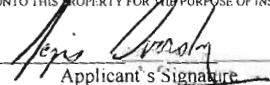


DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3900		HOWARD COUNTY PERMIT APPLICATION	808001877 PERMIT NUMBER
Building Address <u>3325 JENNINGS CHAPEL RD</u> <u>- WOODBINE, MD 21797</u>		Property Owner's Name <u>REGIS DVORSKY</u> Address <u>3325 JENNINGS CHAPEL ROAD</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> Phone <u>(410) 508-2502</u> Phone <u>(410) 489-2739</u> Applicant's Name & Mailing Address, (if other than stated herein): Phone <u>(240) 508-2502</u> Fax <u>(410) 489-2739</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>13</u> Parcel <u>322</u> Grid _____ Zoning _____ Map Coordinates _____ Lot Size _____		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 _____	
Existing Use <u>FFD</u> Proposed Use <u>SAME WITH ANTENNA</u> Estimated Construction Cost \$ <u>\$4,500</u> Description of Work <u>ANTENNA TOWER INSTALLATION</u> <u>50' HAM RADIO</u>		Occupant or Tenant _____ Contact Name _____ 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 _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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 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 THERE TO; (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.

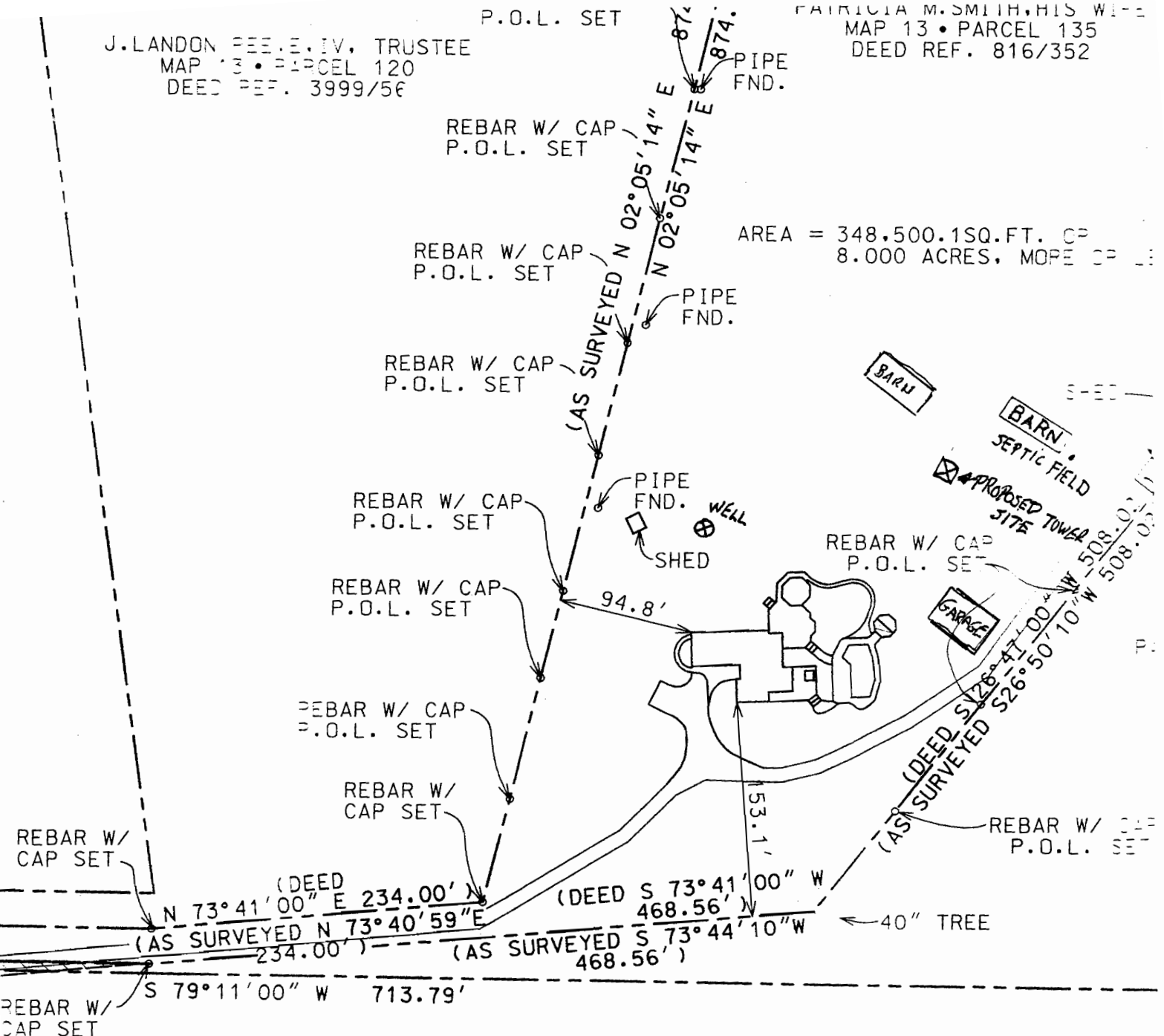
 Applicant's Signature	<u>REGIS DVORSKY</u> Print Name
_____ Title/Company	<u>6-25-09</u> Date

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 Officials			Side _____	Expense tax \$
Dev. Engineering DPZ			Side St _____	Add'l per fee \$
Health		<u>6/25/08</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?			In Entrance Permit required?	Balance due \$
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check #
			Historic District?	Validation #
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date _____	Accepted by _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/> ONE STOP SHOP				
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T: forms/buildingpermitapplication REV 10/28/04				

J. LANDON FEE, IV, TRUSTEE
 MAP 13 • PARCEL 120
 DEED REF. 3999/56

PATRICIA M. SMITH, HIS WIFE
 MAP 13 • PARCEL 135
 DEED REF. 816/352



APPROVED:

WALK-THRU BUILDING PERMIT
 BP# B08001877 A#
 APP. SAN HS DATE 4/25/08
 DESC. OF WORK: Antenna tower installation.

PROPERTY OF:
 RONALD J. SMITH &
 PATRICIA M. SMITH, -
 L. 1573, F. 208
 TAX MAP 13 • PARCEL 135