

NOT IN DUMP

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLICOTT CITY, MD 21043  
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address \_\_\_\_\_  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Ghaffarian's RES.  
 Address 4205 BUCK SKIN LAKE DR.  
 City ELLICOTT CITY State MD Zip Code 21045  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ \_\_\_\_\_  
 Description of Work  
Adding additional floor on  
the top of the pool.  
- Additional Master Suite

Contractor Company \_\_\_\_\_  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

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: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>   |
| No. of stories: _____  | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>  |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Use group: _____   | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>                  |
| Construction type:<br>Reinforced Concrete <input type="checkbox"/><br>Structural Steel <input type="checkbox"/><br>Masonry <input type="checkbox"/><br>Wood Frame <input type="checkbox"/><br>State Certified Modular <input type="checkbox"/> | Sprinkler system: N/A <input type="checkbox"/><br>Full <input type="checkbox"/><br>Partial <input type="checkbox"/><br>Other Suppression <input type="checkbox"/><br># of Heads _____ |

| Building Characteristics   | Utilities  |
|--|--|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____  | Water Supply: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>  |
| 1st floor: _____   | Sewage Disposal: _____<br>Public <input type="checkbox"/> Private <input type="checkbox"/>   |
| 2nd floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                    |
| Basement: _____  | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/><br>No. of Bedrooms _____<br>Height: _____ | Sprinkler system: N/A <input type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____   |
| Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____  |  |
| Other Structure: _____<br>Dimensions: _____<br>Footings: _____<br>Roof Height: _____<br>State Certified Modular <input type="checkbox"/><br>Manufactured Home <input type="checkbox"/>                           |  |

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 \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name \_\_\_\_\_  
Date \_\_\_\_\_

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

#### FOR OFFICE USE ONLY

| AGENCY               | DATE | SIGNATURE APPROVAL |
|----------------------|------|--------------------|
| Land Development DPZ |      |                    |
| State Highways       |      |                    |
| Building Official    |      |                    |
| Dev. Engineering DPZ |      |                    |
| Health <u>5/8/05</u> |      | <u>[Signature]</u> |
| Fire Protection      |      |                    |

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:   
 ONE STOP SHOP:

| DPZ SETBACK INFORMATION  | PROPERTY ID#            |
|--|-------------------------|
| Front: _____   | Filing fee \$ _____     |
| Rear: _____  | Permit fee \$ _____     |
| Side: _____  | Excise tax \$ _____     |
| Side St.: _____  | Add'l per. fee \$ _____ |
| All minimum setbacks met?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>    | TOTAL FEES \$ _____     |
| Is Entrance Permit required?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Historic District?<br>YES <input type="checkbox"/> NO <input type="checkbox"/>           | Balance due \$ _____    |
| Lot Coverage for NewTown Zone _____  | Check # _____           |
| SDP/Red-line approval date _____   | Validation # _____      |

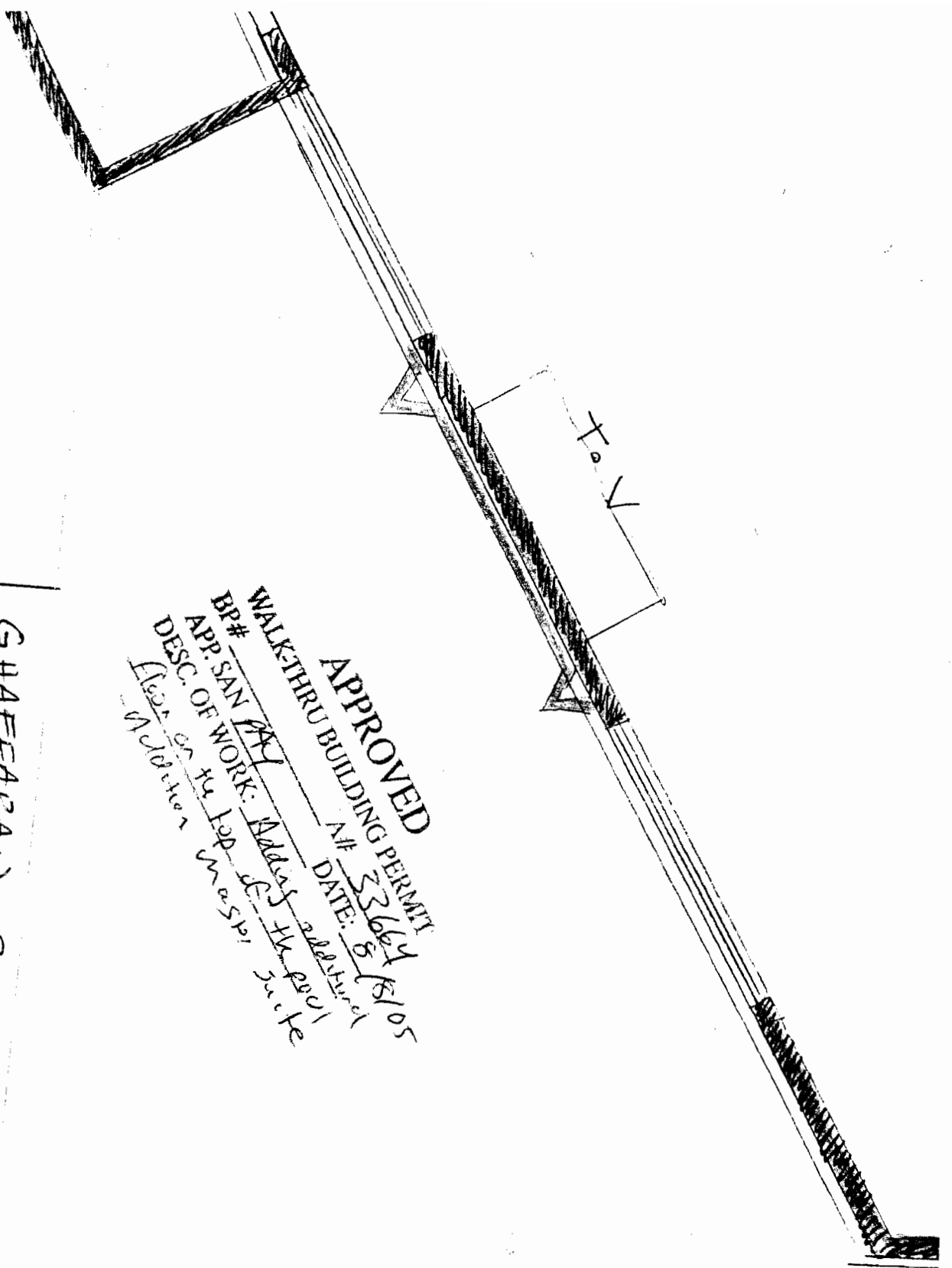
Accepted by \_\_\_\_\_

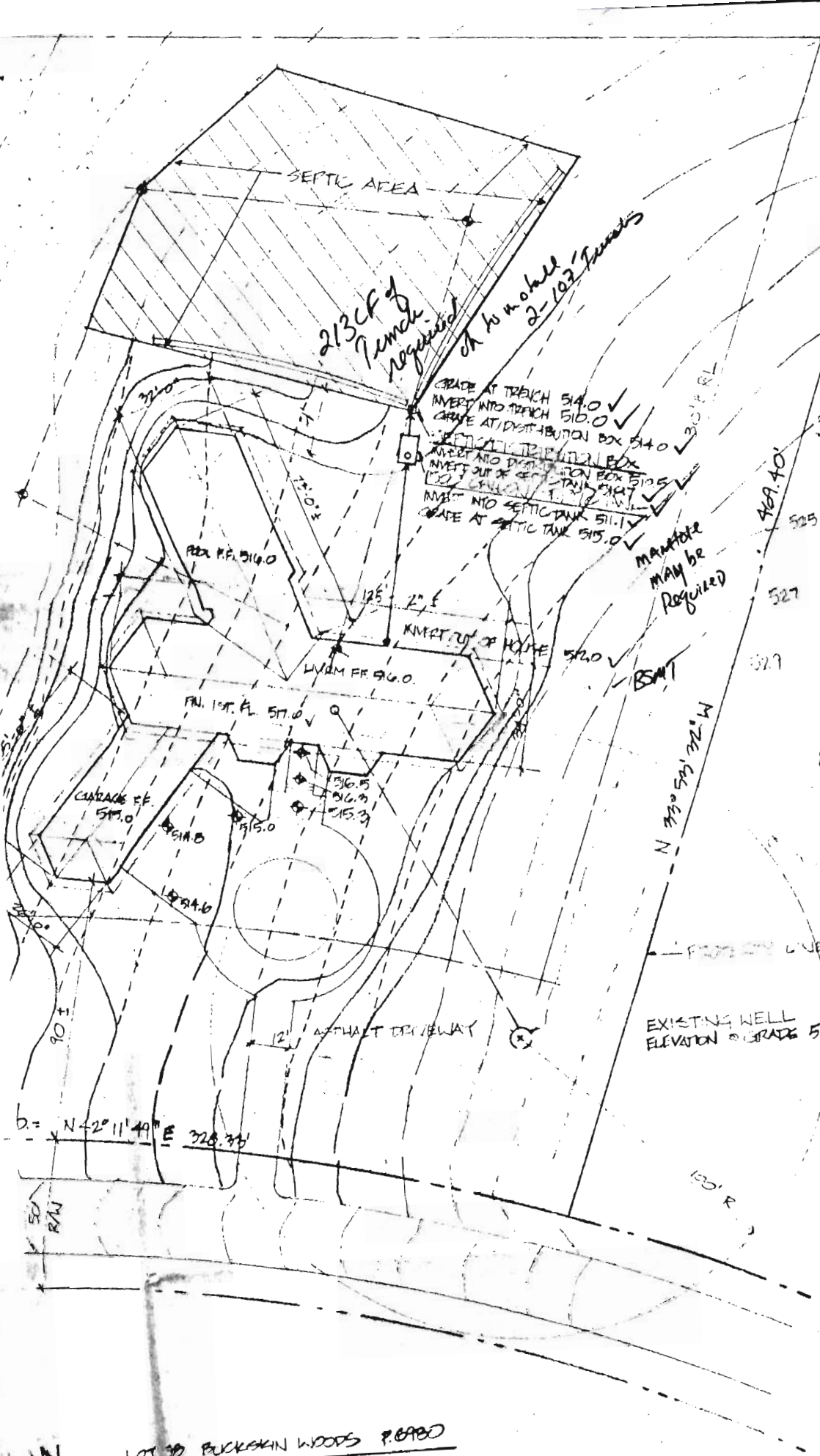
GHAFFARAND, RESIDENCE

4205 BUCKSKIN Lake drive,  
ELLCOTT CITY, MD, 21042

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

APPROVED  
WALK-THRU BUILDING PERMIT  
BP# ANY AFF 532664  
APP. SAN ADDAS DATE: 8/18/05  
DESC. OF WORK: ADDAS addition  
floor on the top of the pool  
4' x 10' concrete





213 CF of trench required for 10 mobile 2-102' trenches

GRADE AT TRENCH 514.0 ✓  
 INVERT INTO TRENCH 510.0 ✓  
 GRADE AT DISTRIBUTION BOX 514.0 ✓  
 INVERT INTO DISTRIBUTION BOX 510.0 ✓  
 INVERT OUT OF DISTRIBUTION BOX 515.0 ✓  
 INVERT INTO SEPTIC TANK 511.0 ✓  
 GRADE AT SEPTIC TANK 515.0 ✓

MANHOLE MAY BE REQUIRED

BSMT

8/3/88  
 elevations & sub

BLDG. PERMIT SIGNED AND RETURNED 8/3/88

BP 20332  
 sub

EXISTING WELL ELEVATION @ GRADE 526.0 ✓

D = N 42° 11' 49" E 328.33

50' R/W

IN LOT 30 BUCKSKIN WOODS P. 6880

NOTES:

2" = 11' PER 1" = 0"

LOT 30 BUCKSKIN  
 515  
 517  
 LOT 30 BUCKSKIN

30' R/L

30' R/L

30' R/L

30' R/L

PROPERTY LINE

150' R