

B-00129588

Building Address 10145 MAPLEWOOD DR.
ELICOTT CITY, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6021 Subdivision Maplewood
Section — Area — Lot 2
Tax Map 17 Parcel 473 Grid 7
Zoning R20 Map Coordinates HFA Lot size _____

Property Owner's Name CHRIS WILLIAMS
Address 10145 MAPLEWOOD DR.
City ELICOTT CITY State MD Zip Code 21042
Home Phone 410 750 6428 Work Phone 301 688 3740
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ 600.00
Description of Work DECK ON BACK OF HOUSE
16' x 16' w/ steps

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

Occupant or Tenant OCCUPANT
Contact Name CHRIS WILLIAMS
Address 10145 MAPLEWOOD DR.
City ELICOTT CITY State MD Zip Code 21042
Phone 410 750 6428 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: _____ 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 Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>27</u> <u>47</u> 2nd floor: _____ Basement: <u>27</u> <u>47</u> 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 <u>3</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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____ Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

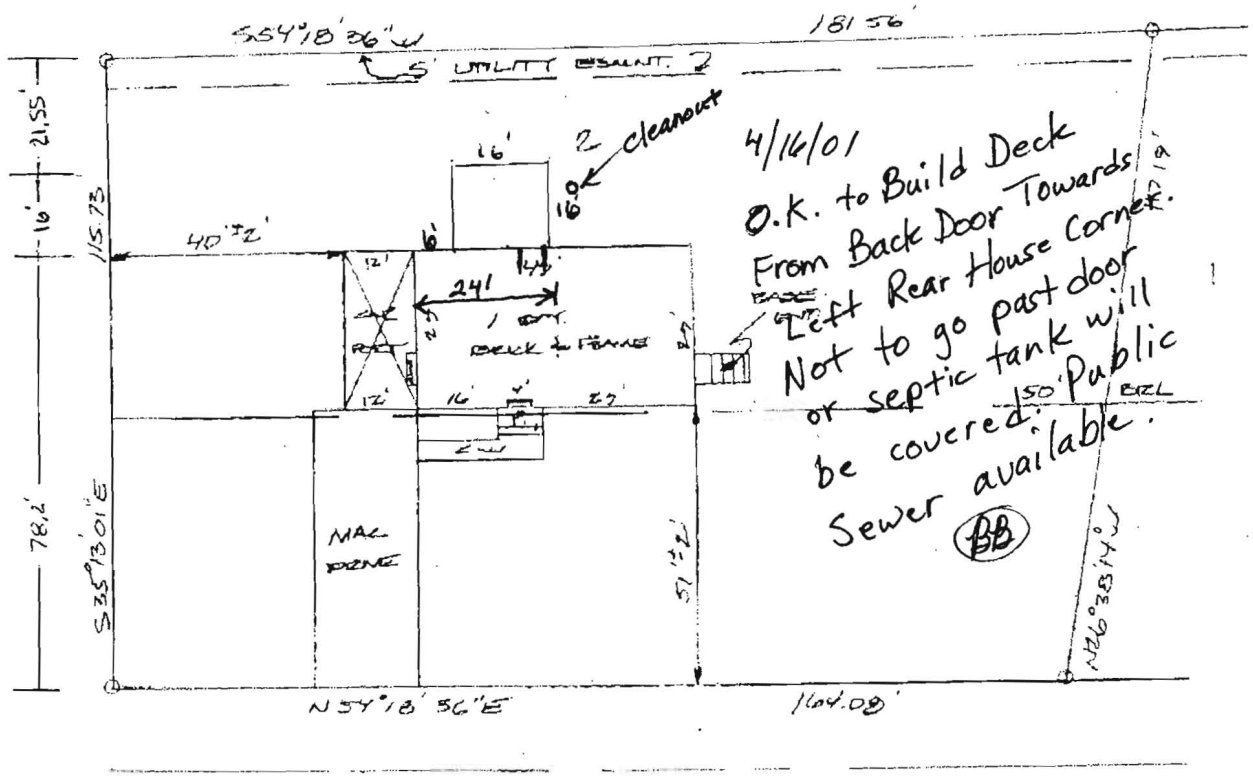
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Chris Williams
Applicant's Signature

CHRISTOPHER W. WILLIAMS
Print Name
12 APRIL, 2001
Date

Title/Company _____ Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
FOR OFFICE USE ONLY

AGENCY	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ	<u>4/12/01</u> <u>[Signature]</u>	Front: _____ Rear: <u>20 FT Deck only</u> Side: <u>10 FT</u> Side St.: <u>NA</u>	<u>50336</u>
State Highways		All minimum setbacks met? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Filing fee \$ _____
Building Official	<u>4/12/01</u> <u>[Signature]</u>	Is Entrance Permit required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Permit fee \$ _____
Dev. Engineering, DPZ		Historic District? <input type="checkbox"/> YES <input type="checkbox"/> NO	Excise tax \$ _____
Health	<u>4/16/01</u> <u>Brian Baber</u>	Lot Coverage for NewTown Zone _____	Add'l per. fee \$ _____
Fire Protection		SDP/Red-line approval date _____	TOTAL FEES \$ <u>70</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Check # <u>1222</u>
			Validation # <u>37841</u>
			Accepted by <u>[Signature]</u>



4/16/01
 O.K. to Build Deck
 From Back Door Towards
 Left Rear House Corner.
 Not to go past door
 or septic tank will
 be covered. Public
 Sewer available.
 (BB)

MAPLEWOOD DRIVE
 S/D/L/W

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

10145 MAPLEWOOD DRIVE LOT 2
 "MAPLEWOOD" FLAT B-41
 HOWARD COUNTY MARYLAND

THE LOT SHOWN HERON IS IN FLOOD ZONE Z PER F.E.M.A.
 FLOOD INSURANCE RATE MAP PANEL # 240044 0017B

SCALE 1" = 30'	LOCATION CERTIFICATION WITZ & ASSOCIATES GENERAL SURVEYING CO. 1009 Frederick Road Baltimore, MD 21228 Phone 410-869-3536 Fax 410-869-3538	
DATE 11-2-99		
JOB No. 99-1880		