

DUPPLICATE COPY HEALTH DEPT scanned 8/29/07 BFL

<p>DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800</p>	<p><b>HOWARD COUNTY PERMIT APPLICATION</b></p>	<p><b>PERMIT NUMBER</b> <u>B0700 3557</u></p>
<p>Building Address <u>7089 MINK Hollow Rd</u> <u>Highland MD 20777</u></p> <p>Suite/Apt. #: _____ SDP/WP/Petition #: _____</p> <p>Census Tract _____ Subdivision _____</p> <p>Section _____ Area _____ Lot _____</p> <p>Tax Map _____ Parcel _____ Grid _____</p> <p>Zoning _____ Map Coordinates _____ Lot size _____</p>	<p>Property Owner's Name <u>Todd Cox</u></p> <p>Address <u>7089 MINK Hollow Rd</u></p> <p>City <u>Highland</u> State <u>MD</u> Zip Code <u>20777</u></p> <p>Home Phone <u>410-599-8323</u> Work Phone _____</p> <p>Applicant's Name &amp; Mailing Address, (if other than stated hereon): <u>— Same as Contractor —</u></p> <p>Phone _____ Fax _____</p>	
<p>Existing Use <u>Single family dwelling</u></p> <p>Proposed Use <u>Same with propane tank</u></p> <p>Estimated Construction Cost \$ <u>250.00</u></p> <p>Description of Work <u>Install one 1000</u> <u>under ground propane tank</u></p>	<p>Contractor Company <u>AmeriGas</u></p> <p>Contact Person <u>Gabe Raden</u></p> <p>Address <u>10097 Baltimore Natl Pike</u></p> <p>City <u>Ellicott City</u> State <u>MD</u> Zip Code <u>21042</u></p> <p>License No. <u>79808</u></p> <p>Phone <u>410-465-0800</u> Fax <u>410-465-0803</u></p>	
<p>Occupant or Tenant <u>OWNER</u></p> <p>Contact Name _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone _____ Fax _____</p>	<p>Engineer or Architect Company _____</p> <p>Contact Person _____</p> <p>Address _____</p> <p>City _____ State _____ Zip Code _____</p> <p>Phone _____ Fax _____</p>	

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
<p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>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</p>	<p>Water Supply:  <input type="checkbox"/> Public  <input type="checkbox"/> Private                      Sewage Disposal:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/>                      Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                      Electric <input type="checkbox"/> Oil <input type="checkbox"/>                      Natural Gas <input type="checkbox"/>                      Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/>  <input type="checkbox"/> Full  <input type="checkbox"/> Partial  <input type="checkbox"/> Other Suppression                      # of Heads _____</p>	<p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>                      Depth _____ Width _____</p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement:  <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement  <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade                      No. of Bedrooms _____</p> <p>Height: _____</p> <p>Multi-family dwellings:                      No. of efficiency units: _____                      No. of 1 BR units: _____                      No. of 2 BR units: _____                      No. of 3 BR units: _____</p> <p>Other Structure: _____</p> <p>Dimensions: _____                      Footings: _____                      Roof Height: _____</p> <p><input type="checkbox"/> State Certified Modular  <input type="checkbox"/> Manufactured Home</p>	<p>Water Supply:  <input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private                      Sewage Disposal:  <input type="checkbox"/> Public  <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/>                      Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                      Electric <input type="checkbox"/> Oil <input type="checkbox"/>                      Natural Gas <input type="checkbox"/>                      Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/>  <input type="checkbox"/> NFPA #13D  <input type="checkbox"/> NFPA #13R  <input type="checkbox"/> Other:</p>

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: [Signature] Print Name: Gabe Raden  
 Title/Company: Commercial Account Manager Date: 08-24-07

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

<p><b>AGENCY</b>      <b>DATE</b>      <b>SIGNATURE APPROVAL</b></p> <p>Land Development, DPZ _____</p> <p>State Highways _____</p> <p>Building Official <u>08/29/07</u> <u>[Signature]</u></p> <p>Dev. Engineering, DPZ _____</p> <p>Health <u>10/19/07</u> <u>[Signature]</u></p> <p>Fire Protection _____</p> <p>Is Sediment Control approval required prior to issuance?          YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CONTINGENCY CONSTRUCTION START: <input type="checkbox"/></p> <p>ONE STOP SHOP: <input type="checkbox"/></p>	<p><b>DPZ SETBACK INFORMATION</b></p> <p>Front: _____ Filing fee \$ _____</p> <p>Rear: _____ Permit fee \$ <u>100</u></p> <p>Side: _____ Excise tax \$ _____</p> <p>Side St.: _____ Add'l per. fee \$ <u>10</u></p> <p>All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Lot Coverage for NewTown Zone _____</p> <p>SDP/Red-line approval date _____ Accepted by _____</p>	<p><b>PROPERTY ID#:</b></p> <p>TOTAL FEES \$ <u>110</u></p> <p>Sub-total paid \$ <u>110</u></p> <p>Balance due \$ <u>0</u></p> <p>Check # <u>4806</u></p> <p>Validation # _____</p>
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# Howard County, MARYLAND



Map Width: 165 ft.  
Date: 8/24/2007  
Time: 10:22:23 AM



B07003157  
7089 Mink Hollow Rd.

1000 gal U<sub>2</sub> tank  
100' from well  
200' from septic.

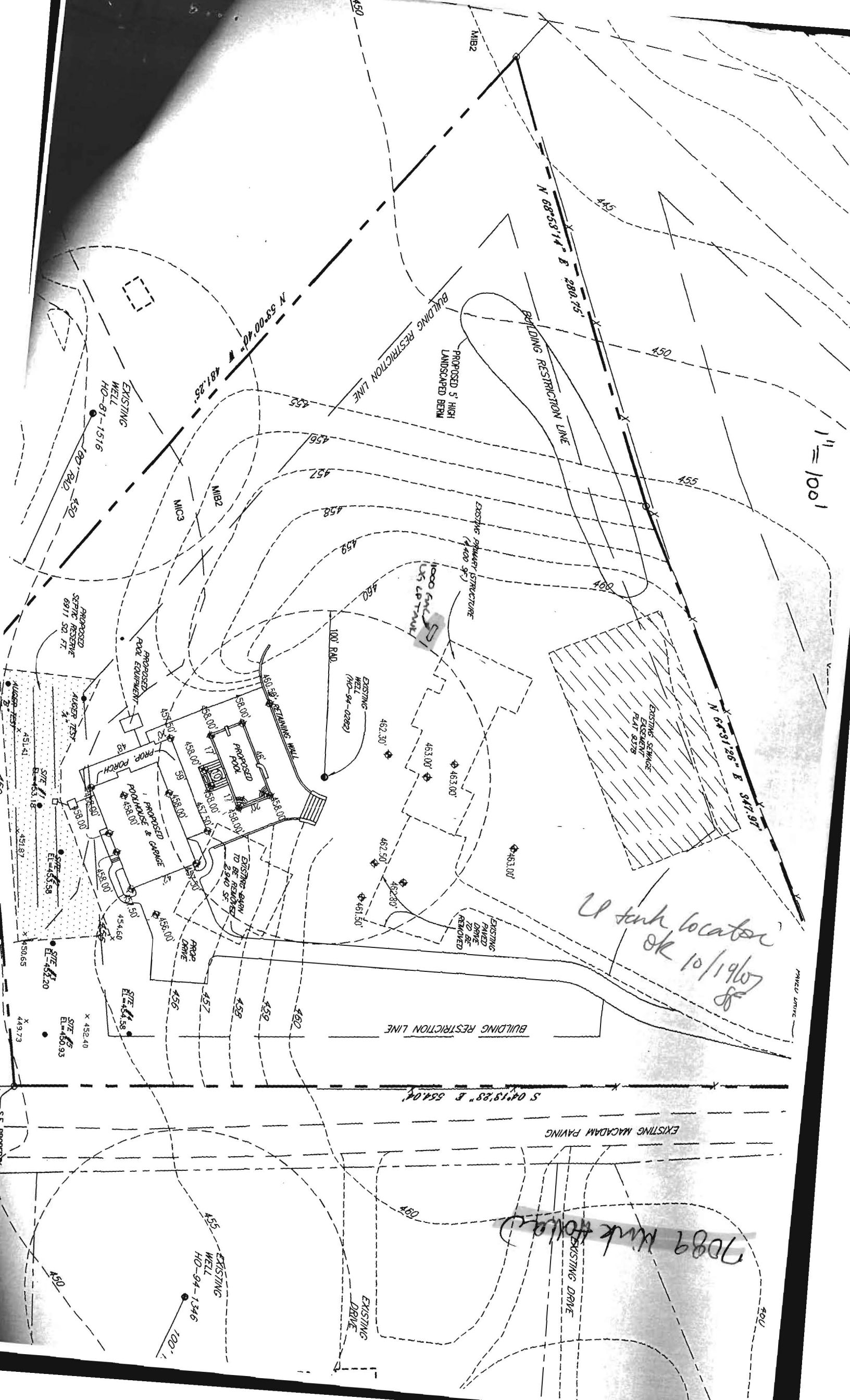
1000 gal U<sub>2</sub> well  
100' from well

○ Septic.

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Geographic Information Systems Division.  
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1" = 100'



U tank locator  
OK 10/19/07  
SS

7089 Milk Hollow

BUILDING RESTRICTION LINE  
PROPOSED 5' HIGH LANDSCAPED BERM

EXISTING MACADAM PAVING

EXISTING DRIVE

EXISTING DRIVE

S 04°19'28" E 534.04'

N 6°31'25" E 347.93'

N 68°53'14" E 280.95'

N 53°00'40" E 481.25'

EXISTING WELLS  
HO-94-0222

EXISTING WELLS  
HO-94-1346

EXISTING WELLS  
HO-81-1516

EXISTING PLUMBER STRUCTURE  
(400 SF)  
1000 GALS  
5 US GPM

EXISTING PAVED DRIVE TO BE REMOVED

EXISTING GRASS TO BE REPAVED  
2,240 SF

PROPOSED GARAGE PORCH  
1,000 SF

PROPOSED POOL  
1,100 SF

PROPOSED ROOF EQUIPMENT

PROPOSED SEPTIC RESERVE  
8911 SQ FT

PROPOSED RUGER TEST

SITE #1  
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