

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:  
 B10003831

G10000101

Building Address: 11302 JUDAH WAY  
MARRIOTTVILLE, MD 21104  
 Suite/Apt. #: \_\_\_\_\_ SDR/AMP/BA#: GP-08-47  
 Census Tract: \_\_\_\_\_ Subdivision: BRANTWOOD OVERLOOK  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 8  
 Tax Map: 110 Parcel: 94+259 Grid: 15  
 Zoning: \_\_\_\_\_ Map Coordinates: 484 FL Lot Size: 43,878 sq ft

Existing Use: VACANT LOT  
 Proposed Use: SFD  
 Estimated Construction Cost: \$ 264,000  
 Description of Work: 2 STORY FULL BSMT, 9R, 2FB, 1HB, PP+GARAGE (4BR)  
 Occupant or Tenant: N/A  
 Was tenant space previously occupied?  Yes  No  
 Contact Name: STORMWATER MANAGEMENT FOR  
 Address: THIS LOT HAS BEEN PREVIOUSLY DISCUSSED  
 City: With Jim Witmer State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: DED  
 Email: \_\_\_\_\_

Property Owner's Name: TRINITY QUALITY HOMES INC  
 Address: 3675 PARK AVE #301  
 City: ELICOTT CITY State: MD Zip Code: 21043  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_  
 Phone: 410-750-9002 Fax: 410-750-9003  
 Email: \_\_\_\_\_

Contractor Company: TRINITY QUALITY HOMES  
 Contact Person: SHERLY MENSHAW  
 Address: 3675 PARK AVE #301  
 City: ELICOTT CITY State: MD Zip Code: 21043  
 License No.: 699  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

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

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
	<input type="checkbox"/> Partial
	<input type="checkbox"/> Other Suppression
	No. of Heads: _____

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input checked="" type="checkbox"/> Public
1 <sup>st</sup> floor:	<input type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: <u>4</u>	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
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	

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: Sherly Menshaw  
 Email Address: SHERLY@TRINITYHOMES.COM  
 Title/Company: OPERATIONS, TRINITY QUALITY HOMES

Print Name: SHERLY MENS HAW  
 Date: 12/10/10

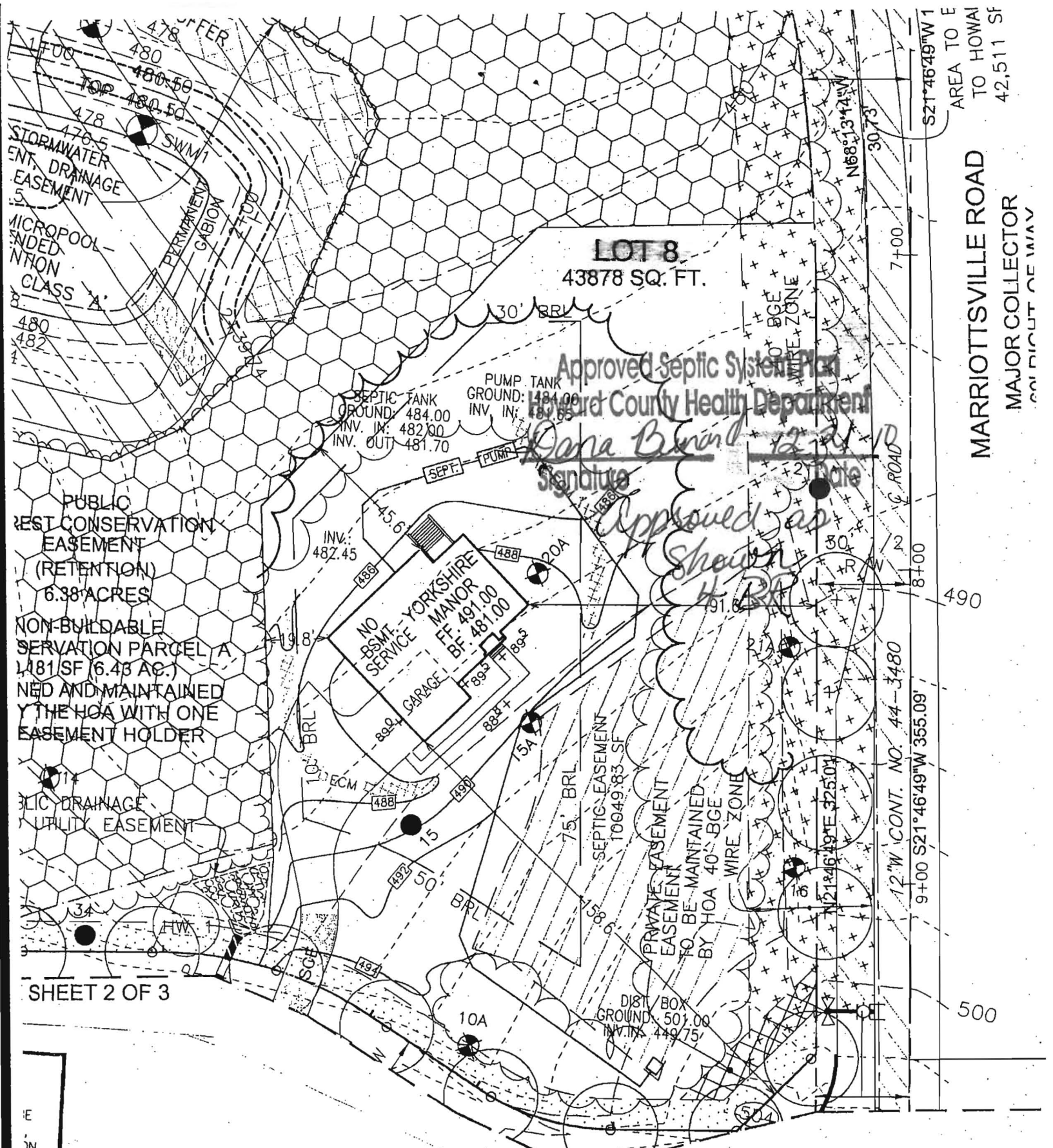
Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA ( Zoning )		
PSZA ( Engineering )		
Health	<u>12-21-10</u>	<u>D Bernard</u>
Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

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>100</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ <u>50</u>
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



**LOT 8**  
43878 SQ. FT.

Approved Septic System Plan  
Howard County Health Department

*Dana Brown*  
Signature

*Approved as Shown*  
H.R.

PUBLIC WATER CONSERVATION EASEMENT (RETENTION) 6.38 ACRES

NON-BUILDABLE CONSERVATION PARCEL A 1181 SF (6.43 AC.) MAINTAINED BY THE HOA WITH ONE EASEMENT HOLDER

PUBLIC DRAINAGE UTILITY EASEMENT

SEPTIC EASEMENT 10049.83 SF  
PRIVATE EASEMENT TO BE MAINTAINED BY HOA 40' BGE WIRE ZONE

SHEET 2 OF 3

PLAN  
SCALE: 1" = 40'

*Note: Public H2O*

AREA TO E  
TO HOWAI  
42,511 SF

MARRIOTTSVILLE ROAD

MAJOR COLLECTOR  
CONDUIT CE MAIN

12" W. CONT. NO. 44-3480

9+00 S21°46'49"W 355.09'

500

8

Permits: 410-313-2455  
 Inspections: 410-313-1810  
 Automated Line: 410-313-3800

Howard County Building/Fire Permit Application  
 Department of Inspections, Licenses & Permits  
 3430 Court House Drive  
 Ellicott City, MD 21043

Permit Number:

**B12002050**

**G10000101**

Building Address: 11302 JUDAH WAY  
MARRIOTTSVILLE 21104  
 Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: G.P.08.47  
 Census Tract: \_\_\_\_\_ Subdivision: BRANTWOOD  
OVERLOOK  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: 8  
 Tax Map: 16 Parcel: 94 Grld: 15  
 Zoning: \_\_\_\_\_ Map Coordinates: 4814 FH Lot Size: 45,350

Existing Use: VACANT LOT 43,878

Proposed Use: SFD

Estimated Construction Cost: \$ 282,500

Description of Work: 2 STORY, FULL BSMT,  
9 R, 2 FB, 1 HB, FP & GARAGE  
(4 BR)

Occupant or Tenant: NIA

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

Property Owner's Name: TRINITY QUALITY HOMES

Address: 3675 PARK AVE #301 INC

City: ELLCOTT CITY State: MD Zip Code: 21043

Home Phone: \_\_\_\_\_ Work Phone: 410-313-8722

Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: 410-313-8231

Email: SALLY@TRINITYHOMES.COM

Contractor Company: TRINITY QUALITY HOMES INC

Contact Person: SALLY HODGE

Address: 3675 PARK AVE #301

City: ELLCOTT CITY State: MD Zip Code: 21043

License No.: 699

Phone: 410-313-8722 Fax: 410-313-8731

Email: SALLY@TRINITYHOMES.COM

Engineer/Architect Company: NIA

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Email: \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
Roadside Tree Project Permit #	No. of Heads:

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor:	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor:	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input checked="" type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Footings:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof:	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> 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.

Sally L. Hodge  
 Applicant's Signature  
SALLY@TRINITYHOMES.COM  
 Email Address  
VP, OPERATIONS - TRINITY  
 Title/Company

SALLY HODGE  
 Print Name  
6/14/12  
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PSZA (Zoning)		
<input checked="" type="checkbox"/> PSZA (Engineering)		
<input checked="" type="checkbox"/> Health	<u>6-25-12</u>	<u>Dana Bernard</u>
<input type="checkbox"/> Fire Protection		

Is Sediment Control approval required for Issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

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	\$ 100.00
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$ 50.00
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$

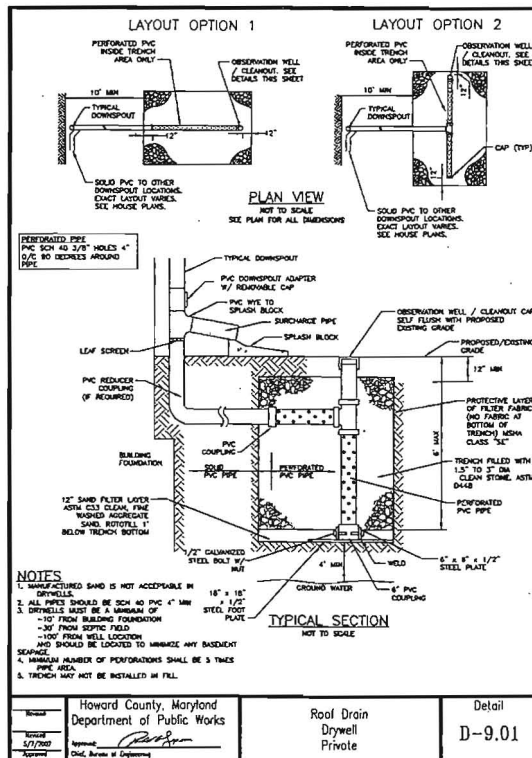
CK# 025121  
 INV# 281920

THERE IS NO WELL LOCATED ON THIS LOT. WATER TO BE PROVIDED BY A 1" WATER HOUSE CONNECTION.

BUILDING OF LOT 8 FLOOR AREAS:  
 BASEMENT FLOOR AREA: 1750  
 FIRST FLOOR AREA: 1810  
 SECOND FLOOR AREA: 1670  
 BEDROOMS: 4

NOTE: STORMWATER MANAGEMENT FOR THIS LOT IS PROVIDED BY A PRIVATELY OWNED AND MAINTAINED MICRO-POOL EXTENDED DETENTION POND LOCATED ON NON-BUILDABLE PRESERVATION PARCEL 'B' APPROVED UNDER F-08-42.

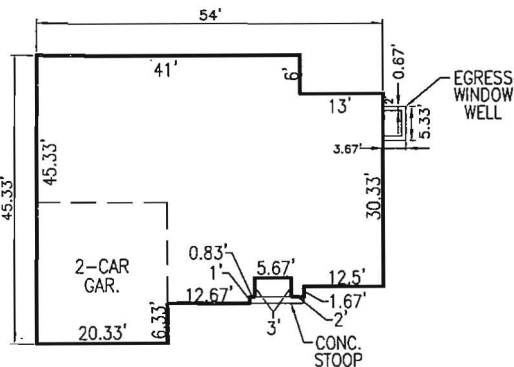
BUILDING PERMIT NO. \_\_\_\_\_



NOTES

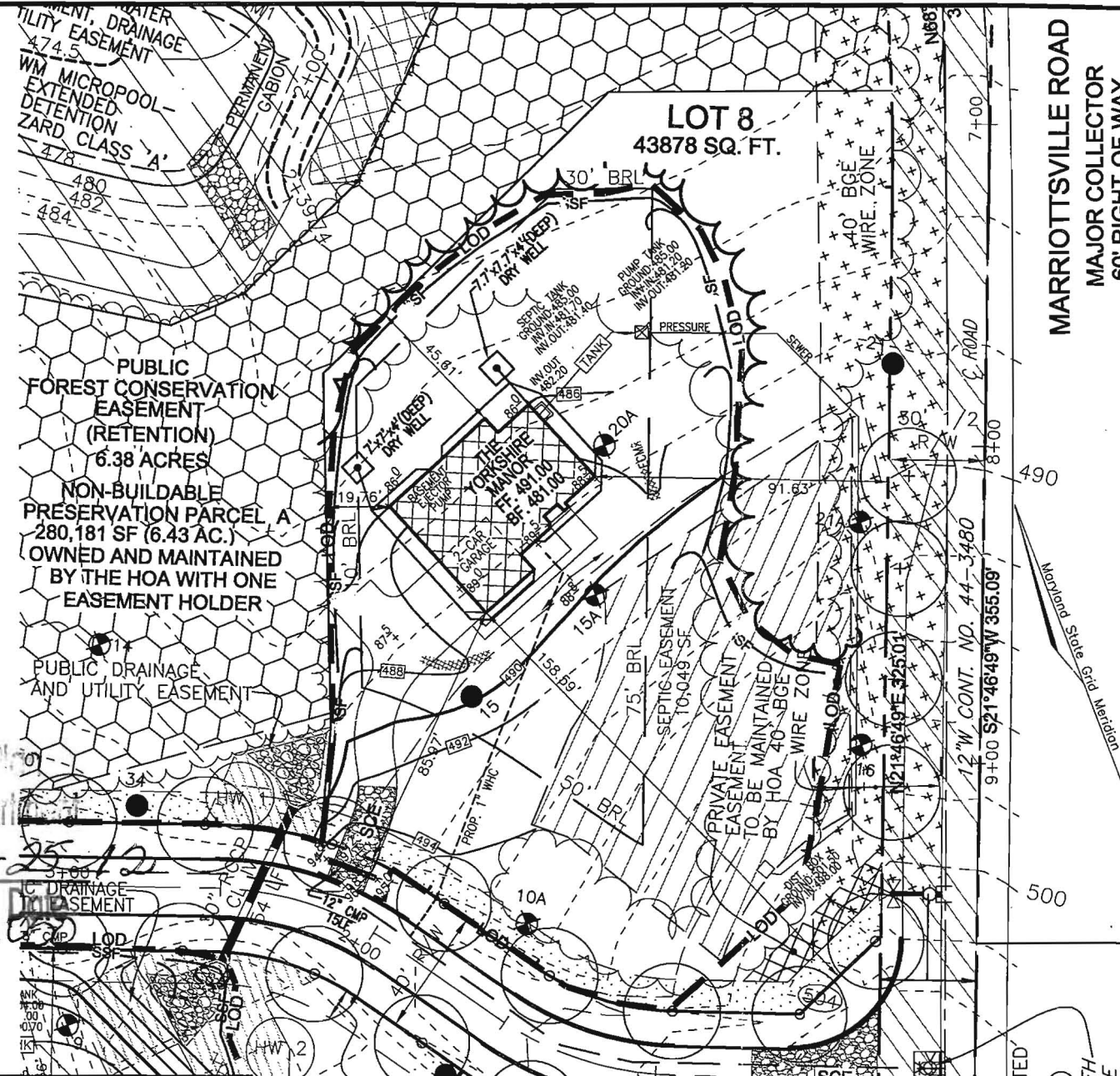
1. MANUFACTURED SAND IS NOT ACCEPTABLE IN DRYWELLS.
2. ALL PIPES SHOULD BE SCH 40 PVC 4\"/>

Client	Howard County, Maryland Department of Public Works	Roof Drain	Private	Detail	D-9.01
Project		Roof Drain	Drywell		
Drawn	6/17/2012	Approved			
Checked		Checked			



**THE YORKSHIRE MANOR**  
 W/ BRICK VENEER  
 SCALE: 1"=30'

Approved Septic System Plan  
 Howard County Health Department  
 Dana Bernard 6-25-12  
 Signature BP# R00200



SCALE: AS SHOWN  
 DRAWN BY: JMR  
 CHECKED BY: RHV  
 DATE: JUNE 2012  
 PROJECT #: 05-65  
 SHEET#: 1 OF 1

**PLOT PLAN BRANTWOOD OVERLOOK**  
**LOT 8**  
**REF: F-08-42**  
 TAX MAP 16 PARCEL 94  
 BLOCK 15  
 3RD ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND

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

**OWNER**  
 TRINITY QUALITY HOMES, INC.  
 3675 PARK AVENUE, SUITE 301  
 ELLICOTT CITY, MARYLAND 21043  
 (410) 740-9401

**SCALE**  
 1"=50'

**ADDRESS**  
 11302 JUDAH WAY  
 MARRIOTTSTVILLE, MD 21104  
 GP: 08-47

K:\Projects\05-65\ENGR\Drawings\Home\septic\RES\ITEST\LOT 8.dwg, 6/15/2012, 3:19:26 PM, Brother MFC-8480DN Printer.pcl



# 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: \_\_\_\_\_

Permit No.: \_\_\_\_\_

Building Address: 11302 Judah Way  
City: Morrisville State: MD Zip Code: 21104  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Single Family Dwelling (SFD)  
Proposed Use: SFD w/ deck  
Estimated Construction Cost: \$ \_\_\_\_\_  
Description of Work: 14' x 16' pressure treated lumber attached to rear of SFD with stairs to ground  
Occupant or Tenant: \_\_\_\_\_  
Was tenant space previously occupied?  Yes  No  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Property Owner's Name: Luther Johnson  
Address: 11302 Judah Way  
City: Morrisville State: MD Zip Code: 21104  
Phone: 410-928-4823 Fax: \_\_\_\_\_  
Email: l.m.j5904@gmail.com

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

Contractor Company: \_\_\_\_\_  
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 checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories:	<u>Depth</u>	<u>Width</u>
Gross area, sq. ft./floor:	1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> floor: _____	
Area of construction (sq. ft.):	Basement: _____ <input checked="" type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl Space	
Use group:	<input type="checkbox"/> Slab on Grade	
<b>Construction type:</b>	No. of Bedrooms: <u>5</u>	
<input type="checkbox"/> Reinforced Concrete	<u>Multi-family Dwelling</u>	
<input type="checkbox"/> Structural Steel	No. of efficiency units: _____	
<input type="checkbox"/> Masonry	No. of 1 BR units: _____	
<input type="checkbox"/> Wood Frame	No. of 2 BR units: _____	
<input type="checkbox"/> State Certified Modular	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
<input checked="" type="checkbox"/> Roadside Tree Project Permit	Footings: _____	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Roof: _____	
Roadside Tree Project Permit #	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Utilities	
<u>Water Supply</u>	
<input checked="" type="checkbox"/> Public	
<input type="checkbox"/> Private	
<u>Sewage Disposal</u>	
<input type="checkbox"/> Public	
<input checked="" type="checkbox"/> Private	
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Heating System</u>	
<input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil	
<input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas	
<input type="checkbox"/> Other:	
<u>Sprinkler System:</u>	
<input checked="" type="checkbox"/> Yes <input 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: [Signature] Print Name: Luther M. Johnson  
Email Address: l.m.j5904@gmail.com Date: \_\_\_\_\_  
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>7/2/13</u>	<u>[Signature]</u>
Is Sediment Control approval required for issuance? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> CONTINGENCY CONSTRUCTION START		

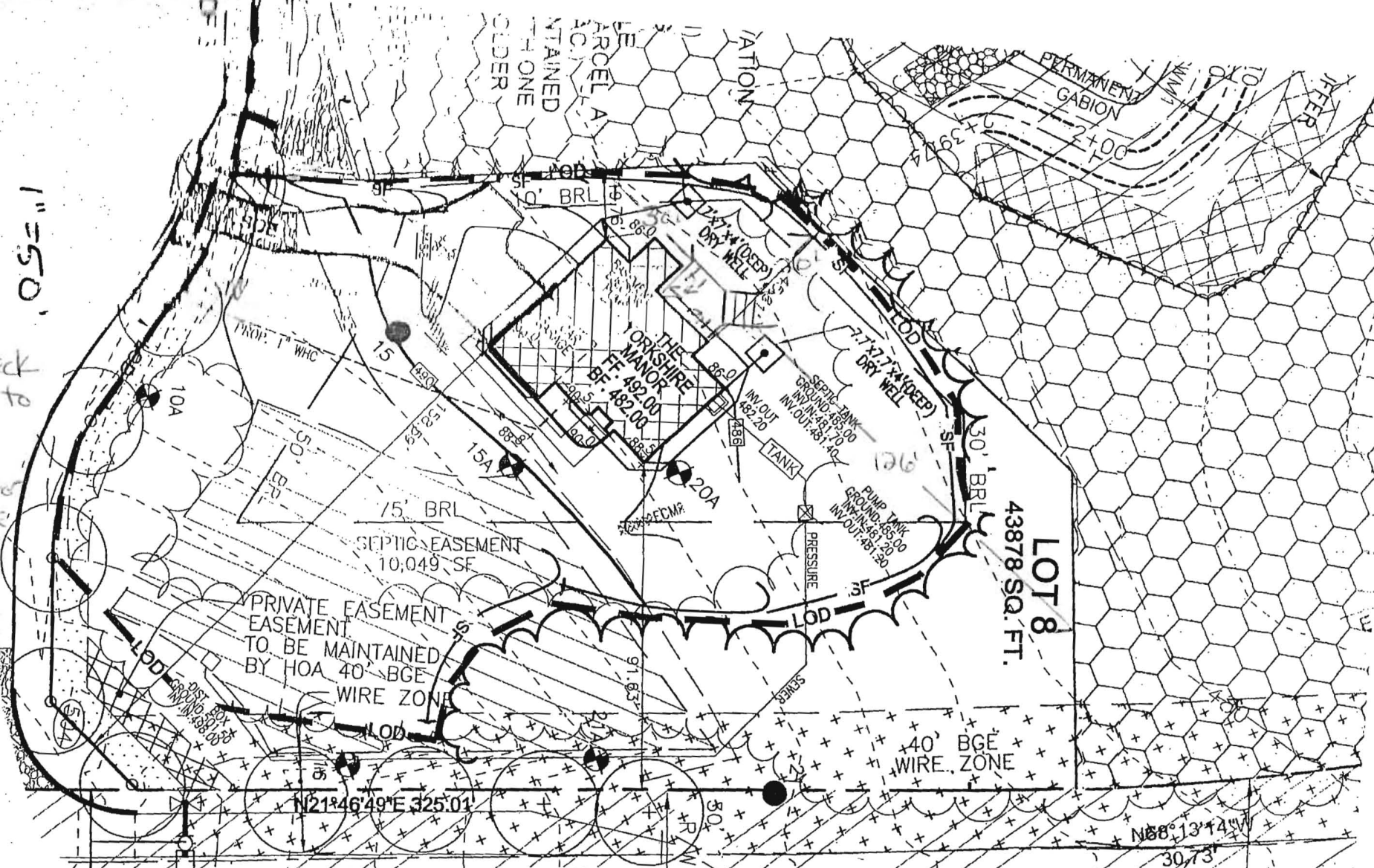
DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input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

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

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

1"=50'  
PLAN

14'x16' Deck  
w/ steps to  
grade  
30' from rear  
property line  
30' from  
south side  
property line  
26' from  
north side  
property line



APPROVED

WALK-THRU BUILDING PERMIT

BP# \_\_\_\_\_ A# N/A  
APP. SAN HS DATE: 7/12/13  
DESC. OF WORK:

Deck as shown  
& public H<sub>2</sub>O

12" W CONT. NO. 44-3480  
9+00 S21°46'49"W 355.09'

MARRIOTTVILLE ROAD  
MAJOR COLLECTOR  
60' RIGHT-OF-WAY

S21°46'49"W 114'  
AREA TO BE  
TO HOWARD  
42,511 SF

VEHICULAR INGRESS & EGRESS RESTRICTED

