

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B06009136

Building Address 12426 Kondrup Drive
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Begunfort Park
Section _____ Area _____ Lot 25
Tax Map 45 Parcel 48 Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Serhat Aiken
Address 12426 Kondrup
City Fulton State Md Zip Code 20759
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Residential
Proposed Use Residential
Estimated Construction Cost \$ 239,000.00
Description of Work Addition/ Master bedroom
Over garage, Family room off of
back, Family room 792² feet.
Bedroom 1144² feet. Bath 1,980.00

Contractor Company Joe + T Const.
Contact Person Joey Dustin
Address 200 11th St
City Laurel State Md Zip Code 20707
License No. 12578
Phone 301-346-9300 Fax 410-489-6991

Occupant or Tenant Joanne Aiken
Contact Name same
Address 12426 Kondrup Drive
City Fulton State Md Zip Code 20759
Phone _____ Fax _____

Engineer or Architect Company John Hogan
Contact Person John Hogan
Address 1247 Emmaus Rd.
City Woodbine State Md Zip Code 21797
Phone 410-489-4699 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"/> 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 _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> Depth _____ Width _____ 1st floor: <u>26</u> <u>62</u> 2nd floor: <u>26</u> <u>62</u> Basement: <u>26</u> <u>40</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>3</u> Height: <u>29'</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 Height: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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.

W. Dustin
Applicant's Signature
Title/Company _____

Walter Dustin
Print Name
12/22/06
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#
Land Development, DPZ			Front: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering, DPZ			Side St.: _____ Add'l per. fee \$ _____	
Health	<u>12/22/06</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

C2M LLC
LOT 19 OF BEAUFORT ESTATES
PLAT NO. 13702
PARCEL 14

EXISTING WELL

100'

MaB **MaC** APPROVED

WALK-THRU BUILDING PERMIT

BP#

A# 525243

APP. SAN

DATE: 12/22/06

S85°26'10"E OF WORK

Additional ~ 1400 sq ft total

223.80'

10' BRL

R=25.00'
43.13'

S13°24'50"W
141.30'

30' BRL

PROPOSED DECK

75' BRL

414

416

418

420

422

424

N18°24'50"E
151.03'

EXISTING WELL

(50' D.P.)

15.3'

418

416

28.2'

25.8'

20.0'

20.0'

10' BRL

2 STORY
BRICK/FRAME
HOUSE

45.8'

MACADAM DRIVE
81.2'

S76°35'10"E

250.00'

PROPOSED ADDITION

426

SEPTIC TANK
REMOVED
PROPOSED
DISTRIBUTION BOX
PROPOSED
SEPTIC TANK
(gal.)

EXISTING DRY WELL
TO BE REMOVED

SEPTIC FIELD APPROXIMATE LOCATION

KONDRUP DRIVE

EXISTING WELL

100'

JONATHAN MALE
LOT 24 OF BEAUFORT PARK
PLAT LIBER 26 FOLIO 55
PARCEL 48

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		308000120 PERMIT NUMBER
Building Address <u>12426 Kondrup</u> <u>Fulton Md</u>		Property Owner's Name <u>Serhat Aiken</u> Address <u>12426 Kondrup</u> City <u>Fulton</u> State <u>Md</u> Zip Code <u>20759</u> Phone _____ Phone <u>240-375-5225</u> Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ Phone _____ Fax _____		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>45</u> Parcel _____ Grid _____ Zoning <u>RRPEO</u> Map Coordinates _____ Lot Size _____		Contractor Company <u>Joe + L Const</u> Contact Person <u>Joey Dustin</u> Address <u>200 11th St</u> City <u>Laurel</u> State <u>Md</u> Zip Code <u>20707</u> License No. <u>12578</u> Phone <u>301-346-9300</u> Fax <u>410-489-6981</u>		
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ <u>3,000.00</u> Description of Work <u>Propane tank install</u>		Occupant or Tenant <u>Serhat Aiken</u> Contact Name <u>Serhat Aiken</u> Address <u>12426</u> City <u>Fulton</u> State <u>Md</u> Zip Code <u>20759</u> Phone <u>301-346-9300</u> Fax _____		
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL		

BUILDING CHARACTERISTICS		UTILITIES	
Height:	Water Supply:	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply:
No. of stories:	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input type="checkbox"/>
Gross area, sq. ft. per floor:	Sewage Disposal:	1 st floor: _____	Sewage Disposal:
Use group:	Public <input type="checkbox"/> Private <input type="checkbox"/>	2 nd floor: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>
Construction type:	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete <input type="checkbox"/>	Heating System:	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System:
Structural Steel <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	No. of Bedrooms _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Masonry <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Wood Frame <input type="checkbox"/>		Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	
State Certified Modular <input type="checkbox"/>		_____ 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.

[Signature]
 Applicant's Signature
Owner
 Title/Company

Walter Dustin
 Print Name
1/8/08
 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#
Land Development DPZ				Front _____	Filing fee \$
State Highways				Rear _____	Permit fee \$
Building Officials				Side _____	Excise tax \$
Dev. Engineering DPZ				Side St. _____	Add'l per fee \$
Health	<u>1/7/08</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 #
				Historic District?	Validation #
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Lot Coverage for New Town Zone	
ONE STOP SHOP <input type="checkbox"/>				SDP/Red-line approval date: _____	Accepted by _____
Distribution of Copies: White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					
T: forms/buildingpermitapplication					REV 10/28/04

APPROVED

WALK-THRU BUILDING PERMIT

BP# B08000120 A# 525243

APP. SAN HS DATE: 1/17/08

DESC. OF WORK: install 500 gal UG LP tank, site 2 OK

C2M LLC
LOT 19 OF BEAUFORT ESTATES
PLAT NO. 13702
PARCEL 14

EXISTING WELL

100'



MaB

MaC

Proposed 500 gal Underground tank site 2

S85°26'10"E
223.80'

10' BRL

L=43.13'
R=25.00'

S13°24'50"W
141.30'

30' BRL

PROPOSED DECK

Proposed 500 gal propane tanks

115.3'

418

416

EXISTING TANK TO BE REMOVED
PROPOSED DISTRIBUTION BOX

PROPOSED SEPTIC TANK (1500 gal.)

EXISTING DRY WELL TO BE REMOVED

SEPTIC FIELD APPROXIMATE LOCATION

2 STORY BRICK/FRAME HOUSE

PROPOSED DECK

EXISTING WELL

MACADAM DRIVE
81.2'

(50' R/W)

S76°35'10"E
250.00'

PROPOSED ADDITION

KONDRUP DRIVE

EXISTING WELL

100'

JONATHAN MALE
LOT 24 OF BEAUFORT PARK
PLAT LIBER 26 FOLIO 55
PARCEL 42

12426

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3406 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER 808001300			
Building Address <u>12426 Kendrick</u>			Property Owner's Name <u>Serhat Aiken</u> Address <u>12426 Kendrick</u> City <u>Fulton</u> State <u>Md</u> Zip Code <u>20759</u> Phone _____ Phone _____				
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605102</u> Subdivision <u>L0125</u>			Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ _____				
Section _____ Area _____ Lot _____ Tax Map <u>45</u> Parcel _____ Grid <u>45-12</u>			Phone _____ Fax _____				
Zoning <u>RR Deo</u> Map Coordinates _____ Lot Size _____			Contractor Company <u>Joe & L Const.</u> Contact Person <u>Joey Dustin</u> Address <u>200 11th St</u> City <u>Laurel</u> State <u>Md</u> Zip Code <u>20707</u> License No. <u>12578</u> Phone _____ Fax _____				
Existing Use <u>Residential</u> Proposed Use _____ Estimated Construction Cost \$ <u>\$12,000.00</u>			Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____				
Description of Work <u>Install deck</u>			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____				
Occupant or Tenant <u>Serhat Aiken</u> Contact Name <u>Joey Dustin</u> Address <u>3813 Ivory Rd</u> City <u>Glendg</u> State <u>Md</u> Zip Code <u>21737</u> Phone <u>301-346-9300</u> Fax <u>410-489-6991</u>			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____				
BUILDING DESCRIPTION - COMMERCIAL			BUILDING DESCRIPTION - RESIDENTIAL				
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular		Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____		Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ 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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home		Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____	
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			_____ Print Name				
_____ Title/Company			_____ Date				
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY **PLEASE WRITE NEATLY AND LEGIBLY.** - FOR OFFICE USE ONLY -							

C2M LLC
LOT 19 OF BEAUFORT ESTATES
PLAT NO. 13702
PARCEL 14

EXISTING WELL

100'

MaB

Mac

APPROVED

WALK-THRU BUILDING PERMIT
BP# 008001300 A# 525243
APP. SAN HS DATE: 5-1-08
DESC. OF WORK: deck w/
stairs (25' x 22')

S85°26'10"E
223.80'

10' BRL

L=43.13'
R=25.00'

S13°24'50"W
141.30'

30' BRL

PROPOSED DECK

5' BRL

414

416

418

420

422

424

EXISTING WELL

N13°24'50"E
151.03'

(50' R/W)

100'

EXISTING TANK TO BE REMOVED
PROPOSED DISTRIBUTION BOX

PROPOSED PTIC TANK (500 gal.)

EXISTING DRY WELL TO BE REMOVED

2 STORY BRICK/FRAME HOUSE

MACADAM DRIVE
81.2'

S76°35'10"E
250.00'

PROPOSED ADDITION

426

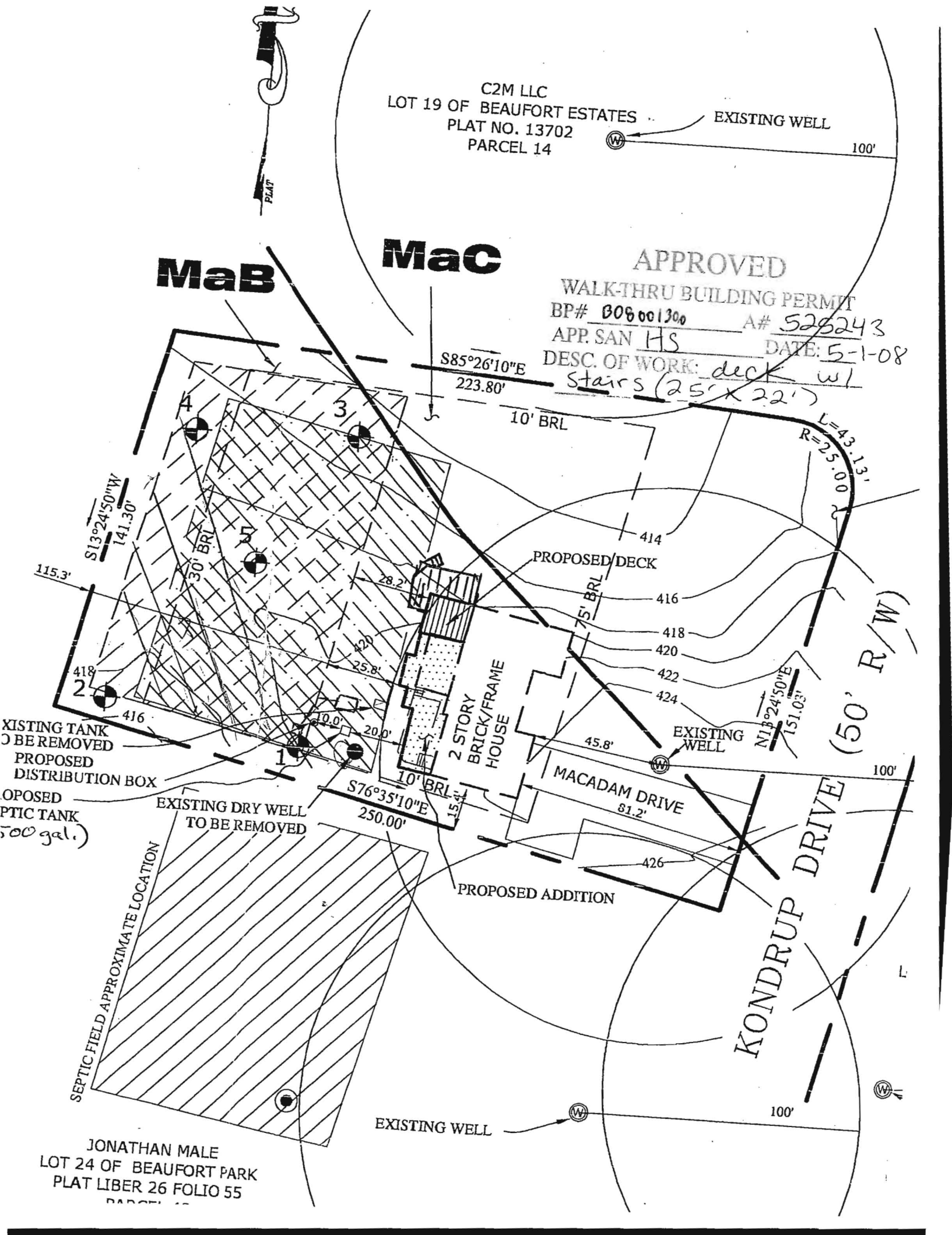
KONDRUP DRIVE

100'

EXISTING WELL

JONATHAN MALE
LOT 24 OF BEAUFORT PARK
PLAT LIBER 26 FOLIO 55

SEPTIC FIELD APPROXIMATE LOCATION



Building Address 12426 Kondrup dr.
Fulton Md

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

Census Tract 605102 Subdivision Beaufort Park

Section _____ Area _____ Lot 25

Tax Map 45 Parcel _____ Grid 45-12

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Sehat Aiken
 Address 12426 Kondrup
 City Fulton State _____ Zip Code 20759
 Home Phone 410-442-9812 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use Res.
 Proposed Use _____
 Estimated Construction Cost \$ 30,000.00

Description of Work Install fiberglass pool

Occupant or Tenant _____

Contact Name Sehat Aiken
 Address 12426 Kondrup
 City Fulton State Md Zip Code 20759
 Phone 410-442-9812 Fax _____

Contractor Company Joe & J Const.
 Contact Person Joey Dustin
 Address 200 11th St
 City Laurel State Md Zip Code 20707
 License No. 12578
 Phone 301-346-9300 Fax 410-489-6991

Engineer or Architect Company _____

Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1 st floor: _____ 2 nd floor: _____ Basement: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
No. of Bedrooms <u>5</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
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.

W. Dustin
 Applicant's Signature
Pres.
 Title/Company

Walter Dustin
 Print Name
6/2/09
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Officials			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____
Health	<u>6-3-09</u>	<u>Dana Bernard</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 # _____
			Historic District?	Validation # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

C2M LLC
 LOT 19 OF BEAUFORT WALKTHRU BUILDING PERMIT
 PLAT NO. 13702
 PARCEL 14

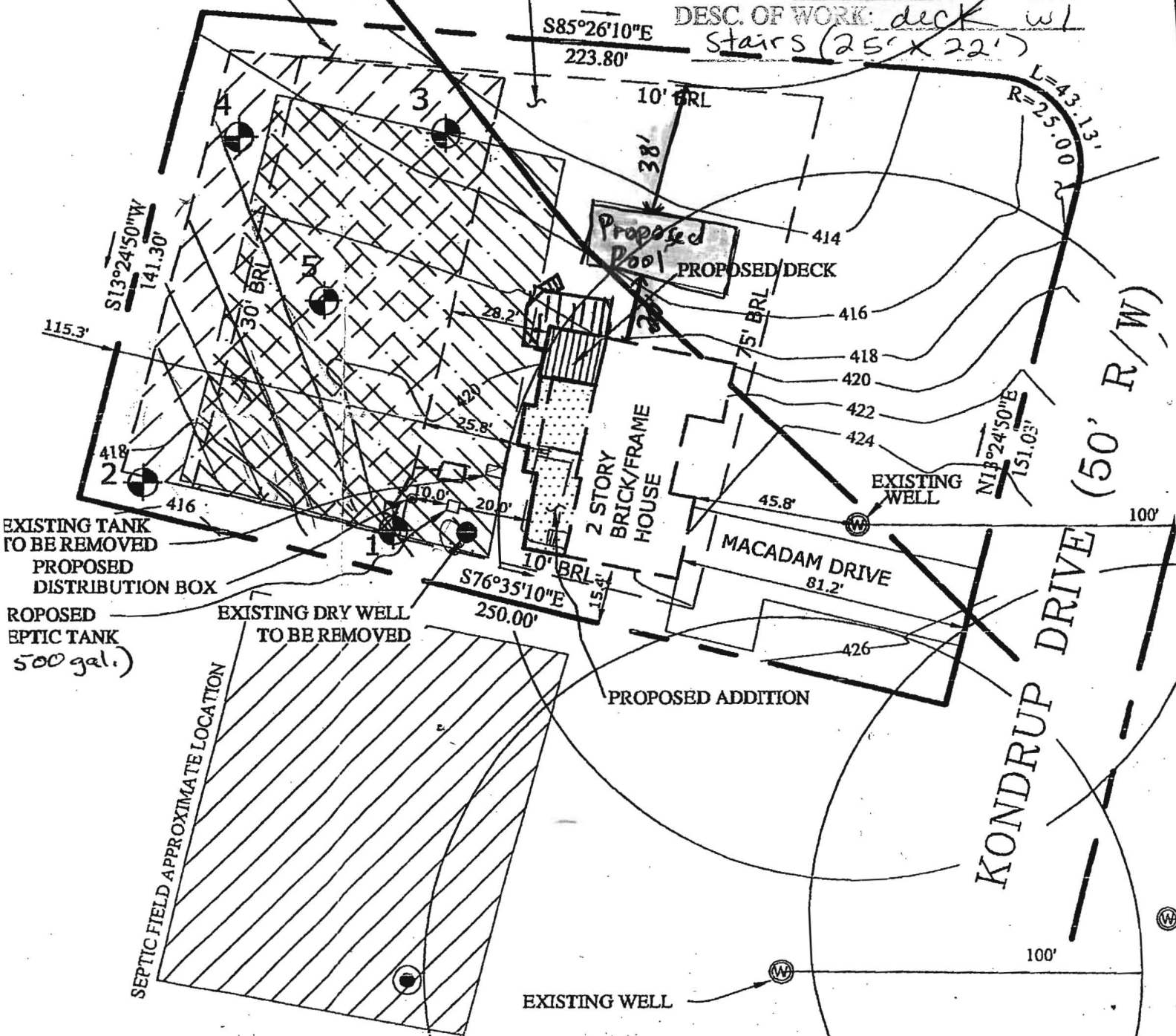
APPROVED

APP. SAN DB DATE: 6-3-09
 DESC. OF WORK: 16x14 in ground
Pool

**Approved as shown*
APPROVED

WALKTHRU BUILDING PERMIT
 BP# _____ A# 525243
 APP. SAN HS DATE: 5-1-08
 DESC. OF WORK: deck w/
stairs (25' x 22')

MaB **MaC**



EXISTING TANK TO BE REMOVED
 PROPOSED DISTRIBUTION BOX
 ROPOSED EPTIC TANK (500 gal.)

EXISTING DRY WELL TO BE REMOVED

SEPTIC FIELD APPROXIMATE LOCATION

2 STORY BRICK/FRAME HOUSE

Proposed Pool
 PROPOSED DECK

PROPOSED ADDITION

EXISTING WELL

EXISTING WELL

JONATHAN MALE
 LOT 24 OF BEAUFORT PARK
 PLAT LIBER 26 FOLIO 55