

B09003429

Building Address 7215 Mink Hollow Rd,
Highlands Md. 20777

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Jon Dzubek
Address 7215 Mink Hollow Rd.
City Highlands State Md. Zip Code 20777
Home Phone _____ Work Phone 301 356 8738
Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone 301 356 8738 Fax _____

Existing Use SFH
Proposed Use SFH w. GARAGE
Estimated Construction Cost \$ 25,000.00

Contractor Company G. Ghine Const.
Contact Person Greg Ghine
Address 6900 Andrew dr.
City Columbia State Md. Zip Code 21046
License No. 86672
Phone 443 538 2707 Fax 410 772 9748

Description of Work GARAGE 24x24

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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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 <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No. of Bedrooms _____	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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: _____ <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.

Greg Ghine
Applicant's Signature

G. Ghine Const.
Title/Company

Greg Ghine
Print Name

12-17-09
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY AND LEGIBLY

FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	12-17-09	<u>Greg Ghine</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
			Historic District?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	

APPROVED

WALK-THRU BUILDING PERMIT

BP#

A#

APP. SAN HS

DATE: 12-17-09

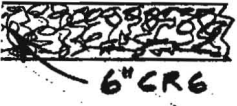
DESC. OF WORK: 24x24 garage

MINK

HOLLOW ROAD

NOTE:
 EXISTING 1 STY. FRAME DWELLING TO BE VACATED AND DEMOLISHED UPON COMPLETION AND OCCUPANCY OF PROP. HOUSE. EXISTING WELL AND SEPTIC SYSTEM TO BE ABANDONED UPON OCCUPANCY OF PROPOSED HOUSE AND PRIOR TO DEMOLITION OF EXISTING HOUSE. EX. WELL TO BE FILLED AND SEALED BY WELL DRILLER.

DRIVE SECTION
 NO. SCALE



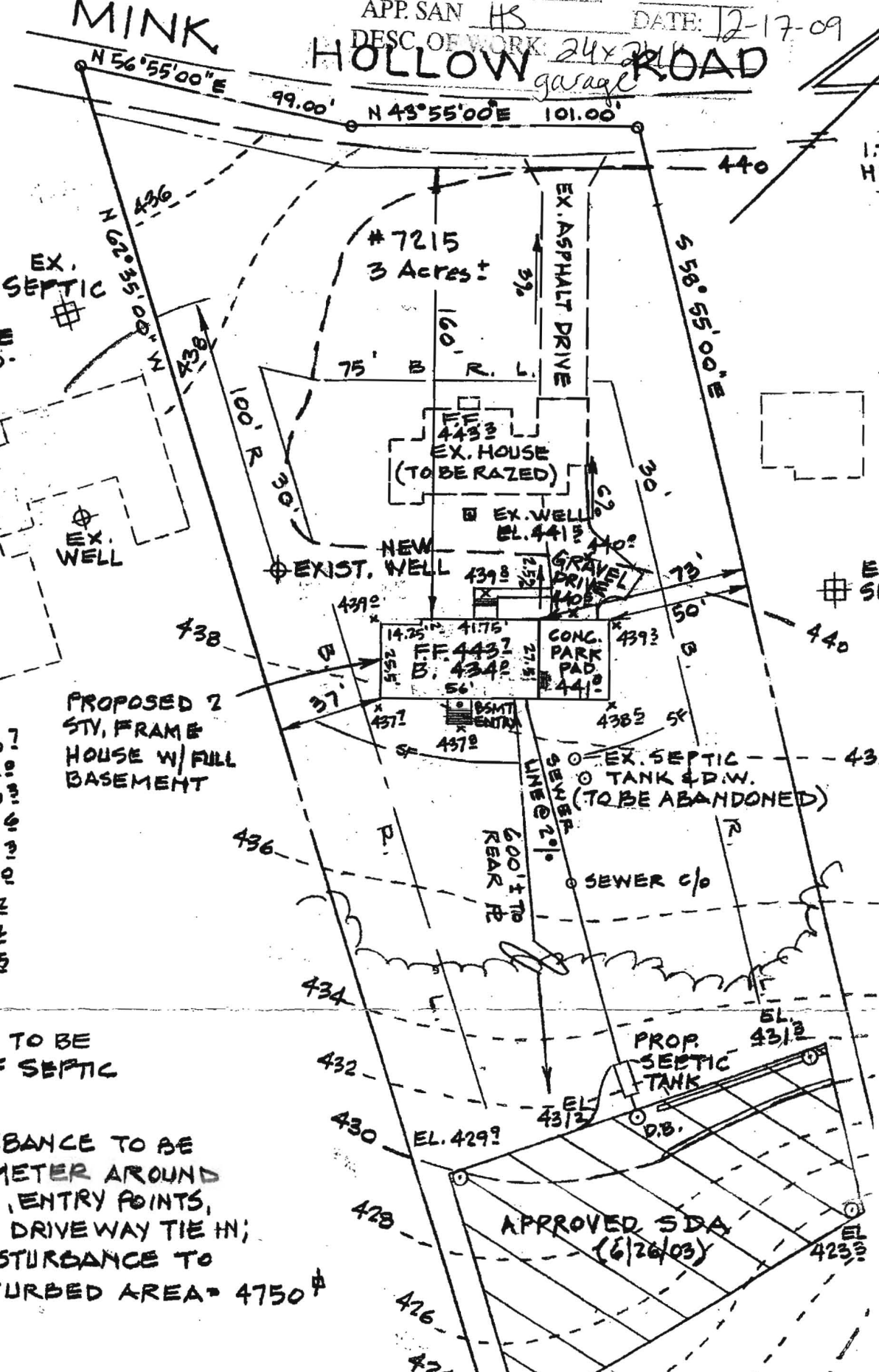
SEPTIC DATA

HOUSE F.F.	4437
" BSMT.	4340
" SEWER INV.	4300
SEPTIC INV. IN	4270
TANK " OUT	4270
" FIN. GR.	4310
STR. INV. IN	4270
BOX FIN. GR.	4310
ENTER EX. "	4395
WELL FIN. "	"

PROPOSED 2 STY. FRAME HOUSE W/ FULL BASEMENT

NOTE: TRENCH LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

NOTE: AREA OF DISTURBANCE TO BE DETERMINED IMMEDIATE PERIMETER AROUND THE PROPOSED HOUSE, ENTRY POINTS, CONCRETE SLABS, AND DRIVEWAY TIE IN; PLUS MINIMIZING DISTURBANCE TO EXISTING LAWN. DISTURBED AREA = 4750 sq ft



APPROVED SDA (6/26/03)

G-5500

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 360 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>B000143163</u> <i>MER</i>
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Building Address <u>7215 Mink Hollow RD</u> <u>HIGHLAND, MD 20772</u>	Property Owner's Name <u>JONATHAN & JACQUELINE DENZAK</u> Address <u>7215 Mink Hollow RD</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20772</u> Home Phone <u>301-554-0581</u> Work Phone <u>N/A</u> Applicant's Name & Mailing Address, (if other than stated hereon): Phone _____ Fax _____
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605701</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>40</u> Parcel <u>17</u> Grid <u>7</u> Zoning <u>R200</u> Map Coordinates <u>B613</u> Lot size <u>3.0 AC.</u>	

Existing Use <u>SFD</u> Proposed Use <u>SFD</u> Estimated Construction Cost \$ <u>150,000-</u> Description of Work <u>NEW MODULAR HOME</u> <u>2 1/2 BR 2 1/2 BATH</u>	Contractor Company <u>MARYLAND CUSTOM BUILDING INC.</u> Contact Person <u>MANTAR S. ERAT</u> Address <u>42 USL TALLEY CT</u> <u>ELICOTT CITY, MD</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>MMBR 381</u> Phone <u>301-924-9550</u> Fax <u>301-576-9881</u>
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Occupant or Tenant <u>JONATHAN & JACQUELINE DENZAK</u> Contact Name <u>SAME AS ABOVE</u> Address <u>7215 Mink Hollow RD</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20772</u> Phone <u>301-554-0581</u> Fax <u>N/A</u>	Engineer or Architect Company <u>JOHN L. SCHUBERT PE</u> Contact Person <u>TOM HILL</u> Address <u>100 N. ROLLING RD</u> City <u>CATONSVILLE</u> State <u>MD</u> Zip Code <u>21228</u> Phone <u>410-744-1945</u> Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
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 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: <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"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>27'6"</u> <u>56'0"</u> 2nd floor: <u>27'6"</u> <u>56'0"</u> Basement: <u>27'6"</u> <u>56'0"</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>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: _____ <input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature <u>[Signature]</u> <u>MANTAR S. ERAT</u> Title/Company _____	Print Name <u>MANTAR S. ERAT</u> Date <u>7-24-03</u>
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Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>AGENCY</th> <th>DATE</th> <th>SIGNATURE APPROVAL</th> </tr> </thead> <tbody> <tr> <td>Land Development, DPZ</td> <td></td> <td></td> </tr> <tr> <td>State Highways</td> <td></td> <td></td> </tr> <tr> <td>Building Official</td> <td></td> <td></td> </tr> <tr> <td>Dev. Engineering, DPZ</td> <td></td> <td></td> </tr> <tr> <td>Health</td> <td><u>8/12/03</u></td> <td><u>Mark R. [Signature]</u></td> </tr> <tr> <td>Fire Protection</td> <td></td> <td></td> </tr> </tbody> </table>	AGENCY	DATE	SIGNATURE APPROVAL	Land Development, DPZ			State Highways			Building Official			Dev. Engineering, DPZ			Health	<u>8/12/03</u>	<u>Mark R. [Signature]</u>	Fire Protection			DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for NewTown Zone _____ SDP/Red-line approval date _____	PROPERTY ID#: <u>58964</u> Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>3270</u> Validation # <u>30004</u> Accepted by <u>[Signature]</u>
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Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
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