



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.: B17000919

JOSEPH SMITH JR.

Building Address: 6871 MINK HOLLOW ROAD
 City: HIGHLAND State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 2
 Tax Map: 0040 Parcel: 0231 Grid: 0002
 Zoning: RR-DEO Map Coordinates: _____ Lot Size: 27.85 AC

Existing Use: SINGLE FAMILY DWELLING
 Proposed Use: SINGLE FAMILY DWELLING
 Estimated Construction Cost: \$ 539,000.00
 Description of Work: ADDITIONS TO SINGLE FAMILY DWELLING PER PLANS, INTERIOR RENOVATIONS PER PLANS (2-story)
 Occupant/Tenant Name: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Property Owner's Name: MARY ANN SMITH
 Address: 6871 MINK HOLLOW ROAD
 City: HIGHLAND State: MD Zip Code: 20777
 Phone: 301-854-0086 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (If other than stated herein)
 Applicant's Name: CHRISTOPHER DALY
 Address: 733 W. 40TH ST. SUITE 250-PS
 City: BALTIMORE State: MD Zip Code: 21211
 Phone: 410-366-9982 Fax: 410-366-9984
 Email: chris@vgarchitect.com

Contractor Company: CASE BUILDERS LLC
 Contact Person: MATTHEW KURRLE
 Address: P.O. BOX 280
 City: LUTHERVILLE State: MD Zip Code: 21094
 License No.: MHC # 99355
 Phone: 443-827-0951 Fax: 443-275-2073
 Email: matt@casebuildersllc.com

Engineer/Architect Company: VINCENT GREENE ARCHITECTS
 Responsible Design Prof.: VINCENT GREENE
 Address: 733 W. 40TH ST. SUITE 250-PS
 City: BALTIMORE State: MD Zip Code: 21211
 Phone: 410-366-9982 Fax: 410-366-9984
 Email: vince@vgarchitect.com

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: _____
Area of construction (sq. ft.): _____	2 nd floor: _____
Use group: _____	Basement: _____
Construction type: _____	<input type="checkbox"/> Finished Basement
<input type="checkbox"/> Reinforced Concrete	<input checked="" type="checkbox"/> Unfinished Basement
<input type="checkbox"/> Structural Steel	<input checked="" type="checkbox"/> Crawl Space
<input type="checkbox"/> Masonry	<input checked="" type="checkbox"/> Slab on Grade
<input type="checkbox"/> Wood Frame	No. of Bedrooms: <u>5</u>
<input type="checkbox"/> State Certified Modular	<u>Multi-family Dwelling</u>
<input checked="" type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____
Roadside Tree Project Permit # _____	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	Water Supply
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Public
Gas: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Private
	Sewage Disposal
	<input type="checkbox"/> Public
	<input checked="" type="checkbox"/> Private
	Heating System
	<input type="checkbox"/> Electric <input checked="" 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: _____

RECEIVED
MAR 07 2017
LICENSES & PERMITS
DIVISION

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 WARRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: [Signature]
 Email Address: chris@vgarchitect.com
 Title/Company: VINCE GREENE ARCHITECTS

Print Name: CHRISTOPHER DALY
 Date: 3/7/17

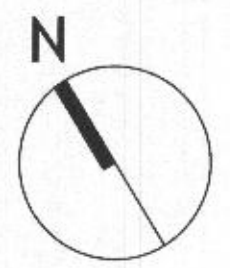
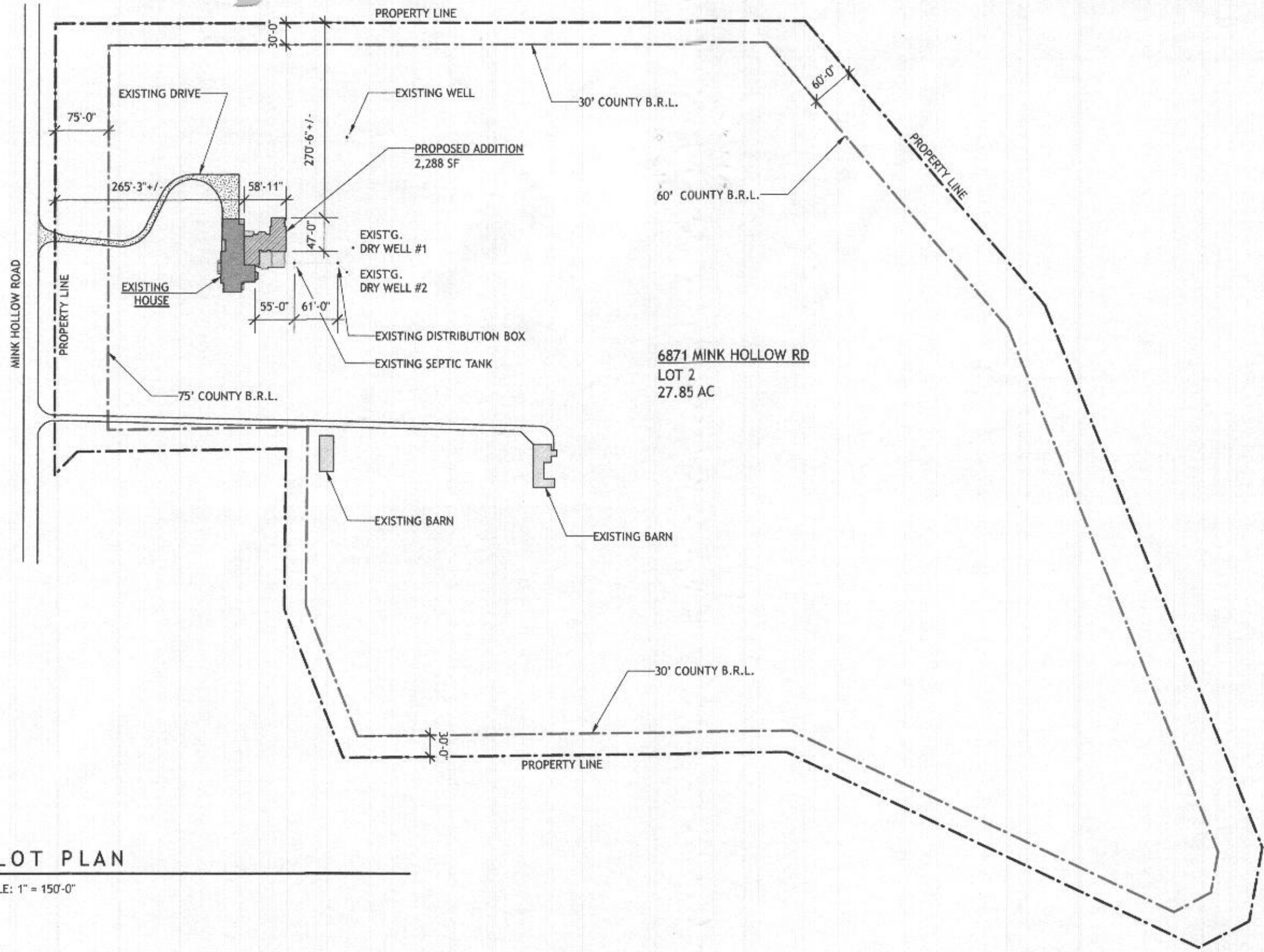
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY & LEGIBLY
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>3/7/17</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	\$ <u>25.00</u>
Permit Fee	\$
Tech Fee	\$
Exclse Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$
Check	# <u>8795</u>



PLOT PLAN
SCALE: 1" = 150'-0"

PROJECT:	PERMIT ISSUE: 3/7/17	© 2017 GREENEARCH SHEET:
<p>SMITH RESIDENCE 6871 MINK HOLLOW ROAD HIGHLAND, MARYLAND 20777</p>		<p>SP-1</p>



HEALTH

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: 2/21/19

Permit No.: B19000454

Building Address: 6871 MINK HOLLOW RD
 City: HIGHLAND State: MD Zip Code: 20777
 Suite/Apt. # _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 2
 Tax Map: _____ Parcel: _____ Grid: _____
 Zoning: _____ Map Coordinates: _____ Lot Size: 27 AC

Existing Use: SFD
 Proposed Use: SFD W/TANK
 Estimated Construction Cost: \$ 4000
 Description of Work:
INSTALL A 1000 GAL UNDERGROUND PROPANE TANK

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

Property Owner's Name: JOSEPH & MARY ANN SMITH
 Address: 6871 MINK HOLLOW RD
 City: HIGHLAND State: MD Zip Code: 20777
 Phone: _____ Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: APPLIED & APPROVED PERMITS
 Address: PO BOX 310
 City: PERRY HALL State: MD Zip Code: 21128
 Phone: 443-610-7514 Fax: _____
 Email: MICHELLE@APPLIEDANDAPPROVED.COM

Contractor Company: TEVIS OIL
 Contact Person: C NEVIN HAINES
 Address: 1618 N MAIN STREET
 City: HAMPSTEAD State: MD Zip Code: 21074
 License No.: 468
 Phone: 410-984-0399 Fax: _____
 Email: _____

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

RECEIVED
FEB 21 2019

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	LICENSES & PERMITS DIVISION	
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 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 PROPERTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

MICHELLE CLANCY
 Applicant's Signature Print Name
MICHELLE@APPLIEDANDAPPROVED.COM
 Email Address
PERMITS
 Title/Company

Date: 2/20/19

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>2/28/19</u>	<u>Benard</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>100</u>
Tech Fee	\$ <u>10</u>
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$ <u>110.00</u>
Sub- Total Paid	\$
Balance Due	\$
Check	# <u>6895</u>

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

6871 Mink Hollow Way
Highland MD 20777

Scale
1"=50'

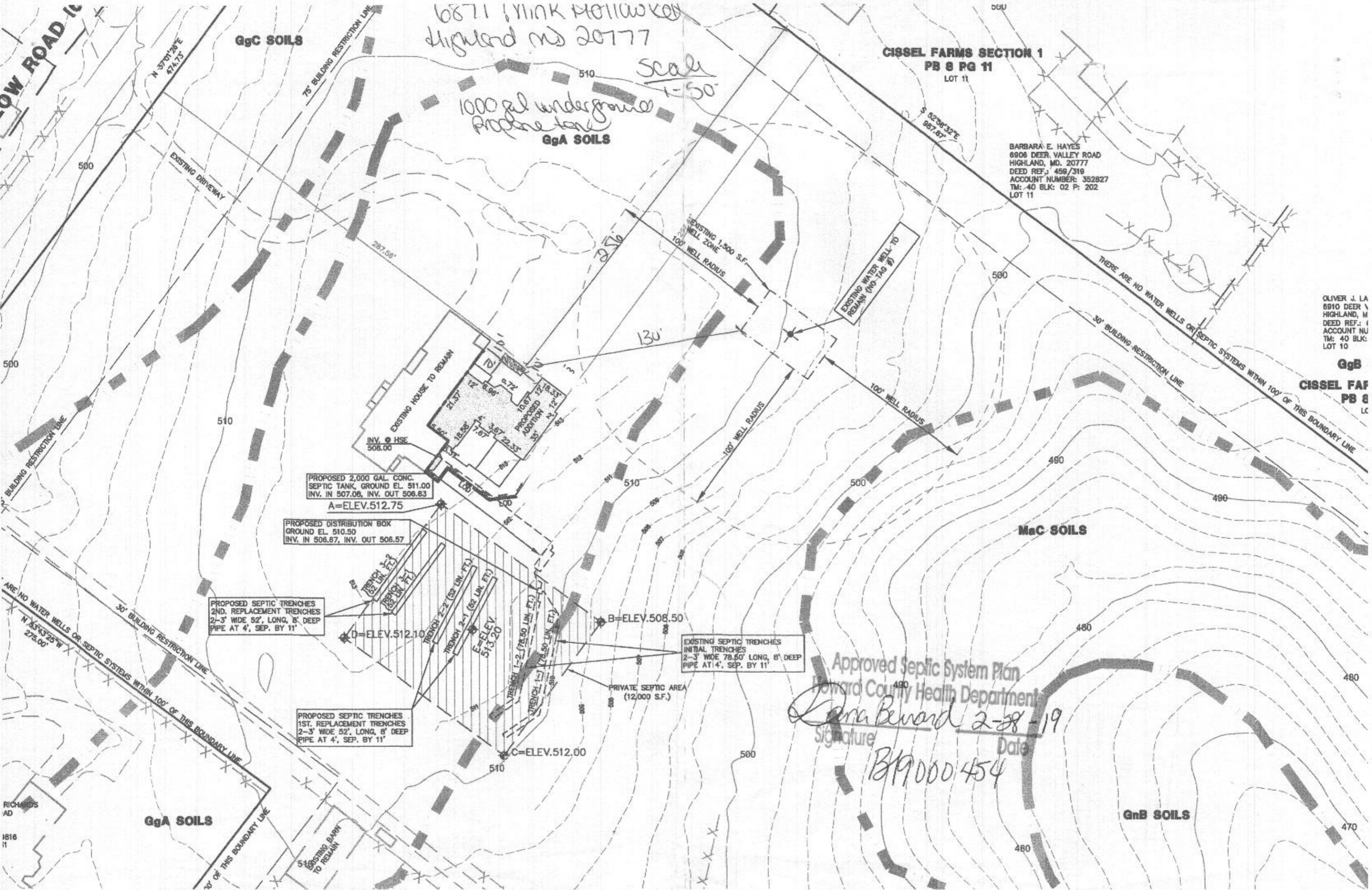
1000 gal underground
Propane tank
GgA SOILS

CISSEL FARMS SECTION 1
PB 8 PG 11
LOT 11

BARBARA E. HAYES
6906 DEER VALLEY ROAD
HIGHLAND, MD. 20777
DEED REF.: 458/319
ACCOUNT NUMBER: 352827
TM: 40 BLK: 02 P: 202
LOT 11

OLIVER J. LA
6910 DEER V
HIGHLAND, M
DEED REF.: 1
ACCOUNT NU
TM: 40 BLK:
LOT 10

GgB
CISSEL FARMS
PB 8
LC



PROPOSED 2,000 GAL. CONC.
SEPTIC TANK, GROUND EL. 511.00
INV. IN 507.06, INV. OUT 506.83
A=ELEV. 512.75

PROPOSED DISTRIBUTION BOX
GROUND EL. 510.50
INV. IN 506.67, INV. OUT 506.57

PROPOSED SEPTIC TRENCHES
2ND. REPLACEMENT TRENCHES
2-3' WIDE 52', LONG, 8' DEEP
PIPE AT 4', SEP. BY 11'

PROPOSED SEPTIC TRENCHES
1ST. REPLACEMENT TRENCHES
2-3' WIDE 52', LONG, 8' DEEP
PIPE AT 4', SEP. BY 11'

EXISTING SEPTIC TRENCHES
INITIAL TRENCHES
2-3' WIDE 78.50' LONG, 8' DEEP
PIPE AT 4', SEP. BY 11'

Approved Septic System Plan
Howard County Health Department
Dana Bernard 2-28-19
Signature Date

BP19000454

RICHARDS
AD
1816
H

GgA SOILS

MaC SOILS

GnB SOILS