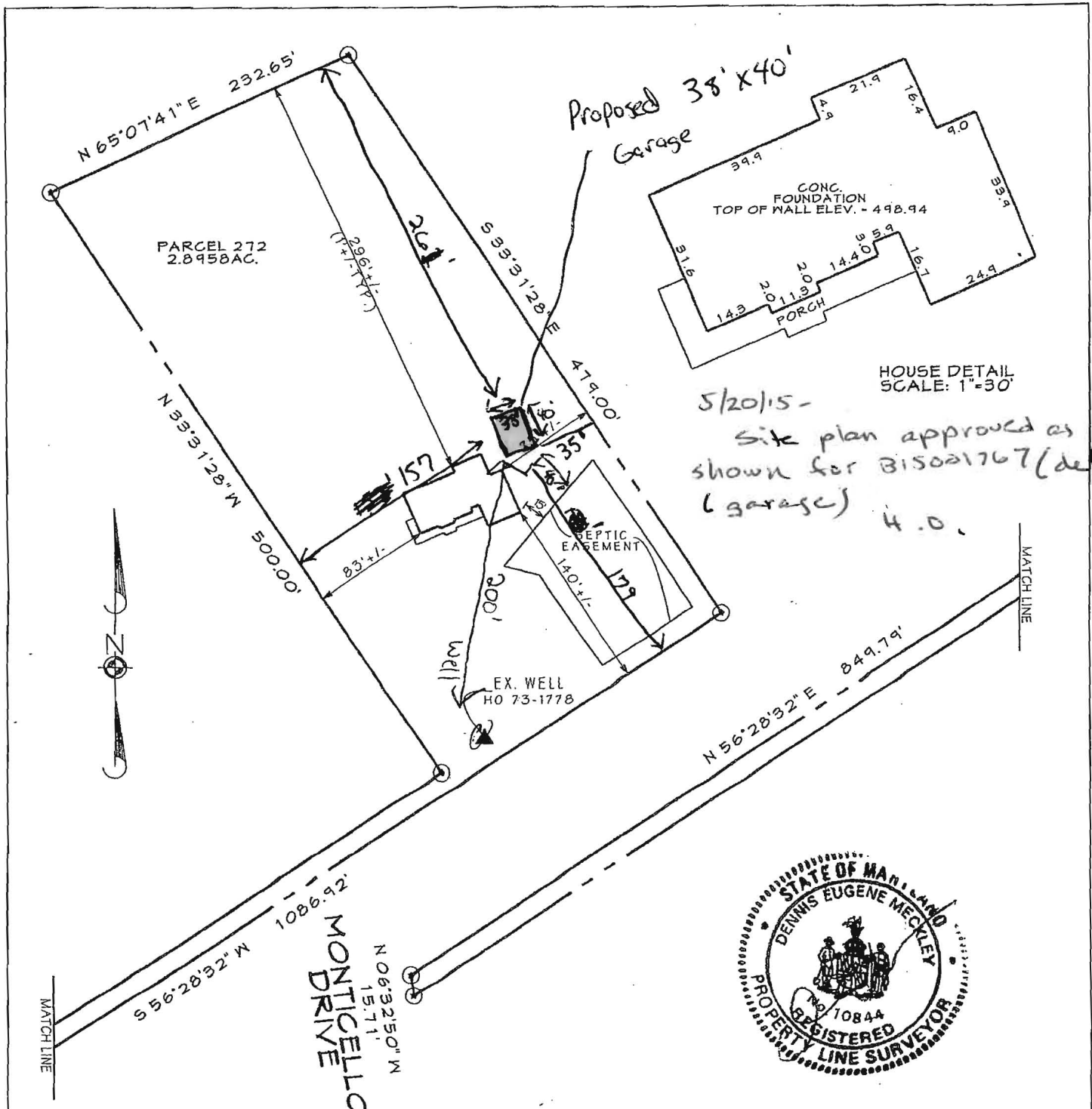
Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_  
 Rear: \_\_\_\_\_  
 Side: \_\_\_\_\_  
 Side St.: \_\_\_\_\_  
 All minimum setbacks met?  Yes  No  
 Is Entrance Permit Required?  Yes  No  
 Historic District?  Yes  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>1554</u>

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



5/20/15 -  
 Site plan approved as  
 shown for B15021767 (detached  
 garage) 4.0.



A licensed Maryland Surveyor either personally prepared this Location Drawing, or was in responsible charge over its preparation and the surveying work reflected in it, in compliance with the Maryland Minimum Standards of Practice for Land Surveyors.

I hereby certify that I have surveyed the property shown hereon for the sole purpose of locating the improvements. This plan is a benefit to the consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. It is not to be relied upon for the establishment of boundary, easement or right-of-way lines for any reason, such as the location of fences, garages, buildings, or other existing or future improvements.

By Dennis E. Meckley Date 3/13/07  
 Dennis E. Meckley Property Line Surveyor No. 10844

FOUNDATION CERTIFICATION  
 FOR

14542 MONTICELLO DRIVE  
 4TH ELECTION DISTRICT HOWARD COUNTY, MD.  
 DEED REF: 5930/300



FREDERICK OFFICE:  
 8445 Progress Drive, Suite B8  
 Frederick, MD 21701-4879  
 (301) 662-1799  
 FAX (301) 662-8004

WESTMINSTER OFFICE:  
 439 East Main Street  
 Westminster, MD 21157-5539  
 (410) 848-1790  
 FAX (410) 848-1791

DRAWN BY:	GDD
DESIGN BY:	
REVIEW BY:	DEM
DATE:	9-14-06
SCALE:	1"=100'
JOB NO:	2005319
SHEET:	1 OF 1

## Oswald, Hank

---

**From:** heathcontractors@aol.com  
**Sent:** Wednesday, May 20, 2015 1:39 PM  
**To:** Oswald, Hank  
**Subject:** Re: B15001767\_14542 Monticello Dr\_Floor Plans

There is no plumbing.

-----Original Message-----

**From:** Oswald, Hank <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**To:** heathcontractors <[heathcontractors@aol.com](mailto:heathcontractors@aol.com)>  
**Sent:** Wed, May 20, 2015 1:38 pm  
**Subject:** RE: B15001767\_14542 Monticello Dr\_Floor Plans

Angel:

Yes, thanks. I didn't observe plumbing. Is there is plumbing?

Thanks,

Hank

**From:** [heathcontractors@aol.com](mailto:heathcontractors@aol.com) [<mailto:heathcontractors@aol.com>]  
**Sent:** Wednesday, May 20, 2015 1:35 PM  
**To:** Oswald, Hank  
**Subject:** Re: B15001767\_14542 Monticello Dr\_Floor Plans

Is this what you need?

Thank you,  
Angel Heath

-----Original Message-----

**From:** Oswald, Hank <[hoswald@howardcountymd.gov](mailto:hoswald@howardcountymd.gov)>  
**To:** HEATHCONTRACTORS <[HEATHCONTRACTORS@AOL.COM](mailto:HEATHCONTRACTORS@AOL.COM)>  
**Sent:** Wed, May 20, 2015 1:02 pm  
**Subject:** B15001767\_14542 Monticello Dr\_Floor Plans

Hi Jeremy:

Please forward a copy of the floor plans for the above referenced building permit.

Thanks,

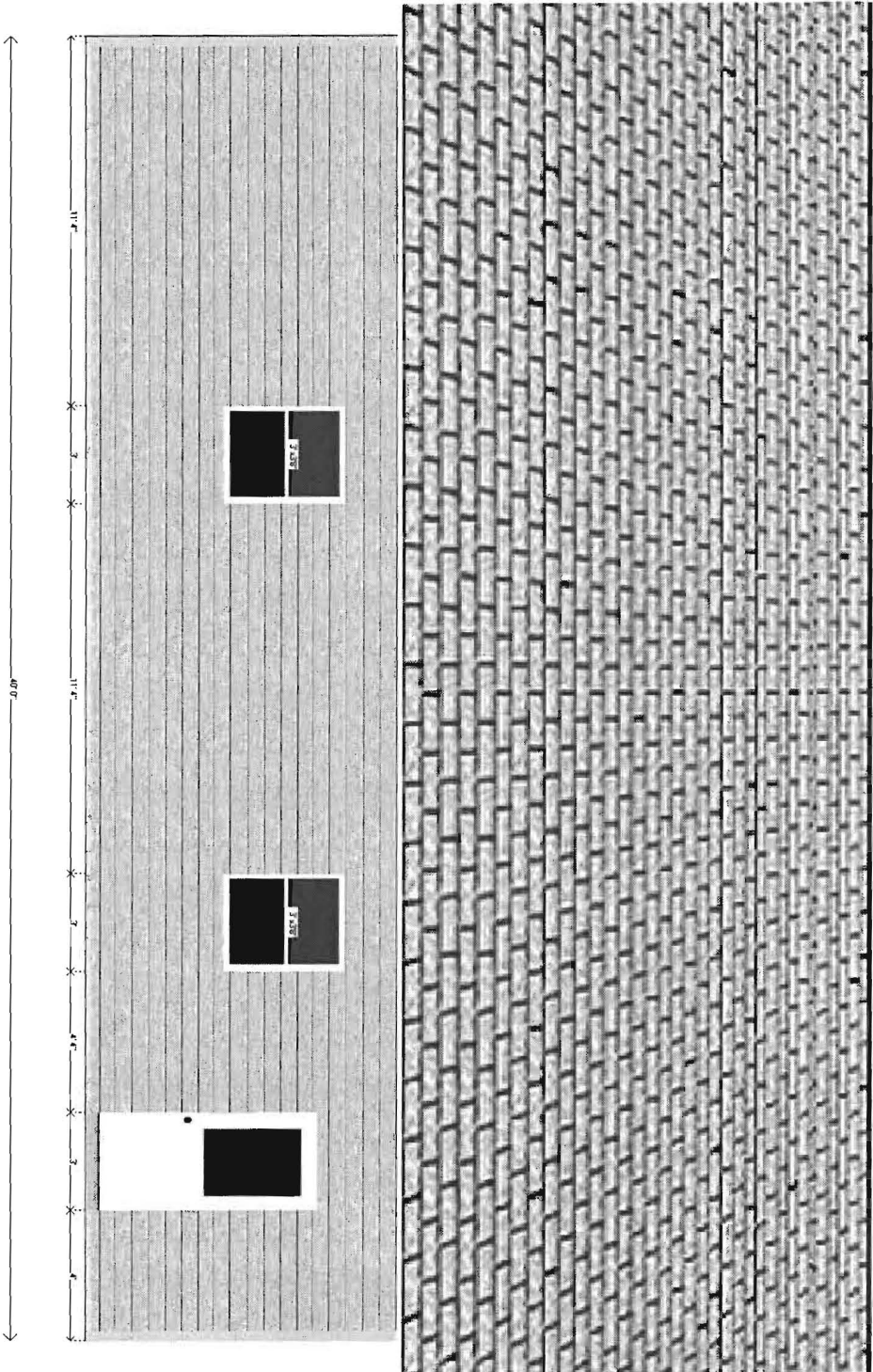
Hank

Hank Oswald, L.E.H.S.  
Howard County Health Department  
Bureau of Environmental Health  
Well & Septic Program  
410.313.1786

ELEVATION PLAN (BY DIRECTION, ALL WINGS) -- West



ELEVATION PLAN (BY DIRECTION, ALL WINES) -- North



DATE: 11/15/2015  
HOBOKEN, NJ  
GREEN, PA 17022  
TEL: 717-572-2386  
By: Paul A. McMaster

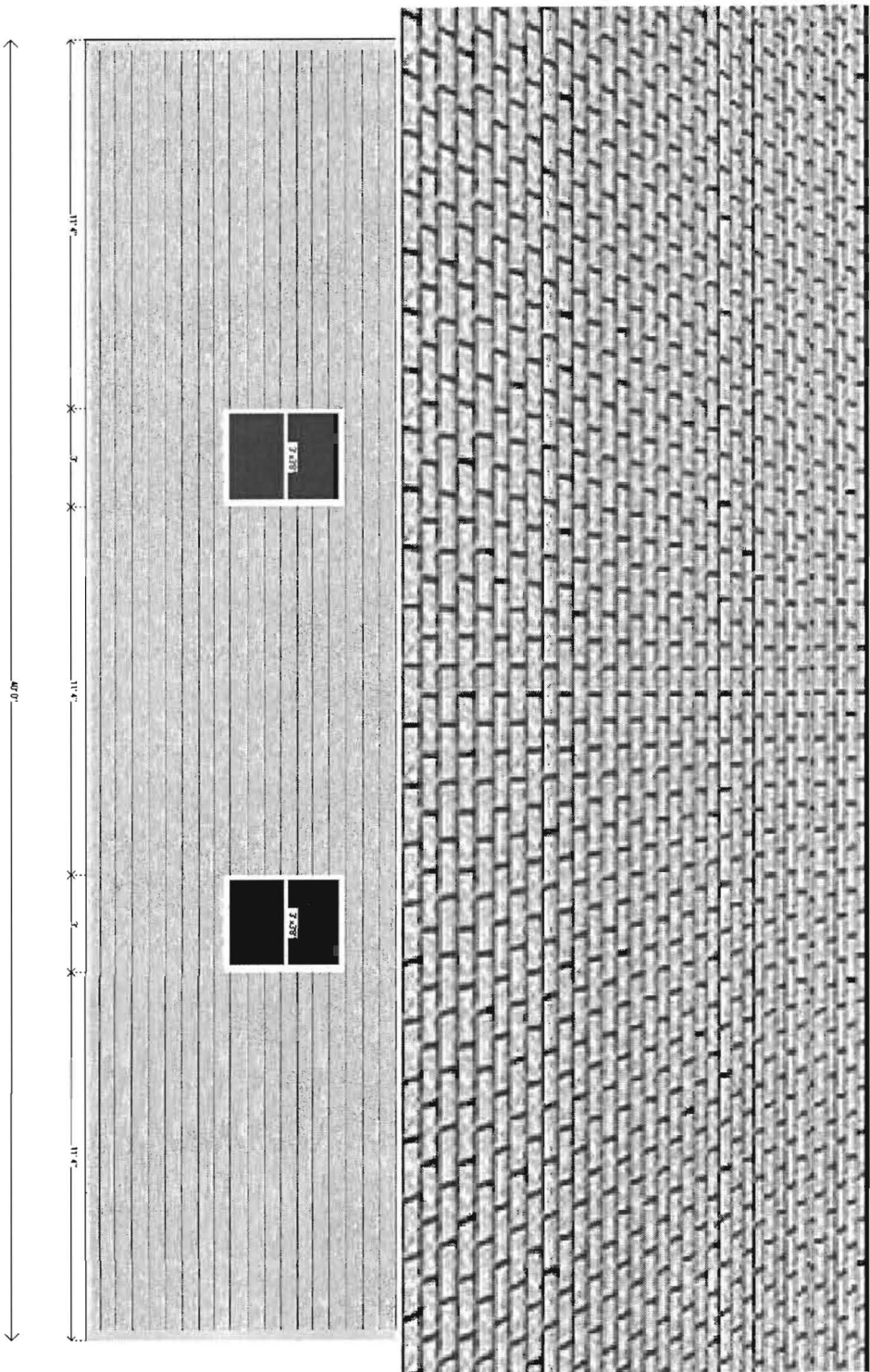
ELEVATION PLAN (BY DIRECTION, ALL WINGS) -- East



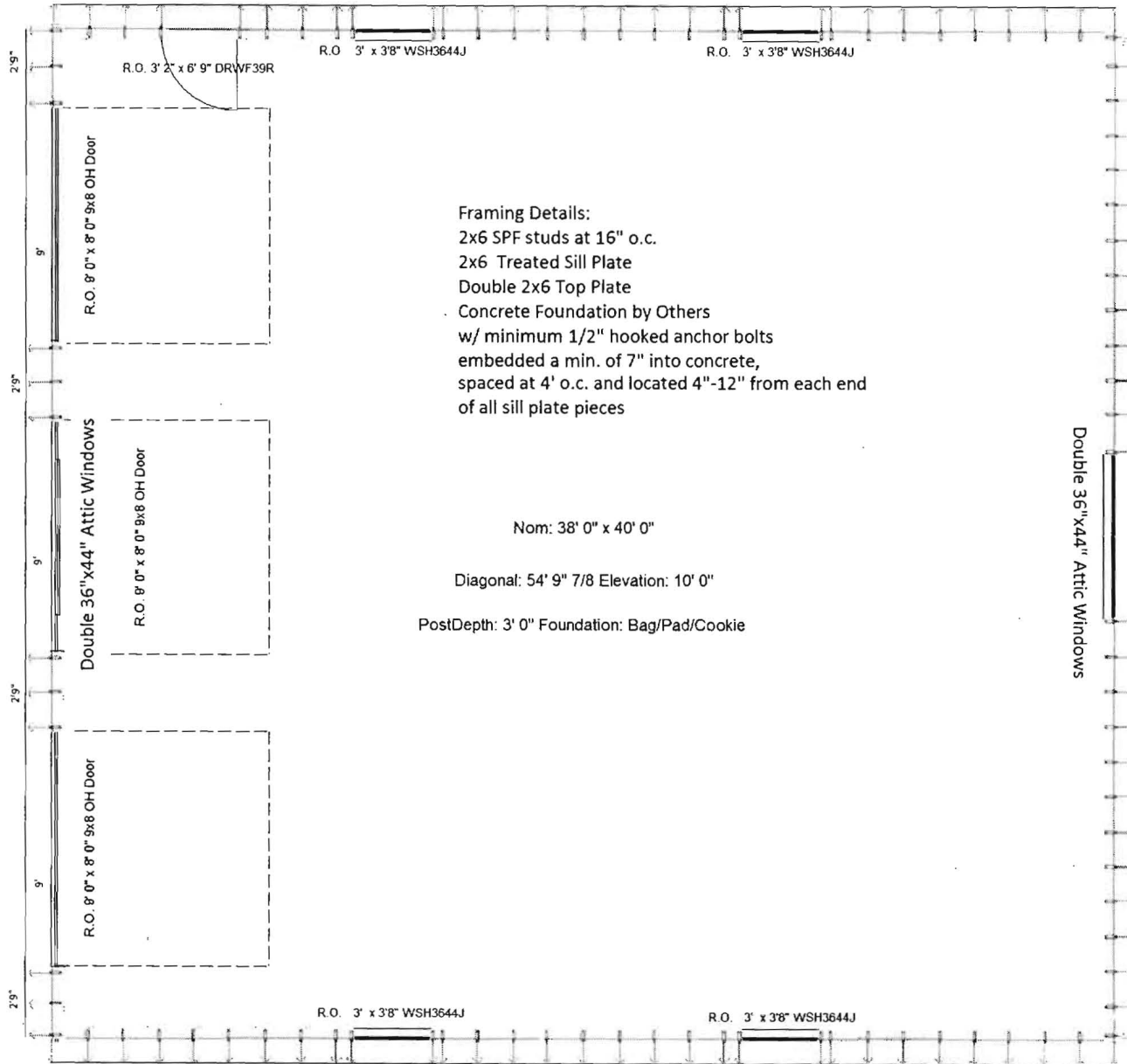
**L'AMCASTER**  
POLE BUILDINGS

Dist. L1562015  
Hemlock  
PO Box 889  
Gravel, RI 02922  
(401) 721-2288  
3975212444@l'amposter.com

ELEVATION PLAN (BY DIRECTION, ALL WINGS) -- South



# Floor Plan



**BUILDING CROSS SECTION**

