

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION		PERMIT NUMBER B00122600	
Building Address <u>1950 Long Corner Rd</u> <u>Mt. Airy, MD 21771</u> 14100 21771			Property Owner's Name <u>John K. Santos</u> Address <u>13109 Holly Court</u> City <u>Beltzville</u> State <u>MD</u> Zip Code <u>20705</u>		
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>Wilets Property</u> Section <u>NA</u> Area <u>NA</u> Lot <u>3</u> Tax Map <u>U</u> Parcel <u>55</u> Grid <u>22</u>			Home Phone <u>490-3451</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____ Phone <u>301-490-3651</u> Fax <u>301-410-3651</u>		
Zoning <u>RC</u> Map Coordinates <u>2C13</u> Lot size <u>10,000 sq ft</u>			Contractor Company <u>Legend Builders Inc</u> Contact Person <u>Mike Collins</u> Address <u>P.O. Box 511</u> City <u>Beltzville</u> State <u>MD</u> Zip Code <u>20706</u> License No. _____ Fax <u>301-490-3651</u>		
Existing Use <u>Vacant Lot</u> Proposed Use <u>Single Family Dwelling</u> Estimated Construction Cost \$ <u>20,000</u> Description of Work <u>2 story w/ basement</u> <u>4/0R 2x8 Fireplace / Ramp Basement</u> <u>Kt. Deck - 2/10x6 Garage</u>			Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		
Occupant or Tenant <u>Same as Owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____			City _____ State _____ Zip Code _____ Phone _____ Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: <u>2</u> 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 checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>47'8"</u> Width <u>56'8"</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input checked="" type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" 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 THEREIN, (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION, (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THIS PROPERTY FOR THE PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature <u>Michael T. Collins</u> Title/Company <u>Legend Builders Inc</u>	Print Name <u>Michael T. Collins</u> Date <u>2-25-00</u>
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Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

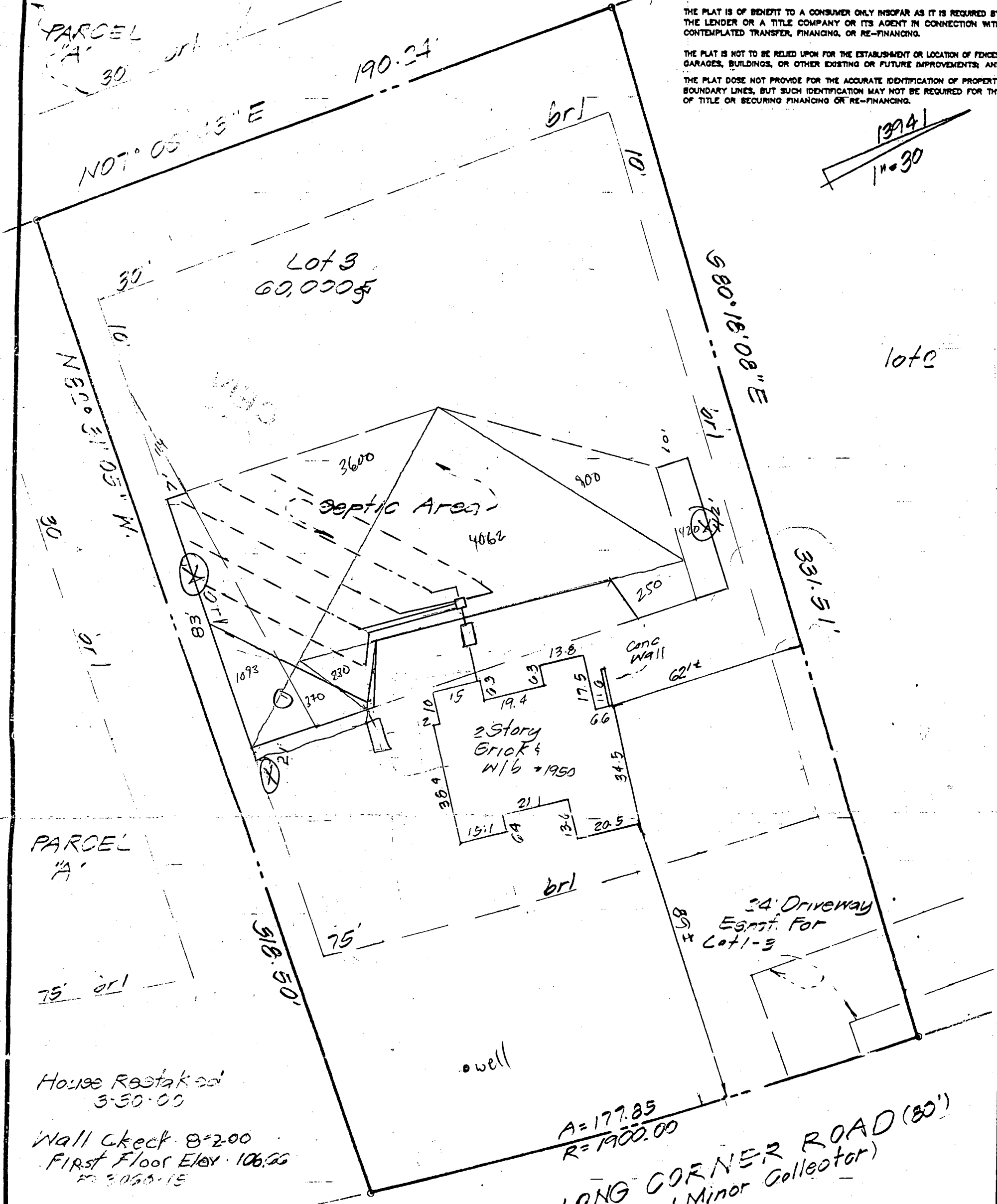
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: <u>75 FT</u>	415-151
State Highways			Rear: <u>20 FT</u>	
Building Official			Side: <u>10 FT</u>	
City Engineering DPZ	<u>3/23/00</u>	<u>Mark E. Collins</u>	Side St: <u>NA</u>	
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES: \$ _____
Sediment Control approval required prior to insurance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due: \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for New Town Zone SDP/Red-line approval date: _____	Check # <u>3125</u> Validation # <u>27960</u>

THE PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY THE LENDER OR A TITLE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING, OR RE-FINANCING.

THE PLAT IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS; AND

THE PLAT DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE OF TITLE OR SECURING FINANCING OR RE-FINANCING.

13941
1"=30'



PARCEL 'A'

House Restaked 3-30-00
Wall Check 8-2-00
First Floor Elev. 106.66
5-20-05

A=177.85
R=1900.00
LONG CORNER ROAD (80')
(Minor Collector)

All cut/tin. elevations are given to finished basement floor.
⊗ Denotes hub back set @ 15' offsets to house corners

NOTES:
Not located in a H.U.D. designated Flood Hazard Zone as per F.E.M.A. Community Panel No. 2400490007B
This survey was prepared without the benefit of a title report.
Information shown hereon should not be relied upon for construction of improvements.

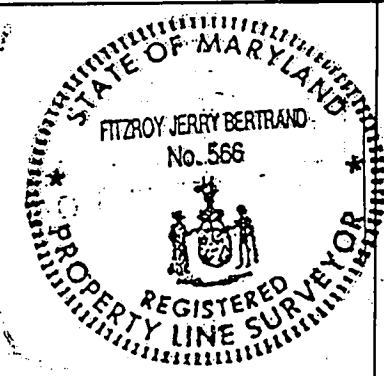
TAX MAP	GR.	PAR.	MTI DISK LEA 001
-	-	-	3053-1 F.B. 3046 P. 20

SURVEYOR'S CERTIFICATE

I hereby certify that I have surveyed the property shown hereon for the purpose of locating the improvements only, and the improvements are located as shown. Exact property corners have not been established or set, unless otherwise noted. We assume no responsibility or liability for any right-of-ways or easements recorded or unrecorded or not appearing on the record plat / or mentioned in the title deed referred to hereon.

Jerry Bertrand
Fitzroy Jerry Bertrand
Reg. Property Line Surveyor #566

3-13-05
Date



LOT IMPROVEMENT SURVEY
1950 Long Corner Rd
Lot 3

WILETS PROPERTY

Lisbon No. 4th ELECTION DISTRICT
Howard COUNTY, MARYLAND

LIGHT, ELLIOTT, & ASSOCIATES, INC.
8508 ADELPHI ROAD
ADELPHI, MARYLAND 20783
VOICE: 301-422-6080
FAX: 301-422-6080



SOUTHERN MARYLAND
VOICE: 301-843-4927

DRAFTER *EB*
CK. BY *AS*
SCALE: 1"=30'

PLAT BOOK / PLAT
MDR 13941
LIBER / FOLIO

CASE No.
JOB No. 0-1090
FILE No. MS8039