



# 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: 13521 PATERNAL GIFT DRIVE  
 City: HIGHLAND State: MD Zip Code: 20777  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: PATERNAL GIFT FARM  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 10  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: 1.12 AC

Property Owner's Name: BURRITT PITTEL / CHRISTINE DOCKSTADLER  
 Address: 13521 PATERNAL GIFT DRIVE  
 City: HIGHLAND State: MD Zip Code: 20777  
 Phone: 301.791.7935 Fax: \_\_\_\_\_  
 Email: cdockst@comcast.com  
 Applicant's Name & Mailing Address, (if other than stated herein)  
 Applicant's Name: ZACHARY S. CASTO  
 Address: P.O. BOX 667  
 City: COLUMBIA State: MD Zip Code: 21045  
 Phone: 410.956.3636 Fax: 410.956.6555  
 Email: Zachary@jpacels.com

Existing Use: RESIDENTIAL  
 Proposed Use: RESIDENTIAL  
 Estimated Construction Cost: \$ \$79,000  
 Description of Work: 20x40' in-ground concrete swimming pool 4' to 7' Deep  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: J.PACELS  
 Contact Person: ZACHARY S. CASTO MAIL SALES #106007  
 Address: P.O. BOX 667  
 City: COLUMBIA State: MD Zip Code: 21045  
 License No.: \_\_\_\_\_  
 Phone: 410.956.7026 Fax: \_\_\_\_\_  
 Email: Zachary@jpacels.com

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

Commercial Building Characteristics	Residential Building Characteristics
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse
No. of stories: _____	Depth _____ Width _____
Gross area, sq. ft./floor: _____	1 <sup>st</sup> floor: _____
Area of construction (sq. ft.): _____	2 <sup>nd</sup> floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
	No. of efficiency units: _____
	No. of 1 BR units: _____
	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	
<u>Water Supply</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<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	
<u>Heating System</u>	
<input type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
<u>Sprinkler System:</u>	
<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: Zachary S. Casto Print Name: ZACHARY S. CASTO  
 Email Address: Zachary@jpacels.com Date: 7/11/13  
 Title/Company: DESIGN/SALES

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 )		
Health		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

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:	

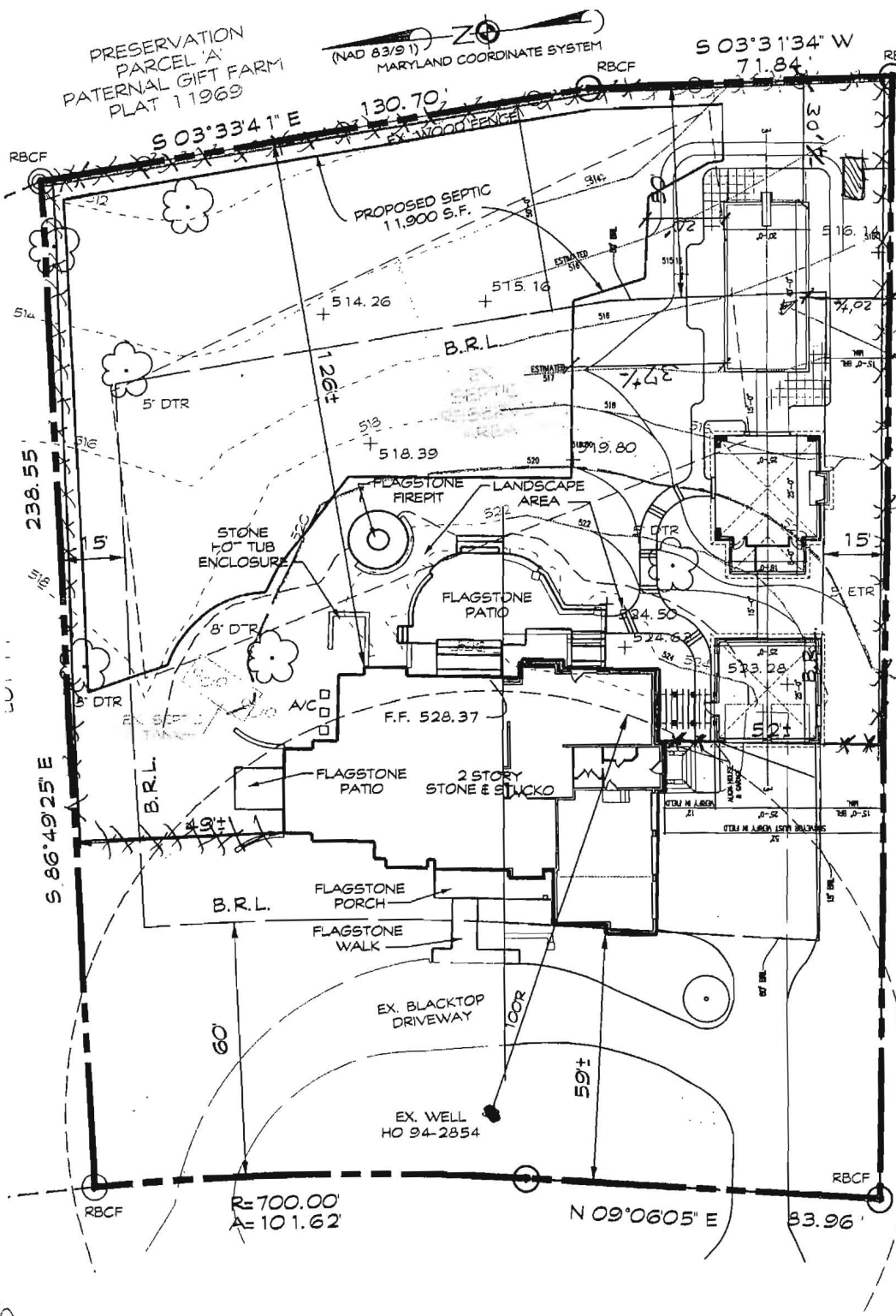
Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Zachary S. Casto



PROPOSED REMODEL FOR:  
RITTER / DOCKSTADER  
1321 PATERNAL GIFT DRIVE  
HIGHLAND, MARYLAND 20777

RATCLIFFE ARCHITECTS  
10044 Sycamore Road  
Surrey, Maryland 21153  
410-441-9010 • Fax 410-441-8119 • [psr@ratcliffearchitects.com](mailto:psr@ratcliffearchitects.com)



ALL SITE INFORMATION OBTAINED FROM:  
CLSI TOPOGRAPHICAL SURVEY 03/22/12  
Swimming Pool  
20' x 40' Inground Gunite  
Route to Code  
Pool Equipment Location

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# \_\_\_\_\_ A# N/A  
APP. SAN HS DATE: 7/11/11  
DESC. OF WORK: inground pool  
20' x 40' as shown

TOPOGRAPHICAL SURVEY  
LOT 10  
PATERNAL GIFT FARM

1 PROPOSED SITE PLAN  
05.1 SCALE: 1"=30'



# 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: 4-26-13

Permit No.: B13001642

Building Address: 13521 Paternal Gift Drive  
 City: Highland State: MD Zip Code: 20777  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: Paternal Gift  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 10  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Property Owner's Name: Bury Ritter & Christine Darkshale  
 Address: 13521 Paternal Gift Drive  
 City: Highland State: MD Zip Code: 20777  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Existing Use: SFD  
 Proposed Use: SFD w/ Pool House for Future Pt  
 Estimated Construction Cost: \$ 110,000 251425'  
 Description of Work: Construct detached Pool house w/ changing room, Fire place, serving bar, and storage. Finishes to match house exterior stucco roof.  
 Occupant or Tenant: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein)  
 Applicant's Name: Ben Harrison  
 Address: 611 Nursery Road  
 City: Westminster State: MD Zip Code: 21157  
 Phone: 410 840 0800 Fax: 410 840 9211  
 Email: gyc\_group@verizon.net

Contractor Company: Gyc Group Ltd  
 Contact Person: Ben Harrison  
 Address: 611 Nursery Rd  
 City: Westminster State: MD Zip Code: 21157  
 License No.: 125  
 Phone: 410 840 0800 Fax: 410 840 9211  
 Email: gyc\_group@verizon.net

Engineer/Architect Company: Ratliffe Architects  
 Responsible Design Prof.: Dan Bursi  
 Address: 10404 Stevenson Rd  
 City: Stevenson State: MD Zip Code: 21153  
 Phone: 410 484 7010 Fax: 410 484 3819  
 Email: dan@Ratliffe Architects

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 <sup>st</sup> floor: <u>25</u>	<u>33</u>
	2 <sup>nd</sup> 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 checked="" type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms: <u>N/A</u>	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<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:	
	Footings:	
	Roof:	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input type="checkbox"/> Public	<u>N/A</u>
<input checked="" type="checkbox"/> Private	<u>N/A</u>
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	<u>N/A</u>
<input checked="" type="checkbox"/> Private	<u>N/A</u>
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil <u>NA</u>
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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Applicant's Signature: [Signature]  
 Email Address: gyc\_group@verizon.net  
 Title/Company: Project Coordinator Gyc Group

Print Name: Ben Harrison  
 Date: 4/25/13

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*

AGENCY			DPZ SETBACK INFORMATION		Filing Fee	
DATE	SIGNATURE OF APPROVAL		Front:		Permit Fee	\$ <u>25</u>
			Rear:		Tech Fee	\$
			Side:		Excise Tax	\$
			Side St.:		PSFS	\$
			All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Guaranty Fund	\$
			Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Add'l per Fee	\$
			Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Total Fees	\$
			Lot Coverage for New Town Zone:		Sub-Total Paid	\$
			SDP/Red-line approval date:		Balance Due	\$ <u>218</u>
					Check	\$