

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

1307003118

Building Address 13579 Julia Manor Way  
West Friendship MD 21799  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Yong Kim  
 Address 13579 Julia Manor Way  
 City West Friendship State MD Zip Code 21794  
 Home Phone 410 8189-5089 Work Phone 410 8120608  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use N/A  
 Proposed Use DECK  
 Estimated Construction Cost \$ 12,000  
 Description of Work DECK REAR BUILDING  
20' X 49' (LONG), 32"-36" ABOVE  
GRADE, w/ 1-step way

Contractor Company SELF  
 Contact Person Yong Kim  
 Address same as abov  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant \_\_\_\_\_  
 Contact Name Yong Kim  
 Address same as above  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Lowes  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

BUILDING CHARACTERISTICS		UTILITIES	
Height:	No. of stories:	Gross area, sq. ft. per floor:	Use group:
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"/>	Water Supply:	Public <input type="checkbox"/>
Private <input type="checkbox"/>	Sewage Disposal:	Public <input type="checkbox"/>	Private <input type="checkbox"/>
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"/>
Full <input type="checkbox"/>	Partial <input type="checkbox"/>	Other Suppression <input type="checkbox"/>	# of Heads _____
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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]  
 Applicant's Signature  
 Title/Company \_\_\_\_\_

Yong Kim  
 Print Name  
7/24/07  
 Date

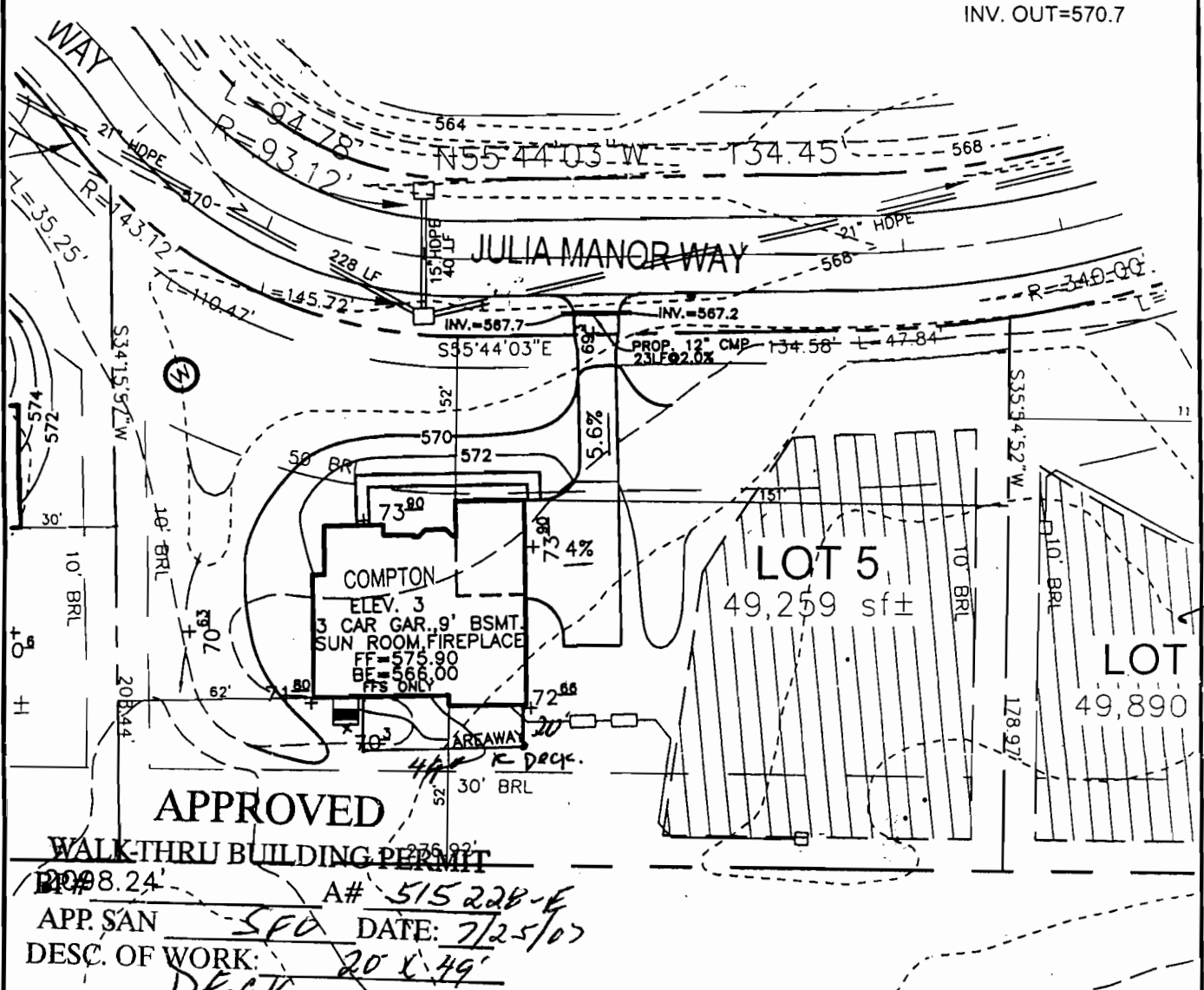
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

AGENCY	DATE	SIGNATURE APPROVAL	DEPT 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 _____	Adm'l serv fee \$ _____
Health	<u>7/25/07</u>	<u>[Signature]</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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

THE EXISTING WELL SHOWN ON THIS PLAN(HO-94-3904) HAS BEEN FIELD LOCATED BY ROBERT H. VOGEL ENGINEERING, INC. PROFESSIONAL LAND SURVEYORS, AND IS ACCURATELY SHOWN.

SEPTIC DATA:  
 HOUSE:  
 INV. OUT=571.3  
 SEPTIC TANK(1250GAL)  
 TOP GRADE:572.3  
 INV. IN=570.9  
 INV. OUT=570.6  
 PUMP TANK(1250GAL)  
 TOP GRADE:572.3  
 INV. IN=570.5  
 DISTRIBUTION BOX:  
 TOP GRADE:574.2  
 INV. OUT=570.7

MARK C. MARTIN, LS #10884 DATE



SCALE 1"=50'  
 DRAWN BY JCO  
 CHECKED BY JCO  
 DATE DECEMBER, 2004  
 W. O. # 2034058  
 SHEET# 1 OF 1

TAX MAP 22 — 3RD ELECTION DISTRICT

PULTE HOMES  
 PADDOCKS EAST  
 LOT 5

PARCEL 7  
 HOWARD COUNTY, MARYLAND

**ROBERT H. VOGEL ENGINEERING, INC.**  
 ENGINEERS • SURVEYORS • PLANNERS  
 8407 MAIN STREET TEL: 410.461.7666  
 ELLICOTT CITY, MD 21043 FAX: 410.461.8961

PURCHASER(S): *[Signature]* 1/9/04  
 DATE  
 PURCHASER(S): *[Signature]* 1/9/05  
 DATE

6P-8964

1535

Building Address 13579 Julia Manor  
Way West Friendship 21794

Suite/Apt. #: TAXED 03-341771 SDP/WP/Petition #: 6P-0467

Census Tract 203000 Subdivision Paddock East

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5

Tax Map 22 Parcel 7 Grid 8

Zoning R17 Map Coordinates 958 Lot size 11112 SF

Property Owner's Name Pulte Homes

Address 1501 S. Edgewood Street

City Balt State Md Zip Code 21227

Home Phone \_\_\_\_\_ Work Phone 410 444 5603

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use VACANT LOT

Proposed Use SFD

Estimated Construction Cost \$ 240,000

Description of Work Compton 2sty, full bsmt  
9R 3FB, 1 HB, 1 PP, 3 car, 4 BR  
OPT FIN BSM + BATH walled

Contractor Company Pulte Homes Inc

Contact Person Dianna Wenzlaff

Address 1501 S. Edgewood St

City Baltimore State Md Zip Code 21227

License No. 516 Phone \_\_\_\_\_ Fax 410 489 6057

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: _____ <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"/> 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: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: Depth <u>64</u> Width <u>60</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: <u>36</u> <u>60</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>64</u> <u>60</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>5</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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Applicant's Signature Dianna Wenzlaff

Title/Company \_\_\_\_\_

Print Name DIANNA WENZLAFF

Date 1-14-05

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		
Building Official		
Dev. Engineering, DPZ		
Health	<u>1/20/05</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	<u>64464</u>
Rear: _____	Filing fee \$ <u>100.00</u>
Side: _____	Permit fee \$ _____
Side St. _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>102419</u>
	Validation # <u>3271</u>
	Accepted by <u>[Signature]</u>