

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B00157489

Building Address 4074 LINTHICUM ROAD  
JAYSON MD 21036-1010

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

Census Tract 605101 Subdivision \_\_\_\_\_

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

Tax Map 82 Parcel 30 Grid 19

Zoning R050P Map Coordinates 9611 Lot size 52.6875A

Property Owner's Name STEVE GERMAN

Address 4074 LINTHICUM ROAD

City JAYSON State MD Zip Code 21036

Home Phone 410.984.1444 Work Phone 410.531.3005

Applicant's Name & Mailing Address, (if other than stated hereon):  
THOMPSON GAS & SUPPLY - DOUG MACMASTER

Phone 301.432.6611 Fax 301.432.7147

Existing Use \_\_\_\_\_

Proposed Use RESIDENTIAL

Estimated Construction Cost \$ 2,000.00

Description of Work INSTALL ONE 1,000 GAL UNDERGROUND PROPANE TANK

Contractor Company THOMPSON GAS

Contact Person DOUG MACMASTER

Address 6708 OLD NATIONAL PIKE

City BOWERSVILLE State MD Zip Code 21013

License No. 6A529134

Phone 301.432.6611 Fax 301.432.7147

Occupant or Tenant STEVE GERMAN

Contact Name STEVE GERMAN

Address 4074 LINTHICUM ROAD

City JAYSON State MD Zip Code 21036-1010

Phone 410.984.1444 Fax 410.531.3005

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

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

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 [Signature]  
Title/Company SALES

Print Name DOUG MACMASTER  
Date 12/26/05

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY IDE
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>1-28-06</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ <u>100.00</u>
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 <u>64487</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation <u>12/26/05</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies: White: Building Official			Lot Coverage for New Town Zone _____	
Green: LDD, DPZ			SOP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Yellow: OED, DPZ				
Pink: Health				
Gold: SHA				

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3450 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2000 INSPECTIONS (410) 313-7810  
AUTOMATED INFORMATION (410) 313-8800

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B00153904 **KTB**

Building Address 4074 LINTHICUM RD  
DAYTON MD, 21036  
Suite/Apt. #: 05-357810 SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6051.01 Subdivision LINTHICUM CREEK  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot REMAINDER  
Tax Map 22 Parcel 50 Grid 19  
Zoning RC050 Map Coordinates 9611 Lot size 47.75

Property Owner's Name STEPHEN & TRACY GRIFFIN  
Address 4074 LINTHICUM RD.  
City Dayton State MD Zip Code 21036  
Home Phone (410) 784-6744 Work Phone (410) 531-8105  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use AGRIC  
Proposed Use SINGLE FAMILY HOME  
Estimated Construction Cost \$ 480,000  
Description of Work CONSTRUCT 4 BEACUM  
4 BATH, 2 HALF BATH HOME WITH FINISHED  
BASEMENT PLUMB

Contractor Company GRAHAMORE GROUP LLC  
Contact Person STEVE GRIFFIN  
Address SAME AS ABOVE  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
License No. 1307  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant STEPHEN & TRACY GRIFFIN  
Contact Name STEVE GRIFFIN  
Address 4074 LINTHICUM RD.  
City Dayton State MD Zip Code 21036  
Phone (410) 784 6744 Fax (410) 531-8070

Engineer or Architect Company GRAHAMORE  
Contact Person SAME AS ABOVE  
Address SAME AS ABOVE  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <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 _____ 1st floor: <u>58</u> <u>111' 2"</u> 2nd floor: <u>50' 10"</u> <u>73' 11"</u> 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 <u>4</u> Height: <u>92</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 Height: _____ State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> Sprinkler system: N/A <input checked="" 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]  
Title/Company PRINCIPAL

Print Name STEPHEN P. GRIFFIN  
Date 5/20/05

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

64487

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>100.00</u>
Public Health			Rear: _____	Permit fee \$ _____
Planning Official			Side: _____	Excise fee \$ _____
Dev Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Fire Protection			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Secondary Control approval required prior to issuance? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check \$ <u>4494</u>
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	SDP/Res-line approval date _____	Validation \$ <u>73881</u>
_____	_____	_____	_____	Accepted by <u>[Signature]</u>