

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B07003048

Building Address 3024 John Barbara Dr
ELlicott City, MD 21042

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 15B

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Ryan Homes

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use SFH

Estimated Construction Cost \$ _____

Description of Work Gravel

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant _____

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: _____ 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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> 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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>2 in garage</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	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: _____ Footings: _____ Roof Height: _____	
State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>	

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 _____
 Title/Company _____

Print Name _____
 Date _____

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

AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____	Filing fee \$ _____
State Highway			Rear _____	Permit fee \$ _____
Building Official			Side _____	Excise fee \$ _____
Dev. Engineering DPZ			Side St. _____	Add'l per. fee \$ _____
Health <u>7/1/08</u>		<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Subtotal paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Erosion Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>379173</u>
			Neighborhood?	Validation \$ _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION STAGE: <input type="checkbox"/>			Lot Coverage for New/Rem. Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/DPZ approval date _____	Accepted by <u>[Signature]</u>
Distribution of Copies: _____	Write Building Official _____	Grant LEO, DPZ _____	Tellus OED, DPZ _____	File Health _____
Tellus/EP/PA/PRD _____				Gold SHS _____

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B08000561

Building Address 3024 John Brown Rd
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision 75
 Section _____ Area _____ Lot 15
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name John Brown
 Address _____
 City _____ State MD Zip Code _____
 Home Phone _____ Work Phone 791-2111
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work Deck

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

Occupant or Tenant _____
 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
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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: _____
 State Certified Modular
 Manufactured Home

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other:

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Applicant's Signature _____

Print Name _____

Title/Company _____

Date _____

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

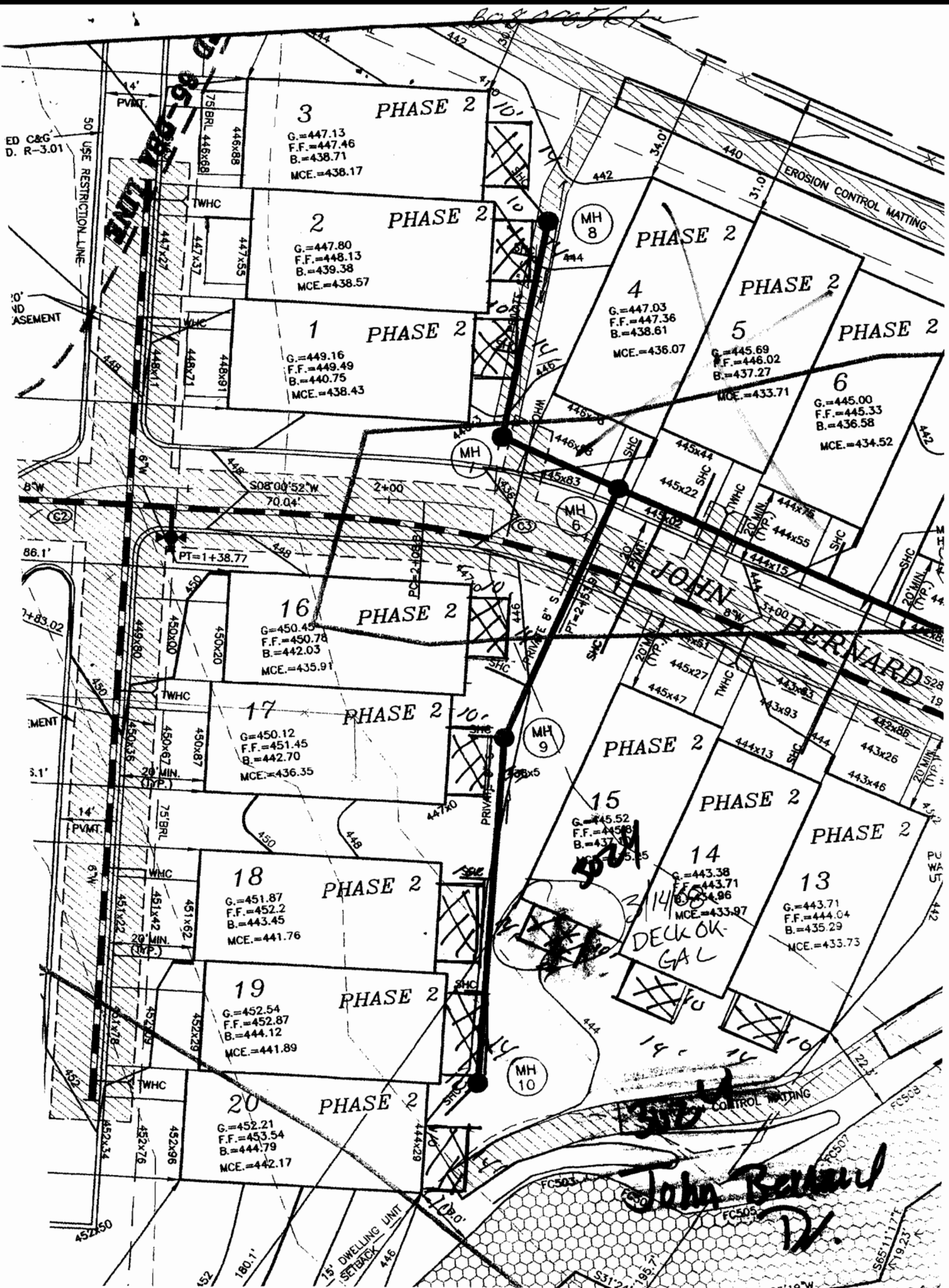
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highway		
Building Official		
Dev. Engineering, DPZ	<u>3/19/2008</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is 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"/>
Distribution of Copies	White: Building Official	Green: LDD, DPZ
T:301-954-7700		

DPZ SETBACK INFORMATION	PROPERTY IDE
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
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 _____

White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

135762



3 PHASE 2
G.=447.13
F.F.=447.46
B.=438.71
MCE.=438.17

2 PHASE 2
G.=447.80
F.F.=448.13
B.=439.38
MCE.=438.57

1 PHASE 2
G.=449.16
F.F.=449.49
B.=440.75
MCE.=438.43

4 PHASE 2
G.=447.03
F.F.=447.36
B.=438.61
MCE.=436.07

5 PHASE 2
G.=445.69
F.F.=446.02
B.=437.27
MCE.=433.71

6 PHASE 2
G.=445.00
F.F.=445.33
B.=436.58
MCE.=434.52

16 PHASE 2
G.=450.49
F.F.=450.78
B.=442.03
MCE.=435.91

17 PHASE 2
G.=450.12
F.F.=451.45
B.=442.70
MCE.=436.35

18 PHASE 2
G.=451.87
F.F.=452.2
B.=443.45
MCE.=441.76

19 PHASE 2
G.=452.54
F.F.=452.87
B.=444.12
MCE.=441.89

20 PHASE 2
G.=452.21
F.F.=453.54
B.=444.79
MCE.=442.17

15 PHASE 2
G.=445.52
F.F.=445.8
B.=437.1
MCE.=435.5

14 PHASE 2
G.=443.38
F.F.=443.71
B.=434.96
MCE.=433.97

13 PHASE 2
G.=443.71
F.F.=444.04
B.=435.29
MCE.=433.73

DECK OK GAL

John Bernard W.