

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B09000439

Building Address 7251 Mink Hoffer Road
Howland, MO 65777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Garage
 Proposed Use _____
 Estimated Construction Cost \$ 75,000.00
 Description of Work pulling a three
car garage 24' x 37'
and mud room connection
into existing house

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 _____
 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: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>24' x 37'</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>24' x 37'</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>24' x 37'</u>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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 _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <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 _____

Print Name _____

Title/Company _____

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	<u>3/18/08</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ <u>25.00</u>
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St: _____	Add'l per. fee	\$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES	\$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid	\$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due	\$ _____
Lot Coverage for NewTown Zone _____	Check	\$ <u>100.00</u>
SDP/Red-line approval date _____	Validation	\$ _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies -
 T:\Home\PERMIT.FRM

White: Building Official

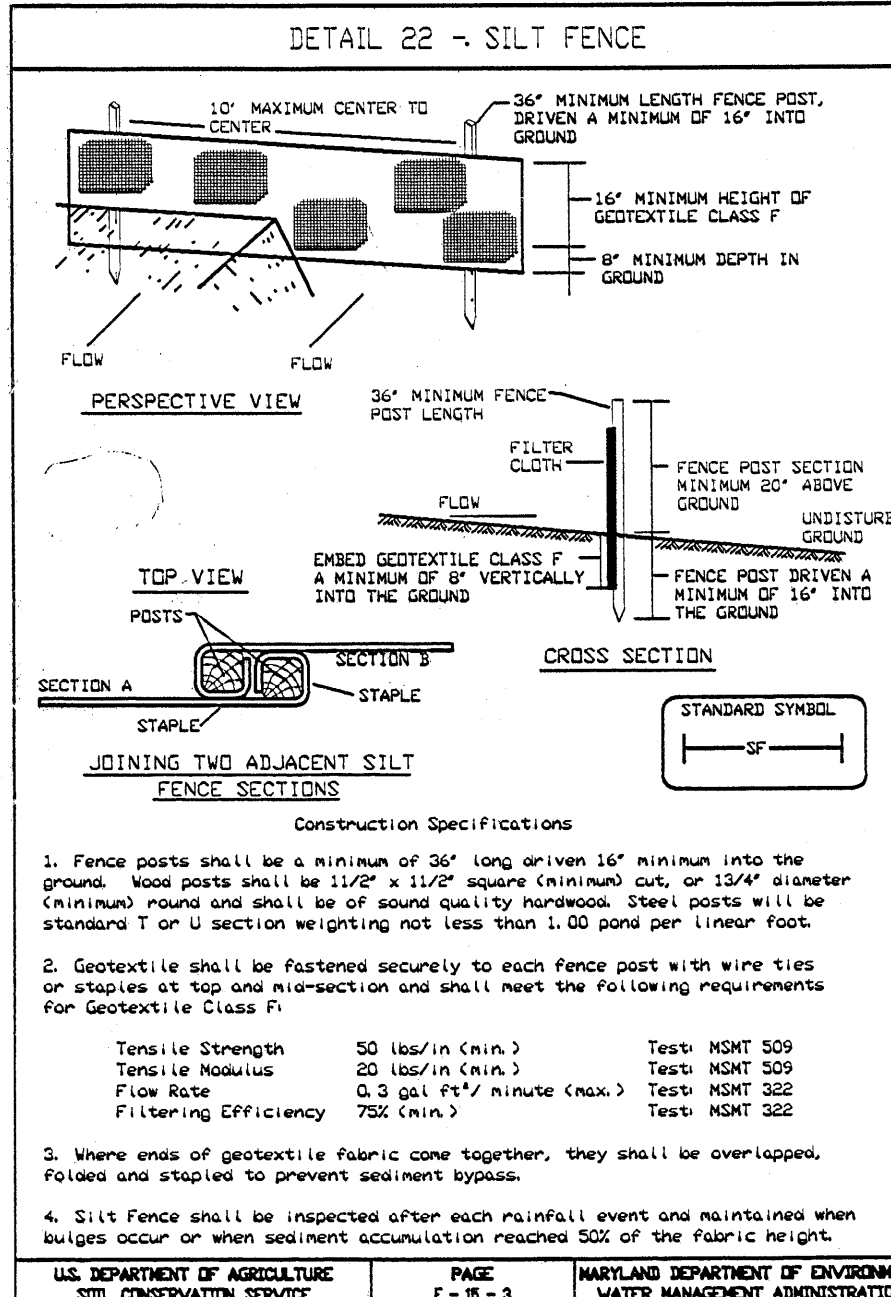
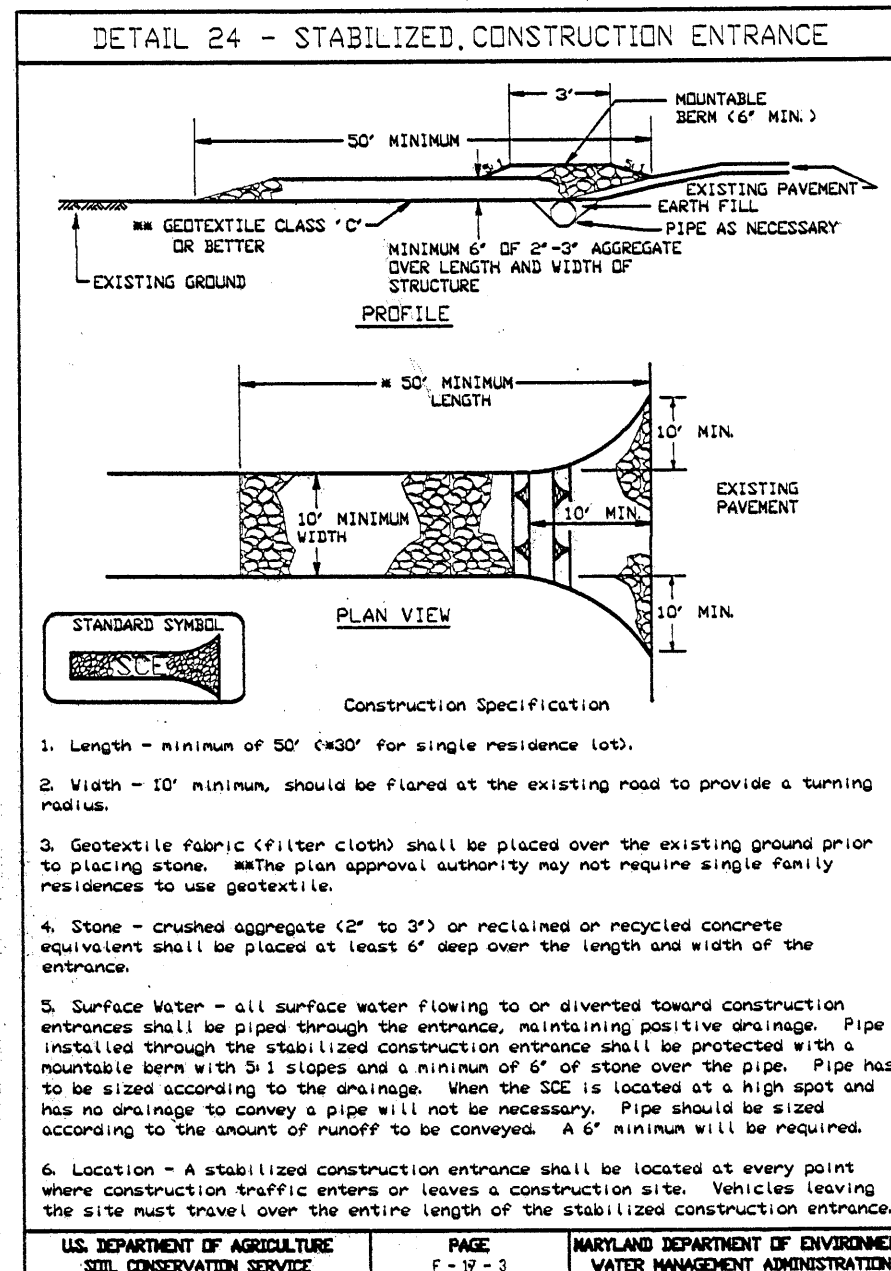
Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

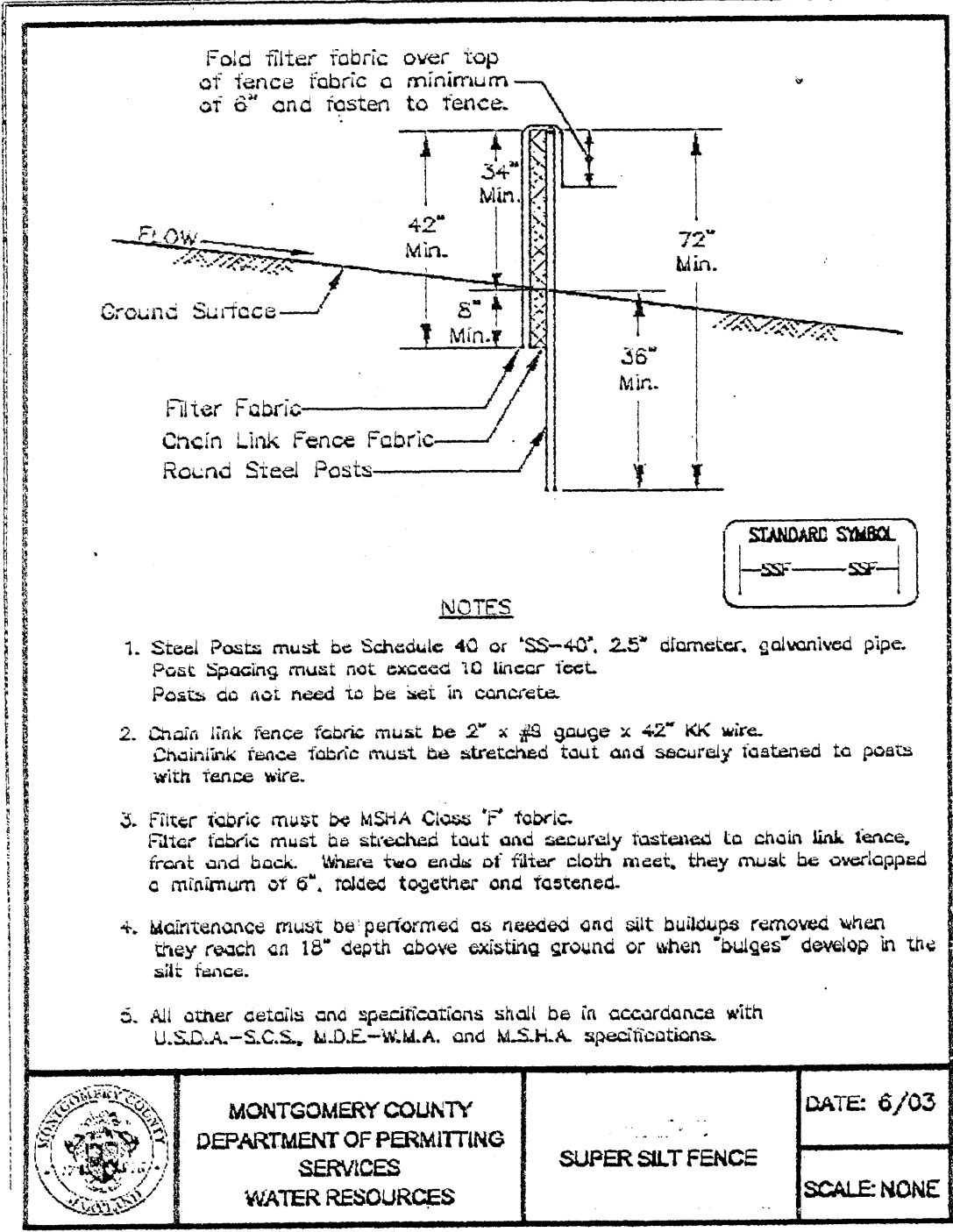
Gold: SHA

Accepted by [Signature]



LEGEND

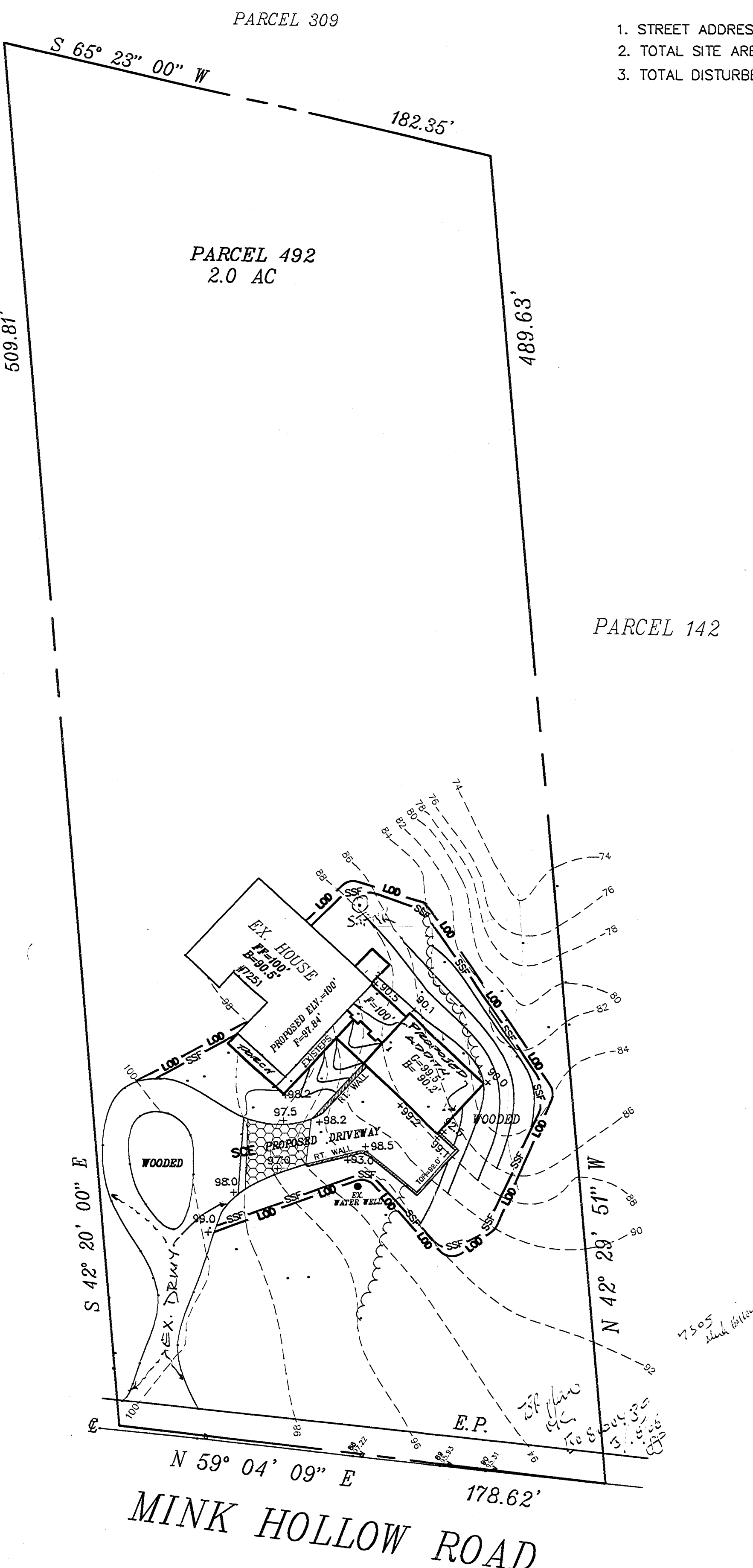
	SILT FENCE
	LIMIT OF DISTURBANCE
	EX. CONTOURS
	PROPOSED CONTOURS
	EX. 6" WATER
	EX. 8" SEWER
	STABILIZED CONSTRUCTION ENTRANCE
	EX. GAS LINE
	EX. SPOT ELEVATION
	PROPOSED SPOT ELEVATION
	EX. TREE
	EX. TREE TO BE REMOVED
	OVERHEAD ELECTRIC



- GENERAL NOTES**
- UTILITY LOCATIONS ARE APPROXIMATE, CONTRACTOR SHALL TEST PIT TO VERIFY PRECISE LOCATION.
 - THIS PLAN WAS PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT
 - ALL RUNOFF IS TO BE DIVERTED AWAY FROM ALL PROPOSED AND EXISTING STRUCTURES, DOWNSPOUTS ARE TO BE DIRECTED TO THE STREET AND AWAY FROM ADJACENT HOMES.

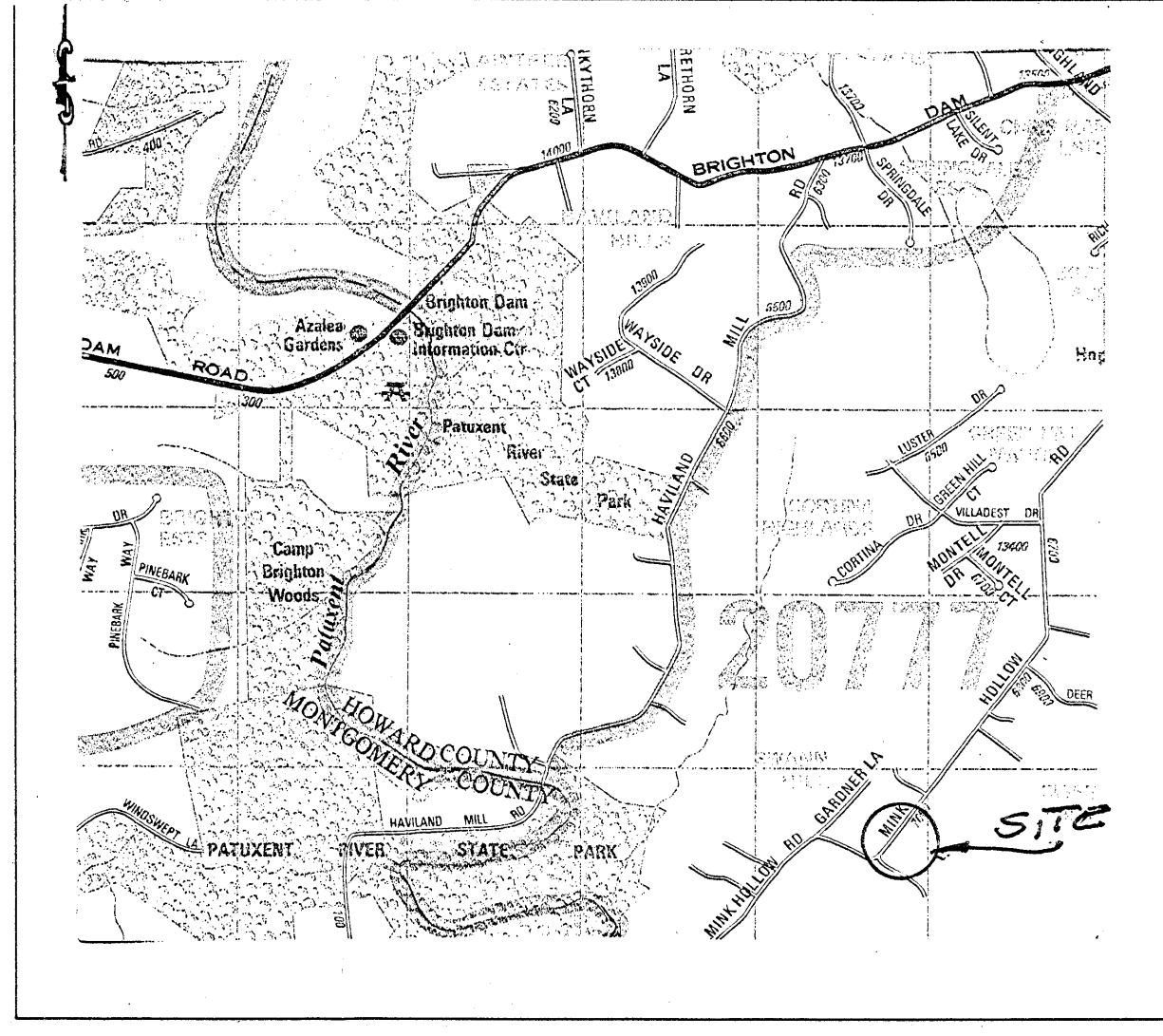
OWNER/DEVELOPER

ERIC KIRKSEY
7251 SE MINK HOLLOW ROAD
HIGHLAND, MD 20777
TEL.: (301) 503-3286



- SEDIMENT CONTROL NOTES**
- EXACT LOCATION OF SEDIMENT CONTROL DEVICES TO BE DETERMINED BY MONTGOMERY COUNTY INSPECTOR.
 - SILT FENCE TO BE PER MD MCS STD. DETAIL 22.
 - STABILIZED CONSTRUCTION ENTRANCE TO BE PER MD SCS STD. DETAIL 24.
 - MAINTAIN STOCKPILE AREA WITHIN LIMITS OF DISTURBANCE. ADD ADDITIONAL SC DEVICES TO PREVENT RUNOFF IF DEEMED NECESSARY BY HOWARD COUNTY INSPECTOR.
 - PROVIDE ANY ADDITIONAL SEDIMENT CONTROL MEASURES AS DIRECTED BY THE COUNTY INSPECTOR.

- STREET ADDRESS: 7251 MINK HOLLOW ROAD
- TOTAL SITE AREA = 2.00 AC.
- TOTAL DISTURBED AREA = 8,900 SFT.



OWNER'S / DEVELOPER'S CERTIFICATION

I / WE HEREBY CERTIFY THAT ALL CLEARING, GRADING, CONSTRUCTION, AND OR DEVELOPMENT WILL BE DONE PURSUANT TO THIS PLAN AND THAT ANY RESPONSIBLE PERSONNEL INVOLVED IN THE CONSTRUCTION PROJECT WILL HAVE A CERTIFICATE OF ATTENDANCE AT A DEPARTMENT OF NATURAL RESOURCES APPROVED TRAINING PROGRAM FOR THE CONTROL OF SEDIMENT AND EROSION BEFORE BEGINNING THE PROJECT.

SIGNATURE _____ DATE _____

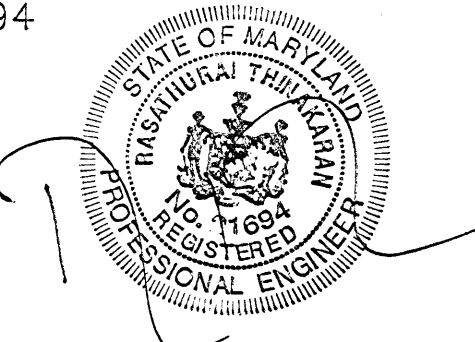
PRINTED NAME AND TITLE _____

CERTIFICATION OF THE QUANTITIES

I HEREBY CERTIFY THAT THE ESTIMATED TOTAL AMOUNT OF EXCAVATION AND FILL AS SHOWN ON THESE PLANS HAS BEEN COMPUTED TO 100 CUBIC YARDS OF EXCAVATION, 0 CUBIC YARDS OF FILL AND THE TOTAL AREA TO BE DISTURBED AS SHOWN ON THESE PLANS HAS BEEN DETERMINED TO BE 8,900 SQUARE FEET.

SIGNATURE *R. Thinakaran* DATE 2/25/08

R. THINAKARAN P.E.
PRINTED NAME AND TITLE
REGISTRATION NUMBER 21694



STES

TOTAL ENGINEERING SERVICES
PLANNERS, ENGINEERS, SURVEYORS
P.O. BOX 10123
SILVER SPRING, MD 20914
TEL: (301) 515 1514 FAX: (301) 515 5589

REVISION :

PROJECT NAME
7251 MINK HOLLOW ROAD
HIGHLAND
PARCEL 492
7251 MINK HOLLOW ROAD
HOWARD COUNTY, MARYLAND

DRAWING TITLE :
SITE PLAN

Drawn :	Approved :	Job No. :
In Charge :	Project Manager :	Project Architect :
Scale :	Drawing No. :	
Date :		
02-11-07		

1" = 30'
1 OF 1

FOR LOCATIONS OF UTILITIES CALL "MISS UTILITY" AT 1-800-257-7777 AT LEAST 48 HOURS BEFORE BEGINNING CONSTRUCTION.