

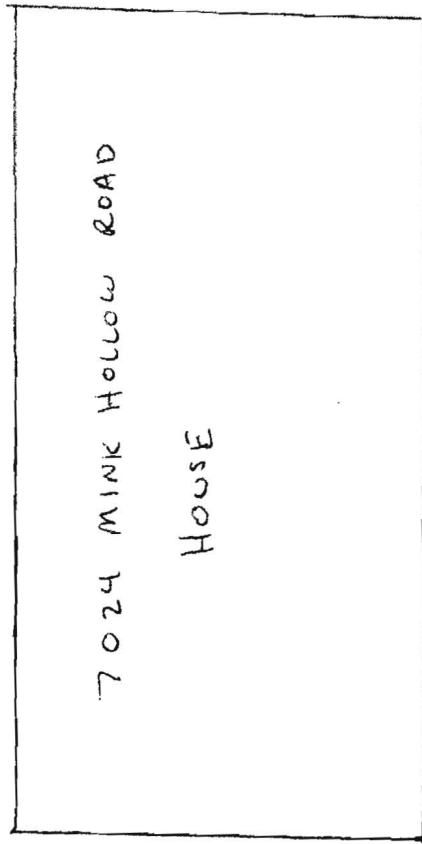
DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3400 COURT HOUSE DRIVE KILGORE CITY, MD 21043 PERMITS (410) 313-3465 INSPECTIONS (410) 313-1819 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		B09000035 PERMIT NUMBER			
Building Address <u>7024 MINK HOLLOW RD</u> <u>HIGHLAND MD 20771</u>			Property Owner's Name <u>RATIU SHAH</u> Address <u>7024 MINK HOLLOW RD</u> City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20771</u> Phone <u>301 560 2408</u> Phone <u>202 329 1494</u> Applicant's Name & Mailing Address, (if other than stated herein):				
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>SWAN HILL</u> Section _____ Area _____ Lot <u>2</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____			Phone _____ Fax <u>202 521 7954</u>				
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work _____ Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			Contractor Company <u>OWNER</u> Contact Person <u>RATIU SHAH</u> Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company <u>M/H DESIGN</u> Contact Person <u>MARNIQUE HEATH</u> Address <u>54 HAWTHORNE CT</u> City <u>LODGEPOLE</u> State <u>DC</u> Zip Code <u>20017</u> Phone <u>703 587 6705</u> Fax _____				
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL				
Building Characteristics 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		Utilities 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: 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads		Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>26</u> <u>48</u> 2 nd floor: <u>22</u> <u>42</u> Basement: <u>26</u> <u>48</u> Finished Basement or Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <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 Height: _____ <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 Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" 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 THE 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.							
<u>Ratju Shah</u> Applicant's Signature		<u>RATIU SHAH</u> Print Name					
_____ Title/Company		<u>1/6/09</u> Date					
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** FOR OFFICE USE ONLY -							

1/6/09
 [Signature]



Septic Area
Behind House

NOT
TO
SCALE



DRIVEWAY

Potable
Water
Well

15'
Proposed
Closed Loop
Geothermal
Well

40'

Approx.
Location
of Second
Well

MINK HOLLOW ROAD

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 7024 MINK HOLLOW ROAD
HIGHLAND, 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 RAJIV SHAH
 Address 7024 MINK HOLLOW ROAD
 City HIGHLAND State MD Zip Code 20777
 Phone 301-560-2468 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SFD WITH ADDITION
 Proposed Use REVISING ADDITION
 Estimated Construction Cost \$ _____
 Description of Work INCREASING
ADDITION BY 2'8" X 20'
IN DINING ROOM

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

Occupant or Tenant OWNER
 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: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 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: _____ 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 Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private <input type="checkbox"/> Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private <input 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: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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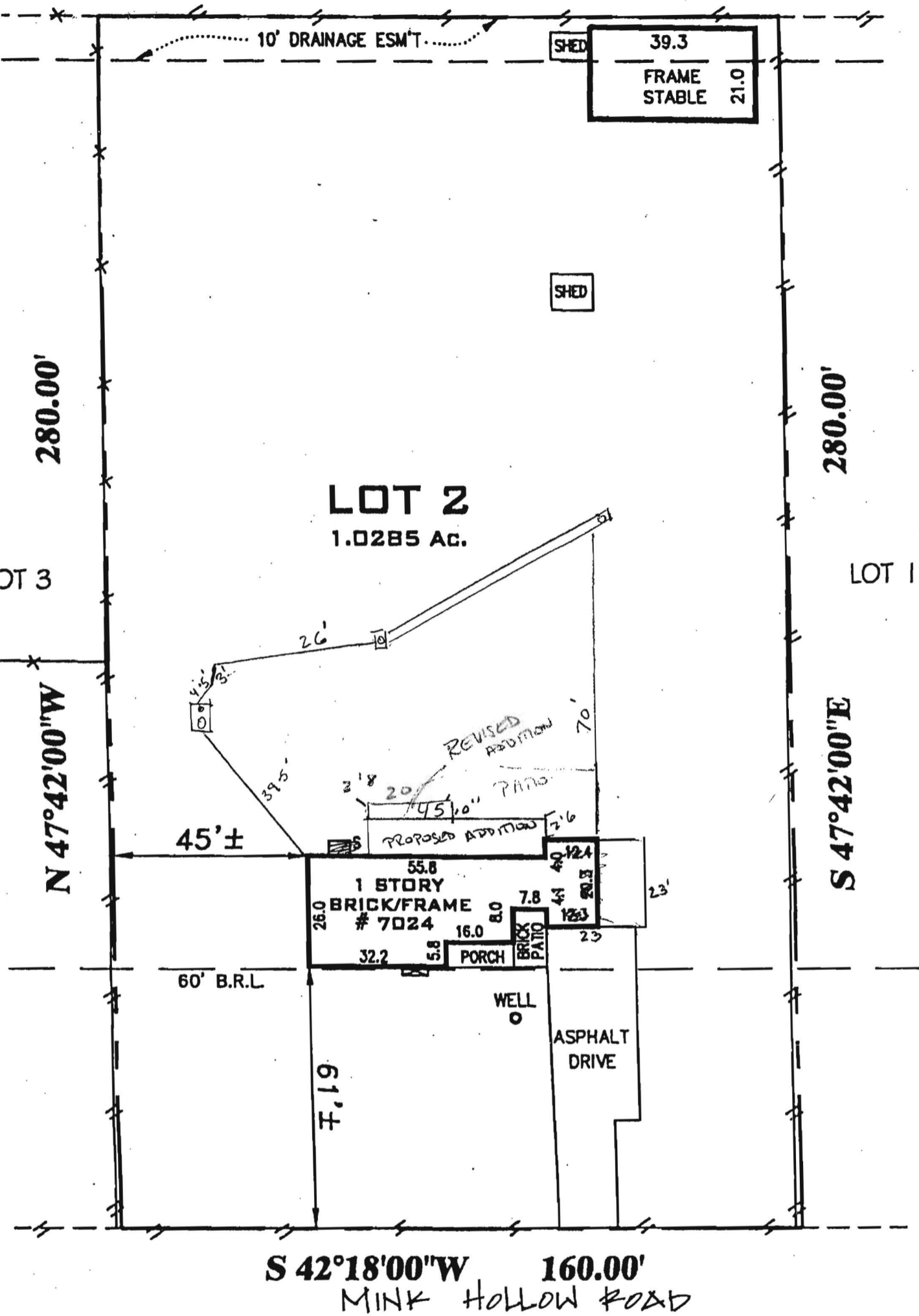
P. R. Shah
 Applicant's Signature
 Title/Company _____

PAMILA SHAH
 Print Name
2/24/09
 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 Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health <u>2/24/2009</u>		<u>[Signature]</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?			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 # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by _____	

N 42°18'00"E 160.00'



S 42°18'00"W 160.00'
MINK HOLLOW ROAD

1" = 30'

APPROVED
 BY: [Signature] 528885
 DATE: 1-8-09
 45' x 2.6'
 addition as shown

APPROVED
 BY: [Signature] 2/24/09
 Revise approved addition
 Increase dining area 28' x 20'