

FOR MODEL HOUSE -> BOS 144707

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
300 COUNTY HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2400 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-3000

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-143464

Building Address 3775 JENNINGS CHASE RD
WOODBINE MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604-02 Subdivision _____
Section _____ Area _____ Lot 3
Tax Map 20 Parcel 123 Grid 11
Zoning 6-30 Map Coordinates 908 Lot size _____

Property Owner's Name Big Branchwood LLC
Address 7614 COLUMBIA GATEWAY DR
City COLUMBIA State MD Zip Code 21046
Home Phone _____ Work Phone 4435359246
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SFD
Proposed Use DECK
Estimated Construction Cost \$ 5,000
Description of Work 14x18 10x16 DECK
W STEP

Contractor Company TERRAVIN DECKING
Contact Person RAY TAUNER
Address 407 CREST LN
City WESTMINSTER State MD Zip Code 21157
License No. 121773
Phone 410 991 2932 Fax _____

Occupant or Tenant _____
Contact Name RAY TAUNER
Address 407 CREST LN
City WESTMINSTER State MD Zip Code 21157
Phone 410 991 3532 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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 _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input checked="" 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"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
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 THEREON, (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 Ray Tauner
OWNER

Print Name RAY TAUNER
Date 5/20/04

Title/Company 0150K

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways	<u>5/26/04</u>	<u>[Signature]</u>
Building Official		
Dev. Engineering, DPZ		
Health	<u>5/26/04</u>	<u>Karen Norman</u>
Fire Protection		

DPZ SETBACK INFORMATION

Front: _____
Rear: _____
Side: 75
Side St.: 70
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#: 59560

Filing fee \$	_____
Permit fee	\$ <u>50</u>
Excise tax	\$ <u>3</u>
Add'l per. fee	\$ _____
TOTAL FEES	\$ <u>53</u>
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>597</u>
Validation #	<u>43293</u>

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Accepted by [Signature]

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

