

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B06007292

Building Address 13454 Long Day Ct
Highland, MD 20777
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot 7
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size 40311 sq ft

Property Owner's Name JA Mackrell
 Address 13454 Long Day Ct.
 City Highland State MD Zip Code 20777
 Home Phone 3018541462 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 11,000
 Description of Work 18x12 Deck w/ Fiberglass
decking & railing no stairs
attached w/ 2x board board
approximately 5' above grade

Contractor Company Archadeck
 Contact Person Katherine
 Address 8302 Brent Rd
 City Lantansville State MD Zip Code 20882
 License No. 121329
 Phone 3019263001 Fax 3019630502

Occupant or Tenant JA Mackrell
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company N/A
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

[Signature]
 Applicant's Signature
Archadeck
 Title/Company

Nancy Swank
 Print Name
11/8/06
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

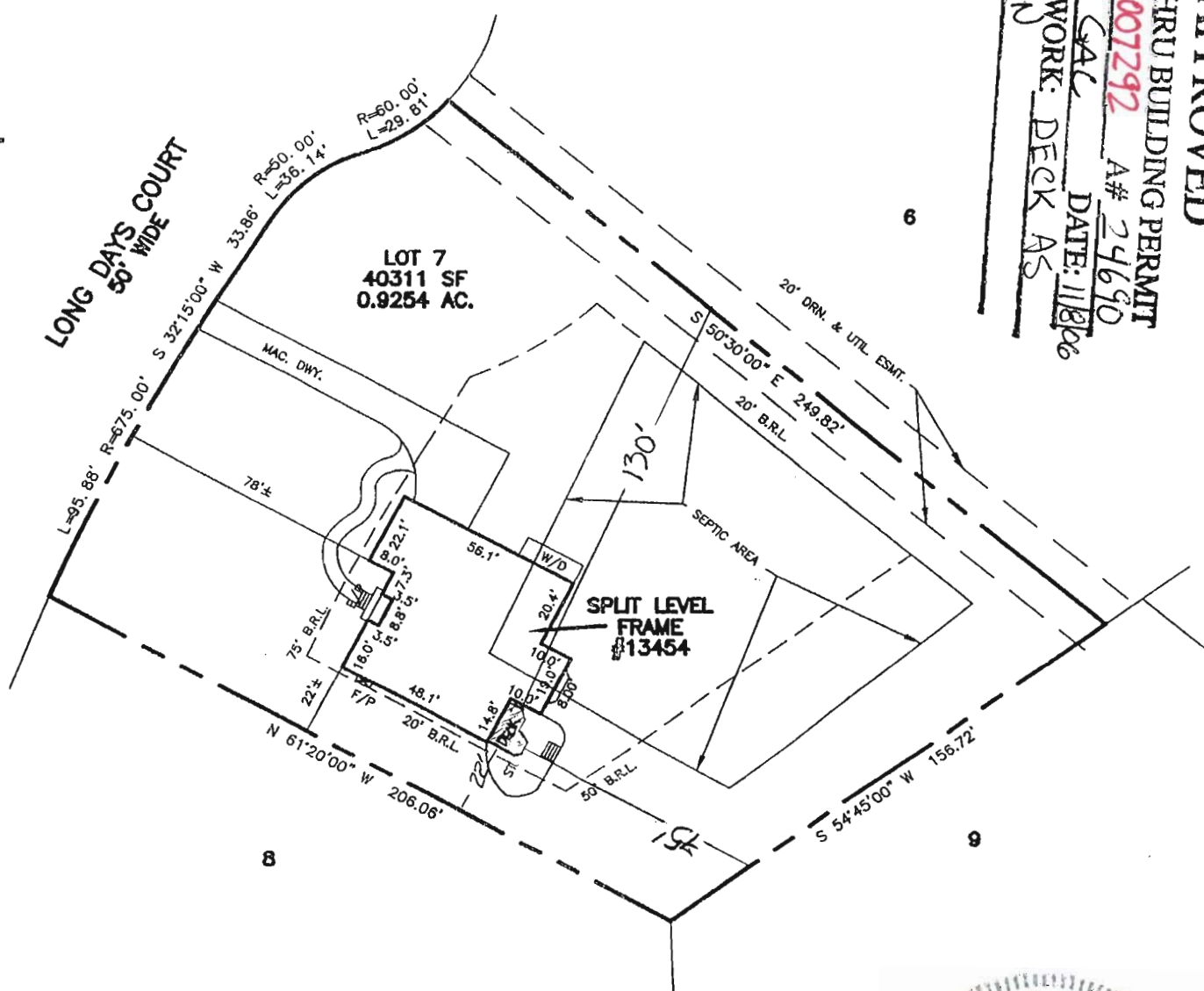
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>11/8/2006</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 # <u>3513</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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	

LOCATION DRAWING
SECTION TWO
ALLNUT FARMS ESTATES
LOT 7
HOWARD COUNTY, MARYLAND

APPROVED

WALK-THRU BUILDING PERMIT
BP# 306007292 A# 24690
APP. SAN CAC DATE: 11/8/06
DESC. OF WORK: DECK AS SHOWN

NORTH



PROPERTY ADDRESS: 13454 LONG DAYS COURT

THE PROPERTY SHOWN HEREON IS LOCATED IN ZONE C (AREA OF MINIMAL FLOODING) ACCORDING TO NATIONAL FLOOD INSURANCE PROGRAM F.I.R.M. MAP COMMUNITY PANEL NO. 240044 0032 B AS REVISED 12-04-1986

CERTIFICATE
I HEREBY DECLARE THAT THE POSITION OF ALL THE VISIBLE EXISTING IMPROVEMENTS SHOWN ON THE ABOVE DESCRIBED PROPERTY HAVE BEEN ESTABLISHED BY PROPER FIELD METHODS. NO TITLE REPORT HAS BEEN FURNISHED. SUBJECT TO ANY AND ALL RESTRICTIONS AND EASEMENTS OF RECORD.

Gary Dean Simpson
GARY DEAN SIMPSON
Reg. MARYLAND Property Line Surveyor No. 514

REFERENCES

PLAT BK.
PLAT NO. CMP 3841

LIBER
FOLIO

CMS
CENTRAL MARYLAND SURVEYORS, INC.
2813 PATUXENT RIVER ROAD, DAVIDSONVILLE, MD. 21035
PHONE (410) 798-9700 FAX (410) 798-9705

DATES: _____ SCALE: 1"=50'

WALL CHECK: _____ DRAWN BY: EW

HSE. LOC.: 05-20-2003 JOB NO.: 0850-03

BOUNDARY: _____

- NOTES:
- 1) This location drawing is of benefit to a consumer only in so far as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing.
 - 2) This location drawing is not to be used for the building of fences or other improvements. No boundary survey has been performed.
 - 3) This location drawing is not to be relied upon for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.
 - 4) B.R.L. information, if shown was obtained from existing record plat or was provided to CMS, and is not guaranteed by CMS, Inc.
 - 5) Flood Zone information is subject to the interpretation of the originator.
 - 6) Adjoiner deed research has not been undertaken with the Location Drawing.
 - 7) CMS, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
 - 8) Level of accuracy CMP 3841±.

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