

**HOWARD COUNTY PERMIT APPLICATION**      **PERMIT NUMBER**  
B08001191

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
 1430 COURT HOUSE DRIVE  
 ELLICOTT CITY, MD 21043  
 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810  
 AUTOMATED INFORMATION (410) 313-3800

Building Address 3270 Jones Rd  
Woodbine MD, 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Mark Ueltschy

Address 3270 Jones Rd

City Woodbine State MO Zip Code 21797

Phone 410-487-7148 Phone 301-437-6359

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD

Proposed Use Same with Deck

Estimated Construction Cost \$ 1500

Description of Work 24 X 16 w/ steps

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**

<p><u>Building Characteristics</u></p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>Construction type:  <input type="checkbox"/> Reinforced Concrete  <input type="checkbox"/> Structural Steel  <input type="checkbox"/> Masonry  <input type="checkbox"/> Wood Frame  <input type="checkbox"/> State Certified Modular</p>	<p><u>Utilities</u></p> <p>Water Supply:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Sewage Disposal:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/>                  Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                  Electric <input type="checkbox"/> Oil <input type="checkbox"/>                  Natural Gas <input type="checkbox"/>                  Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/>  <input type="checkbox"/> Full  <input type="checkbox"/> Partial  <input type="checkbox"/> Other Suppression                  # of Heads _____</p>
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<p><u>Building Characteristics</u></p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p><u>Depth</u>      <u>Width</u></p> <p>1st floor: _____</p> <p>2nd floor: _____</p> <p>Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/></p> <p>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms: _____</p> <p>Height: _____</p> <p>Multi-family dwellings:                  No. of efficiency units: _____                  No. of 1 BR units: _____                  No. of 2 BR units: _____                  No. of 3 BR units: _____</p> <p>Other Structure: _____</p> <p>Dimensions: _____</p> <p>Footings: _____</p> <p>Roof Height: _____</p> <p><input type="checkbox"/> State Certified Modular  <input type="checkbox"/> Manufactured Home</p>	<p><u>Utilities</u></p> <p>Water Supply:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Sewage Disposal:  <input type="checkbox"/> Public  <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/>                  Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System:                  Electric <input type="checkbox"/> Oil <input type="checkbox"/>                  Natural Gas <input type="checkbox"/>                  Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/>  <input type="checkbox"/> NFPA #13D  <input type="checkbox"/> NFPA #13R  <input type="checkbox"/> Other:</p>
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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.

Mark Ueltschy  
 Applicant's Signature

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

Mark Ueltschy  
 Print Name

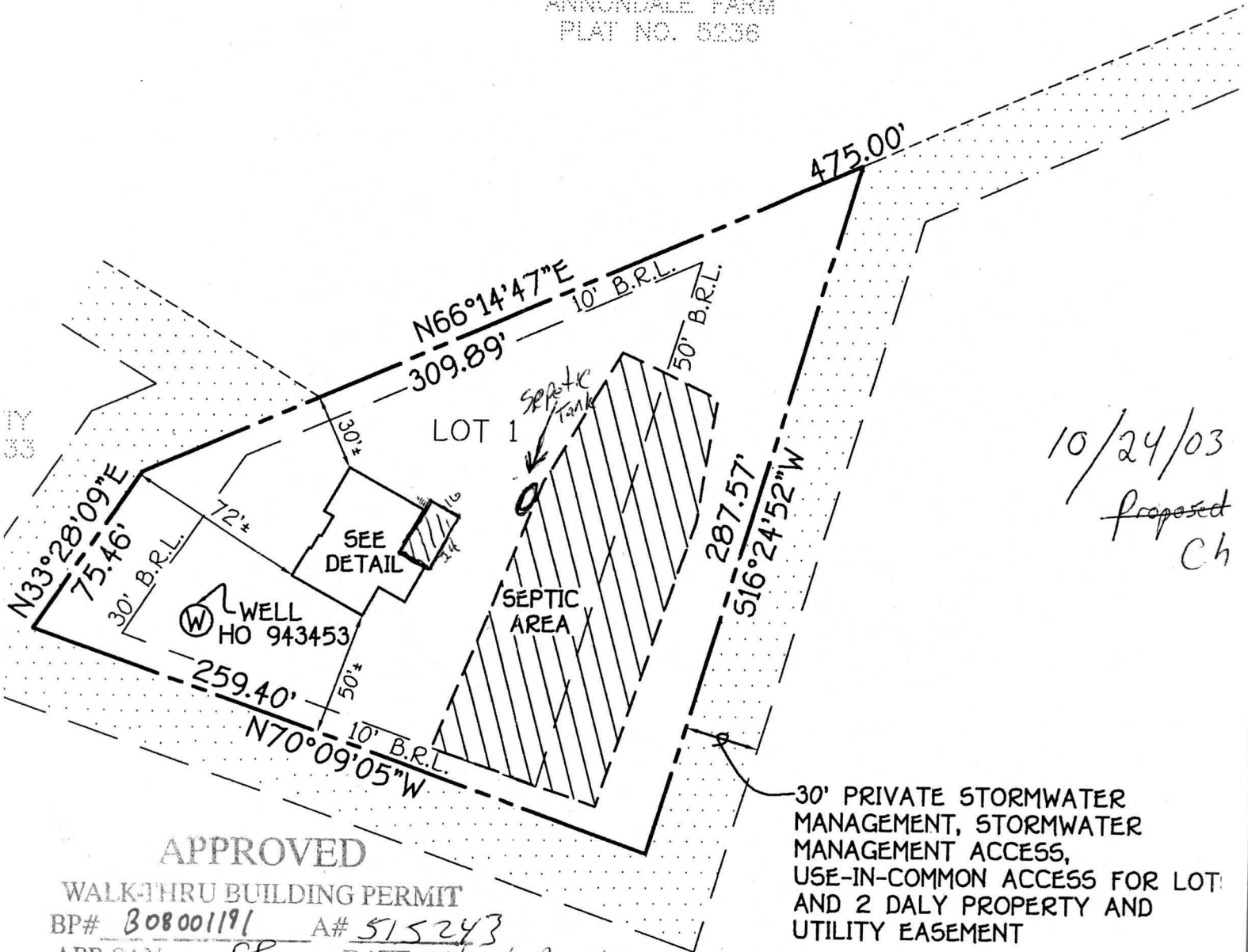
4-24-08  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>4/24/08</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				Pink: Health
Pink: Health				Gold: SHA
Gold: SHA				

T:\forms\PERMIT.FRM

LOT 1  
ANNONDALE FARM  
PLAT NO. 5236



10/24/03  
Proposed  
Ch

APPROVED

WALK-THRU BUILDING PERMIT

BP# 308001191 A# 515243  
APP. SAN SS DATE: 4/24/08

DESC. OF WORK:  
24' x 16' deck w/ steps.

1:60  
SCALE

30' PRIVATE STORMWATER  
MANAGEMENT, STORMWATER  
MANAGEMENT ACCESS,  
USE-IN-COMMON ACCESS FOR LOT  
AND 2 DALY PROPERTY AND  
UTILITY EASEMENT

Call Log

Building Address <u>3270 JONES RD.</u> <u>WOODBINE MD. 21797</u>	Property Owner's Name <u>BARBARA FLOYD</u> Address <u>3274 JONES RD.</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21036</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>604002</u> Subdivision <u>Pub Property</u> Section _____ Area _____ Lot <u>24 1</u> Tax Map <u>20</u> Parcel <u>37</u> Grid <u>3</u> Zoning <u>R2050</u> Map Coordinates <u>8B7</u> Lot size <u>43,5604</u>	Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____  Phone _____ Fax <u>410 531 8070</u> <i>Attn: Bill DiMeco</i>

Existing Use <u>VACANT LOT</u> Proposed Use <u>NEW SINGLE FAMILY HOME</u> Estimated Construction Cost \$ <u>200,000</u> Description of Work <u>CONSTRUCTION OF</u> <u>SINGLE FAMILY HOME P/PLAN</u> <u>4 BR, 3 2 1/2 BATH, 2 CAR GARAGE</u>	Contractor Company <u>THE BRIFFMORE GROUP LLC</u> Contact Person <u>STEVE GRIFFIN</u> Address <u>4231 LINTHICUM RD.</u> City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21036</u> License No. <u>1307</u> Phone <u>(410)531-8105</u> Fax <u>(410)531-8070</u>
Occupant or Tenant <u>BARBARA FLOYD</u> Contact Name <u>STEVE GRIFFIN</u> Address <u>4231 LINTHICUM RD</u> City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21036</u> Phone <u>(410)984-6944</u> Fax <u>(410)531-8105</u>	Engineer or Architect Company <u>JB HOME DESIGN</u> Contact Person <u>JOHN BUTTS</u> Address <u>4231 LINTHICUM RD.</u> City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21036</u> Phone <u>(410)531-8105</u> Fax <u>(410)531 8070</u>

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>46</u> x <u>49</u> 2nd floor: <u>32</u> x <u>49</u> Basement: <u>46</u> x <u>49</u> <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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.

<u><i>[Signature]</i></u> Applicant's Signature <u>PRINCIPAL</u>	<u>STEPHEN P. GRIFFIN</u> Print Name <u>7/18/03</u> Date
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Title/Company \_\_\_\_\_ Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID# <u>58925</u>
Land Development, DPZ			Front: _____	Filing fee \$ <u>100</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>8/7/03</u>	<u>[Signature]</u>	Side St.: _____	Add'l per. fee \$ _____
Health			All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>3555</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>28313</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by <u>[Signature]</u>
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	

