

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

B12003954

Building Address: 4405 COLLEGE AVE  
ELLCOTT CITY MD 21043

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

Census Tract: \_\_\_\_\_ Subdivision: NONE

Section: \_\_\_\_\_ Area: ASSESSMENT AREA Lot: \_\_\_\_\_

Tax Map: 0025 Parcel: 0080 Grid: 0022

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3.23AC

Existing Use: RESIDENTIAL

Proposed Use: RESIDENTIAL

Estimated Construction Cost: \$ 650,000

Description of Work: DEMOLISH EX. DWELLING, REBUILD  
+ 3100 SF SINGLE FAMILY HOME

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

Was tenant space previously occupied?  Yes  No

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

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

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

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

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

Property Owner's Name: ROBERT J. JUOITH MILLER

Address: 4640 RUSH GATE

City: ELLCOTT CITY State: MD Zip Code: 21043

Home Phone: 410 750 9118 Work Phone: 410 480 3260

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

Phone: 4 Fax: \_\_\_\_\_

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

Contractor Company: RTVONE

Contact Person: TOM VANE

Address: 675 WELER BURN AVE

City: SEVENA PARK State: MD Zip Code: 21149

License No.: MHC 17696 (1997 New Home Bldg)  
licence MD

Phone: 443 223 1635 Fax: 410 987-5607

Email: rtvone.com not

Engineer/Architect Company: ARCHITECTURE BY DESIGN, INC

Responsible Design Prof.: JUOITH A. MILLER

Address: 7005 CHEVROLET DR. #5

City: ELLCOTT CITY State: MD Zip Code: 21042

Phone: 410 480 3210 Fax: 410 480 2450

Email: jamiller@abd-architects.com

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

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<input checked="" type="checkbox"/> Water Supply
Depth: _____ Width: _____	<input type="checkbox"/> Public
1 <sup>st</sup> floor: <u>52'</u> <u>40'</u>	<input type="checkbox"/> Private
2 <sup>nd</sup> floor: <u>20'</u> <u>40'</u>	<input type="checkbox"/> Sewage Disposal
Basement: <u>52'</u> <u>40'</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<b>Heating System</b>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<b>Multi-family Dwelling</b>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	<input checked="" type="checkbox"/> Geothermal
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #:
<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: JAMES AS ABOVE

Email Address: jamiller@abd-architects.com

Title/Company: Principal, ARCHITECTURE BY DESIGN

Print Name: JUOITH A. MILLER

Date: 11/30/2012

G12000341 \*EXEMPT\*

RECEIVED DEC 03 2012

LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health		<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No

CONTINGENCY CONSTRUCTION START

ONE STOP SHOP

EXEMPT GRAPHIC

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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

CK#4919

NOT TO SCALE

**TRENCH/DRAINFIELD DATA**

WIDTH \_\_\_\_\_ INLET \_\_\_\_\_ BOTTOM \_\_\_\_\_

NUMBER OF TRENCHES \_\_\_\_\_

TOTAL LENGTH \_\_\_\_\_

ABSORPTION AREA \_\_\_\_\_

DISTRIBUTION BOX LEVEL \_\_\_\_\_

DISTRIBUTION BOX BAFFLE \_\_\_\_\_

DISTRIBUTION BOX PORT \_\_\_\_\_

**SEPTIC TANK DATA**

SEPTIC TANK 1 LEVEL \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

**PUMP/SEPTIC TANK LEVEL** \_\_\_\_\_

MANUFACTURER \_\_\_\_\_

CAPACITY \_\_\_\_\_ GAL

SEAM LOC \_\_\_\_\_

TANK LID DEPTH \_\_\_\_\_

BAFFLES \_\_\_\_\_

BAFFLE FILTER \_\_\_\_\_

MANHOLE LOC \_\_\_\_\_

6" PORT LOC \_\_\_\_\_

WATERTIGHT TEST \_\_\_\_\_

SLOTTED \_\_\_\_\_

DATE ON LID \_\_\_\_\_

**ROAD NAME**

PRE-CONSTRUCTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

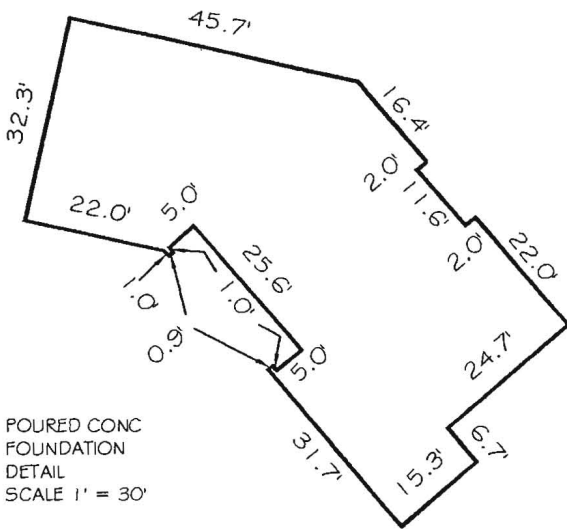
INSTALLATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

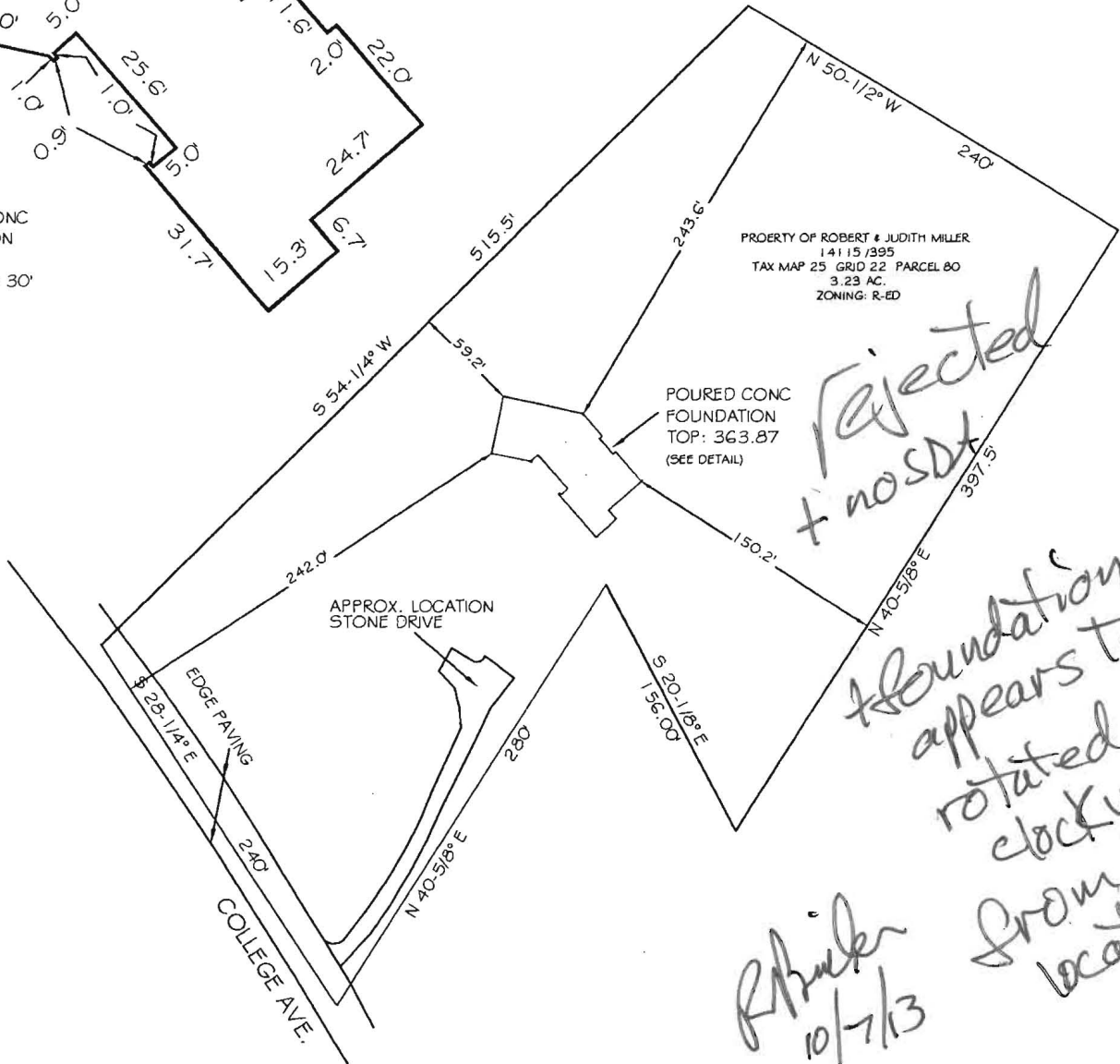
FINAL INSPECTOR \_\_\_\_\_ DATE OF APPROVAL \_\_\_\_\_

**NOTES:**

1. ACCURACY OF BUILDING MEASUREMENTS: 0.1'
2. ACCURACY OF SETBACK DIMENSIONS: 0.1'
3. ACCURACY OF ELEVATIONS: 0.1'
4. THE PROPERTY SHOWN HEREON LIES IN ZONE "C" AS SHOWN ON FLOOD INSURANCE RATE MAP NO: 240044 0029 B DATED: 12/4/1986
5. BEARINGS, DISTANCES, AND ACREAGE SHOWN HEREON ARE FROM TITLE DEED 14115/395 AND DO NOT REPRESENT A BOUNDARY SURVEY BY SHANABERGER & LANE.



POURED CONC FOUNDATION DETAIL SCALE 1' = 30'



**FOUNDATION LOCATION DRAWING  
4405 COLLEGE AVE.**

PROPERTY OF ROBERT & JUDITH MILLER  
DEED REFERENCE: 14115/395  
TAX MAP 25 GRID 22 PARCEL 80  
2ND ELECTION DISTRICT  
HOWARD COUNTY, MD.  
SCALE: 1"=100' DATE: 05/01/2013

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER FUTURE IMPROVEMENTS. IT WAS PREPARED UNDER MY DIRECT SUPERVISION AND REVIEW IN ACCORDANCE WITH SEC. 09.13.06.06. OF THE ANNOTATED CODE OF JUDICIAL

G. SCOTT SHANABERGER PROFESSIONAL LAND SURVEYOR LICENSE NO. 10849  
LICENSE EXPIRATION DATE 4/2/2014  
SHANABERGER & LANE  
8726 TOWN AND COUNTRY BLVD., SUITE 201  
ELLCOTT CITY, MD. 21043  
(410)461-9563 FAX: (410)461-9693





# 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: \_\_\_\_\_

Permit No.: B/3004341

Building Address: 4405 College Ave  
 City: Elliott City State: md Zip Code: 2043  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: 25 Parcel: 80 Grid: 22  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD w/ Propane Tank  
 Estimated Construction Cost: \$ 8000  
 Description of Work:  
Install 500 gallon in ground propane tank

Occupant or Tenant:  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: owner  
 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: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____
Area of construction (sq. ft.): _____	Basement: _____
Use group: _____	<input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space
Construction type: _____	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: _____
<input type="checkbox"/> Structural Steel	Multi-family Dwelling
<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"/> Roadside Tree Project Permit	Footings: _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____
Roadside Tree Project Permit # _____	<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home

Property Owner's Name: Robert Judith Miller  
 Address: 4540 Rusty Gate  
 City: Elliott City State: md Zip Code: 2043  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: JEREMY CLANCY  
 Address: po box 1253  
 City: Eldersburg State: Md Zip Code: 21764  
 Phone: 413-740-1229 Fax: \_\_\_\_\_  
 Email: JEREMY@AppliedAndApproved.com

Contractor Company: Valley National Gas  
 Contact Person: William Crowley  
 Address: 7201 Montevideo Rd  
 City: JESSUP State: md Zip Code: 20794  
 License No.: 67793  
 Phone: 410-799-1114 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
Other: _____
<u>Sprinkler System:</u>
<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: JEREMY CLANCY Print Name: JEREMY CLANCY  
 Email Address: JEREMY@AppliedAndApproved.com Date: 11/19/13  
 Title/Company: PERMIT

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		
PEZA (Zoning)		
PSZA (Engineering)		
Health	<u>12/6/13</u>	<u>[Signature]</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	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>3310</u>

B12003954

Building Address: 4405 COLLEGE AVE  
ELICOTT CITY MD 21043

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: NONE  
 Section: \_\_\_\_\_ Area: ASSESSMENT AREA 3 Lot: \_\_\_\_\_  
 Tax Map: 0025 Parcel: 0080 Grid: 0022  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 3.23AC

Existing Use: RESIDENTIAL  
 Proposed Use: RESIDENTIAL

Estimated Construction Cost: \$ 650,000  
 Description of Work: DEMOLISH EX. DWELLING, REBUILD ± 3100 SF SINGLE FAMILY HOME

Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: ROBERT & JUDITH MILLER  
 Address: 4640 RUSM GATE

City: ELICOTT CITY State: MD Zip Code: 21043  
 Home Phone: 410 750 1918 Work Phone: 410 480 3260

Applicant's Name & Mailing Address, (If other than stated herein):  
JANE AS ABOVE

Phone: 4 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: RTVane

Contact Person: Tom Vane  
 Address: 675 WELER BURN AVE

City: SEVENA PARK State: MD Zip Code: 21140

License No.: MHC 17696 (1997 New Home Bldg)

Phone: 443 223 1635 Fax: 410 (Licence MD)

Email: rtvane1@comcast.net 987-5607

Engineer/Architect Company: ARCHITECTURE BY DESIGN, INC

Responsible Design Prof.: JUDITH A. MILLER

Address: 9005 CHEVROLET DR. #5

City: ELICOTT CITY State: MD Zip Code: 21042

Phone: 410 480 3260 Fax: 410 480 2480

Email: jamiller@abd-architects.com

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
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
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 checked="" type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input checked="" type="checkbox"/> Public
1 <sup>st</sup> floor: <u>52'</u> <u>40'</u>	<input type="checkbox"/> Private
2 <sup>nd</sup> floor: <u>20'</u> <u>40'</u>	<u>Sewage Disposal</u>
Basement: <u>52'</u> <u>40'</u>	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	<input checked="" type="checkbox"/> <u>Geothermal</u>
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<input type="checkbox"/> Manufactured Home	

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Applicant's Signature: Jane Miller  
 Email Address: jamiller@abd-architects.com  
 Title/Company: PRINCIPAL, ARCHITECTURE BY DESIGN

Print Name: JUDITH A MILLER  
 Date: 11/30/2012  
 RECEIVED  
 DEC 03 2012  
 LICENSES & PERMITS DIVISION

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

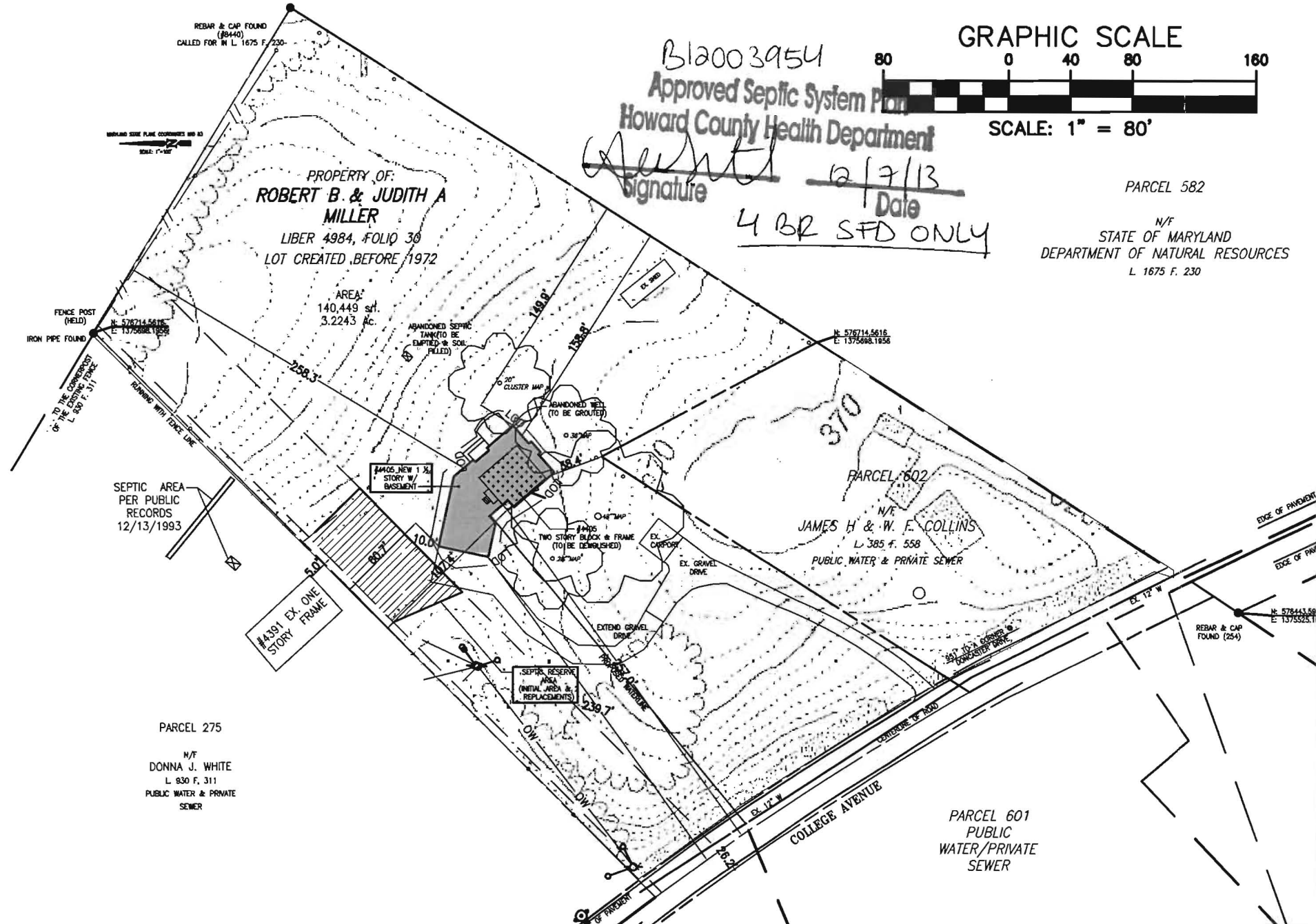
-FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>12/3/13</u>	<u>[Signature]</u>
<input type="checkbox"/> Fire Protection		

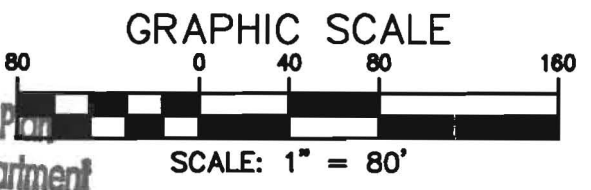
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

Filing Fee	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

CK#4919



B12003954  
 Approved Septic System Plan  
 Howard County Health Department  
 Signature: *[Signature]*  
 Date: 12/7/13  
 4 BR SFD ONLY



PARCEL 582  
 N/F  
 STATE OF MARYLAND  
 DEPARTMENT OF NATURAL RESOURCES  
 L. 1675 F. 230

PROPERTY OF:  
**ROBERT B. & JUDITH A MILLER**  
 LIBER 4984, FOLIO 30  
 LOT CREATED BEFORE 1972  
 AREA:  
 140,449 sq. ft.  
 3.2243 ac.

SEPTIC AREA  
 PER PUBLIC  
 RECORDS  
 12/13/1993

PARCEL 275  
 N/F  
 DONNA J. WHITE  
 L. 930 F. 311  
 PUBLIC WATER & PRIVATE  
 SEWER

PARCEL 602  
 N/F  
 JAMES H & W. F. COLLINS  
 L. 385 F. 558  
 PUBLIC WATER & PRIVATE SEWER

PARCEL 601  
 PUBLIC  
 WATER/PRIVATE  
 SEWER

OWNER/DEVELOPER  
**ROBERT & JUDITH MILLER**  
 PROJECT NAME  
**MILLER RESIDENCE**

**Architecture by Design**

www.ABD-Architects.com  
 9005 Chevrolet Drive - Suite 5  
 (410) 480-3210 p (410) 480-2480 f Elkton City, Maryland 21042

SHEET  
**1**  
 DATE: 12/01/2012  
 SCALE: 1" = 80'  
 SHEET TITLE  
**PLOT PLAN**



Name: JEREMY CLANCY  
Street Address: PO Box 1253  
City, State, Zip: ELDERSBURG MD 21784  
Date: 12/19/13

CK# 3387  
INV# 344849

Amendment, Permit # B13004341

Ms. Debbie Whalen  
Division of Plan Review  
Department of Inspections, Licenses and Permits  
Howard County Government  
3430 Court House Dr  
Ellicott City, MD 21043

RECEIVED  
DEC 19 2013  
LICENSES & PERMITS  
DIVISION

Dear Ms. Whalen:

I am requesting to amend Permit # B13004341 at  
4405 College Ave. Ellicott City to  
need to revise tank location

Enclosed:

Fee: 25  
 Plot Plans  
 Sets of Construction Drawings  
 Other: \_\_\_\_\_

If there is anything we can do to assist you, please let me know.

Sincerely,  
CC: DPZ  
DED  
Heath

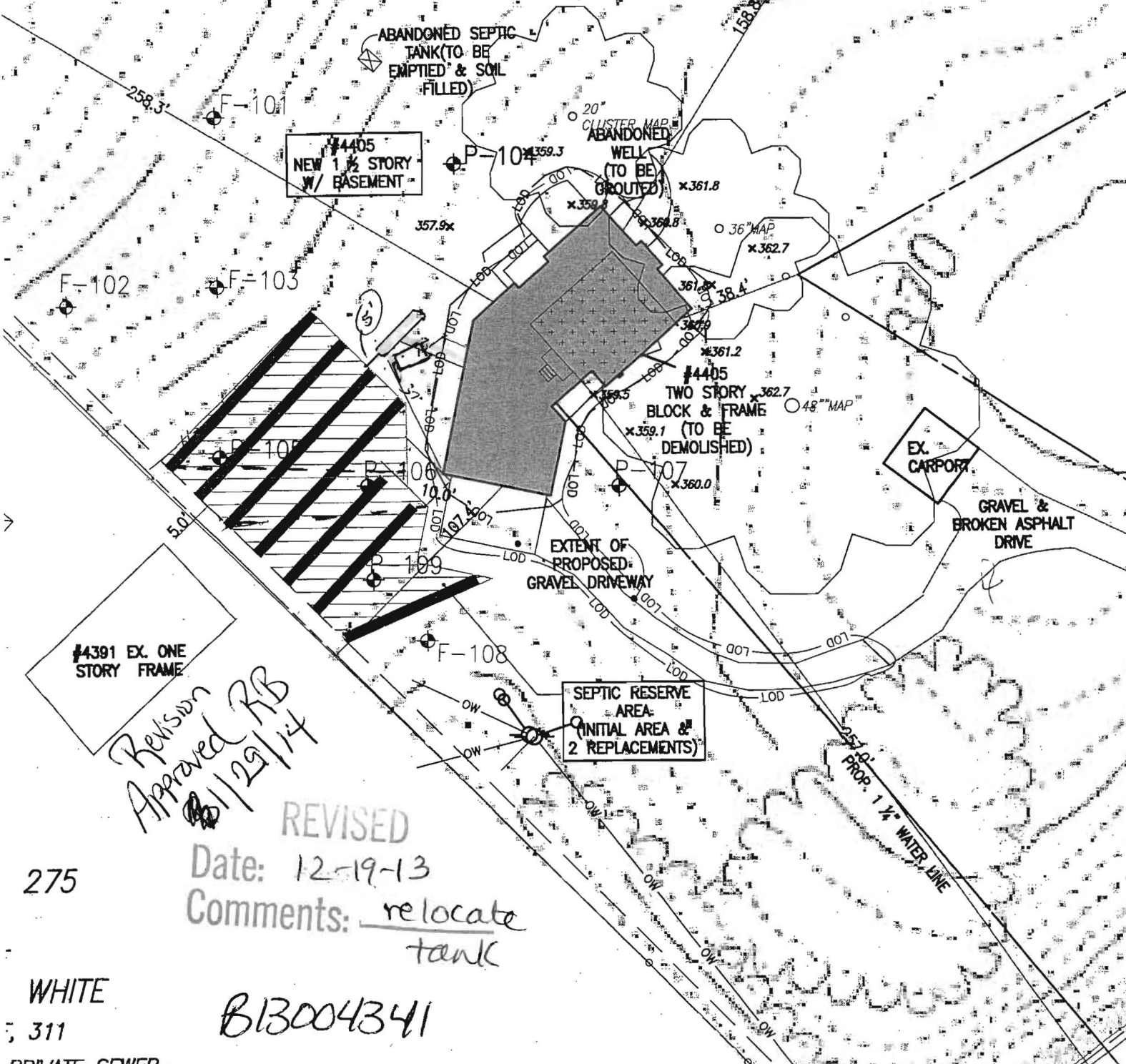
Name: Jeremy Clancy  
Title: permits  
Phone: 443-340-1229  
Email: Jeremy @ AppliedandApproved.com

PARCEL 80

AREA:  
140,449 sq. ft.  
3.2243 Ac.

1" = 40'

PROPERTY OF  
ROBERT B & JUDITH A. MILLER  
LIBER. 4984, FOLIO 30  
LOT CREATED BEFORE 1972



#4405  
NEW 1 1/2 STORY  
W/ BASEMENT

#4405  
TWO STORY  
BLOCK & FRAME  
(TO BE  
DEMOLISHED)

#4391 EX. ONE  
STORY FRAME

Revised  
Approved RB  
11/29/14

REVISED

Date: 12-19-13  
Comments: relocate  
tank

WHITE  
311  
PRIVATE SEWER

B13004341