



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.: B16002755

Building Address: 2420 Mullinix Mill Road
 City: MT. AIRY State: MD Zip Code: 21771
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: George F. Hughes
 Address: 2420 Mullinix Mill Road
 City: MT. AIRY State: MD Zip Code: 21771
 Phone: 301-343-8608 Fax: _____
 Email: george.hughes@fda.hhs.gov
 Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Owner
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Existing Use: _____
 Proposed Use: Garage (Detached)
 Estimated Construction Cost: \$ 42,000.
 Description of Work: Build a 2 car garage
 Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Owner
 Contact Person: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 License No. : _____
 Phone: _____ Fax: _____
 Email: _____
 Engineer/Architect Company: Motley Associates Inc.
 Responsible Design Prof.: Thomas J. Motley
 Address: 505 Lancaster Ave
 City: Shillington State: PA Zip Code: 19607
 Phone: 610-775-0888 Fax: _____
 Email: _____

| Commercial Building Characteristics | Residential Building Characteristics | |
|---|--|---------------------------------------|
| Height: | <input checked="" type="checkbox"/> SF Dwelling | <input type="checkbox"/> SF Townhouse |
| No. of stories: | Depth | Width |
| Gross area, sq. ft./floor: | 1 st floor: | |
| | 2 nd floor: | |
| Area of construction (sq. ft.): | Basement: | |
| | <input type="checkbox"/> Finished Basement | |
| Use group: | <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 checked="" type="checkbox"/> No | Roof: | |
| Roadside Tree Project Permit # | <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: | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| Gas: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Heating System | |
| <input checked="" type="checkbox"/> Electric | <input type="checkbox"/> Oil |
| <input type="checkbox"/> Natural Gas | <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Other: | |
| Sprinkler System: | |
| <input type="checkbox"/> Yes | <input checked="" 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: George F. Hughes
 Email Address: george.hughes@fda.hhs.gov
 Title/Company: _____

Print Name: George F. Hughes
 Date: 6/17/2016

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

| AGENCY | DATE | SIGNATURE OF APPROVAL | DPZ SETBACK INFORMATION | Filing Fee | \$ |
|--|-----------|-----------------------|---|-----------------|---------|
| State Highways | | | Front: | Permit Fee | \$ 2500 |
| <input checked="" type="checkbox"/> Building Officials | | | Rear: | Tech Fee | \$ |
| <input checked="" type="checkbox"/> PSZA (Zoning) | | | Side: | Excise Tax | \$ |
| <input checked="" type="checkbox"/> PSZA (Engineering) | | | Side St.: | PSFS | \$ |
| <input checked="" type="checkbox"/> Health | 7/12/2016 | <u>[Signature]</u> | All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No | Guaranty Fund | \$ |
| Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Add'l per Fee | \$ |
| <input type="checkbox"/> CONTINGENCY CONSTRUCTION START | | | Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No | Total Fees | \$ |
| | | | Lot Coverage for New Town Zone: | Sub- Total Paid | \$ |
| | | | SDP/Red-line approval date: | Balance Due | \$ |
| | | | | Check | # 1008 |

Freemon, Robert

From: Hughes, George <George.Hughes@fda.hhs.gov>
Sent: Thursday, July 07, 2016 9:50 AM
To: Freemon, Robert
Subject: RE: 2420 Mullinix Mill Road

Good morning Sir,

No sir, no conditioned living space or plumbing.

Thanks,

George

George F. Hughes
Senior Advisor, Counterterrorism and Intelligence
FDA Office of Criminal Investigations
7500 Standish Place, Room 250N
Rockville, MD 20855

240 276-9456 (Direct)
301 343-8608 (Cell 24/7)
240 276-8380 (Secure)
571 280-5421 (NCTC)

Email: george.hughes@fda.hhs.gov
ICE Mail: hughesg@fda.csp.ic.gov

From: Freemon, Robert [<mailto:rfreemon@howardcountymd.gov>]
Sent: Thursday, July 07, 2016 9:31 AM
To: Hughes, George
Subject: 2420 Mullinix Mill Road

Hi,

I am reviewing the building permit B16002755 for 2420 Mullinix Rd. Is there going to be any conditioned living space and/or plumbing in the proposed detached 2 car garage?

Robert Freemon
Howard County Health Department
8930 Stanford Blvd. Columbia, MD 21045
Well and Septic Program
Phone: 410-313-6357
Email: rfreemon@howardcountymd.gov

**COMPLETE THIS FORM WHEN DROPPING OFF ANY
CORRESPONDENCE AND/OR PLANS TO THE HOWARD COUNTY
DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS COUNTER:**

Date: 7/11/2016
To: Robert Freeman - Well and Septic Program
(Person's Name and Division)
From: George Hughes (301) 343-8608
(Your Name, Company Name and Telephone Number)
Subject: Project name Detached Garage
Project site address 2420 Mullinix Mill Rd, Mount Airy, Md 21771
Permit # B16002755 SDP # _____
Other information pertinent to this project _____

- Please check the attachments below that you are submitting with this transmittal:
- Letter of response to address plan review comment letter
 - Revised plans and/or revised details: When submitting for a complete re-review, **duplicate sets shall be submitted.**
 - Letter Summarizing Changes
 - Energy conservation calculations
 - Copies of Site plan - Well location (be specific).
 - Health Department Request DPZ/ DED Request Applicant's Request
 - Two sets of single family dwelling model plans to be placed on permanent file: Model name and/or # _____
 - Other _____

Contact Person Information: (Required)

Please Print Name Telephone No: _____
E-Mail Address: _____

PLEASE ASSURE ALL DOCUMENTS AND/OR REVISIONS ARE APPROPRIATELY SIGNED AND SEALED, IF NECESSARY, BY A LICENSED ARCHITECT OR ENGINEER. PLEASE BE ADVISED THAT INSUFFICIENT INFORMATION MAY RESULT IN THE DELAY OF REVIEW BY THE PLANS EXAMINER. THE DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS WILL CONTACT YOU IF THERE IS A PROBLEM. IN ADDITION, ONCE THE BUILDING PERMIT IS APPROVED BY THE PLAN REVIEW DIVISION AND ALL OTHER REQUIRED SIGNATORY AGENCIES, AND THE BUILDING PERMIT IS READY FOR ISSUANCE, THE PERMIT DIVISION WILL NOTIFY THE APPROPRIATE CONTACT PERSON FOR PERMIT PICK UP. ALL PERMIT STATUS INQUIRIES SHALL BE DIRECTED TO THE PERMIT DIVISION AT 410-313-2455. CODE RELATED QUESTIONS AND PLAN REVIEW INQUIRIES SHALL BE DIRECTED TO THE PLAN REVIEW DIVISION AT 410-313-2436. PLEASE ALLOW A MINIMUM OF FIVE (5) WORKING DAYS FOR ANY PLAN SUBMITTALS TO BE REVIEWED. THANK YOU.

Received by Devin Hurman CC: PLAN Review
DPZ
DED
DILP 2016 JUL 11 AM 9:42
White-Plan Review / Yellow-Applicant / Pink-Permit Division
t:\forms\transmit.frm - Rev. 04/2014

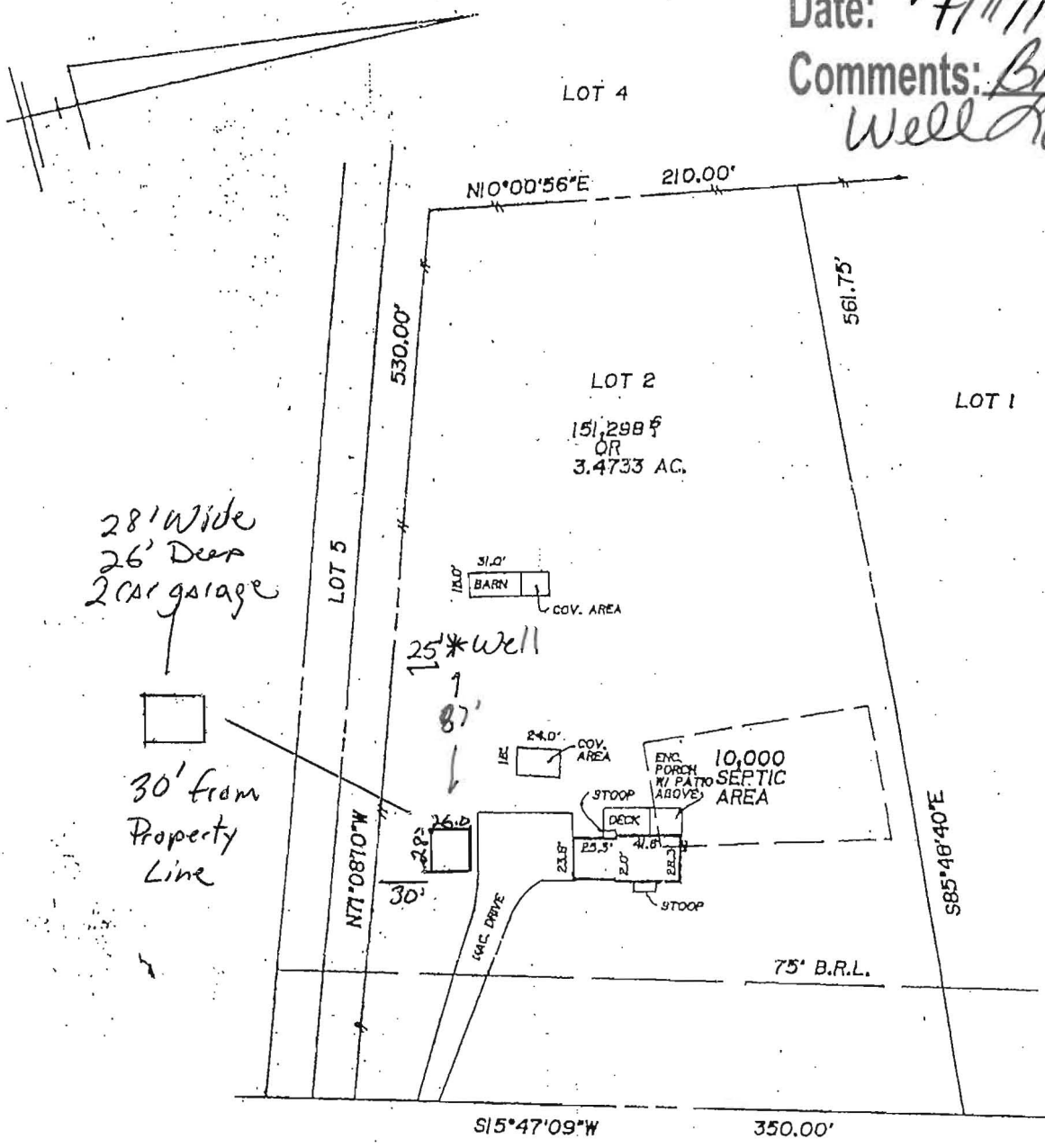
LANDTECH ASSOCIATES, INC.

1410 CRAIN HIGHWAY N.W. SUITE 711 GLEN BURNIE, MD 21061
 (410) 708-2121 FAX (410) 533-9081

NOTE: NOT TO BE USED FOR THE ISSUANCE OF PERMITS.

Approved 7/12/2016
 RAC ✓

REVISED
 Date: 7/11/16
 Comments: B16002755
 Well Location



MULLINIX MILL RD.

NOTE: PROPERTY LINE SURVEY RECOMMENDED TO DETERMINE THE EXACT LOCATION OF IMPROVEMENTS AND / OR ENCRAGEMENTS, IF ANY.

NOTE: THIS PROPERTY LIES IN FLOOD ZONE G, AN AREA OF MINIMAL FLOODING, AS DELINEATED ON THE MAPS OF THE NATIONAL FLOOD INSURANCE PROGRAM

Notes:

- 1) This plat is of benefit to a consumer only 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 plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements.
- 3) This plat 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 refinancing.
- 4) No title report furnished.



Certification: This is to certify that the improvements indicated hereon are located as shown.

Braden A. Rogers
 GRADEN A. ROGERS - Prop. L.S.: MD. Lic. No. 119

| | | |
|---|---------------------------------------|--|
| LIBER _____ | FOLIO _____ | 2420 MULLINIX MILL RD. |
| LOT <u>2</u> | BLOCK _____ SECT. <u>1</u> PLAT _____ | |
| PLAT ENTITLED <u>COOK-BERMAN SUBDIVISION (AREA 1)</u> | | SCALE <u>1"=100'</u> CASE NO. _____ |
| RECORDED IN <u>HOWARD CO.</u> | MD. | DATE, <u>675</u> 19 <u>99</u> JOB NO <u>MSC-990496</u> |
| PLAT BOOK <u>3414</u> | FOLIO _____ | |