



# 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: 10/25/19

Permit No.: B 1900347

Building Address: 7400 Mark A. Hill Rd  
 City: Hyattsville State: MD Zip Code: 20785  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Subdivision: \_\_\_\_\_  
 Lot: \_\_\_\_\_ Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

Existing Use: \_\_\_\_\_  
 Proposed Use: \_\_\_\_\_  
 Estimated Construction Cost: \$ \_\_\_\_\_  
 Description of Work: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

Property Owner's Name: Richard J. ...  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: MD Zip Code: 20785  
 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: VK  
 Contact Person: A. D. J.  
 Address: \_\_\_\_\_  
 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 type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<b>Depth</b>	<b>Width</b>
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 checked="" 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 type="checkbox"/> Public	
<input type="checkbox"/> Private	
Sewage Disposal	
<input type="checkbox"/> Public	
<input 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  
Email Address  
Title/Company

Print Name  
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		<u>Robert Bueh</u>

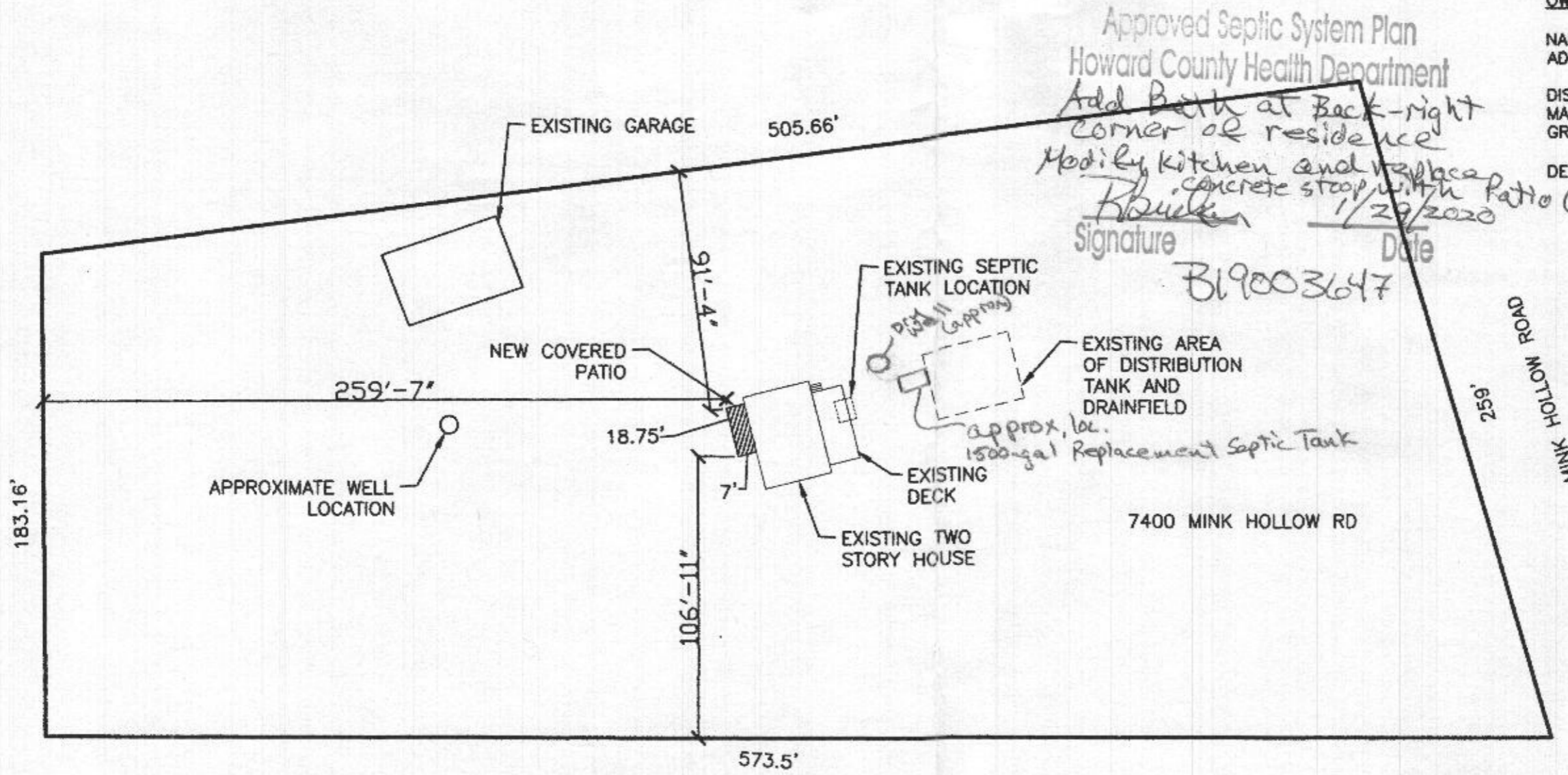
Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START

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

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

X Pck up X



Approved Septic System Plan  
 Howard County Health Department

*Add Bath at Back-right corner of residence*  
*Modify kitchen and replace concrete stoop with patio (19'2" x 7'1")*  
*Blunden 1/29/2020*  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

B19003647

OWNER INFORMATION:

NAME: BISHOP JAMES/ SHIRLEY  
 ADDRESS: 7400 MINK HOLLOW RD  
 HIGHLAND, MD 20777  
 DISTRICT: 05  
 MAP: 0040  
 GRID: 0007  
 DEED REF: /16666/00117

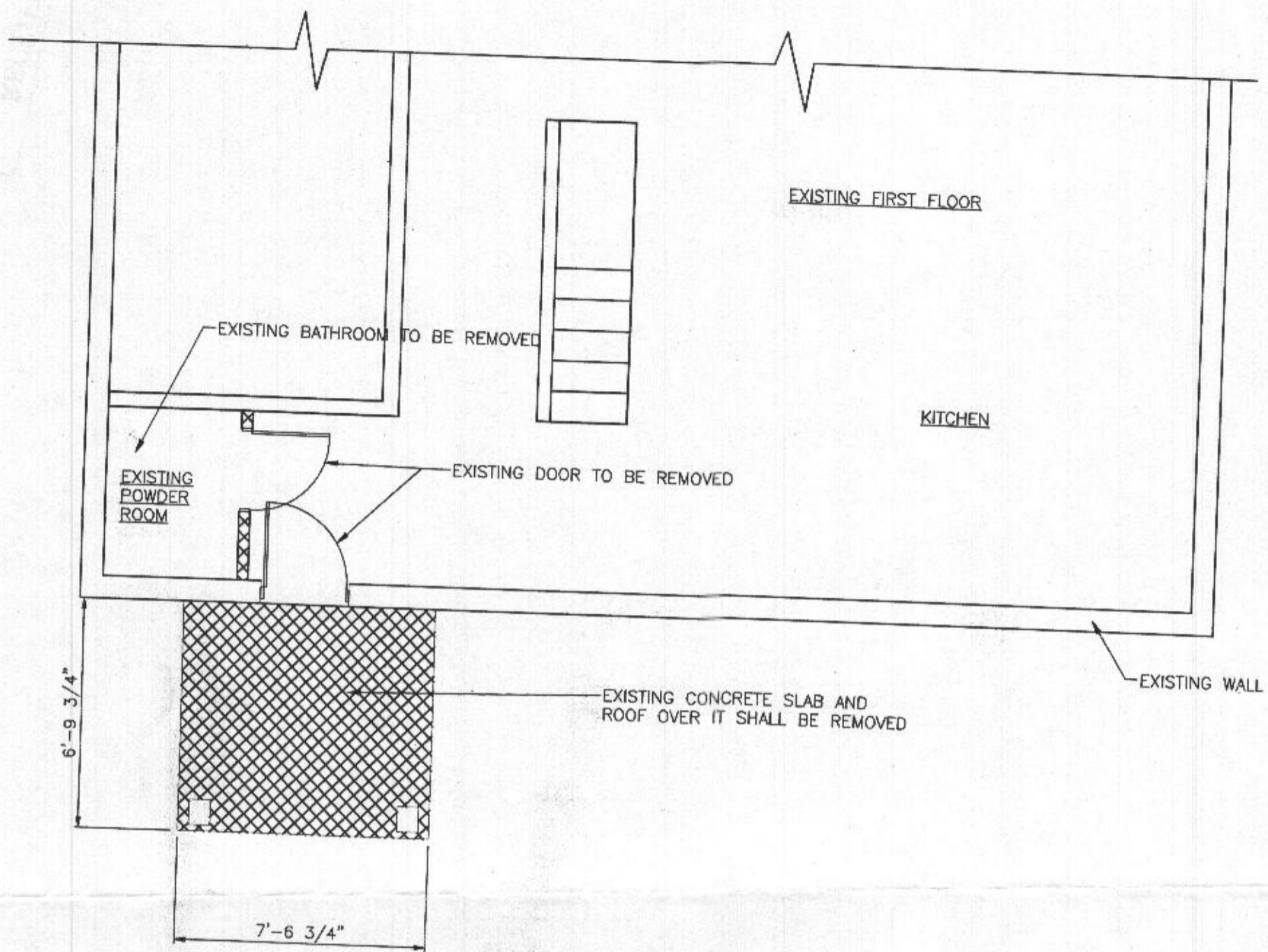


REvised B19003647  
 Date: 12/3/19  
 Comments: *revised for septic tank location*

SITE PLAN  
 SCALE: 1"=50'

7400 MINK HOLLOW RD HIGHLAND, MD 20777 PATIO ADDITION		C1
SITE PLAN		
ARENCO, LLC ARCHITECTURAL ENGINEERING CONSULTANTS 8207 DRAGONFLY CT LAUREL MD 20723		
SCALE AS SHOWN	WORK REQUEST # 19-394	SHEET 01 OF 01
		DRAWING NO. 19-394-01

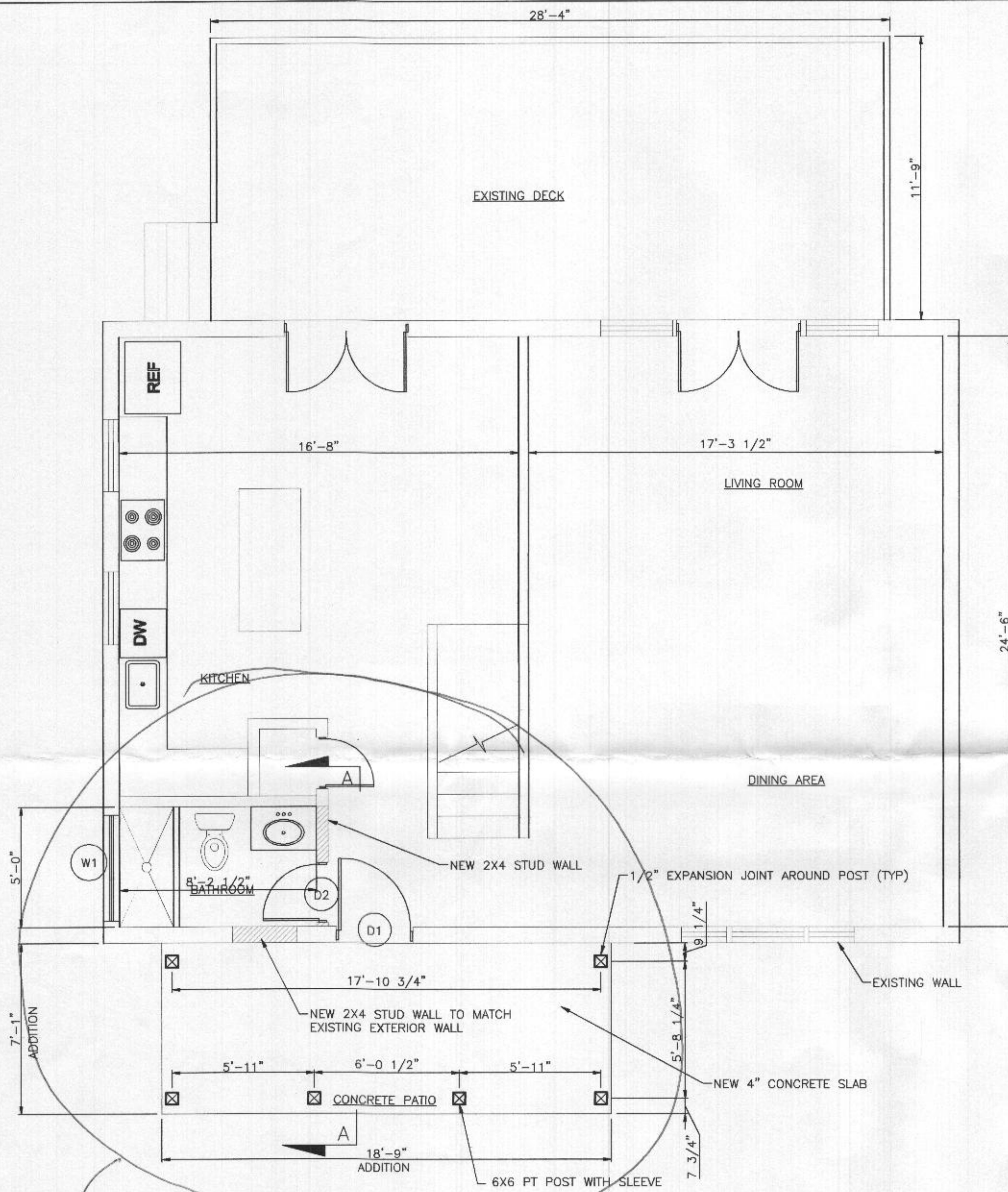
FILE NAME: FILE DATE:



7400 Mink Hollow Rd.  
**DEMOLITION PLAN**

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





**PROPOSED FIRST FLOOR PLAN**

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

Scope of  
B19003647  
OK ref 1/2/20

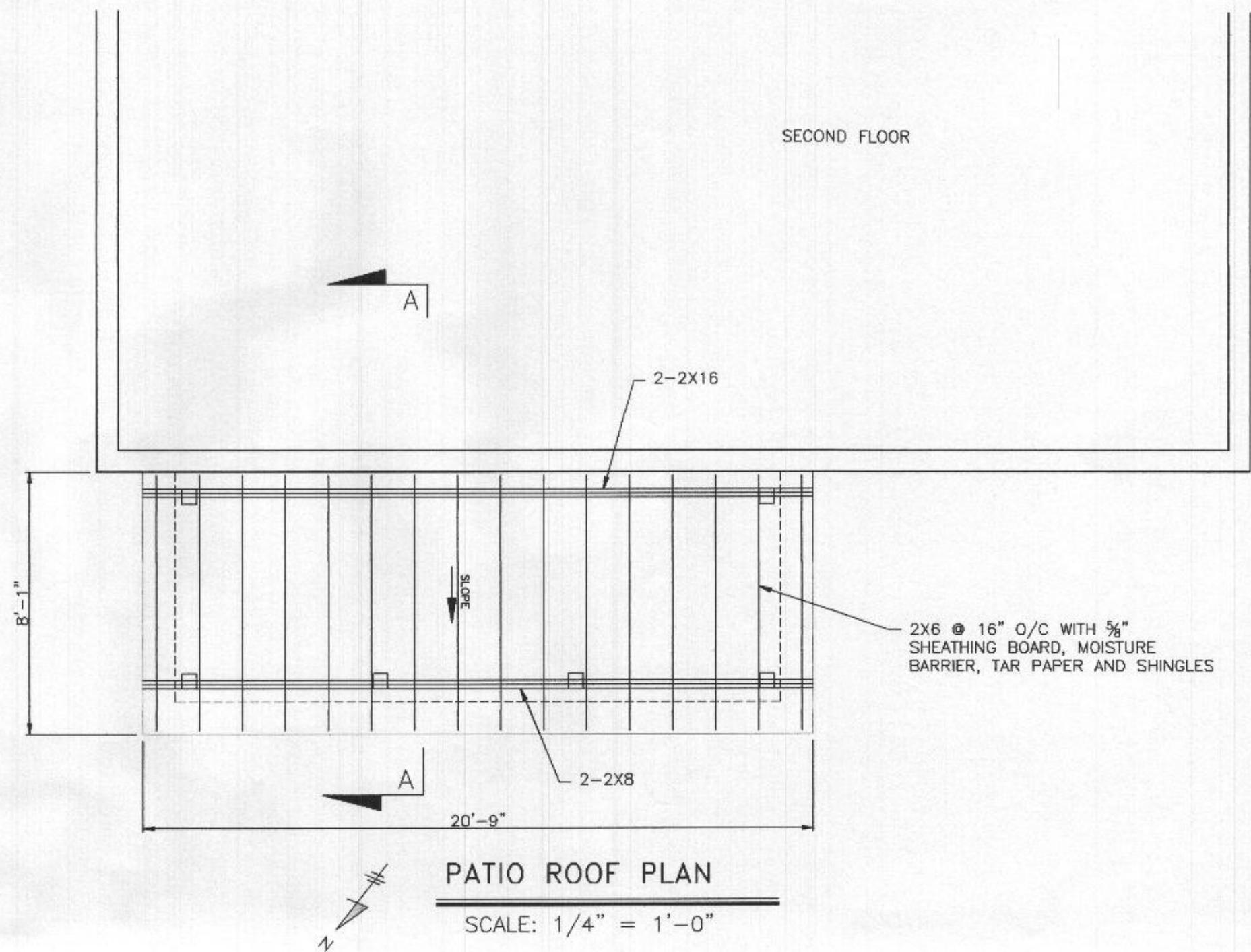
**WALL SYMBOLS**

TYPE	DESCRIPTION
[Symbol]	EXISTING WALL
[Symbol]	NEW CMU WALL
[Symbol]	NEW STUD WALL
[Symbol]	DEMOLITION

**NOTES**

- FOR GENERAL NOTES SEE DRAWING A-1 AND A2.
- FOR FOOTING AND SLAB DETAILS SEE DRAWING A3.
- EXISTING DOOR OPENING ENCLOSURE WALL SHALL BE 2X4 STUDS @ 16" O/C WITH 5/8" DRY WALL TO MATCH EXISTING WALL.
- ALL INTERIOR WALL SHALL BE 2X4 STUDS @ 16" O/C WITH 5/8" GB ON EACH FACE.
- NEW ROOF JOIST SHALL BE 2X6 @ 16" O/C AND BEAMS SHALL BE AS SHOWN PLAN, SEE SECTION ON DRAWING A3.
- ALL ROOF JOISTS SHALL BE ANCHORED WITH HURICANE ANCHOR AT TOP OF THE BEAM.

- [S] HARDWIRED AND INTERCONNECTED SMOKE ALARM
- [CM] HARDWIRED AND INTERCONNECTED CARBON MONOXIDE ALARM -UL 2034



**NEW DOORS SCHEDULE:**

MARK	WIDTH	HEIGHT	NOTES	HEADER
D1	3'-0"	6'-8"	-	2-2X8
D2	2'-2"	6'-8"	-	2-2X8

**NEW WINDOWS SCHEDULE:**

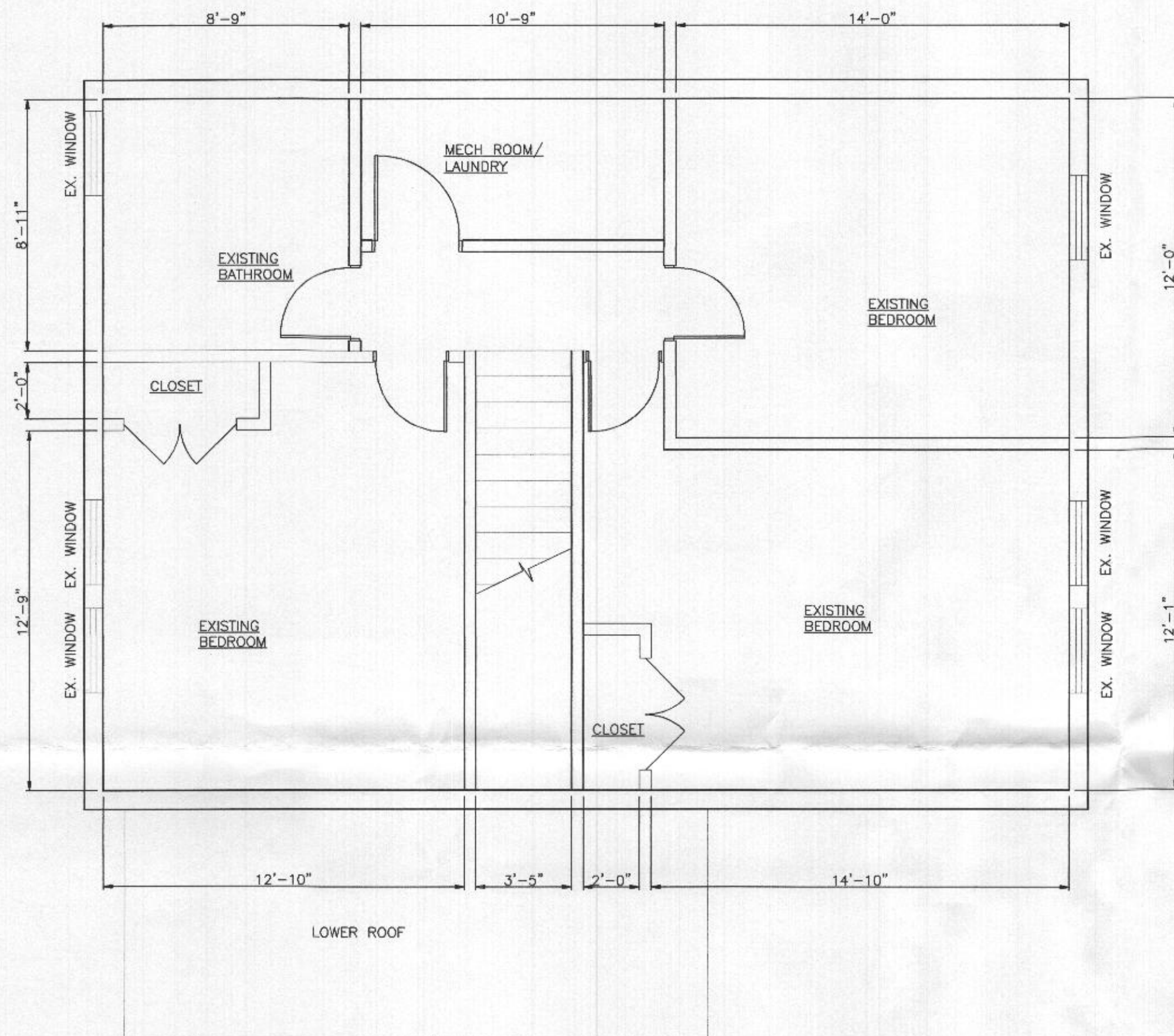
MARK	WIDTH	HEIGHT	SILL HEIGHT	HEADER
W1	4'-4"	1'-0"	5'-8"	2-2X8



PROFESSIONAL CERTIFICATION. I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 23081 EXPIRATION DATE: 04/24/2021

INITIALS	DATE	BEATTY RESIDENCE		A4
DRAWN	RP	7400 MINK HOLLOW ROAD		
DESIGN	PP	HIGHLAND, MARYLAND 20777		
CHECKER	AA	RENOVATION AND ADDITION		
A-E MANAGER	AA			
		<b>FIRST FLOOR AND PATIO ROOF PLAN</b>		
		<b>ARENCO, LLC</b>		
		ARCHITECTURAL ENGINEERING CONSULTANTS 8207 DRAGONFLY CT LAUREL, MD 20723		
CM		SCALE	WORK REQUEST #	SHEET
PM		AS SHOWN	19-394	04 OF 05
CUSTOMER		DRAWING NO.		19-394-04
SECTION HEAD				

FILE NAME: \_\_\_\_\_



**EXISTING SECOND FLOOR PLAN**

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



**NOTES**

1. FOR GENERAL NOTES SEE DRAWING A-1 AND A2.
2. FOR FOOTING AND SLAB DETAILS SEE DRAWING A3.
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6. ALL ROOF JOISTS SHALL BE ANCHORED WITH HURICANE ANCHOR AT TOP OF THE BEAM.

- HARDWIRED AND INTERCONNECTED SMOKE ALARM
- HARDWIRED AND INTERCONNECTED CARBON MONOXIDE ALARM -UL 2034

**WALL SYMBOLS**

TYPE	DESCRIPTION
	EXISTING WALL
	NEW CMU WALL
	NEW STUD WALL
	DEMOLITION

SECOND FLOOR BEDROOMS AND BATHROOMS ARE EXISTING AND NOT IN SCOPE OF PERMIT.



PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 23081 EXPIRATION DATE: 04/24/2021

	INITIALS	DATE	<b>BEATTY RESIDENCE</b> <b>7400 MINK HOLLOW ROAD</b> <b>HIGHLAND, MARYLAND 20777</b> <b>RENOVATION AND ADDITION</b>	<b>A4.1</b>
DRAWN	RP	10/23/19		
DESIGN	PP	10/23/19		
CHECKER	AA	10/23/19		
A-E MANAGER	AA	10/23/19		
CM			<b>EXISTING SECOND FLOOR PLAN</b> <b>ARENCO, LLC</b> ARCHITECTURAL ENGINEERING CONSULTANTS 8207 DRAGONFLY CT LAUREL, MD 20723	
PM				
CUSTOMER				
SECTION HEAD				
	SCALE	WORK REQUEST #	SHEET	DRAWING NO.
	AS SHOWN	19-394	04 OF 05	19-394-04

FILE NAME: \_\_\_\_\_