

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B07003545

Building Address 6927 SE Milk Hollow Rd
11111 20777

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 307 Grid 2

Zoning _____ Map Coordinates 13-8-12 Lot size 14,200 AC

Property Owner's Name Dwight Wilson

Address 6927 SE Milk Hollow Rd

City Highland State MD Zip Code 20777

Home Phone _____ Work Phone 301-807-2807

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SAME WITH TANK

Estimated Construction Cost \$ 100,000

Description of Work INSTALL (1) SWUG
PROPANE TANK & RUN GAS TO
PULL HEATER

Contractor Company Michael Gelling & Sons Inc

Contact Person Robert J. Gelling Sr.

Address 2914 Green Rd

City Highland State MD Zip Code 20777

License No. 7000

Phone 410-313-2100 Fax 410-313-2100

Occupant or Tenant Owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
Height: _____	
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: _____	
Footings: _____	
Roof Height: _____	
State Certified Modular _____	
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.

Robert J. Gelling Sr.
Applicant's Signature

Michael Gelling & Sons Inc
Title/Company

Robert J. Gelling Sr.
Print Name

0-19-2007
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY **

AGENCY	DATE	SIGNATURE APPROVAL	DFZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Filing fee	\$ 150.00
State Highways			Permit fee	\$
Building Official			Excise tax	\$
Dev. Engineering, DPZ			Add'l per. fee	\$
Health	<u>9/26/2007</u>	<u>Rhishan</u>	TOTAL FEES	\$
Fire Protection			Sub-total paid	\$
Is Sediment Control approval required prior to issuance?			Balance due	\$
YES <input type="checkbox"/> NO <input type="checkbox"/>			Check	<u>250156785</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Validation	\$
ONE STOP SHOP: <input type="checkbox"/>			Historic District?	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for NewTown Zone	
			GDP/Red-line approval date	
			Accepted by	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

Mink Hollow Rd



Abandoned Well

Well

30'

LP

Septic

Approved Septic System Plan
Howard County Health Department

Liquid Propane (LP) Tank
(underground) as shown

P. Buder

Signature

9/26/2007

Date

1" = 200'

