



# 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.: B20000757

Building Address: 12050 Old Frederick Rd  
 City: Mariottsville State: MD Zip Code: 21104  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: Replace existing entrance, laundry & full bath with same.  
 Occupant/Tenant Name: \_\_\_\_\_  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Property Owner's Name: John & Sally Hebner  
 Address: 12050 Old Frederick Rd  
 City: Mariottsville State: MD Zip Code: 21104  
 Phone: (410) 952-4226 Fax: \_\_\_\_\_  
 Email: shebner@enterprisecommunity.com

**Applicant's Name & Mailing Address, (if other than stated herein)**  
 Applicant's Name: Don West  
 Address: P.O. Box 1744  
 City: Westminster State: MD Zip Code: 21157  
 Phone: 410-848-0464 Fax: \_\_\_\_\_  
 Email: doublediamondcc@gmail.com

Contractor Company: Double Diamond Const. Co.  
 Contact Person: Don West  
 Address: P.O. Box 1744  
 City: Westminster State: MD Zip Code: 21158  
 License No.: #29849  
 Phone: 410-848-0464 Fax: \_\_\_\_\_  
 Email: doublediamondcc@gmail.com

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:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor:	
	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	
<b>Construction type:</b>	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<b>Multi-family Dwelling</b>	
<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"/> <b>Roadside Tree Project Permit</b>	Footings:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof:	
<b>Roadside Tree Project Permit #</b>	<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 checked="" type="checkbox"/> Public	
<input 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.

Don West  
 Applicant's Signature  
doublediamondcc@gmail.com  
 Email Address  
 \_\_\_\_\_  
 Title/Company

Don A. West  
 Print Name  
12/26/2019  
 Date

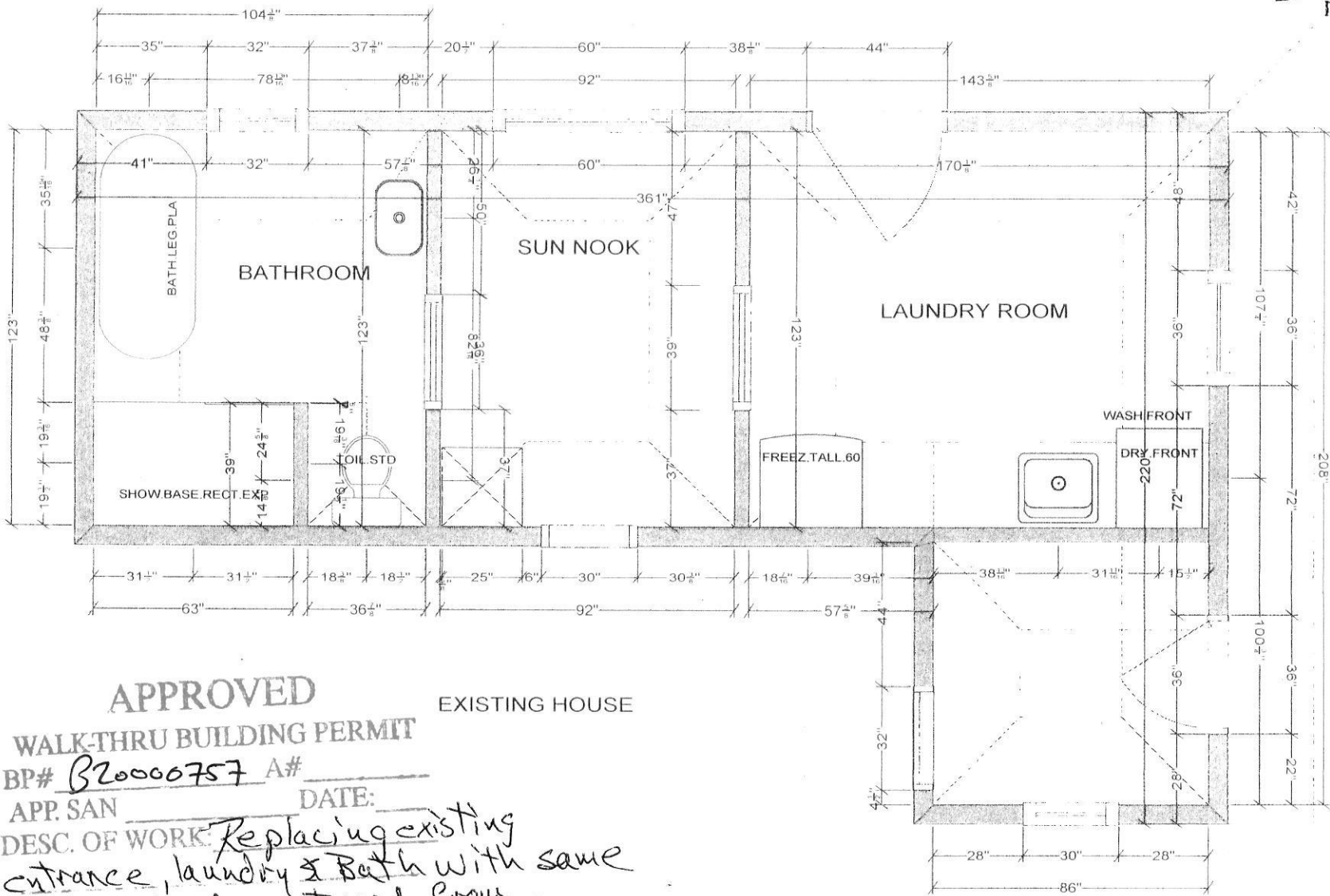
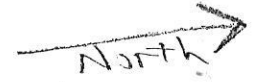
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

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	#



**APPROVED**

**WALK-THRU BUILDING PERMIT**

BP# B20000757 A# \_\_\_\_\_

APP. SAN \_\_\_\_\_ DATE: \_\_\_\_\_

DESC. OF WORK: *Replacing existing entrance, laundry & Bath with same work extends westward from existing wall ~1'8" (~44sq. ft)*

EXISTING HOUSE

All dimensions & size designations given are subject to verification on job site and adjustment to fit job conditions.

2020

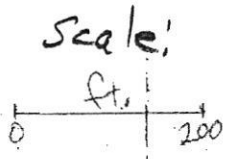
This is an original design and must not be released or copied unless applicable fee has been paid or job order placed.

Designed: 7/20/2019  
Printed: 7/21/2019

12050 Old Frederick Road

COORDINATE SCHEDULE	
NO.	EAST
1	100074.002
2	100074.002
3	100074.002
4	100074.002
5	100074.002
6	100074.002
7	100074.002
8	100074.002
9	100074.002
10	100074.002
11	100074.002
12	100074.002
13	100074.002
14	100074.002
15	100074.002
16	100074.002
17	100074.002
18	100074.002
19	100074.002
20	100074.002
21	100074.002
22	100074.002
23	100074.002
24	100074.002
25	100074.002
26	100074.002
27	100074.002
28	100074.002
29	100074.002
30	100074.002
31	100074.002
32	100074.002
33	100074.002
34	100074.002
35	100074.002
36	100074.002
37	100074.002
38	100074.002
39	100074.002
40	100074.002
41	100074.002
42	100074.002
43	100074.002
44	100074.002
45	100074.002
46	100074.002
47	100074.002
48	100074.002
49	100074.002
50	100074.002
51	100074.002
52	100074.002
53	100074.002
54	100074.002
55	100074.002
56	100074.002
57	100074.002
58	100074.002
59	100074.002
60	100074.002
61	100074.002
62	100074.002
63	100074.002
64	100074.002
65	100074.002
66	100074.002
67	100074.002
68	100074.002
69	100074.002
70	100074.002
71	100074.002
72	100074.002
73	100074.002
74	100074.002
75	100074.002
76	100074.002
77	100074.002
78	100074.002
79	100074.002
80	100074.002
81	100074.002
82	100074.002
83	100074.002
84	100074.002
85	100074.002
86	100074.002
87	100074.002
88	100074.002
89	100074.002
90	100074.002
91	100074.002
92	100074.002
93	100074.002
94	100074.002
95	100074.002
96	100074.002
97	100074.002
98	100074.002
99	100074.002
100	100074.002

CURVE DATA			
No.	A	Radius	Length
1-11	75'-00"-00"	142500	37015
			BTCL
			Chord Bearing & Distance
			S 87° 11' W 37206



AREA TABULATIONS

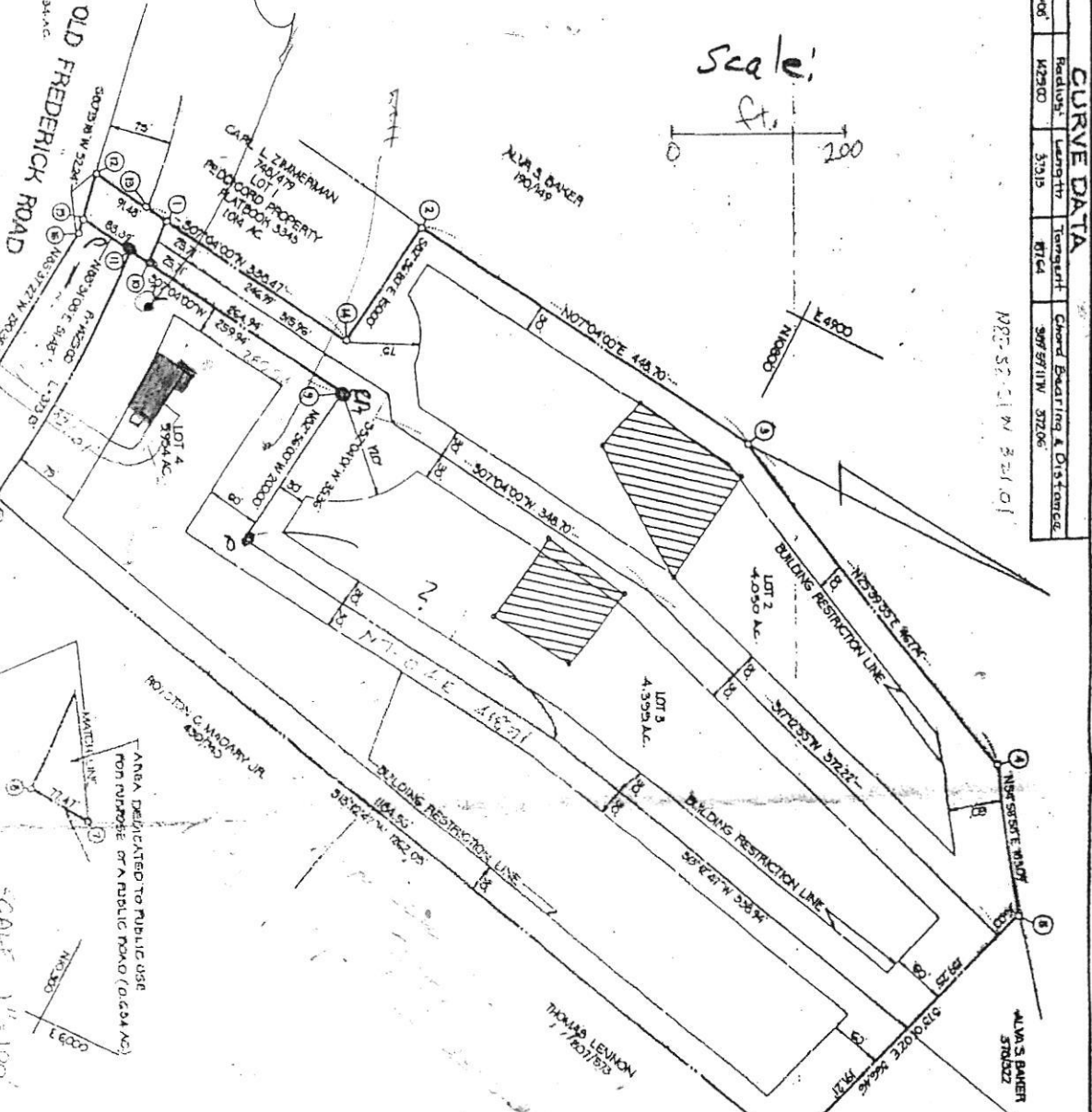
TOTAL NUMBER OF LOTS: 3

TOTAL AREA OF LOTS: 14.534 AC.

TOTAL AREA OF RIGHT-OF-WAY RESERVATION: 106.34 AC.

TOTAL AREA OF FLOOD PLAIN DEDICATION: 1.2 AC.

TOTAL AREA OF PLAT: 12000 AC.



1. TAX MAP: ED
  2. FEED REFERENCE
  3. CORRODIATES S DRAIN
  4. THE LOTS SHD OWNERSHIP WITH THE HAYLAND MENTAL HOSPITAL
  5. [Symbol]
  6. ALL PERCENT BEEN FIELD 1
  7. SUBJECT TO A
  8. ONE COMMON LOTS 1, 2 AND 3
  9. THERE IS AN I
  10. SUBJECT FROM
  11. ON FLAG OR SHOWING PROVIDED BY THE STATE
- OW

GE