

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07004372

Building Address 14561 MacCLINTOCK DRIVE
Glenwood MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 19
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Angelo Gatto
Address 14561 MacCLINTOCK DRIVE
City Glenwood State MD Zip Code 21738
Home Phone 410-442-5645 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use SF Dwelling
Proposed Use same
Estimated Construction Cost \$ 70,000.00
Description of Work Master Bath and
Laundry Room ADDN. OVER
EX. Garage 22 x 21

Contractor Company Four County Contracting
Contact Person Michael Dice
Address 497 West Watersville Rd
City Mt. Airy State MD Zip Code 21771
License No. 46592
Phone 301-931-0121 Fax 301-929-5245

Occupant or Tenant Mr. Angelo Gatto
Contact Name Angelo Gatto
Address 14561 MacCLINTOCK DRIVE
City Glenwood State MD Zip Code 21738
Phone 410-442-5645

Engineer or Architect Company Henry Willard
Contact Person Henry Willard
Address P.O. Box 196
City Glenely State MD Zip Code 21737
Phone 410-489-4673 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 _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: <u>22'</u> _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #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 _____ 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 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.

Michael Dice
Applicant's Signature
owner
Title/Company

Michael Dice
Print Name
10/24/07
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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>11/19/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> 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 # <u>5192</u>
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 NewTown Zone _____	
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
			Yellow: DED, DPZ Pink: Health Gold: SHA	

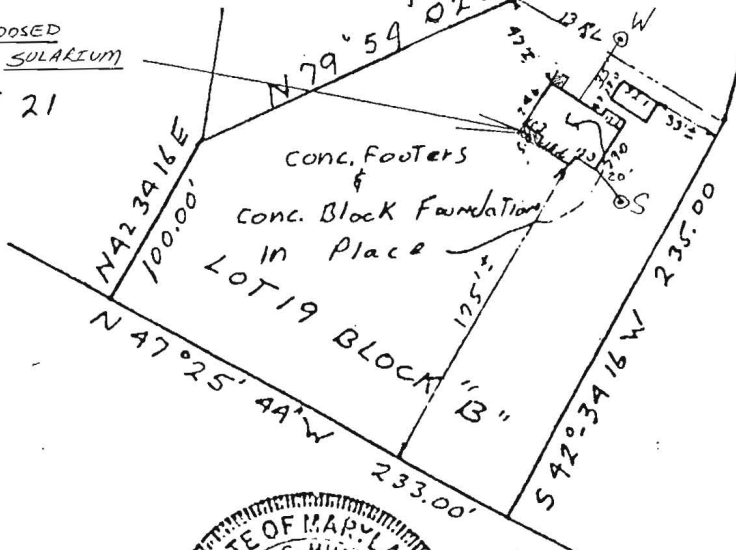
MAC CLINTOCK
DRIVE 50' R/W
R=5250.0

PROPOSED
66 SF SOLARIUM

LOT 21

LOT 20

LOT 18



conc. Footers
&
conc. Block Foundation
In Place

APPROVED
WALK-THRU BUILDING PERMIT
BP# B00155079 A# 18124
APP. SAN S. E. [Signature] DATE: 2/8/00
DESC. OF WORK: 11' x 6' Solarium

GATTO
8888
1/12/00

GATTO
36517
1-31-2000
1" = 100'



LOCATION SURVEY
Lot 19 Block "B"
War Field Estates
4th Election District
Howard County Md
Scale 1"=100' Date 11-7-80

This is to certify that I have surveyed the property known as lot #19 Block "B" War Field Estates Section Seven sheet 2 of 4 recorded as Plat 3707 among the land records of Howard County, Maryland for the purpose of locating the improvements thereon.

J. Carl Hudgins
J. Carl Hudgins PLS #96