



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.: _____

Building Address: 11217 Melvin Ct.
 City: Laurel State: MD Zip Code: 20723
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: _____
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Sandeep Shakti Mehta
 Address: 11217 Melvin Ct.
 City: Laurel State: MD Zip Code: 20723
 Phone: 240 393-8039 Fax: _____
 Email: MDHardscape@aol.com

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: Tracy R.
 Address: 5603 Balla Dr
 City: Lanham State: MD Zip Code: 20706
 Phone: 240 393 8039 Fax: _____
 Email: _____

Existing Use: Single Family House
 Proposed Use: Single Family House
 Estimated Construction Cost: \$ 10,500
 Description of Work: 16x30 and 16x12 and 14x12 Deck and steps.

Contractor Company: Imperial Deck and Patios
 Contact Person: Tracy R.
 Address: 5603 Balla Dr
 City: Lanham State: MD Zip Code: 20706
 License No.: 97365
 Phone: 240 393 8039
 Email: MDHardscape@aol.com

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input 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 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 type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Heating System	
<input 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 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: [Signature]
 Email Address: MDHardscape@aol.com
 Title/Company: Imperial Deck and Patios, Inc.

Print Name: Tracy R.
 Date: 11/20/13

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:
Side St.:
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:
SDP/Red-line approval date:

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	#

Control approval required for issuance? Yes No
 COMMENCEMENT OF CONSTRUCTION START

MARYLAND STATE GRID MERIDIAN (MAD83/91)

LOT 4

N 43°28'11"E 223.58'
10' B.R.L.

11217 Melvin Ct.

APPROVED
WALK-THRU BUILDING PERMIT

BP#
LOT 3
1.3065 AC.

R. Burke
DATE: 11/20/10
16x30
14x11
w/str

24' USE-IN-COMMON ACCESS
EASEMENT FOR THE USE OF
LOTS 4, 5 AND PARCELS A AND B
PLAT NO. 19023

LOT 5

N 46°31'49"W 249.77'

30' B.R.L.

SEPTIC RESERVE
PLAT NO. 19023

133.1'

POURED CONCRETE
FOUNDATION
FF=443.08

40' 46.55"E 220.63'

50' B.R.L.

10' PUBLIC TREE
MAINTENANCE EASEMENT
PLAT NO. 19023

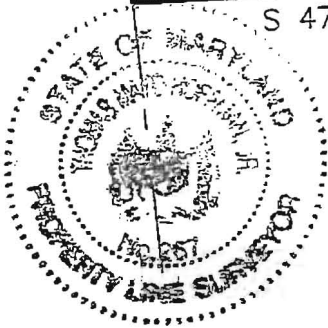
MELVIN COURT
PUBLIC ACCESS PLACE
PLAT NO. 19023

10' B.R.L.

S 47°33'57"W 149.62'

S 61°29'36"W
39.47'

R=50.00'
L=51.76'



LOT 2

1" = 50'

*Will check
OK 9-7-10
* well 32' from
house corner*

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE,
INFORMATION AND BELIEF THAT THE IMPROVEMENTS ARE
LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS
EXCEPT AS SHOWN.

Thomas M Hoffman Jr. 8-04-10
THOMAS M. HOFFMAN JR., PROPERTY LINE SURVEYOR #267 DATE

THIS WALL CHECK DRAWING CONTAINS A HORIZONTAL TOLERANCE IN
ACCURACY OF 0.1' AND A VERTICAL TOLERANCE IN ACCURACY OF 0.2'

Building Address 11217 Melvin COURT
Scaggsville MD 21

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

Census Tract _____ Subdivision Scaggsville Knolls

Section _____ Area _____ Lot 3

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 herein): _____

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work _____

 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax 540

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input 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
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Applicant's Signature _____
 Email Address _____
 Title/Company _____

Print Name _____
 Date 4/15/10

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 <u>6-15-10</u> <u>Mimi Scott</u>				All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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? YES <input type="checkbox"/> NO <input type="checkbox"/>				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date _____	Validation # _____
					Accepted by _____

1310002553

Building Address 11217 Melvin Court
Clarksville MD 20723

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 3

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name NV Homes

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated herein):

Phone _____ Fax _____

Existing Use residential

Proposed Use Install propane Tank

Estimated Construction Cost \$ _____

Description of Work _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

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: _____ 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: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private _____
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1 st floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
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: _____	
State Certified Modular _____	
Manufactured Home _____	

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Applicant's Signature _____

Email Address _____

Title/Company _____

Print Name _____

Date 8/30/10

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY AND LEGIBLY.

- FOR OFFICE USE ONLY -

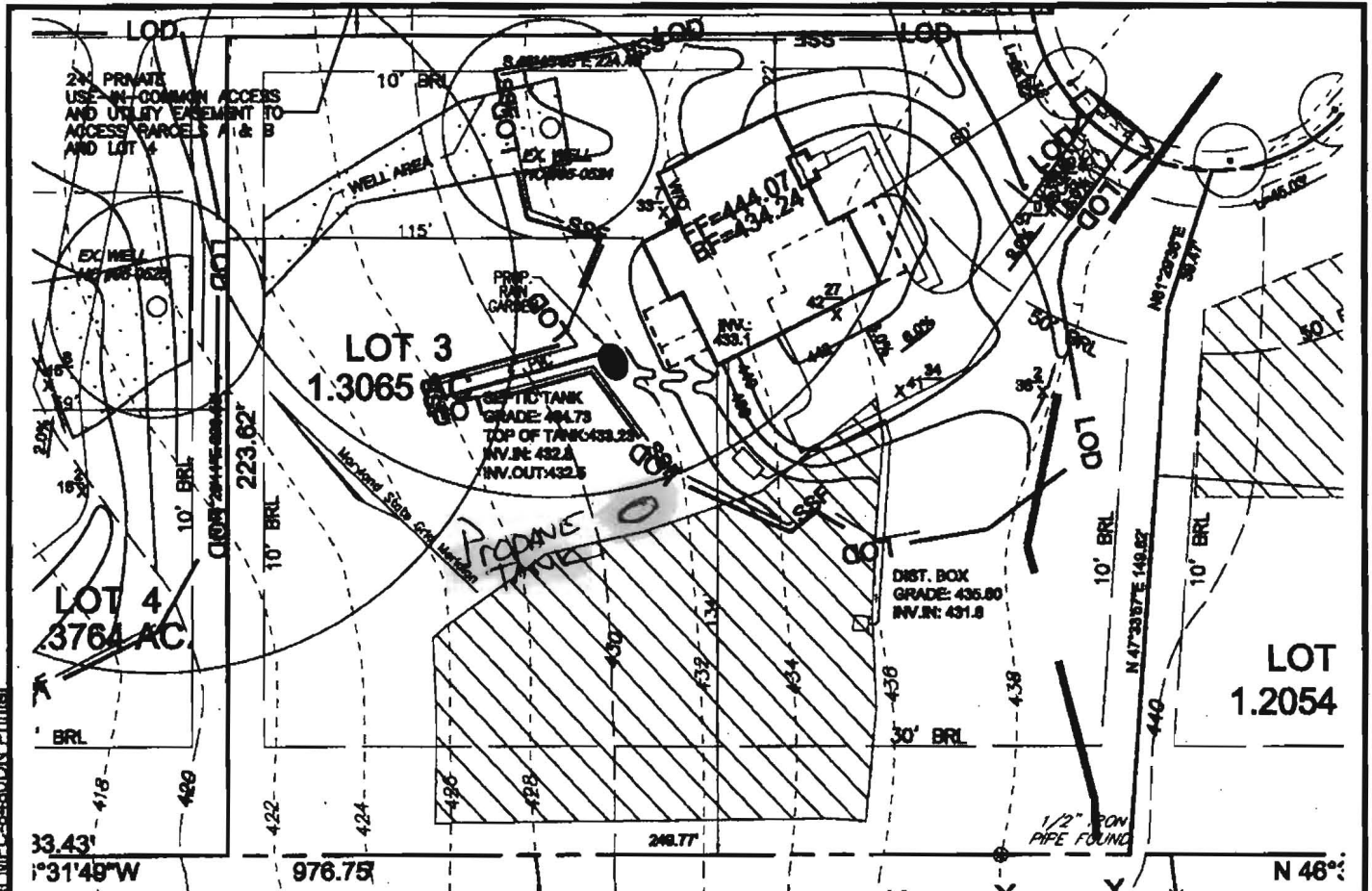
AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Officials		
Dev. Engineering, DPZ		
Health	<u>8/30/10</u>	<u>Walter Scott</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

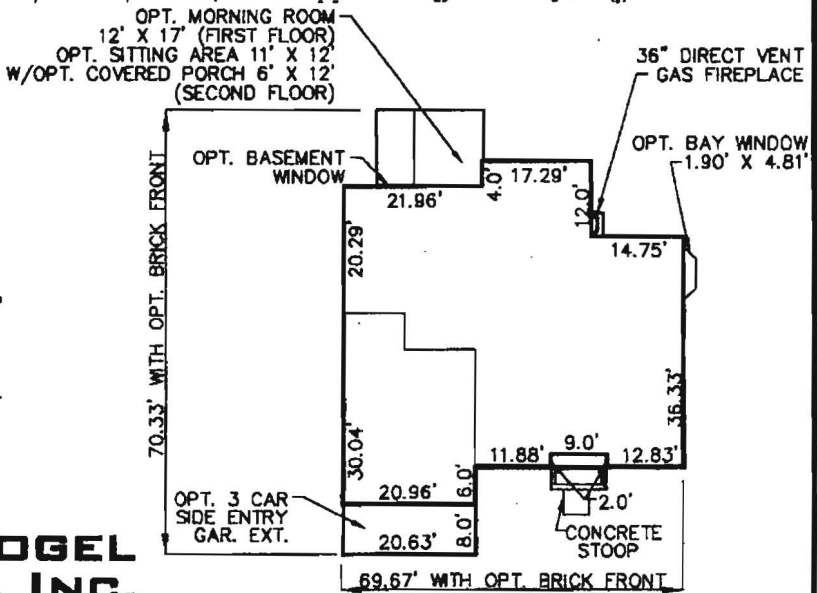
DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Front: _____	\$ _____	
Rear: _____	Permit fee \$ <u>1000</u>	
Side: _____	Excise tax \$ _____	
Side St.: _____	Add'l per fee \$ <u>100</u>	
All minimum setbacks met?	TOTAL FEES \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Entrance Permit Required?	Balance due \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2117</u>	
Historic District?	Validation # _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>		
Lot Coverage for New Town Zone _____		
SDP/Red-line approval date _____	Accepted by _____	

K:\Projects\04-49\ENGR\dwg\FINAL PH\RESITE\LOT 3.dwg, 7/22/2010 2:44:48 PM, USER:VER01\Brother.MEC-8480DN Printer



B10002553
LP tank OK HS

THE EXISTING WELL SHOWN ON
LOT 3 TAG NO. HO-95-0524
HAVE BEEN FIELD LOCATED BY
ROBERT H. VOGEL ENGINEERING,
INC.
BUILDING OF LOT 3
GROSS FLOOR AREA: 3,527 SF.



ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS • SURVEYORS • PLANNERS
8407 MAIN STREET TEL: 410.461.7666
ELLICOTT CITY, MD 21043 FAX: 410.461.8961

WYNTERHALL
SCALE: 1" = 30'

REV. 7/8/10
SCALE: 1"=50'
DRAWN BY: KG/HS
CHECKED BY: RHV
DATE: JUNE 2010
W. O. #: 04-49
SHEET # 1 OF 1

NV HOMES
SCAGGSVILLE KNOLLS
F-06-091
LOT 3
11217 MELVIN COURT
TAX MAP 46 BLOCK 3&9
5TH ELECTION DISTRICT
PARCEL 118
HOWARD COUNTY, MARYLAND