

Building Address 14770 Justifiable Ct Woodbine MD 21797

Property Owner's Name Tod & Lisa Lipman

Address 14770 Justifiable Ct

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

City Woodbine State MD Zip Code 21797

Census Tract 1040.01 Subdivision \_\_\_\_\_

Home Phone (410)442-7736 Work Phone (301)277-2277

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 14

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

Tax Map 8 Parcel 358 Grid 111

Zoning RC-1.5E Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

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

Existing Use Home - SDP

Contractor Company Self & Family

Proposed Use Home Addition

Contact Person Tod Lipman

Estimated Construction Cost \$ 50,000

Address Same

Description of Work Add 2 bedrooms and family room -

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

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

Occupant or Tenant \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

**BUILDING DESCRIPTION - COMMERCIAL**                      **BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

Height: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No

Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A

Full \_\_\_\_\_  
 Partial \_\_\_\_\_  
 Other Suppression \_\_\_\_\_  
 # of Heads \_\_\_\_\_

**Building Characteristics**

SF Dwelling  SF Townhouse

Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: 30' 27'

2nd floor: 30' 27'

Basement: 30' 24'

Finished Basement  Unfinished Basement

Crawl space  Slab on Grade

No. of Bedrooms 3

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: \_\_\_\_\_

State Certified Modular \_\_\_\_\_  
 Manufactured Home \_\_\_\_\_

**Utilities**

Water Supply:  
 Public  
 Private

Sewage Disposal:  
 Public  
 Private

Electric Yes  No

Gas Yes  No

Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas

Sprinkler system: N/A

\_\_\_\_\_ NFPA #13D  
 \_\_\_\_\_ NFPA #13R  
 \_\_\_\_\_ 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.

Tod Lipman  
 Applicant's Signature

Tod Lipman  
 Print Name

5/21/01  
 Date

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

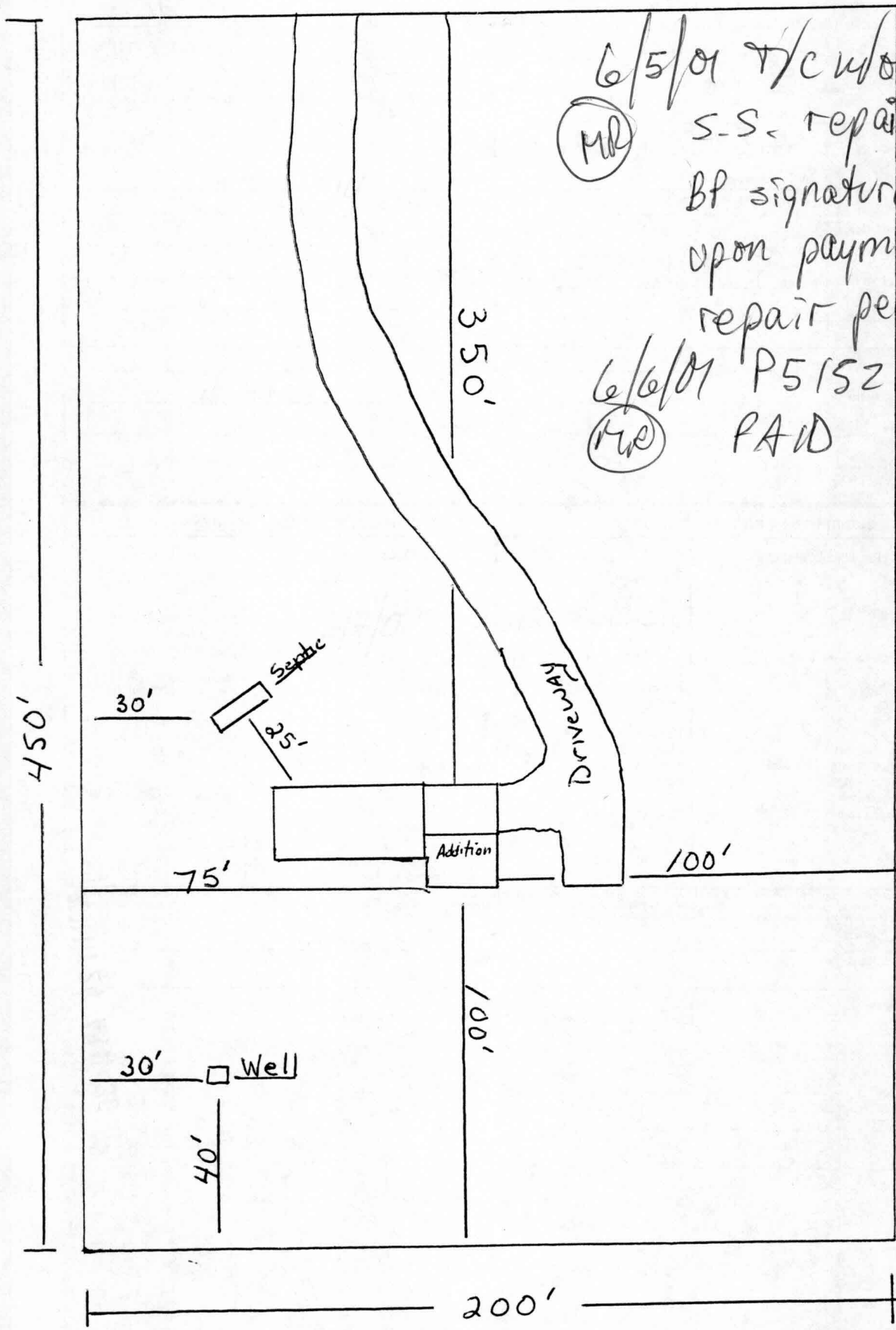
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#	
Land Development, DPZ			Front: _____	39610	
State Highways			Rear: _____	Filing fee \$ <u>25.00</u>	
Building Official			Side: _____	Permit fee \$ _____	
Dev. Engineering, DPZ	<u>6/2/01</u>	<u>Mark Keller</u>	Side St.: _____	Excise tax \$ _____	
Health			All minimum setbacks met?	Add'l per. fee \$ _____	
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____	
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____	
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # <u>1835</u>	
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____	
			Lot Coverage for New Town Zone _____		
			SDP/Red-line approval date _____	Accepted by _____	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA

Const.  
 Final  
 approved  
 12/4/01

14770 Justifiable Ct Woodbine

~~#AAA~~  
S.S. repair



6/5/01 T/C w/owner  
MR S.S. repair req'd  
BP signature OK  
upon payment of \$25  
repair permit fee  
6/6/01 P515280  
MR PAID