

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address <u>1853 Long Corner Rd</u> <u>Mount Airy, MD 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot <u>2</u> Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____	Property Owner's Name <u>Mr+Mrs Wolfrey</u> Address <u>1853 Long Corner Rd</u> City <u>Mount Airy</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>301-831-0929</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use _____ Proposed Use <u>Porch</u> Estimated Construction Cost \$ <u>12,000</u> Description of Work <u>Build new front porch</u> <u>irregularly shaped deck 8'x55'</u> <u>with piers</u>	Contractor Company <u>Windsor Home Improvements</u> Contact Person <u>Mark Windsor</u> Address <u>2337 Starcrest Dr</u> City <u>Silver Spring</u> State <u>MD</u> Zip Code <u>20904</u> License No. _____ Phone _____ Fax _____
Occupant or Tenant <u>Mr+Mrs Wolfrey</u> Contact Name _____ Address <u>1853 Longcorner Rd</u> City <u>Mount Airy</u> State <u>MD</u> Zip Code <u>21771</u> Phone <u>301-831-0929</u> Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics 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	Utilities 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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	Building Characteristics SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities 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: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input 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.

Applicant's Signature _____ Print Name _____
 Title/Company _____ 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>4/13/06</u>	<u>Acarufford</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"/>	
			Lot Coverage for NewTown Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

1853 Long Corner Rd.

4/13/06

Need to accurately locate septic tank on scaled construction plan and illustrate that the proposed porch footer will be a minimum of 5ft from the septic tank. May require field review.

M. J. Davis

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
B00136857

Property Address 1853 Long Corner Rd
114. Arty, MD 21771

Legal Apt. #: _____ SDP/WP/Petition #: _____

Lot/Tract 6040 Subdivision Carwithen

Section _____ Area _____ Lot 2

Section Map 6 Parcel _____ Grid 16

Map Coordinates 2C12 Lot size 3,25 AC

Existing Use Single Family Residence

Proposed Use Add garage

Estimated Construction Cost \$3200

Description of Work Add 22x22
to home 22x22
20x16 Deck rear of house

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name Robin Wolfrey

Address 1885 Long Corner Rd

City Arty, MD State MD Zip Code 21771

Home Phone 301 371 0921 Work Phone 301 371 0007

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

Phone _____ Fax owner

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____ Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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: <u>22 x 22</u> Footings: _____ Roof: _____	
State Certified Modular Manufactured Home _____	

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.

Robin Wolfrey
 Applicant's Signature
owner
 Title/Company

Robin Wolfrey
 Print Name
6/12/02
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
State Highways		
Building Official		
Dev Engineering (DPZ)		
Health		
Fire Protection		
Settlement Control		
CONSTRUCTION START	<input type="checkbox"/>	
ONE STOP SHOP	<input type="checkbox"/>	

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>40715</u>	
Filing fee	\$ <u>25</u>
Permit fee	\$ <u>87</u>
Excise tax	\$ <u>307</u>
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>499</u>
Sub-total paid	\$ _____
Balance due	\$ <u>499</u>
Check	<u>499</u>
Validation	<u>6/12/02</u>

OWNER / BUILDER: STEVE & ROBIN WOLFREY
301-879-3781

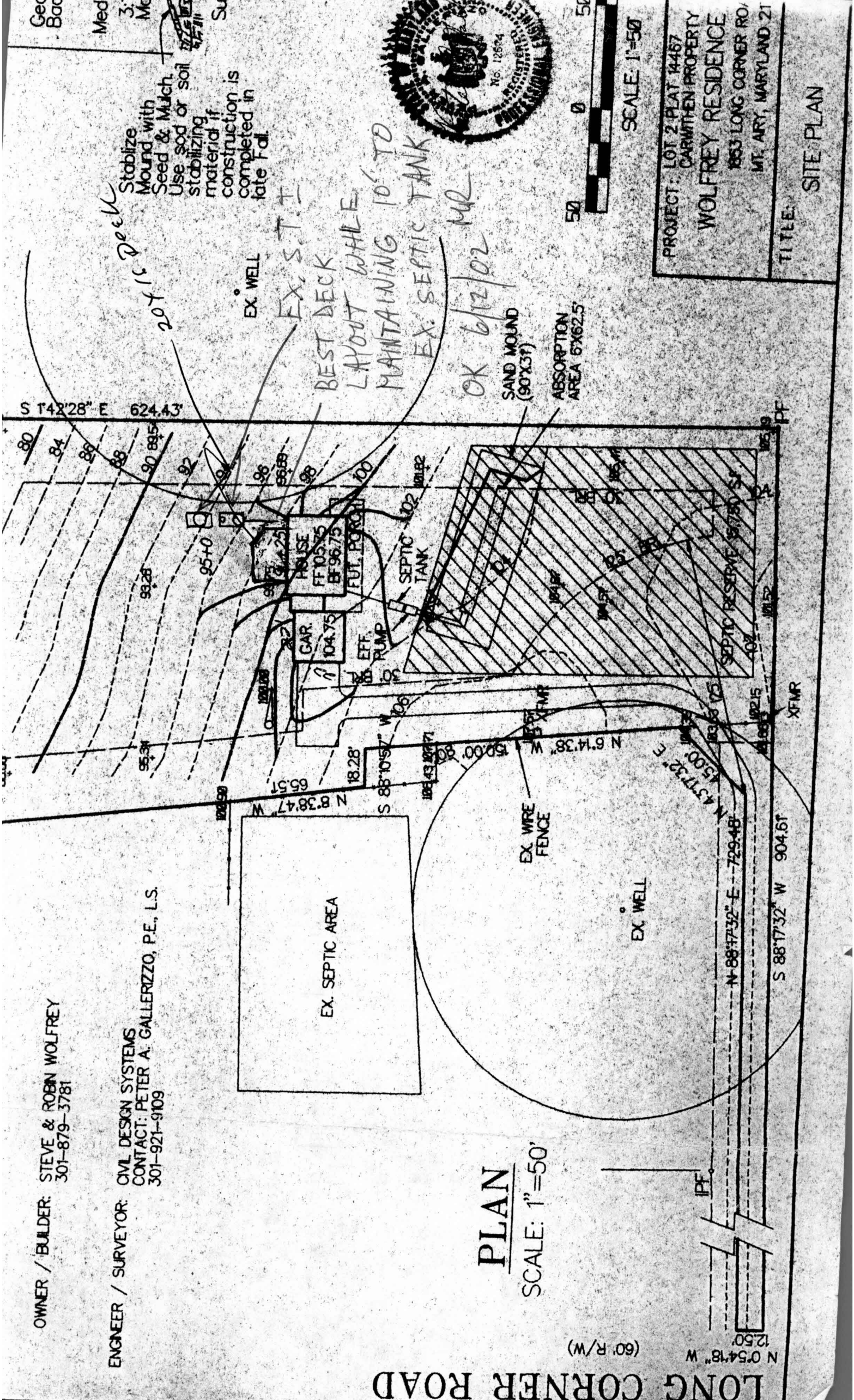
ENGINEER / SURVEYOR: CIVIL DESIGN SYSTEMS
CONTACT: PETER A. GALLERIZZO, P.E., L.S.
301-921-9109

LONG CORNER ROAD

(60' R/W)

N 0°54'18" W 1250'

PLAN
SCALE: 1"=50'



PROJECT: LOT 2 PLAT 14467
CARMITHEN PROPERTY
WOLFREY RESIDENCE
1853 LONG CORNER RD.
MT. ARY, MARYLAND 21

TITLE: SITE PLAN

SCALE: 1"=50'



20' x 15' Deck
Stabilize Mound with Seed & Mulch. Use sod or soil stabilizing material if construction is completed in late Fall.

EX. S.T.T.
BEST LAYOUT WHILE MAINTAINING 10' TO EX. SEPTIC TANK

OK 6/12/02 MR

SAND MOUND (90'X31')
ABSORPTION AREA 6'X62.5'

EX. WELL

EX. SEPTIC AREA

EX. WIRE FENCE

EX. WELL

S 88°17'32" W 904.61'

N 88°17'32" E 729.48'

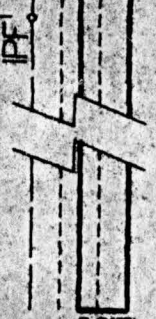
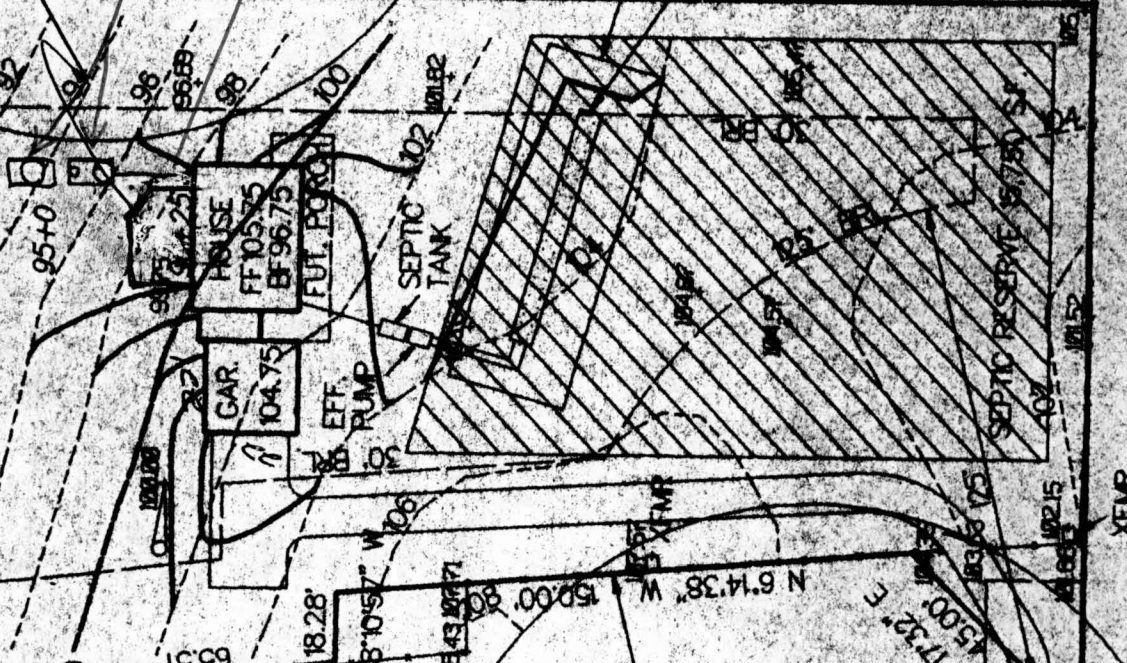
N 43°17'32" E 1500'

N 61°14'38" W 150.00'

S 88°10'57" W 106'

N 8°38'47" W 120.50'

S 142°28' E 624.43'



(515 956 A)

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

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B. 00131654

Building Address 12127 Carroll Mill Ct
Ellicott City, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision Woodmark
Section 23 Area _____ Lot 60
Tax Map RR Parcel 89 Grid 7
Zoning _____ Map Coordinates 10FF9 Lot size _____

Property Owner's Name Robert & Selma Allen
Address 12127 Carroll Mill Ct
City Ellicott City State MD Zip Code 21042
Home Phone 410-531-5285 Work Phone 301-854-0670
Applicant's Name & Mailing Address, (if other than stated hereon):
N/A
Phone _____ Fax _____

Existing Use single family home
Proposed Use above ground pool 12' x 48' for same
Estimated Construction Cost \$ 545
Description of Work 18' x 48' above ground pool truck filled

Contractor Company CAD Installers, Inc.
Contact Person _____
Address PO Box 147
City Harve De Grace State MD Zip Code 21078
License No. MHC # 48713
Phone 1-800-918-2637 Fax 1-410-939-7338

Occupant or Tenant OWNER
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: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

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Selma Allen
Applicant's Signature
OWNER
Title/Company

Selma Allen
Print Name
7/25/01
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
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AGENCY	DATE	SIGNATURE APPROVAL
and Development, DPZ	<u>7/25/01</u>	<u>[Signature]</u>
ate Highways		
ilding Official	<u>7/25/01</u>	<u>[Signature]</u>
y Engineering, DPZ	<u>7/25/01</u>	<u>[Signature]</u>
alth		
re Protection		
Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: <u>30' 60' FC</u>
Rear: <u>30' FC</u>
Side: <u>N/A</u>
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	AMOUNT
<u>51646</u>	
Filing fee	\$ _____
Permit fee	\$ <u>100</u>
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>100</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>7210</u>
Validation #	<u>4340</u>
Accepted by	<u>[Signature]</u>

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B300134796

Building Address 3612 Clear Drive G
Glenwood Md. 21783
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6040 Subdivision 7th Rd
Section _____ Area _____ Lot 10
Tax Map 21 Parcel 228 Grid 3
Zoning RCDFO Map Coordinates 9A7 Lot size _____

Property Owner's Name Steven + Amanda East
Address _____
City _____ State MD Zip Code 21783
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use _____
Proposed Use 2nd floor deck
Estimated Construction Cost \$ _____
Description of Work 14x26' Deck w/12' gazebo & steps

Contractor Company The Works Custom B. II
Contact Person T. Johnson
Address 1111 R. ...
City ... Md State MD Zip Code 21107
License No. 72251 Phone 410-552-4861 Fax 410-552-4862

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
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 _____	

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Applicant's Signature T. Johnson
Title/Company The Works Custom B. II

Print Name T. Johnson
Date 3-13-02

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AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official	<u>3/13/02</u>	<u>[Signature]</u>
Dev. Engineering DPZ		
Health	<u>3/13/02</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

DPZ SETBACK INFORMATION

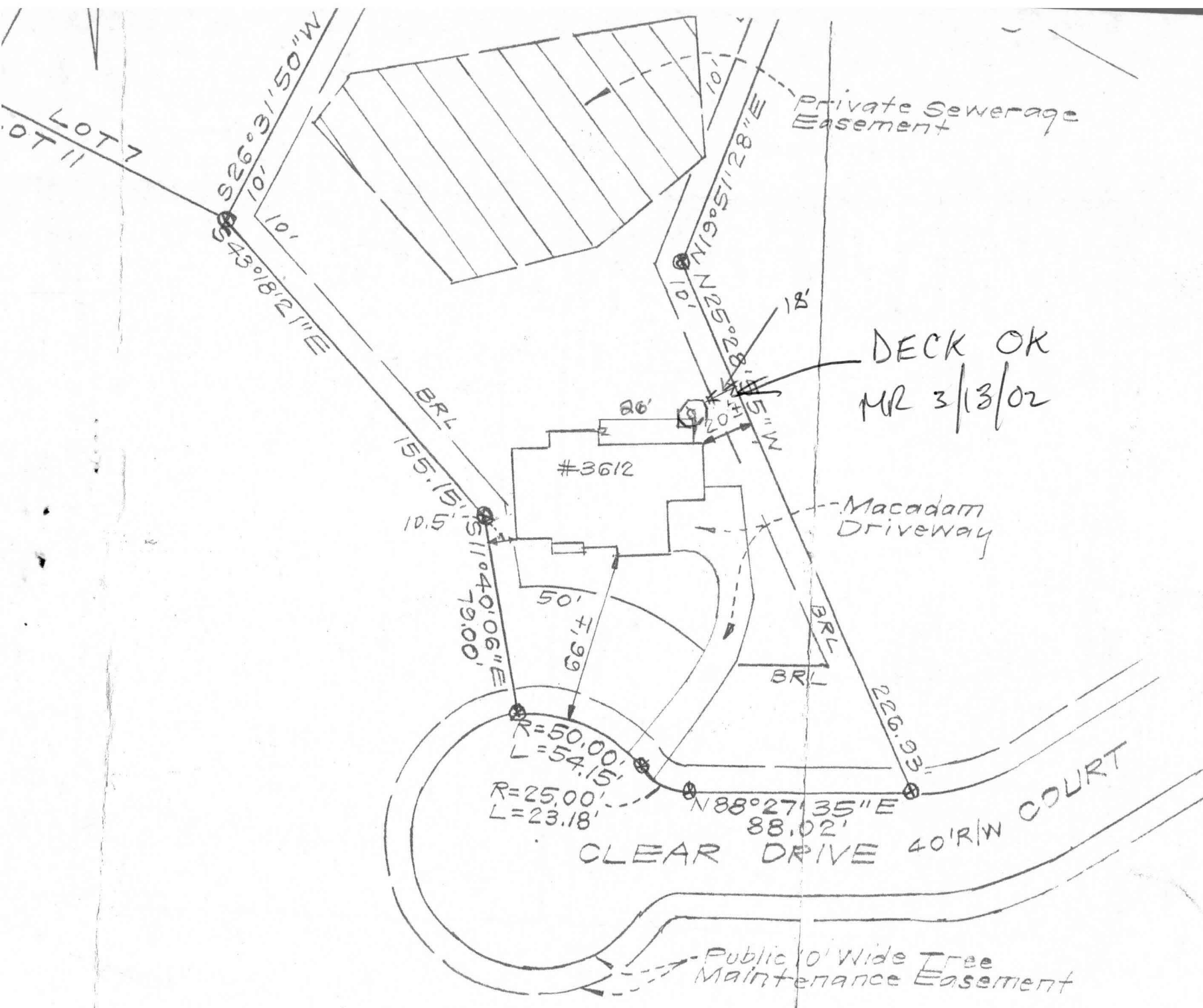
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO
Is Entrance Permit required? YES NO
Historic District? YES NO
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#: 48875

Filing fee	\$ _____
Permit fee	\$ <u>50</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>50</u>
Balance due	\$ _____
Check	# <u>1602</u>
Validation	# _____

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



LOT 7
LOT 11

S 26° 31' 50" W
10'
10'
10'
S 43° 18' 21" E

Private Sewerage Easement

DECK OK
MR 3/13/02

#3612

Macadam Driveway

10.5'
S 11° 40' 06" E
79.00'

R=50.00'
L=54.15'
R=25.00'
L=23.18'

N 88° 27' 35" E
88.02'
CLEAR DRIVE 40'R/W COURT

Public 10' Wide Tree Maintenance Easement

(Handwritten initials)

B/C

P R: 6/17/03

ATTN: BRUCE FORETT
2 pages

#25
CR 1722
CR 27144

June 9, 2003

Department of Inspections, Licenses and Permits
3430 Courthouse Drive
Ellicott City, Md. 21043

Permit # B00136857
1853 LONG CORNER

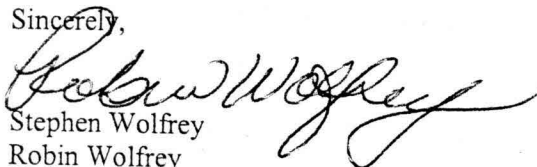
To Whom It May Concern:

A 511469 94-288F
P 515937

After further consideration of our deck plans, we have decided to increase the size of our deck to extend to the bump out at the end of the house. In addition we would like to add a ramp that extends the length of our garage that will tie into the deck, for better access for handicap guest(s).


Please call with any questions or concerns. Thank you for your consideration.

Sincerely,

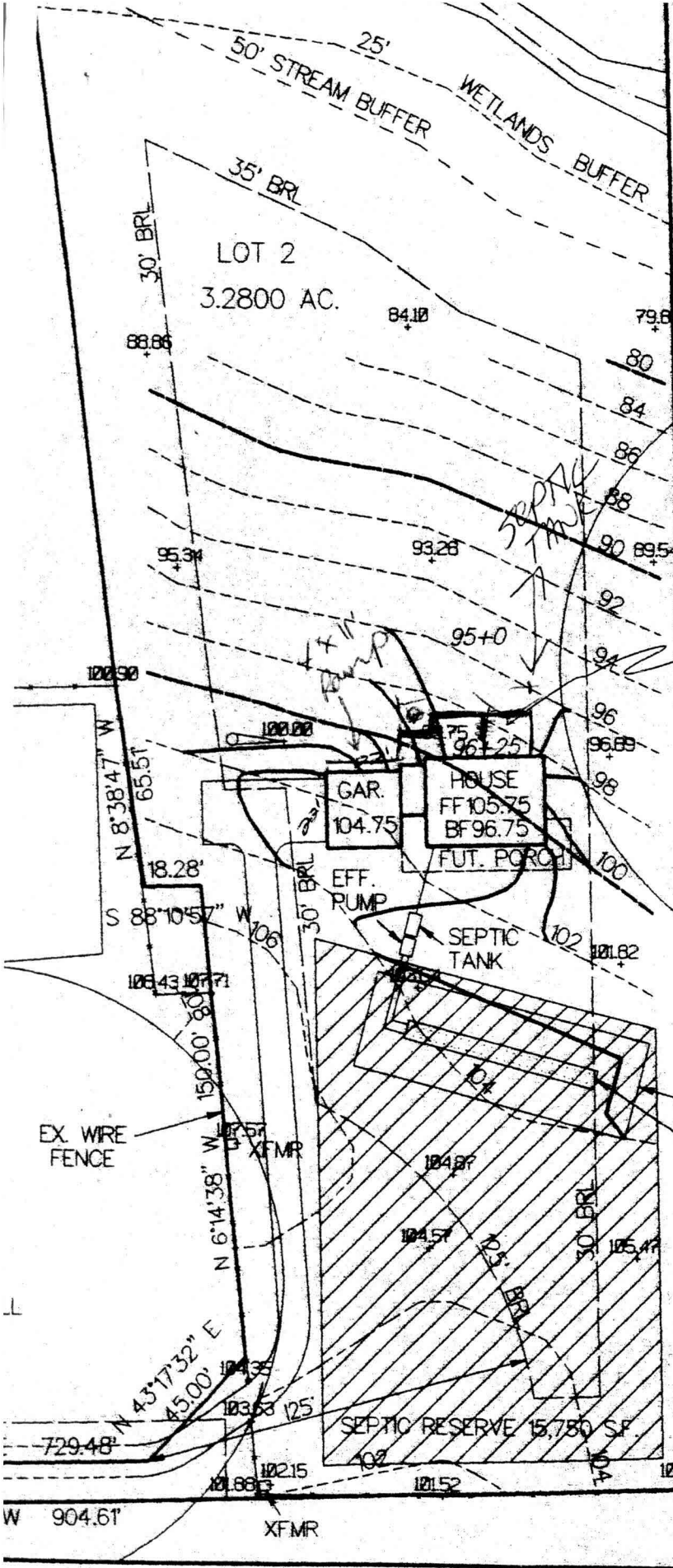

Stephen Wolfrey
Robin Wolfrey
301-831-0928

6/17/03

re: DP2
Health Dept

1
8/7/03
No issues
revision 0.12


2003 JUN 17 PM 1:50



REVISED
 Date: 6/17/03
 Comments: B00136857

Geo
 Bac

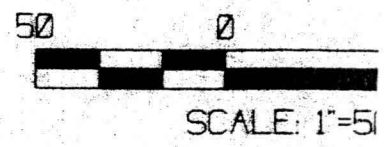
 Med
 3:
 Mk

 St

Stabilize
 Mound with
 Seed & Mulch.
 Use sod or soil
 stabilizing
 material if
 construction is
 completed in
 late Fall.

Handwritten:
 Deck
 49x16 w/4'x11"
 Ramp
 EX. WELL

Handwritten:
 8/7/03
 revised
 O.K. Q



PROJECT: LOT 2 PLAT 14467
 CARWITHEN PROPER
 WOLFREY RESIDENCE
 1853 LONG CORNER
 MT. ARY, MARYLAN

TITLE:
 SITE PLAN