

5-4 Building Permit Application

Howard County Maryland
Department of Inspections, Licenses and Permits
3430 Court House Drive
Permits: 410-313-2455
www.howardcountymd.gov

Date Received

4-17-15

Permit No.:

B15 001393

Building Address: 4754 MAJOR LANE
City: ELLICOTT State: MD Zip Code: 21042
Suite/Apt. #: _____ SDP/WP/BA #: _____
Census Tract: _____ Subdivision: the Cocker Farm
Section: _____ Area: _____ Lot: _____
Tax Map: _____ Parcel: 03-289100 Grid: _____
Zoning: _____ Map Coordinates: _____ Lot Size: _____

Property Owner's Name: Charles & Susan Anderson
Address: 4754 Major Lane
City: ELLICOTT State: MD Zip Code: 21042
Phone: 410-215-6812 cell 443-996-0232
Email: CSKE@VERIZON.NET

Existing Use: _____
Proposed Use: new storage
Estimated Construction Cost: \$ 10000.00
Description of Work: 1 story 24x32 pole barn building

Applicant's Name & Mailing Address, (if other than stated herein)
Applicant's Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Occupant or Tenant: occupant/owner
Was tenant space previously occupied? Yes No
Contact Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Contractor Company: DURK
Contact Person: _____
Address: _____
City: _____ State: _____ Zip Code: _____
License No.: _____
Phone: _____ Fax: _____
Email: _____

Engineer/Architect Company: _____
Responsible Design Prof.: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height:	<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	Depth	Width
Gross-area, sq. ft./floor:	1 st floor:	2 nd floor:
Area of construction (sq. ft.):	Basement:	
Use group:	<input type="checkbox"/> Finished Basement	
	<input type="checkbox"/> Unfinished Basement	
	<input type="checkbox"/> Crawl Space	
Construction type:	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Reinforced Concrete	No. of Bedrooms:	
<input type="checkbox"/> Structural Steel	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Masonry	No. of efficiency units:	
<input type="checkbox"/> Wood Frame	No. of 1 BR units:	
<input type="checkbox"/> State Certified Modular	No. of 2 BR units:	
	No. of 3 BR units:	
	Other Structure:	
	Dimensions:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings:	
<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Roof:	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
Water Supply	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	<u>well</u>
Sewage Disposal	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Gas:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Heating System <u>N/A</u>	
<input type="checkbox"/> Electric	<input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Propane Gas
<input type="checkbox"/> Other:	
Sprinkler System:	
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Grading Permit Number:	
Building Shell Permit Number:	

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: Charles E Anderson Jr Print Name: Charles E Anderson Jr
Email Address: CSKE@verizon.net Date: 4/17/15
Title/Company: _____

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY & LEGIBLY

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>5/6/15</u>	<u>Bevard</u>

DPZ SETBACK INFORMATION	
Front:	
Rear:	
Side:	
Side St.:	
All minimum setbacks met?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone:	
SDP/Red-line approval date:	

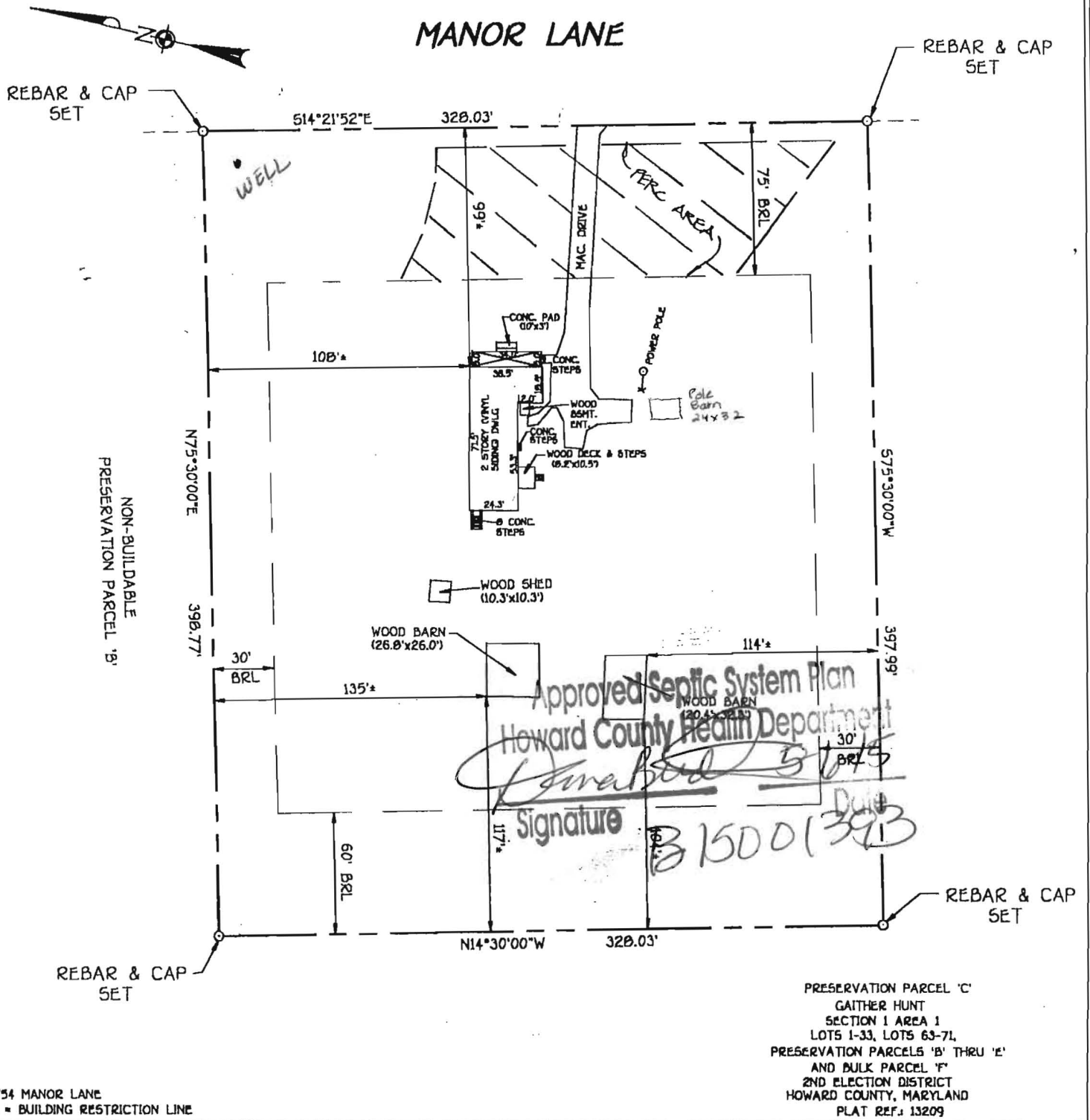
Filing Fee	\$	<u>25</u>
Permit Fee	\$	
Tech Fee	\$	
Excise Tax	\$	
PSFS	\$	
Guaranty Fund	\$	
Add'l per Fee	\$	
Total Fees	\$	
Sub- Total Paid	\$	
Balance Due	\$	<u>9355</u>
Check	#	

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx

GENERAL NOTES:

- THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS. AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE A & C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 2400440027 B, EFFECTIVE DATE: DEC. 4, 1986.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1' PLUS OR MINUS (+).



FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
ELLICOTT CITY, MARYLAND 21042
(410) 461 - 2855



HOUSE LOCATION DRAWING

FOUNDATION LOCATION: _____
FINAL LOCATION: 6/12/90
BOUNDARY SURVEY: _____

Mark L. Robel 6/15/90
PROFESSIONAL LAND SURVEYOR DATE
REG. # 339

SCALE: 1"=60'
DATE: 6/15/90
DRAWN BY: J.A.U.
CHECKED BY: M.L.R.
PROJECT No.: 91802

LOCATION SURVEY AFFIDAVIT

RE: 4754 MANOR LANE
ELLICOTT CITY, MD 21042

As inducement made by us for Commonwealth Land Title Insurance Company or its Agent to issue its Loan Policy of Title Insurance free and clear of exception to such matters as a current location survey might disclose, we, the undersigned, hereby certify and aver as follows:

1. We are the current owners of the captioned property.
2. We have examined the attached Location Survey, which was produced at the time of our acquisition of the captioned property.
3. As of today's date, we hereby certify as follows:
 - A. No structural changes have been made to any of the buildings or other improvements shown on the attached Location Survey.
 - B. No additional structures or improvements exist on the captioned property which are not shown on the attached Location Survey (including, but not necessarily limited to, fences, walls, decks, sheds or other outbuildings, patios, porches, walks, driveways, pools, garages, or other improvements or structures of any kind).
 - C. We have not granted any rights or privileges to any other party to use, cross over, or cross under any portion of the captioned property, other than those rights and/or privileges which we have previously disclosed to Commonwealth Land Title Insurance Company or its Policy-issuing Agent.
 - D. We are not aware of any boundary line disputes or claims of rights, title, use and/or interest by others involving the captioned property.

We understand that Commonwealth and its Agent will rely upon our statements in this Affidavit for the purpose of determining title insurance coverage and for the purpose of completing a loan settlement transaction involving the captioned property, and we hereby agree to hold Commonwealth and its Agent harmless from any loss, claim or damage which they, or any one of them, may suffer due to their reliance upon the contents of this Affidavit for the purposes aforesaid.

Susan Anderson, Charles Anderson, Jr.
SUSAN ANDERSON / Charles Anderson, Jr.

Sworn to and subscribed before me this 12th day of November, 1998

My Commission Expires: 9/1/00
NOTARY PUBLIC *Grant H. [Signature]*

