

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00144361

Building Address 13505 Paternal CRT
Highland MD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 60514 Subdivision Paternal CRT
 Section _____ Area _____ Lot 13
 Tax Map 40 Parcel 90 Grid 5
 Zoning RR-DEP Map Coordinates 14B13 Lot size _____

Property Owner's Name Kim Burch
 Address 13505 Paternal CRT
 City Highland State MD Zip Code 20777
 Home Phone 3054-0732 Work Phone 443-21-1577
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Land SF Home
 Proposed Use Waterproof Hot Tub for Sale
 Estimated Construction Cost \$ 500
 Description of Work Install Hot Tub outside on cement pad - 11' x 6' 0" x 6'

Contractor Company Pincrest Builders
 Contact Person Neil Garner
 Address 13405 Dove St.
 City Silver Spring State MD Zip Code 20904
 License No. _____
 Phone 301-343-5257 Fax _____

Occupant or Tenant Kim Burch
 Contact Name _____
 Address 13505 Paternal CRT
 City Highland State MD Zip Code 20777
 Phone 3054-0732 Fax 301-904-1600

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"/> 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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
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 _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #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 THEREIN; (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.

Kim Burch
 Applicant's Signature

Kim Burch
 Print Name

MR 10/2/03 OK
 Title/Company

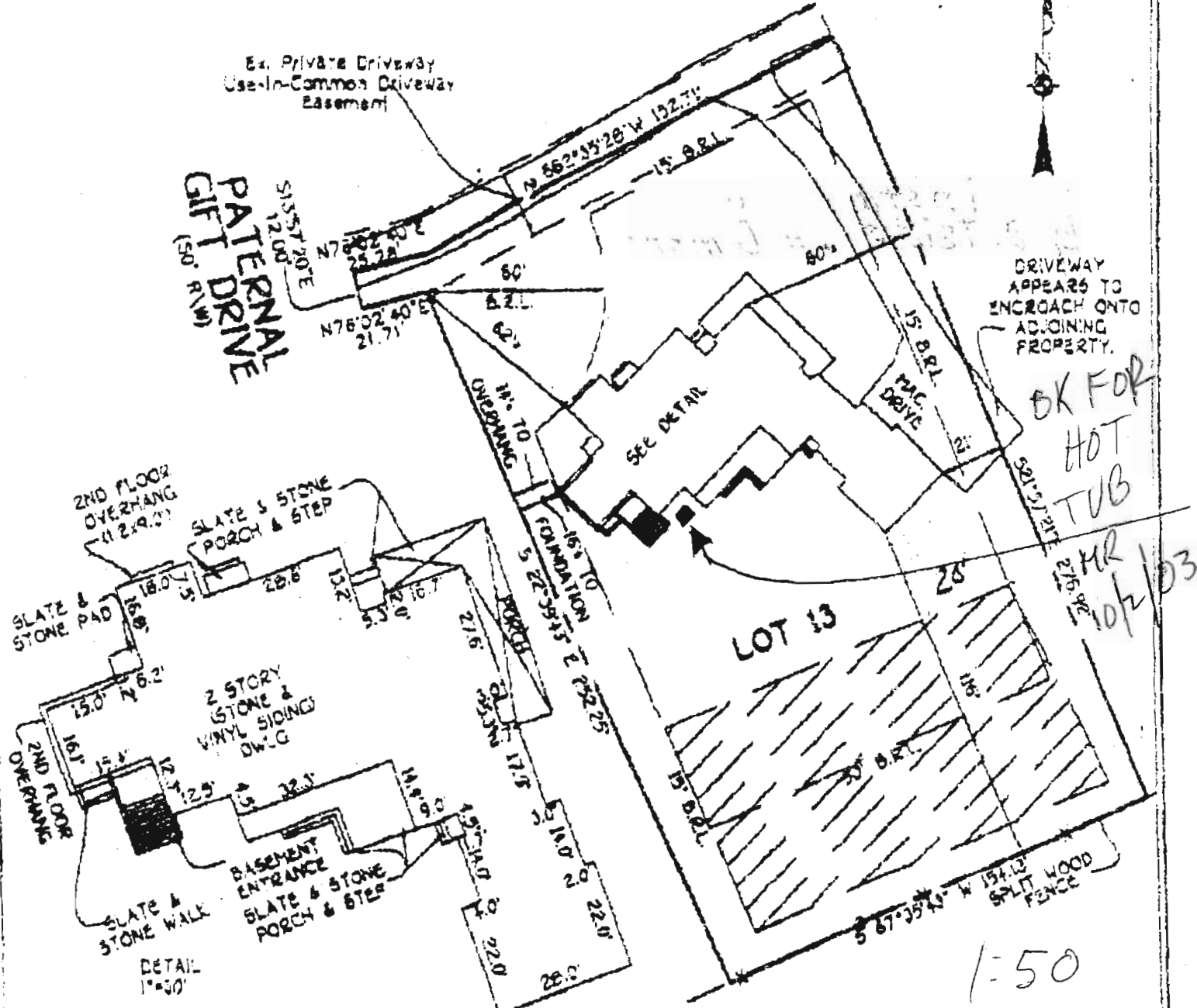
9.30.03
 Date

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

FOR OFFICE USE ONLY

GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE S ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240264 0017 0 EFFECTIVE DATE DEC. 1 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1/8" PLUS OR MINUS (1/8").
- 4) NO TITLE REPORT FURNISHED. SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



DRIVEWAY APPEARS TO ENCROACH ONTO ADJOINING PROPERTY.

OK FOR HOT TUB
MR 10/2/03

1-50
43' to box

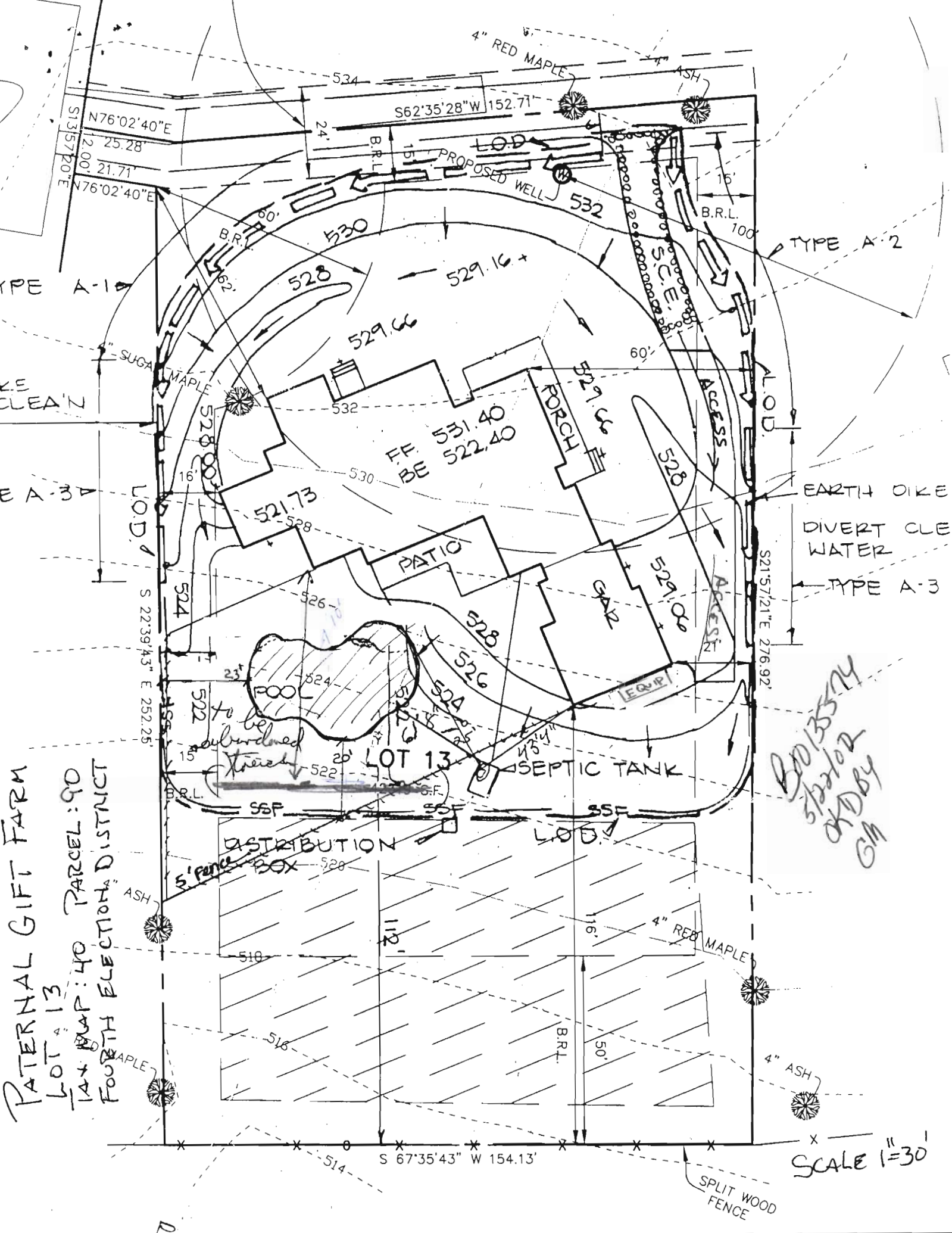
62'

LOT 13
PATERNAL GIFT FARM
LOTS 1-28
AND PRESERVATION PARCEL 'A'
5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. W969

TOP OF FOUNDATION ELEV. 531.3'
B.R.L. = BUILDING RESTRICTION LINE

11/11/03 08:22:47 AM

PATERNAL GIFT FARM
 LOT 13
 TAX MAP: 40 PARCEL: 90
 FOURTH ELECTION, DISTRICT



TYPE A-2

EARTH DIKE
 DIVERT CLEAN
 WATER
 TYPE A-3

200135574
 5/2/02
 G.D.B.Y.
 G.M.

SCALE 1"=30'

S 67°35'43" W 154.13'

Health Dept Fgs

BUILDING PERMIT

HOWARD COUNTY
INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY MD 21043-4395
(410) 313-3800

PERMIT NBR: B00127315
PROJECT NBR:
CENSUS TRACT: 605102
APPLIC DATE: 11/07/00
ISSUE DATE: 12/08/00

DUPLICATE

Handwritten signature and date: 5/12/02

MAP COORDINATES: 14B13
BUILDING ADDRESS:
13505 PATERNAL GIFT DR
HIGHLAND, MD 20777

OWNER INFORMATION:
BURCH STUART & KIM
13505 PATERNAL GIFT DR
HIGHLAND, MD 20777

SUBDIVISION: PATERNAL GIFT FARM
TAX MAP: 40 ACREAGE 0.00
BLK(ST): LOT:13 BLK:5
PARCEL: 90 SECTION:
AREA: DISTRICT: 5
PROPERTY ID NUMBER: 0000-0004-8642
SDP: FILE:

WRK: HM: (301) 854-0732
APPLC: NEIL P GARNER

CONTRACTOR INFORMATION:
PINE CREST BUILDERS
13405 DOVE ST
SILVER SPRING MD 20904-
PHONE: (301) 384-4345
COUNTY LICENSE: CTR03350
STATE LICENSE:
LICENSEE:
PHONE: (301) 384-4345

SUITE/APT:

IMPROVEMENT TYPE.: NEW
USE TYPE.....: SINGLE FAMILY DWELLING
EXISTING USE.....: VACANT LOT
PROPOSED USE.....: NEW CUSTOM SFD - PART FINISH BSMT PORCH
PROPOSED WORK.....: 2-1/2 STORY FULL BSMT 17R 5FB 2HB 4FP 3CAR GAR 4BD

DESCRIPTION OF WORK

LOT CHARACTERISTICS: AREA OF LOT, ENTRANCE PERMIT, STATE CERTIFIED
BUILDING CHARACTERISTICS: BUILDING HEIGHT (FT), NUMBER OF STORIES, USE GROUP, TYPE OF CONSTRUCTION, MODULAR BUILDING, MOBILE HOME, SEWAGE DISPOSAL TYPE, WATER SUPPLY TYPE, HEATING FUEL, SPRINKLERS, NBR OF TANKS, GROSS AREA SQ FT, OCCUP. SQ FT (.80), OCCUP. SQ FT (.40), COST OF CONSTR. \$
OCCUPANT INFORMATION: NAME, ADDRESS, CITY/ST/ZIP
ENGINEER OR ARCHITECT: NAME, ADDRESS, CITY/ST/ZIP

BUILDING DIMENSIONS: UNFIN. BASEMENT, FIN. BASEMENT, 1ST FLOOR, 2ND FLOOR, GARAGE, CARPORT, PORCH, DECK
UNITS: SINGLE FAMILY, MULTI FAMILY, EFFICIENCY, 1 BEDROOM, 2 BEDROOM, 3+ BEDROOM, TOTL UNITS
IMPROVEMENTS: CENTRAL-A-C, ELECTRIC, FIREPLACE, PLUMBING, BATH (NBR), OTHER, DRYWELL

ZONING: RR
ALL MINIMUM SETBACK REQUIREMENTS MET? Y
MINIMUM SETBACKS: FRONT 60FT, REAR 50FT, SIDE 15FT, SIDE ST NA

COMMENTS

CASH RECEIPT NBR.: 30264, 29095
FEE PAYMENT HISTORY: \$ 10,003.00

APPROVED BY DIRECTOR OF INSPECTIONS, LICENSES, AND PERMITS: J. MICHAEL EVANS

corrected
BUILDING PERMIT *2/1/08* *Bedroom - loc.:*
DUPLICATE

HOWARD COUNTY
INSPECTIONS, LICENSES & PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY MD 21043-4395
(410) 313-3800

PERMIT NBR: B00127315
PROJECT NBR:
CENSUS TRACT: 605102
APPLIC DATE: 11/07/00
ISSUE DATE: 12/08/00

MAP COORDINATES: 14B13
BUILDING ADDRESS:
13505 PATERNAL GIFT DR
HIGHLAND, MD 20777

OWNER INFORMATION: *from 9-9*
BURCH STUART & KIM
13505 PATERNAL GIFT DR
HIGHLAND, MD 20777

SUBDIVISION: PATERNAL GIFT FARM
TAX MAP: 40 ACREAGE 0.00
BLK(ST): LOT:13 BLK:5
PARCEL: 90 SECTION:
AREA: DISTRICT: 5
PROPERTY ID NUMBER: 0000-0004-8642
SDP: FILE:

WRK: HM: (301) 854-0732
APPLC: NEIL P GARNER

CONTRACTOR INFORMATION:
PINE CREST BUILDERS
13405 DOVE ST
SILVER SPRING MD 20904-
PHONE: (301) 384-4345
COUNTY LICENSE: CTR03350
STATE LICENSE:
LICENSEE:
PHONE: (301) 384-4345

mark
Need to see trench cut-off?
lot of pool?
Grey

SUITE/APT:

IMPROVEMENT TYPE.: NEW
USE TYPE.: SINGLE FAMILY DWELLING
EXISTING USE.: VACANT LOT
PROPOSED USE.: NEW CUSTOM SFD - PART FINISH BSMT PORCH
PROPOSED WORK.: 2-1/2 STORY FULL BSMT 17R 5FB 2HB 4FP 3CAR GAR/4BD

===== DESCRIPTION OF WORK =====		===== BUILDING CHARACTERISTICS =====	
==== LOT CHARACTERISTICS =====		BUILDING HEIGHT (FT)	
AREA OF LOT		NUMBER OF STORIES	2
AREA DISTURBED		USE GROUP	
ENTRANCE PERMIT		TYPE OF CONSTRUCTION	
STATE CERTIFIED		MODULAR BUILDING	
==== OCCUPANT INFORMATION =====		MOBILE HOME	
NAME OWNER		SEWAGE DISPOSAL TYPE	S
ADDRESS		WATER SUPPLY TYPE	W
CITY/ST/ZIP		HEATING FUEL	G
		SPRINKLERS	
==== ENGINEER OR ARCHITECT =====		NBR OF TANKS	
NAME ALAN STRUCK		GROSS AREA SQ FT	11501
ADDRESS 213 OLD PADONIA RD		OCCUP. SQ FT (.80)	10847
CITY/ST/ZIP COCKEYSVILLE MD 21030		OCCUP. SQ FT (.40)	
(410) 628-6175		COST OF CONSTR. \$	780000

==== BUILDING DIMENSIONS =====	==== UNITS =====	==== IMPROVEMENTS =====
LEN WIDTH	SINGLE FAMILY	CENTRAL-A-C Y
UNFIN. BASEMENT	NBR BEDRMS 4	ELECTRIC Y-E
FIN. BASEMENT 90 58		FIREPLACE Y
1ST FLOOR 94 105	MULTI FAMILY	PLUMBING
2ND FLOOR 94 52	EFFICIENCY	BATH (NBR) 4.0
GARAGE	1 BEDROOM	OTHER
CARPOT	2 BEDROOM	
PORCH	3+ BEDROOM	
DECK	TOTL UNITS 1	DRYWELL

ZONING RR
ALL MINIMUM SETBACK REQUIREMENTS MET? Y

==MINIMUM==	==SETBACKS==
FRONT	60FT
REAR	50FT
SIDE	15FT
SIDE ST	NA

===== COMMENTS =====

CASH RECEIPT NBRs. : 30264 29095
FEE PAYMENT HISTORY: \$ 10,003.00

APPROVED BY DIRECTOR OF INSPECTIONS, LICENSES, AND PERMITS: J. MICHAEL EVANS

for (Rowan Pool) walk-Thru