

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		B09000035 PERMIT NUMBER		
Building Address <u>7024 MINK HOLLOW RD</u> <u>HIGHLAND MD 20771</u>		Property Owner's Name <u>RAJIV SHAH</u> Address <u>7024 MINK HOLLOW RD</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20771</u> Phone <u>3015662466</u> Phone <u>2023291494</u> Applicant's Name & Mailing Address, (if other than stated herein):				
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>SWAN HILL</u> Section _____ Area _____ Lot <u>2</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____		Phone _____ Fax <u>2025217954</u>				
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work _____		Contractor Company <u>OWNER</u> Contact Person <u>RAJIV SHAH</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____				
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Engineer or Architect Company <u>MY H DESIGN</u> Contact Person <u>MARNIGOE HEATH</u> Address <u>54 HAWTHORNE CT</u> City <u>WASHINGTON</u> State <u>DC</u> Zip Code <u>20017</u> Phone <u>703 587 6705</u> Fax _____				
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL			
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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		Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads		Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>26</u> <u>48</u> 2 nd floor: <u>23</u> <u>22</u> Basement: <u>26</u> <u>48</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home		Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" 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 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.						
<u>Rajiv Shah</u> Applicant's Signature		<u>RAJIV SHAH</u> Print Name				
_____ Title/Company		<u>1/6/09</u> Date				
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** <u>Asier...</u> FOR OFFICE USE ONLY -						

Building Address <u>7024 MINK HOLLOW RD</u> <u>HIGHLAND, MD 20777</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____	Property Owner's Name <u>RAJIV SHAH</u> Address <u>7024 MINK HOLLOW RD</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> Phone <u>3015602468</u> Phone <u>2023291494</u> Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone _____ Fax _____
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Existing Use <u>SHED / STABLE</u> Proposed Use <u>SHED</u> Estimated Construction Cost \$ <u>6,000</u> Description of Work <u>NEW SHED ON EXISTING</u> <u>FOOTPRINT - 20x20</u> Occupant or Tenant <u>RAJIV SHAH</u> Contact Name _____ Address <u>7024 MINK HOLLOW RD</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> Phone _____ Fax _____	Contractor Company <u>HOME OWNER</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input checked="" type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>1750</u> 2 nd floor: <u>575</u> Basement: <u>178</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2 + STUDIO</u> 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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<u><i>Rajiv Shah</i></u> Applicant's Signature	<u>RAJIV SHAH</u> Print Name
_____ Title/Company	<u>4/9/08</u> Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

R. B. ...
 4/9/08



CONSUMER INFORMATION NOTES:

1. This plan is a benefit to a consumer insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
2. This plan is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
3. This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.

APPROVED

WALK-THRU BUILDING PERMIT

BP# B08000980

A# - *

N 42°18'00"E

160.00'

APP. SAN R. Bucker DATE 4/9/08
 DESC. OF WORK: 20' x 20' shed (rebuild)
ON 24' x 24' slab
as shown

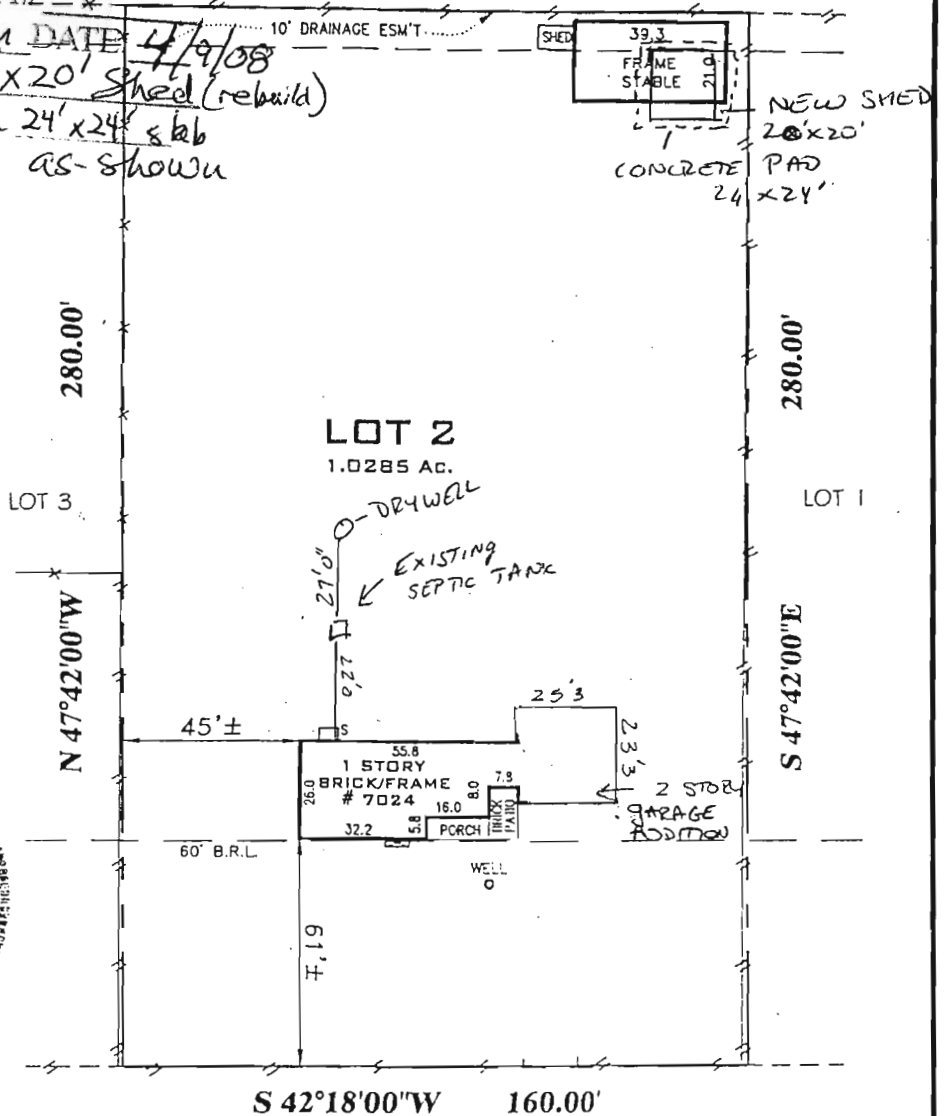
Notes

1. Flood zone "C" per H.U.D. panel No. 240044-0037B.
2. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 3 Feet.
3. Fences, if shown, have been located by approximate methods.

No property corners found.

I/WE CERTIFY THAT I/WE HAVE REVIEWED THIS HOUSE LOCATION PLAT AND THAT I/WE ACCEPT THE LOCATION OF THE IMPROVEMENTS SHOWN HEREIN

Rajiv Shah
Pamela Shah



LOCATION DRAWING

LOT 2, BLOCK 1
Swann Hill

HOWARD COUNTY, MARYLAND

MINK HOLLOW ROAD

SURVEYOR'S CERTIFICATE

"THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION."

Jeffrey A. Foster
 MARYLAND PROPERTY LINE SURVEYOR REG. NO. 587

REFERENCES

PLAT BK. 6
 PLAT NO. 4

LIBER
 FOLIO



SNIDER & ASSOCIATES
 SURVEYORS - ENGINEERS
 LAND PLANNING CONSULTANTS
 2 Professional Drive, Suite 216
 Gaithersburg, Maryland 20879
 301/948-5100, Fax 301/948-1286

DATE OF LOCATIONS

SCALE: 1"=50'

WALL CHECK:

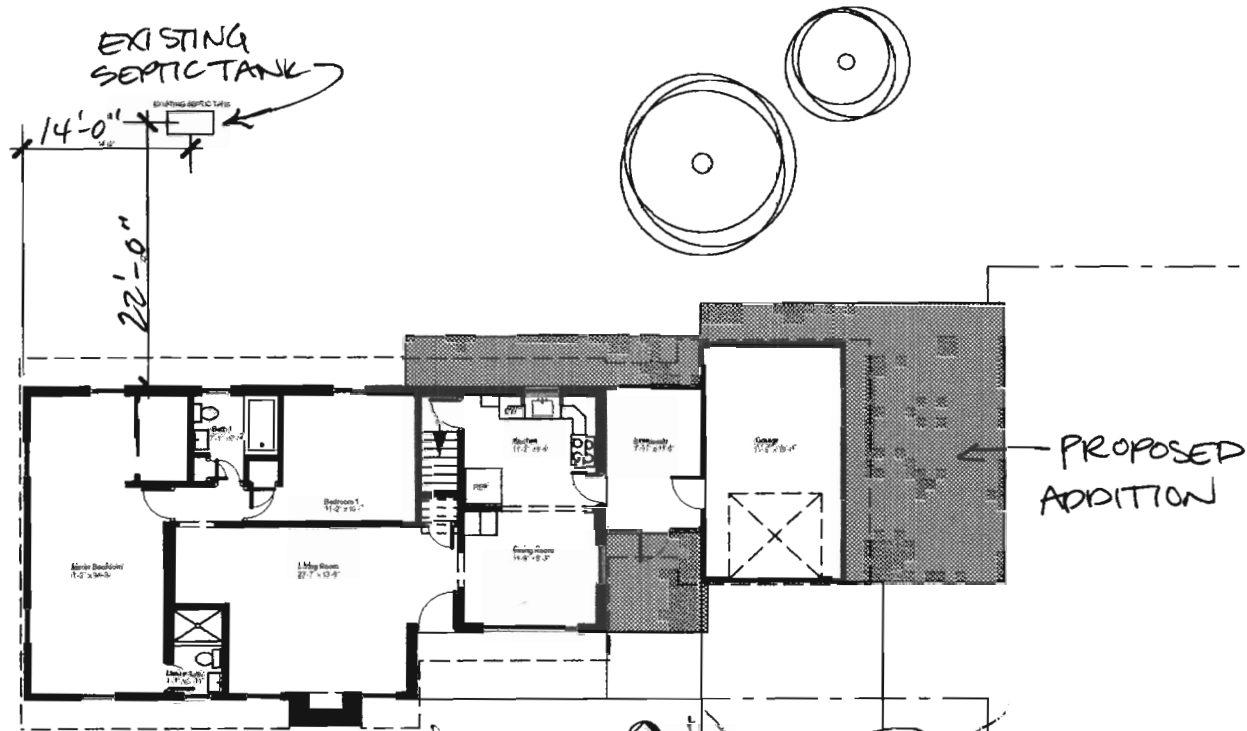
DRAWN BY: P.A.

HSE. LOC.: 07-07-2003

JOB NO.: 2003-1632

PROPERTY LINE

SIDE YARD SETBACK



1

Site Plan 1440
Scale: 1/16" = 1'-0"
6.10.04

(24 x 30) 2

(23 x 23) 2
1058

22 x 23
506 = 3006
? Basement? ~~100~~ 2

EXISTING DRIVEWAY

NEW DRIVEWAY

SIDE YARD SETBACK

PROPERTY LINE

PLANS INCLUDE BLDG. A SECOND STORY ADDITION. ~~BASED~~ ON THE ENTIRE PLAN SHOWN ABOVE. RENOVATED HOUSE WILL HAVE 5 BEDROOMS (MAX)

7024 MINK HOLLOW RD
HIGHLANDS MD 20771

PROPERTY LINE

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B0015008 *XJB*

Building Address 7024 MINK HOLLOW RD
HIGHLAND, MD 20777

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

Census Tract 605101 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 162 Grid 2

Zoning R 050 Map Coordinates 13413 Lot size 1.02 AC

Property Owner's Name RATIV SHAH

Address 7024 MINK HOLLOW RD

City HIGHLAND State MD Zip Code 20777

Home Phone 3015602468 Work Phone 2023291194

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

Phone _____ Fax 202 662-7101

Existing Use RESIDENTIAL

Proposed Use RESIDENTIAL

Estimated Construction Cost \$ 25,000

Description of Work GARAGE ADDITION w/
OFFICE SPACE 25' x 23'
NEW SHOP 12' x 21'

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company DESIGN RELIEU

Contact Person KAREN RENGEL

Address 3612 NEW HAMPSHIRE AVE

City WASHINGTON State DC Zip Code 20010

Phone 202 297 2056 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
1st floor: <u>24' x 25'</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: <u>7'4"</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 1 1/2 BR units: _____ No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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Rativ Shah
Applicant's Signature

RATIV SHAH
Print Name

8/25/04
Date

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

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Official			
Dev Engineering, DPZ			
Health			
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

DEZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	<u>63276</u>
Rear: _____	Filing fee \$ _____
Side: _____	Permit fee \$ _____
Side SF: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for New Town Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>296</u>
	Validation # <u>72355</u>
	Accepted by _____

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

CONSUMER INFORMATION NOTES:

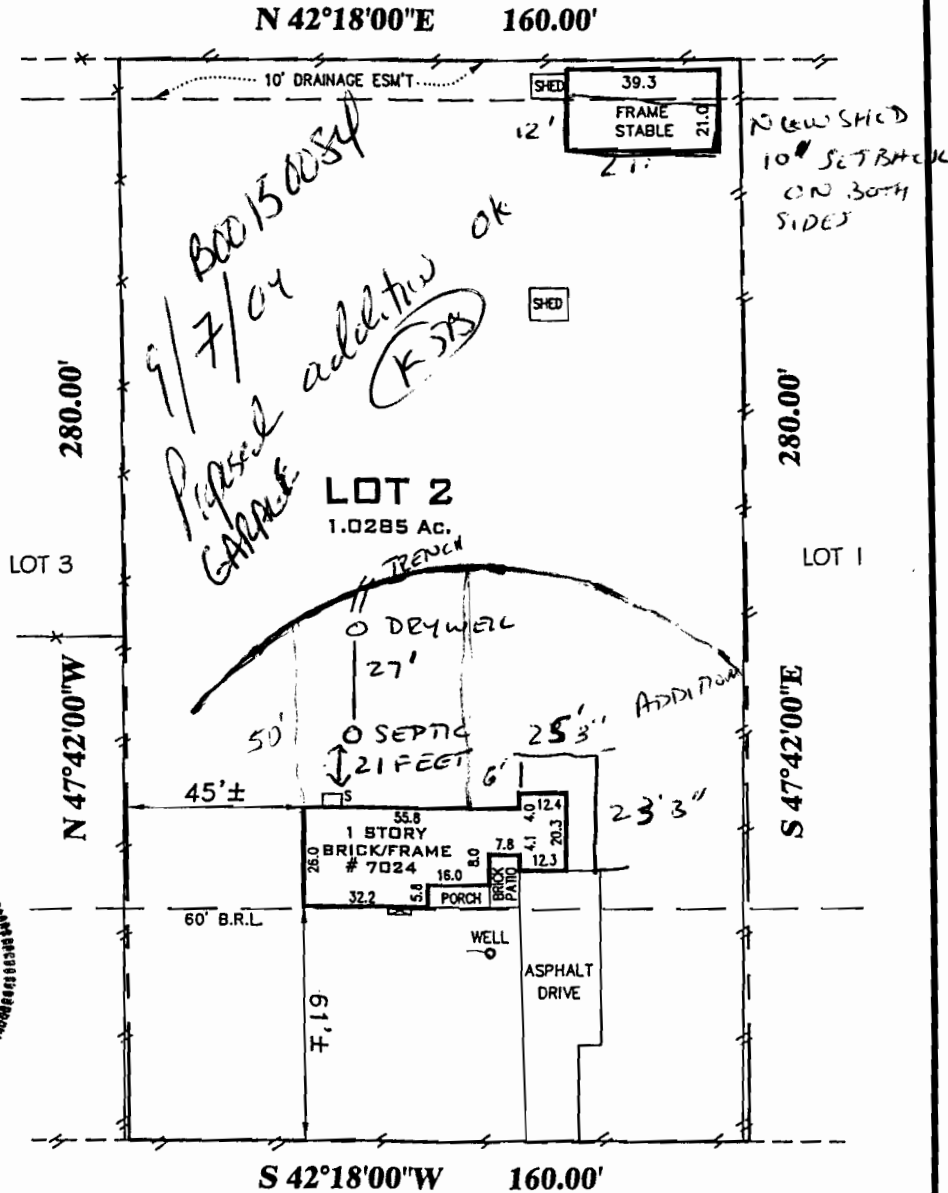
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Notes

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I/WE CERTIFY THAT I/WE HAVE REVIEWED THIS HOUSE LOCATION PLAT AND THAT I/WE ACCEPT THE LOCATION OF THE IMPROVEMENTS SHOWN HEREIN

Rajiv Shah
Pamila Shah



LOCATION DRAWING
LOT 2, BLOCK 1
Swann Hill
HOWARD COUNTY, MARYLAND

MINK HOLLOW ROAD

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LAND PLANNING CONSULTANTS
2 Professional Drive, Suite 216
Gaithersburg, Maryland 20879
301/948-5100, Fax 301/948-1286

DATE OF LOCATIONS

SCALE: 1" = 50'

WALL CHECK:

DRAWN BY: F.A.

HSE. LOC.: 07-07-2003

JOB NO.: 2003-4632