

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B06008874

Building Address 13596 Julia Manor Dr.
WEST Friendship MD

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name DEAN JOHNSON

Address 13596 Julia Manor Dr.

City West Friendship State MD Zip Code _____

Home Phone 410266 7079 Work Phone _____

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

Phone _____ Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ 38,000.00

Description of Work 14x20 SCREENED PORCH
18x10 DECK W/ STAIRS TO
GRADE

Contractor Company BRUCE BUILDERS

Contact Person MIKE BRUCE

Address 720 OAK GROVE CIRCLE

City SEV. PARK State MD Zip Code 21146

License No. 67133

Phone 410 647-0556 Fax Cell 443 324-795

Occupant or Tenant DEAN JOHNSON

Contact Name " "

Address 13596 WEST FRIENDSHIP

City West-Friendship State MD Zip Code _____

Phone 410 266-7079 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 <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # 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 checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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 <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.

[Signature]
Applicant's Signature
Owner Bruce Builders
Title/Company

M. Bruce
Print Name
Dec 14, 2006.
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 Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>12/14/06</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: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zones _____	Check # _____
SDP/Red-line approval date _____	Validation # _____

Accepted by _____

LANDTECH ASSOCIATES, INC.

10260 OLD COLUMBIA ROAD SUITE J
 COLUMBIA, MARYLAND 21046-1721
 PHONE: 410-290-8099 TOLL FREE: 888-290-1920
 FAX: 410-290-8299 TOLL FREE 888-290-1922

APPROVED

WALK-THRU BUILDING PERMIT

BP# 806008874

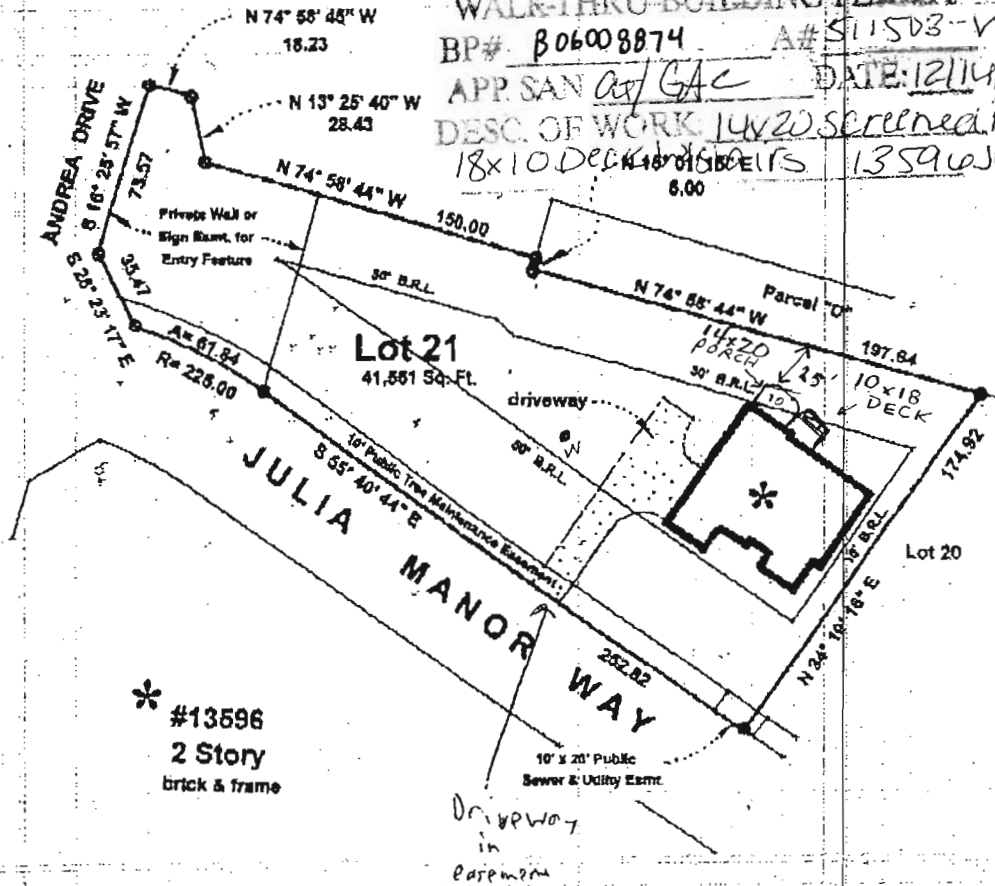
A# S11503-V

APP. SAN by GAC

DATE: 12/14/06

DESC. OF WORK 14x20 screened Porch

18x10 Deck 18x10 BELLS 13596 Julia Manor DR.



* #13596
 2 Story
 brick & frame

Location Survey of:	LOT: 21	BLOCK: none
#13596 Julia Manor Way	PLAT BK:	PLAT#: 16835
The Paddocks East Sheet 2 of 5	DATE: 8-14-06	SCALE: 1"= 60'
	CASE NUMBER: 3840-06-04923	
Howard County, MD	FILE NUMBER:	LT-2063752



- NOTES:
1. This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing.
 2. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future improvements.
 3. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
 4. Property line survey recommended to determine the exact location of improvements and/or encroachments, if any.
 5. Property subject to any/all rights-of-way, easements, and/or covenants of record and/or imposed by law.
 6. This plat is not to be used for the issuance of permits.
 7. No title report furnished.

CERTIFICATION : I hereby certify that the position of the significant visible improvements on the above described property has been carefully established in accordance with the "Minimum Standards of Practice" for the State of Maryland.

Braden A. Rogers
 BRADEN A. ROGERS - M.D. PROP. L.S. LIC. NO. 119