

Scanned 5/20/09 944

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

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

30900/080

Building Address 7089 Mink Hollow Rd.  
Highland MD 20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map 40 Parcel 328 Grid \_\_\_\_\_  
Zoning RR Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name John F. & Kristin K. Smith  
Address 7089 Mink Hollow Rd  
City Highland State MD Zip Code 20777  
Phone \_\_\_\_\_ Phone 410-599-8328  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Vicky Meyer - 1602 Pinnacle Rd  
Towson, MD 21286  
Phone \_\_\_\_\_ Fax \_\_\_\_\_  
410-296-6900 410-296-7992

Existing Use Single Fam. Dwelling  
Proposed Use SFD w/ Addition  
Estimated Construction Cost \$ 40,000  
Description of Work To construct An Addition  
to SFD. Size (15' x 57') to Rear  
of house. To expand Kitchen size &  
ADD EXPAND WALK-IN CLOSET & LIVING RM

Contractor Company OWNER  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant See OWNER  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company RICHARDSON ENG.  
Contact Person Rick Richardson  
Address 30 E. Padonia Rd.  
City Cockeysville State MD Zip Code 21093  
Phone 410-560-1502 Fax 443-901-2008

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>15' x 57'</u> 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: <u>15'</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: <u>ADDITION</u> Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> 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: <u>N/A</u> <input type="checkbox"/> NFA #13D _____ NFA #13R _____ 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.

V. Meyer  
Applicant's Signature  
Agent/MD Bldg. Permits, Inc.  
Title/Company

Victoria Meyer  
Print Name  
5/19/09  
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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____ Filing fee \$ _____	
<input type="checkbox"/> State Highways			Rear: _____ Permit fee \$ _____	
<input checked="" type="checkbox"/> Building Official			Side: _____ Excise tax \$ _____	
<input type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
<input checked="" type="checkbox"/> Health	<u>6-1-09</u>	<u>Meyer</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Check # <u>2417</u>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Accepted by _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			SDP/Red-line approval date _____	



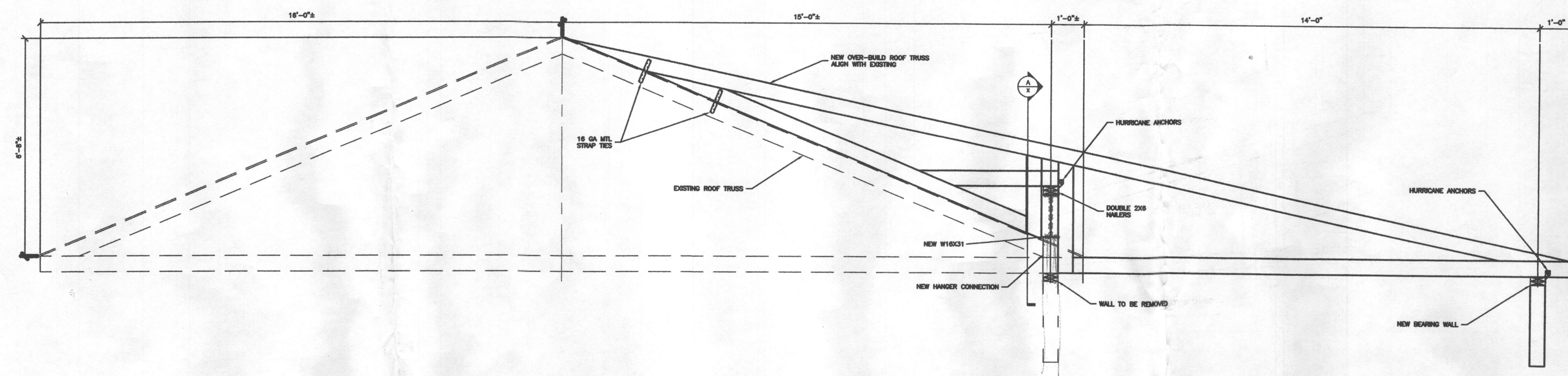
Per *CA* approved  
 809601580  
 Addition OK  
 6-1-09 HS

LAND OF  
 THOMAS E. GOFF & VIRGINIA L. KALB  
 TAX MAP #40, GRID #B, PARCEL #359  
 TAX ACCT. #05-352045  
 DEED REF: 2135/224  
 ZONED: RR  
 USE: RESIDENTIAL

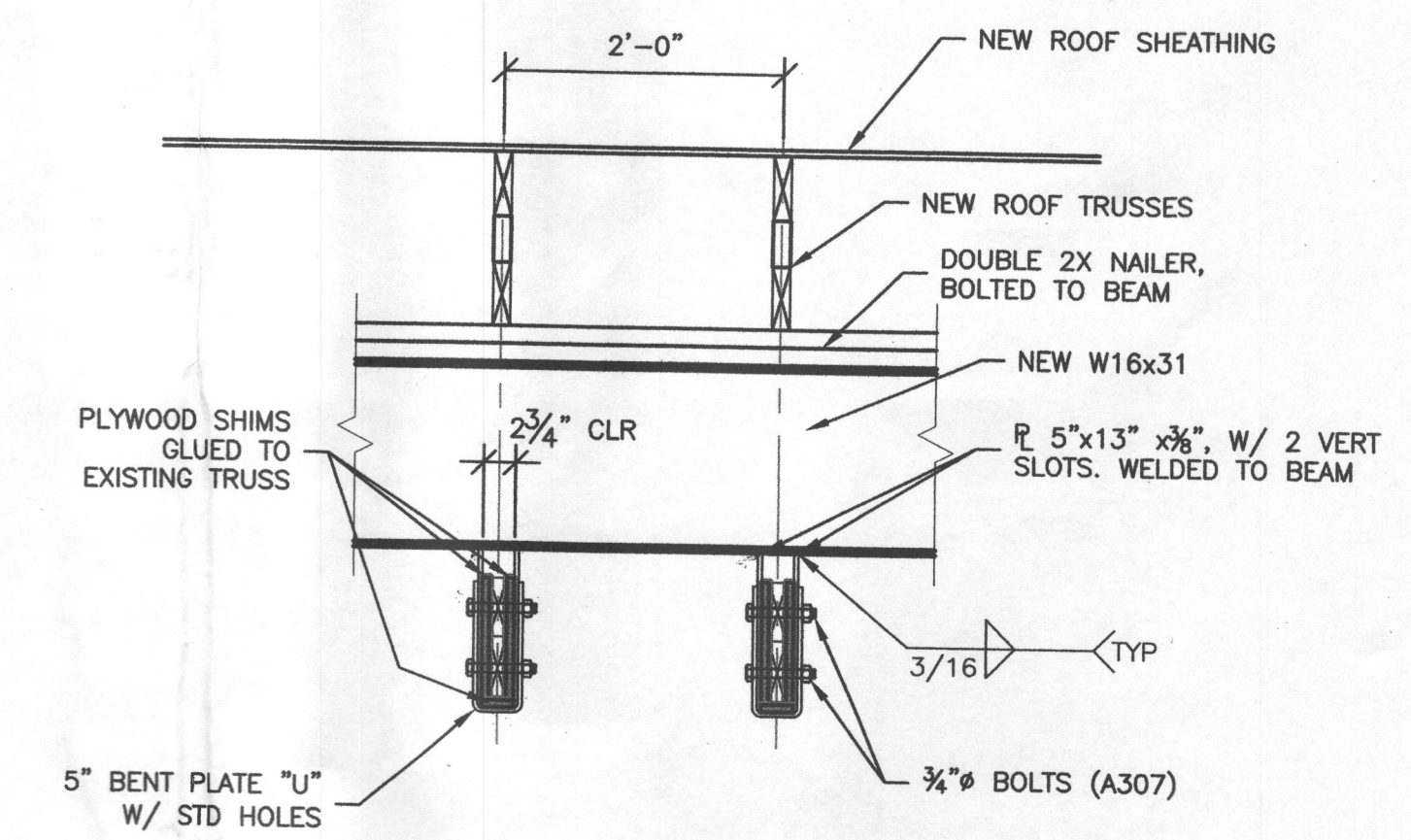
LAND OF  
 EUGENE W. G. DAVID & WIFE  
 TAX MAP #40, GRID #B, PARCEL #360  
 TAX ACCT. #05-347637  
 DEED REF: 685/66  
 ZONED: RR  
 USE: RESIDENTIAL

ADDRESS	
LOT/PARCEL#	7089 MINK
2 / 328	
PERMIT INFO	
SUBDIVISION NAME	SECTION
HUGHES PROPERTY LOTS 1 & 2	SEC
PLAT # OR L/F	ZONING
9378	RR
BLOCK #	
N/A	
WATER CODE	
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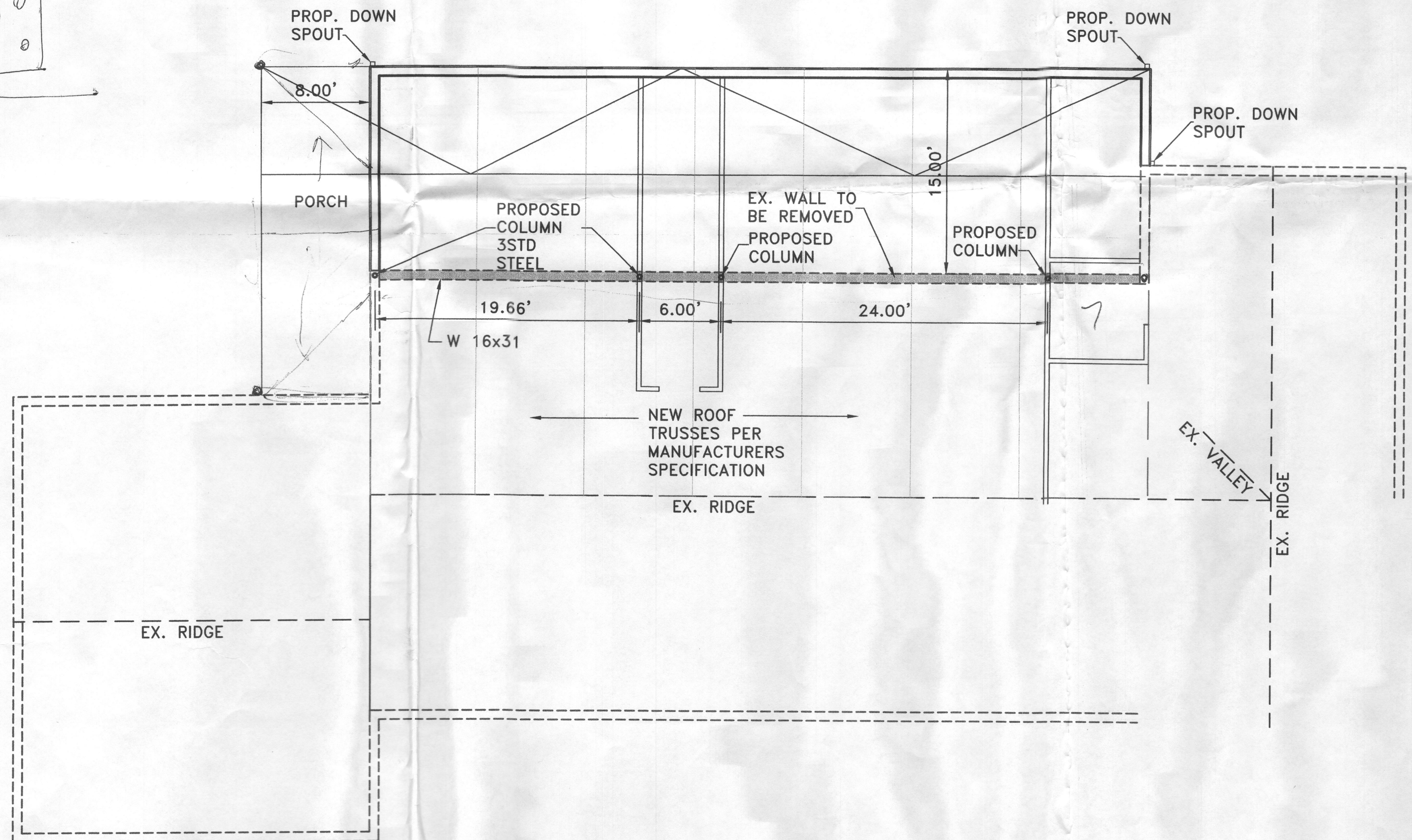




SECTION OF NEW ROOF  
SCALE:  $\frac{3/16"}{1"} = 1'-0"$



DETAIL TO HANG EXISTING ROOF  
NO SCALE



FLOOR PLAN FOR ADDITION  
SCALE:  $\frac{3/16"}{1"} = 1'-0"$

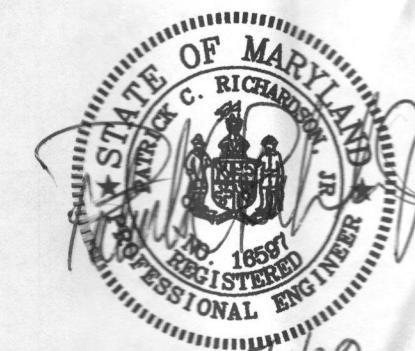
TODD F. & KRISTEN K. SACHS  
7089 MINK HOLLOW ROAD  
HIGHLAND, MD 20777  
Attn: TODD SACHS PH: 410-599-8323  
  
7089  
MINK HOLLOW ROAD

**Richardson Engineering, LLC**

30 East Padonia Road, Suite 500  
Timonium, Maryland 21093  
Phone: 410-560-1502 Fax: 443-901-1208

ROOF PLAN  
TO ACCOMPANY A PERMIT  
FOR  
BUILDING ADDITION  
  
SACHS RESIDENCE  
7089 MINK HOLLOW ROAD

HOWARD COUNTY, MARYLAND



PROFESSIONAL CERTIFICATION  
I HEREBY CERTIFY THAT THESE DOCUMENTS  
WERE PREPARED OR APPROVED BY ME, AND  
THAT I AM A DULY LICENSED PROFESSIONAL  
ENGINEER UNDER THE LAWS OF THE STATE  
OF MARYLAND, LICENSE NUMBER 16597,  
EXPIRATION DATE: 08-01-2009

REVISIONS	DRAWN BY:	DESIGNED BY:	SCALE:
	CND	PCR	AS SHOWN
	DATE:	JOB NO.:	SHEET NO.:
	02-05-09	08099	1 OF 1

14th floor  
Bryan



Sachs Residence  
 Rear Addition  
 Scale 1/4" = 1'  
 MAY 2009