



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: 12415 Hill Crest Drive
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: _____
 Lot: _____ Tax Map: _____ Parcel: _____

Existing Use: Single family dwelling
 Proposed Use: single family dwelling w/ swimming pool
 Estimated Construction Cost: \$162,000

Description of Work:
21.5' x 50' concrete swimming pool w/ 8'x8' spa
Depth of 3 1/2' to 8' w/ bays skiff

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

Property Owner's Name: Fred & Jill Lewis
 Address: 12415 Hill Crest Drive
 City: Fulton State: MD Zip Code: 20759
 Phone: 410-537-0972 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Contractor Company: Eden Design Group
 Contact Person: Nadiya Saek
 Address: 57
 City: _____ State: _____ Zip Code: _____
 License No.: _____
 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 checked="" 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 checked="" type="checkbox"/> No	Roof:	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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 _____

Print Name _____

Email Address _____

Date _____

Title/Company _____

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		<u>G. B. D. Bernard</u>

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

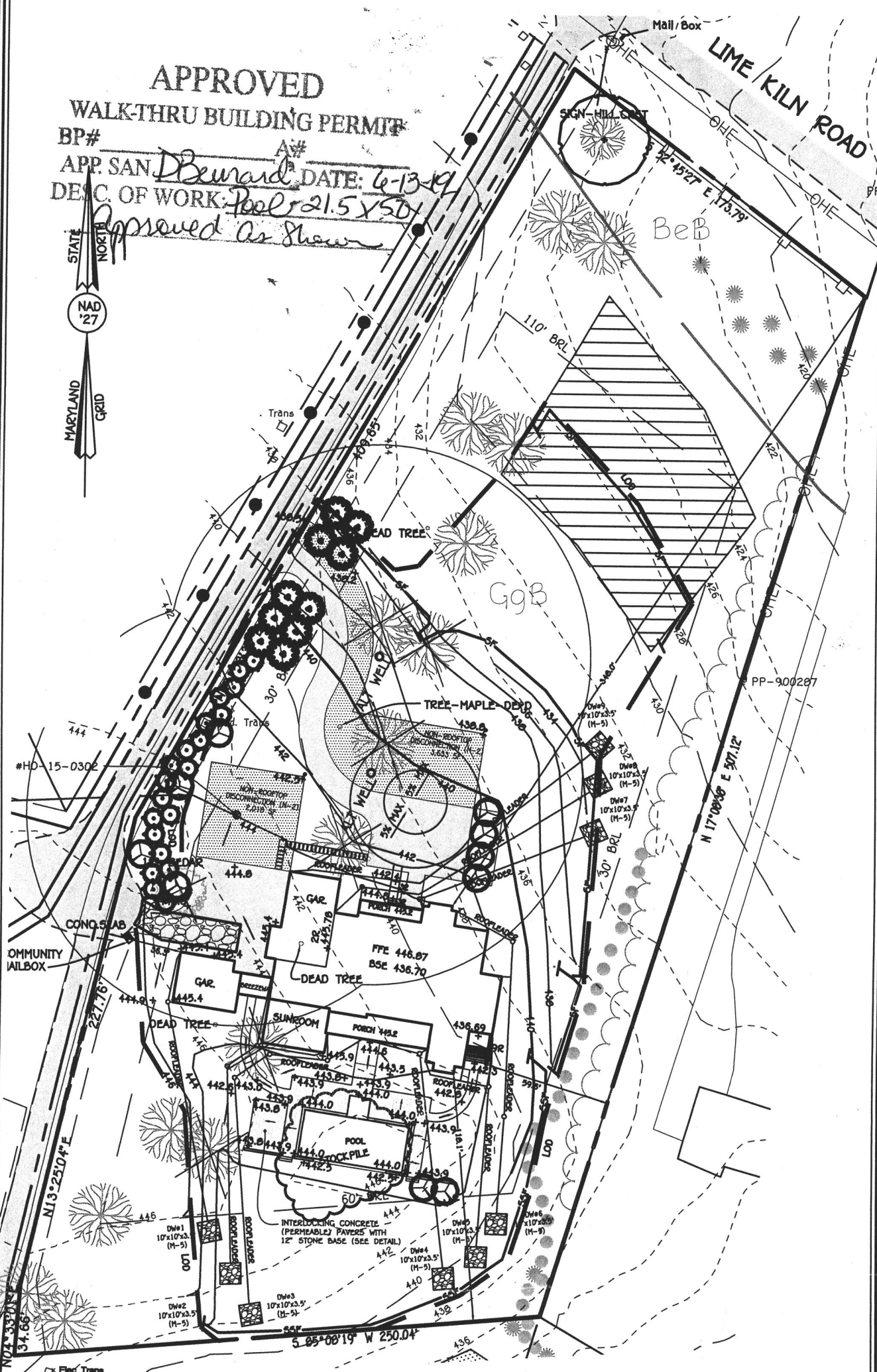
DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No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

Filing Fee	\$
Permit Fee	\$ <u>250</u>
Tech Fee	\$ <u>25</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>275.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

APPROVED
WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN Debnard DATE: 6-13-19
 DE. C. OF WORK: Pool 21.5 x 50
Approved as shown



PERMIT PLAN
HILL PROPERTY, LOT 1
12415 HILL CREST

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2055

ZONING: RR-DEO
 TAX MAP No. 45 BLOCK No. 5 PARCEL No. 59
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
 SCALE: 1"=50' DATE: MAY 2019



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2019 APR 18 PM 12:23

Date Received: _____

Permit No.: B19001325

Building Address: 12415 HILLCREST DR
City: Fulton State: MD Zip Code: 20759
Suite/Apt. # _____ SDP/WP/BA #: _____
Subdivision: Hill Country
Lot: 1 Tax Map: 45 Parcel: 648

Existing Use: SFO
Proposed Use: SFO w/ proposed tank
Estimated Construction Cost: \$ 8000
Description of Work: _____

Install 1000 gallon in-ground propane tank

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

Property Owner's Name: Jill Frost Lewis
Address: 6505 DRYDEN ROAD MD
City: Clarksville State: MD Zip Code: 21224
Phone: 410-512-2722 Fax: _____
Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
Applicant's Name: Michelle Clancy
Address: PO Box 310
City: Brook Hill State: MD Zip Code: 21228
Phone: 410-610-7514 Fax: _____
Email: Michelle@AppliedandApproved.com

Contractor Company: HT Power Gas
Contact Person: Michael Underwood
Address: 360 MARY ST
City: Lanham State: MD Zip Code: 20727
License No.: 60029
Phone: 301-785-3232 Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: CONTRACTOR
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	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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 checked="" 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: Michelle Clancy
Email Address: Michelle@AppliedandApproved.com
Title/Company: _____

Print Name: Michelle Clancy
Date: 4/16/19

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	<u>5/2/2019</u>	<u>[Signature]</u>

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	\$ 100
Tech Fee	\$ 10
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub- Total Paid	\$
Balance Due	\$
Check	# 7169

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

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA



Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

DILP 2019 APR 18 PM 12:13

Date Received: _____

Permit No.: B19001325

Building Address: 12415 HILLCREST DR
 City: Fulton State: MD Zip Code: 20759
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Subdivision: Hill Property
 Lot: 1 Tax Map: 45 Parcel: 64

Property Owner's Name: Jill First Lewis
 Address: 6505 DRIFTWOOD ROAD
 City: Chicksville State: MD Zip Code: 21024
 Phone: 410-517-3072 Fax: _____
 Email: _____

Existing Use: SFD
 Proposed Use: SFD w/ driveway
 Estimated Construction Cost: \$ 80000
 Description of Work: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Michelle Clancy
 Address: 117 Dixie Ave
 City: Berry Hill State: MD Zip Code: 21028
 Phone: 410-600-7514 Fax: _____
 Email: Michelle@ApplicantApproved.com

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

Contractor Company: 117 Dixie Ave
 Contact Person: Michael Anderson
 Address: 360 main st
 City: Lovett State: MD Zip Code: 20707
 License No.: 60029
 Phone: 301-785-3132 Fax: _____
 Email: _____

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: contractor
 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:	
➤ 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	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
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 checked="" 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: Michelle Clancy Print Name: Michelle Clancy
 Email Address: Michelle@ApplicantApproved.com Date: 4/16/19
 Title/Company: _____

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	<u>5/2/19</u>	<u>[Signature]</u>

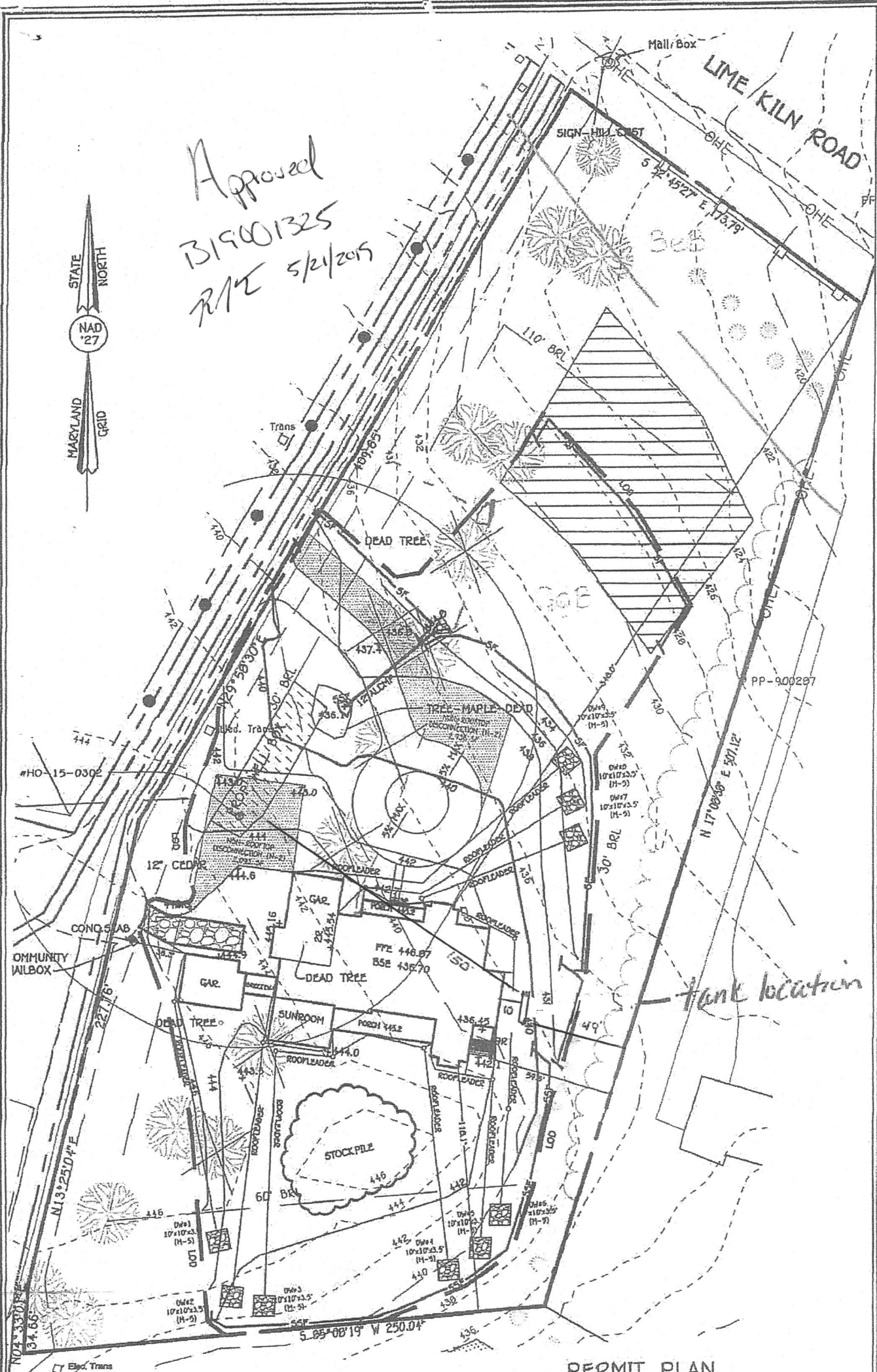
Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

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	\$ 100
Tech Fee	\$ 10
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ 110.00
Sub- Total Paid	\$
Balance Due	\$
Check	# 7169

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

Approved
 319001325
 R/E 5/21/2015



PERMIT PLAN
 HILL PROPERTY, LOT 1
 12415 HILL CREST

ZONING: RR-DEO

TAX MAP No. 45 BLOCK No. 5 PARCEL No. 59
 FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND

SCALE: 1"=60' DATE: SEPTEMBER 2010

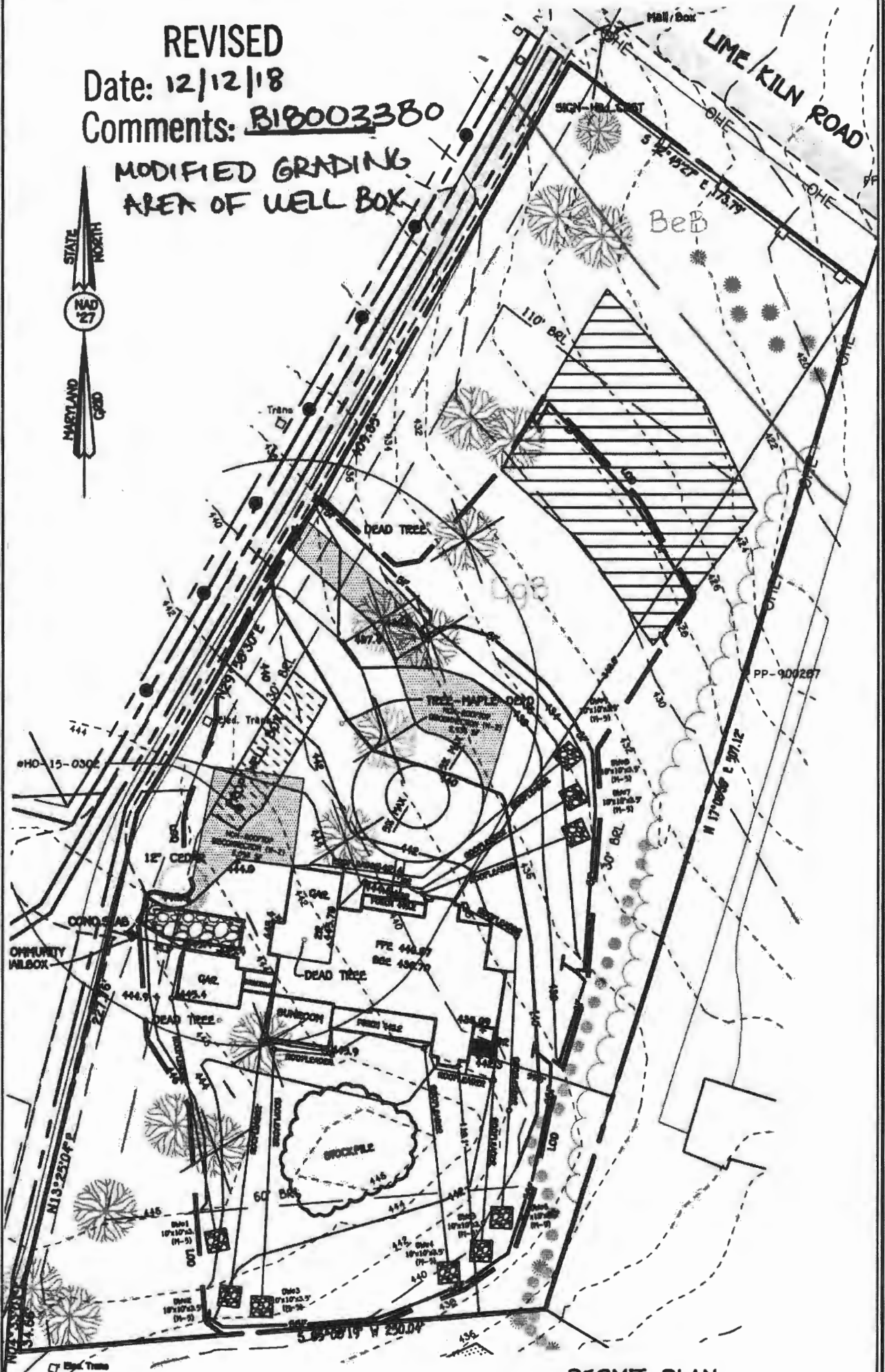
FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 (410) 461 - 2055

Approved B18003380
12/14/2018 TAE

REVISED
Date: 12/12/18
Comments: B18003380

MODIFIED GRADING
AREA OF WELL BOX



PERMIT PLAN
HILL PROPERTY, LOT 1
12415 HILL CREST

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELlicott CITY, MARYLAND 21042
(410) 461 - 2999

ZONING: RR-DEO
TAX MAP No. 45 BLOCK No. 5 PARCEL No. 59
FIFTH ELECTION DISTRICT HOWARD COUNTY, MARYLAND
SCALE: 1"=50' DATE: DECEMBER 2018

Health

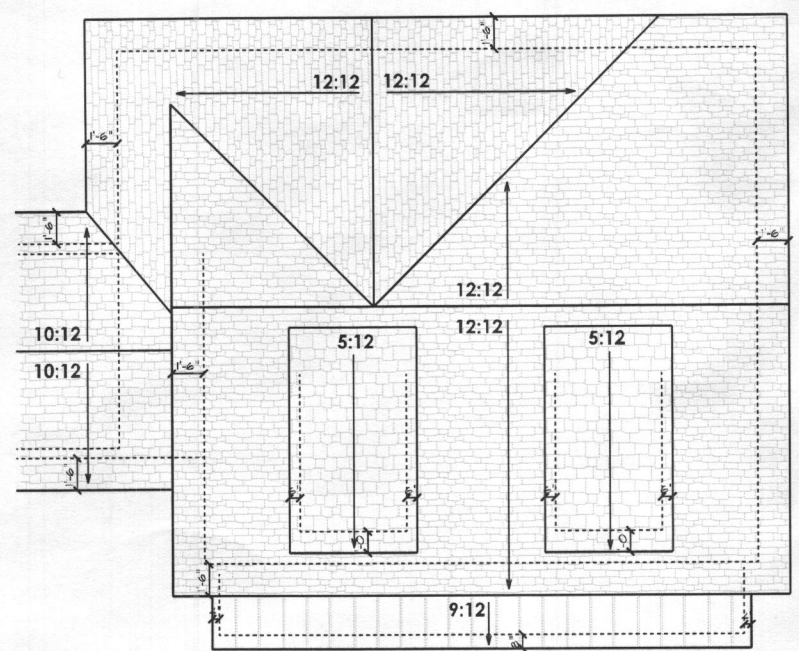
B18003380

Approved

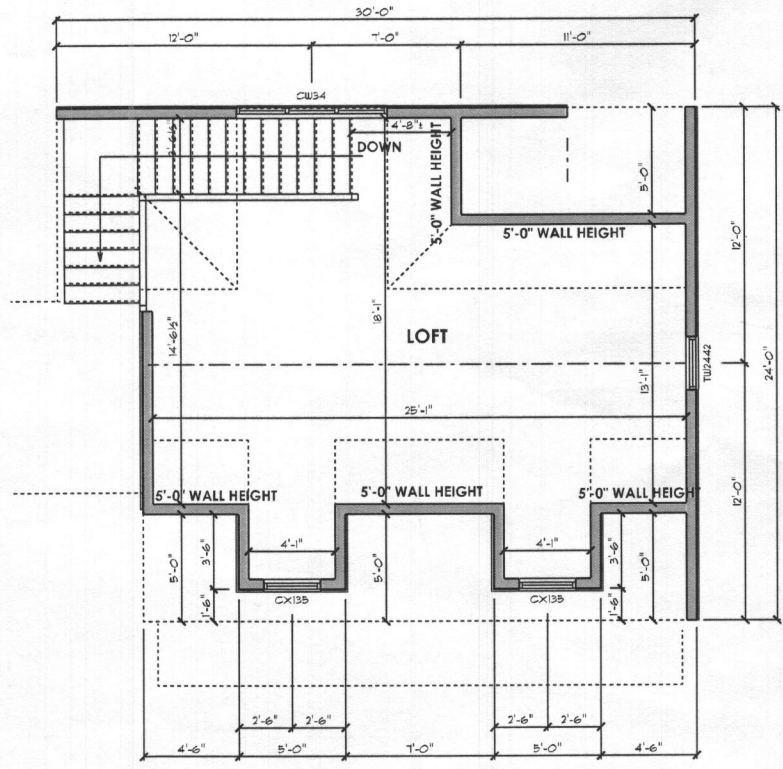
12/14/2018

RJE

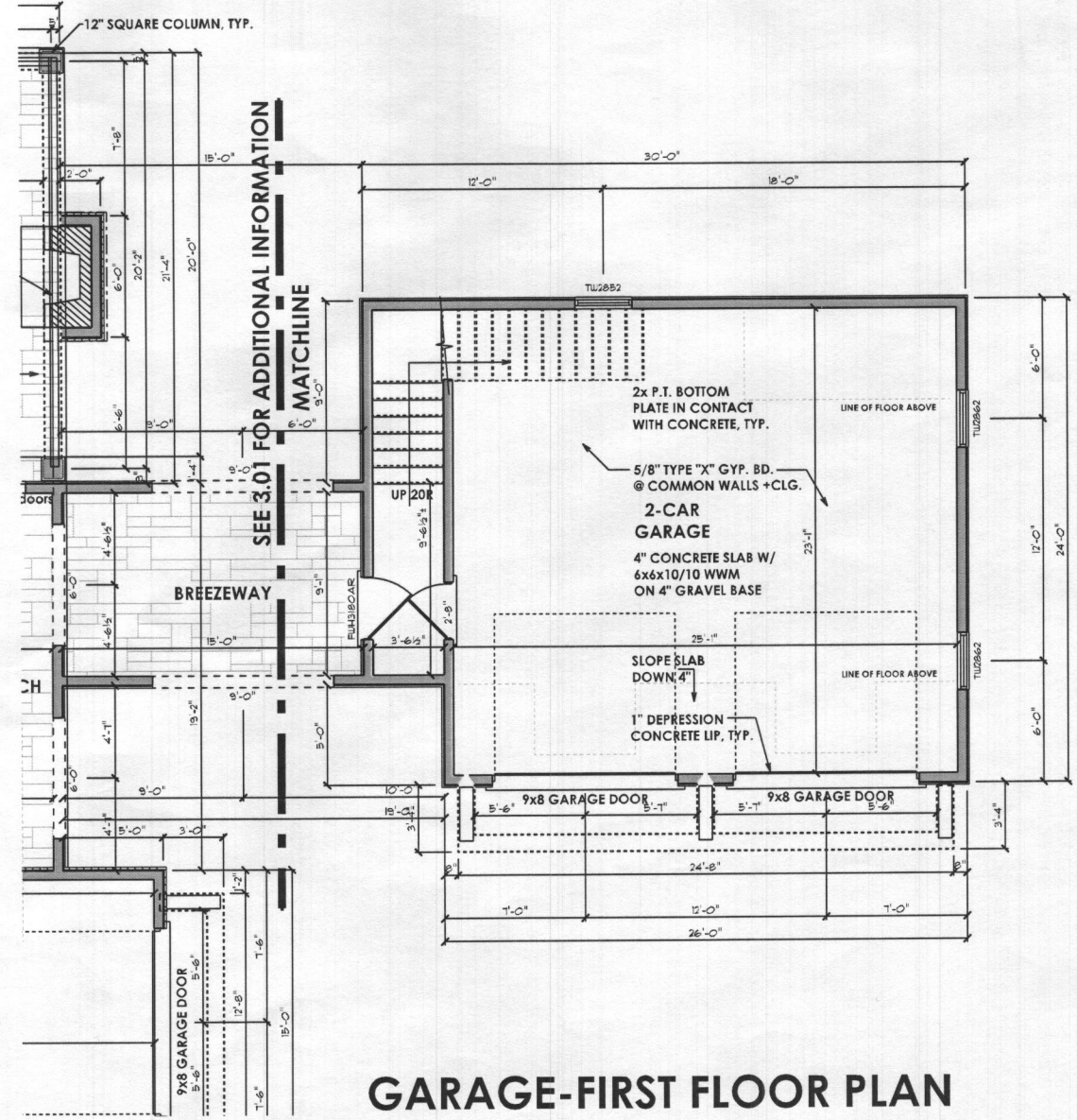
PROFESSIONAL CERTIFICATION
I certify that these documents
were prepared or approved
by me, and that I am a duly
licensed professional
architect under the laws of the
State of Maryland.
License Number #14678
Expiration Date: 6/30/2020



GARAGE-ROOF PLAN



GARAGE-SECOND FLOOR PLAN



GARAGE-FIRST FLOOR PLAN

Lewis Residence
PROPOSED RESIDENCE
Lime Kiln Road, Fulton, Maryland

REVISIONS

▲	
▲	
▲	
▲	
▲	
▲	

ISSUE DATES:
9-6-18 PERMIT REVIEW SET

SCALE: 1/4"=1'-0"
FLOOR PLANS

3.03
PRINT DATE:
Thursday, September 06, 2018

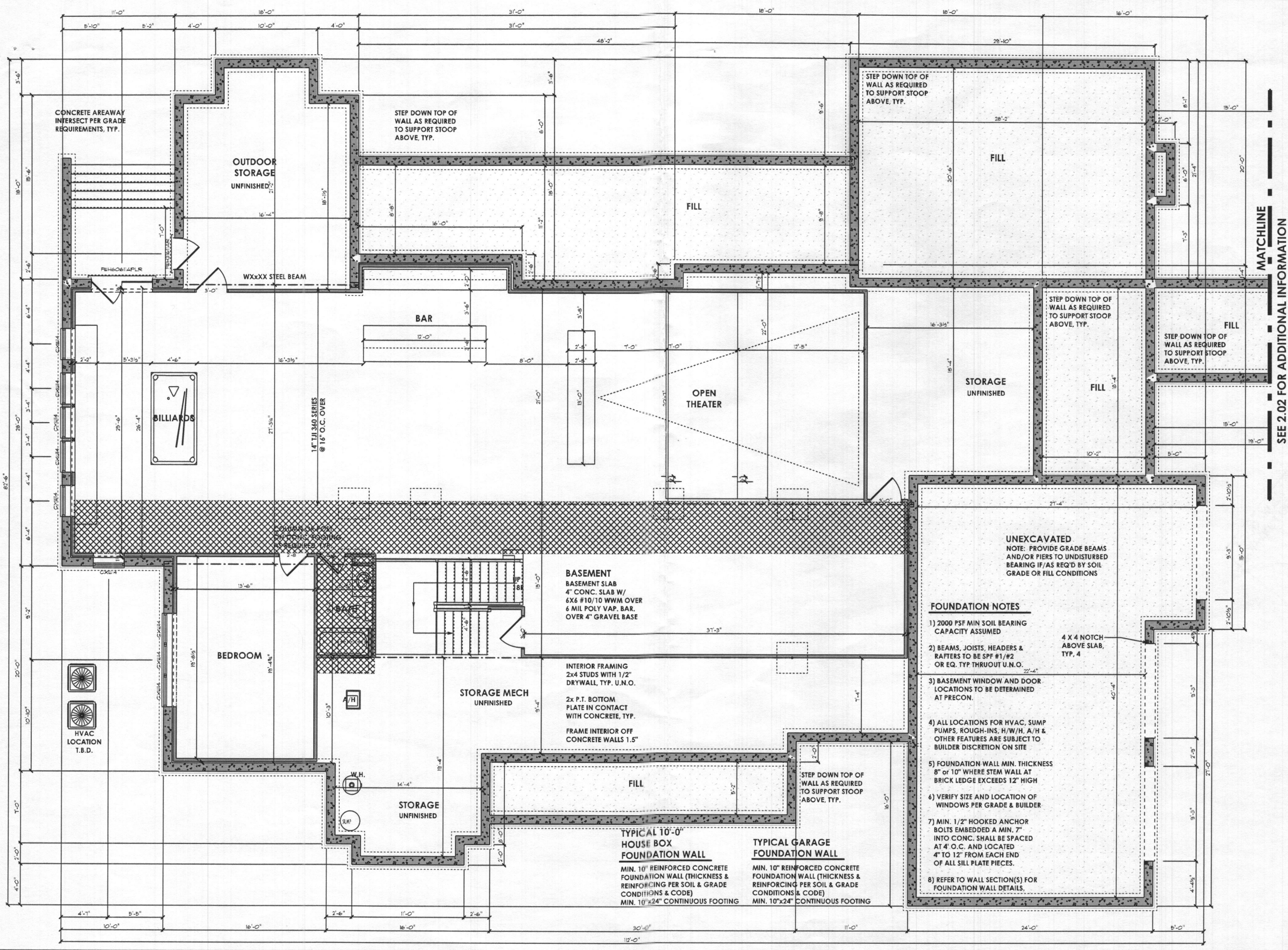
PROFESSIONAL CERTIFICATION
I certify that these documents
were prepared or approved
by me, and that I am a duly
licensed professional
architect under the laws of the
State of Maryland.
License Number #14678
Expiration Date: 6/30/2020

Lewis Residence
PROPOSED RESIDENCE
Lime Kiln Road, Fulton, Maryland

REVISIONS

ISSUE DATES:
9-6-18 PERMIT REVIEW SET

SCALE: 1/4" = 1'-0"
FOUNDATION
2.01
PRINT DATE:
Thursday, September 06, 2018



MATCHLINE
SEE 2.02 FOR ADDITIONAL INFORMATION



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.: BIS003380

Building Address: 12415 HAWKREST
City: FULTON State: MD Zip Code: 20759
Suite/Apt. #: _____ SDP/WP/BA #: _____
Subdivision: _____
Lot: 1 Tax Map: 0045 Parcel: 0004

Existing Use: LAND
Proposed Use: SINGLE FAMILY DWELLING
Estimated Construction Cost: \$ 1,500,000
Description of Work: SFD 5 CAR GARAGE
2 STORIES FINISH LOWER LEVEL

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

Property Owner's Name: FRED/JOAN LINDA
Address: 12415 HAWKREST
City: FULTON State: MD Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: STEVENS BUILDERS INC
Contact Person: PHILIP STEVENS
Address: 4021 TOWN OAKS ROAD
City: ANTON State: MD Zip Code: 21036
License No.: 06
Phone: 410 984 5813 Fax: _____
Email: PHILIP@STEVENSBUILDERS.COM

Engineer/Architect Company: _____
Responsible Design Prof.: JENNIFER RIVIERA
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: 443 216 5745 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 st floor: <u>46</u>	<u>112'</u>
Area of construction (sq. ft.):	2 nd floor: <u>44</u>	<u>112'</u>
Use group:	Basement: <u>44</u>	<u>112'</u>
Construction type:	<input checked="" 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	Multi-family Dwelling	
	No. of efficiency units: _____	
	No. of 1 BR units: _____	
	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
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	
Electric:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gas:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Heating System	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other: _____	
Sprinkler System:	
<input checked="" 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: PHILIP STEVENS BUILDERS.COM
Email Address: _____
Title/Company: _____

Print Name: PHILIP STEVENS
Date: 9/25/18

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	<u>12/14/2018</u>	<u>Prat...</u>

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	\$ <u>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>9461</u>

Transmittal

Via: Fax Mail Messenger E-Mail To Be Picked Up
 Fax (original to follow via U.S. Mail)

To: Bureau of Environmental Health 8930 Stanford Blvd Columbia, MD 21046-4544	Attn: Spencer Freemon Fax: (410) 313-2648 Phone: (410) 313-2640
--	--

From: Stephanie Tuite	CC:
------------------------------	-----

Re: Hill Property, Lot 1 - Septic Plan	W.O.# 05062-6001
Date: 11/20/18	Pages: Page(s) Including this cover

We are forwarding: <input checked="" type="checkbox"/> Prints <input type="checkbox"/> Copy of Letter <input type="checkbox"/> Specifications <input type="checkbox"/> Shop drawings <input checked="" type="checkbox"/> Other <input type="checkbox"/> Urgent <input type="checkbox"/> For your use <input type="checkbox"/> As requested <input type="checkbox"/> For Review & Comment

Remarks:

Attached please find three copies of the revised Septic Plan for 12415 Hill Crest (Hill Property, Lot 1). Building Permit #18003380.

The following is a response to your comments dated 11/2/18

- 1. Grading has been revised per discussion on 11/13/18. Culvert has been removed.**
- 2. Trenches have invert at 24" as requested.**
- 3. Per your discussion with Tony with our office, the specs were utilized for the intial trench since only the upper portion of the trench was being utilized.**
- 4. Space has been removed.**
- 5. Necessary corrections have been made.**

Please call with any questions.

**Stephanie Tuite, RLA, PE, LEED AP BD&C
Fisher, Collins & Carter, Inc.**

CONFIDENTIALITY NOTICE

This transmission contains confidential information which may be legally privileged, and is intended only for the use of the individual named above. If you are not the intended recipient, you are hereby notified that any distribution (except to the intended recipient), copying, or disclosure of this transmission is strictly prohibited.



Bureau of Environmental Health

8930 Stanford Boulevard, Columbia, MD 21045

Main: 410-313-2640 | Fax: 410-313-2648

TDD 410-313-2323 | Toll Free 1-866-313-6300

www.hchealth.org

Facebook: www.facebook.com/hocohealth

Twitter: [HowardCoHealthDep](https://twitter.com/HowardCoHealthDep)

Maura J. Rossman, M.D., Health Officer

MEMORANDUM

TO: Philip Steven
Stevens Builders Inc.
4021 Ten Oaks Rd.
Dayton, MD 21036

FROM: Robert Freemon *RF*
Well & Septic Program

RE: 12415 Hill Crest
Fulton, MD 20759
Before BP Approval

DATE: 10/15/2018

Hat fields

After review of building permit B18003380 for 12415 Hill Crest and here are my comments. Before building permit approval a septic system designed to accommodate a 6 bedroom house must be created and approved by the Health Dept. If you have any questions don't hesitate to ask.

Freemon, Robert

From: Freemon, Robert
Sent: Monday, October 15, 2018 3:54 PM
To: 'philip@stevensbuilders.com'
Subject: 12415 Hill Crest
Attachments: 12415 Hill Crest.pdf

Hi,

I have reviewed building permit B18003380 and attached are my comments. If you have any questions let me know.

Robert "Spencer" Freemon

Howard County Health Department

8930 Stanford Blvd. Columbia, MD 21045

Bureau of Environmental Health

Well and Septic Program

Phone: 410-313-6357

Email: rfreemon@howardcountymd.gov

Website: <https://www.howardcountymd.gov/Departments/Health/Environmental-Health/Well-and-Septic>