

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

Building Address 172574

~~172574~~, Hall St Rd, Howard County, MD

Suite/Apt. #: SDPWP/Petition #: 20751

Census Tract 605102 Subdivision KAYUM PROPERTY

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 40 Parcel 500 Grid 11

Zoning RM-60 Map Coordinates 1601 Lot size 1.38 ACRES

Existing Use VACANT LAND

Proposed Use RESIDENTIAL SINGLE FAMILY DWELLING

Estimated Construction Cost \$ 325,000.00

Description of Work 2 STORY SFD WITH

UNFINISHED BASEMENT.

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

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

Address \_\_\_\_\_

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

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

Property Owner's Name HARI RAJ SINGH

Address 15 ROYAL VALLEY CT

City BALTIMORE State MD Zip Code 21234

Home Phone 410-665-6921 Work Phone 410-665-0570

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

Phone 410-665-6911 Fax 410-665-6921

Contractor Company COMPETENT BUILDERS CORP.

Contact Person HARI SINGH

Address 15 ROYAL VALLEY CT

City BALTIMORE State MD Zip Code 21234

License No. 2941 Fax 410-665-6921

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics

Height \_\_\_\_\_

No. of stories \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:

Reinforced Concrete

Structural Steel

Masonry

Wood Frame

State Certified Modular \_\_\_\_\_

Manufactured Home \_\_\_\_\_

Utilities

Water Supply:  Public  Private

Sewage Disposal:  Public  Private

Electric Yes  No

Gas Yes  No

Heating System:  Electric  Oil

Natural Gas

Propane Gas

Sprinkler system:  Full  Partial  Other Suppression

# of Heads \_\_\_\_\_

Sprinkler system:  N/A

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics

SF Dwelling  SF Townhouse

Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: 74-8"

2nd floor: 36-0"

Basement: 60-0"

Finished Basement  Unfinished Basement

Crawl space  Slab on Grade

No. of Bedrooms 4

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: \_\_\_\_\_

Roofing: \_\_\_\_\_

Roof: \_\_\_\_\_

State Certified Modular \_\_\_\_\_

Manufactured Home \_\_\_\_\_

Utilities

Water Supply:  Public  Private

Sewage Disposal:  Public  Private

Electric Yes  No

Gas Yes  No

Heating System:  Electric  Oil

Natural Gas

Propane Gas

Sprinkler system:  NFA #13D  NFA #13R  Other: \_\_\_\_\_

Sprinkler system:  N/A

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 THERE TO; (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 \_\_\_\_\_

COMPETENT BUILDERS

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

Print Name \_\_\_\_\_

HARI RAJ SINGH

Date 2/23/04

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

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

FOR OFFICE USE ONLY

AGENCY \_\_\_\_\_

Land Development, DPZ \_\_\_\_\_

State Highways \_\_\_\_\_

Building Official \_\_\_\_\_

Health \_\_\_\_\_

Dev. Engineering, DPZ \_\_\_\_\_

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 \_\_\_\_\_

Yellow: DED, DPZ \_\_\_\_\_

Pink: Health \_\_\_\_\_

Gold: SHA \_\_\_\_\_

T: forms/ PERMIT FRM

Rev. 5/17/00

DEZ 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 \_\_\_\_\_

PROPERTY ID#: 61035

Filing fee \$ 100.00

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

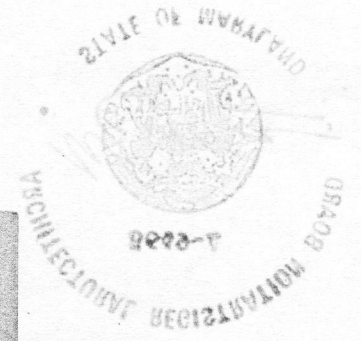
Sub-total paid \$ \_\_\_\_\_

Balances due \$ \_\_\_\_\_

Check # 4123

Validation # 4123

Accepted by \_\_\_\_\_



**HOWARD COUNTY  
 PERMIT APPLICATION**

309000791

**PERMIT NUMBER**

Building Address 12574 HALL SHOP ROAD  
FULTON MD 20759

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

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size \_\_\_\_\_

Property Owner's Name HARI R. SINGH  
 Address 12574 HALL SHOP ROAD  
 City FULTON State MD Zip Code 20759  
 Home Phone \_\_\_\_\_ Work Phone 443-829-1830  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone \_\_\_\_\_ Fax 301-854-3455  
443-829-1830

Existing Use SPH  
 Proposed Use RESIDENT DECK  
 Estimated Construction Cost \$ 10,000.00

Contractor Company COMPETENT BUILDERS  
 Contact Person HARI R. SINGH  
 Address 12574 HALL SHOP ROAD  
 City FULTON State MD Zip Code 20759  
 License No. MHBR # 2941  
 Phone \_\_\_\_\_ Fax 301-854-3455  
443-829-1830

Description of Work DECK AT REAR OF HOUSE

Occupant or Tenant OCCUPANT  
 Contact Name HARI R. SINGH  
 Address 12574 HALL SHOP ROAD  
 City FULTON State MD Zip Code 20759  
 Phone 443-829-1830 Fax 301-854-3455

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: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____ Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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 _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: <u>DECK</u> Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
 Title/Company \_\_\_\_\_

Print Name HARI R. SINGH  
 Date 4/22/09

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 #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>4-24-09 Dana Bernard</u>		All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
				Accepted by _____

Approved Septic System Plan  
Howard County Health Department

# Topographic Survey & Septic Plan

12574 # ~~27574~~ Hall Shop Road  
Fulton, near Clarksville, Howard County, MD

REVISÉ Date: 11-1-05  
May 19, 2004  
Scale: 1 inch = 30 feet

See Plat #1

APPROVED  
WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_  
APP. SAN *Ona Amundson* DATE: 4-24-04  
DESC. OF WORK: *Septic*  
Signature: *Mark Peltin* Date: *6/17/04*

Comments: *B00144-307*  
*12574 Hall Shop Rd*

Notes: Topo is reported as field-run  
Boundaries as shown hereon are based on a 'Percolation Certification Plat of the 'Krahr Property' by IDE, Inc dated Rev 4/2003, and provided by Mr. Hari Singh, builder.  
2. This is not a boundary survey and may not be used as such for constructing improvements to this property.

3. The driveway entrance to this property shall conform to Howard County Standard Detail #R6.06. No culvert is necessary.

4. DISTURB AREA = 4997 SQ. FT



ARCHITECT:  
MAHENDRA PAREKH, AIA  
443-885-3910

House Out, 90.6'  
Septic Tank In, 88.5'  
Septic Tank Out, 88.2'  
*Septic Dist. Box*  
~~Drainage Basin~~ Inv, 88.1'  
Exis. Grade ~~at Basin~~, 91.5'  
Dist box REVISED ELEVATION

F.F - 105.0  
BASEMENT - 95.6

prepared by  
Edwin L. Smith, S.P.,  
Practicing Engineer & Surveyor  
1020 Boyd Street  
Baltimore, Maryland 21223

Well is closer to lot line than 10' but consistent w/approved perc cert. field-located  
*Edwin L. Smith*  
-ACCEPTED FOR THAT REASON  
June 14, 2004

