

Health

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

B09002451  
 PERMIT NUMBER

Building Address 2590 Louanne Ct.  
West Friendship, MD 21794

Suite/Apt. #: \_\_\_\_\_  
 SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_  
 Subdivision Friendship Manor

Section 2 Area 3.49 Acres Lot 26

Tax Map 15 Parcel 16 Grid D4

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot Size 3.49 Acres

Property Owner's Name Ralph Stroud  
 Address 2590 Louanne Ct.  
 City West Friendship State MD Zip Code 21794  
 Phone 301-814-2019 Phone 301-814-2019  
 Applicant's Name & Mailing Address, (if other than stated herein): \_\_\_\_\_

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

Existing Use SFD  
 Proposed Use Personal Use Garage  
 Estimated Construction Cost \$ 50,000.00

Description of Work Build new 1 story detached garage, slab,

Contractor Company Morton Buildings, Inc.  
 Contact Person Daryl Aurand  
 Address 3368 York Rd.  
 City Gettysburg State PA Zip Code 17325  
 License No. 11784  
 Phone 717-624-3331 Fax 717-624-4045

Occupant or Tenant \_\_\_\_\_  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Allied  
ALLIED DESIGN ARCH. & ENG. GROUP  
 Contact Person Michael McCormick  
 Address 100 S. Pershing P.O. Box 110  
 City Morton State IL Zip Code 61550  
 Phone 309-263-7474 Fax 309-266-9917

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics  
 Height: 20'  
 No. of stories: (1) one  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete \_\_\_\_\_  
 Structural Steel \_\_\_\_\_  
 Masonry \_\_\_\_\_  
 Wood Frame \_\_\_\_\_  
 State Certified Modular \_\_\_\_\_

Utilities  
 Water Supply: \_\_\_\_\_  
 Public  
 Private  
 Sewage Disposal: \_\_\_\_\_  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System: N/A  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A  
 Full \_\_\_\_\_  
 Partial \_\_\_\_\_  
 Other Suppression \_\_\_\_\_  
 # of Heads \_\_\_\_\_

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics  
 SF Dwelling  SF Townhouse   
 Depth \_\_\_\_\_ Width \_\_\_\_\_  
 1<sup>st</sup> floor: \_\_\_\_\_  
 2<sup>nd</sup> floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement   
 Crawl space  Slab on Grade   
 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: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home \_\_\_\_\_

Utilities  
 Water Supply: \_\_\_\_\_  
 Public \_\_\_\_\_  
 Private \_\_\_\_\_  
 Sewage Disposal: \_\_\_\_\_  
 Public \_\_\_\_\_  
 Private \_\_\_\_\_  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A  
 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.

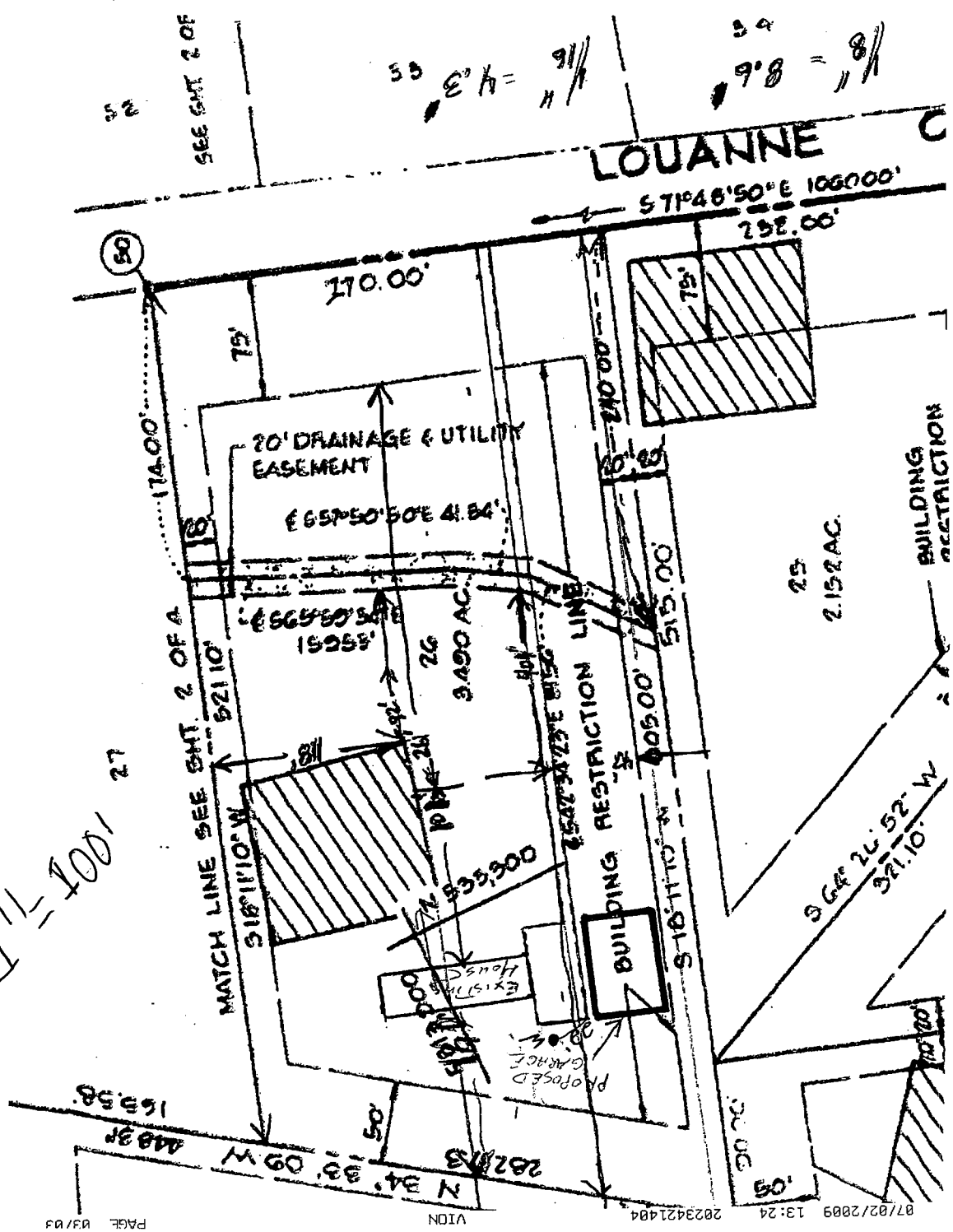
Daryl Aurand  
 Applicant's Signature  
Morton Buildings, Inc  
 Title/Company

Daryl Aurand  
 Print Name  
9-17-2009  
 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 \$ <u>25.00</u>
State Highways				Rear: _____	Permit fee \$ _____
Building Officials				Side: _____	Excise tax \$ _____
Dev. Engineering/DPZ				Side St: _____	Add'l per fee \$ _____
Health	<u>10-1-09</u>	<u>Daryl Aurand</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?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>				IS Entrance Permit required?	Check <u>Cust</u>
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Historic District?	
ONE STOP SHOP <input type="checkbox"/>				YES <input type="checkbox"/> NO <input type="checkbox"/>	
				Lot Coverage for New Town Zone _____	
				SDP/Red-line approval date _____	Accepted by _____
Distribution of Copies: White: Building Officials Green: LDD, DPZ Yellow: DED, DEZ Pink: Health Gold: SHA					
T: forms/building permit application					REV 10/28/04

183776



52  
SEE SMT 2 OF

53  
S 3° N = 9 1/2"

34  
S 9° E = 8 1/2"

LOUANNE C

S 71°48'50" E 106000'  
252.00'

50

170.00'

75'

174.00'

20' DRAINAGE & UTILITY EASEMENT

S 65°50'50" E 41.84'

S 65°50'50" E 15255'

26290 AC

MATCH LINE SEE SMT. 2 OF A

S 18°11'10" W 52110'

27

111 = 100'

26

24

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S 35°55'00" W 49120'

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VION

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07/02/2009 13:24

# B09002451 OK  
10-1-09 HS

SITE INSPECTION SHEET

OWNER: Ralph Stroud PHONE #: \_\_\_\_\_

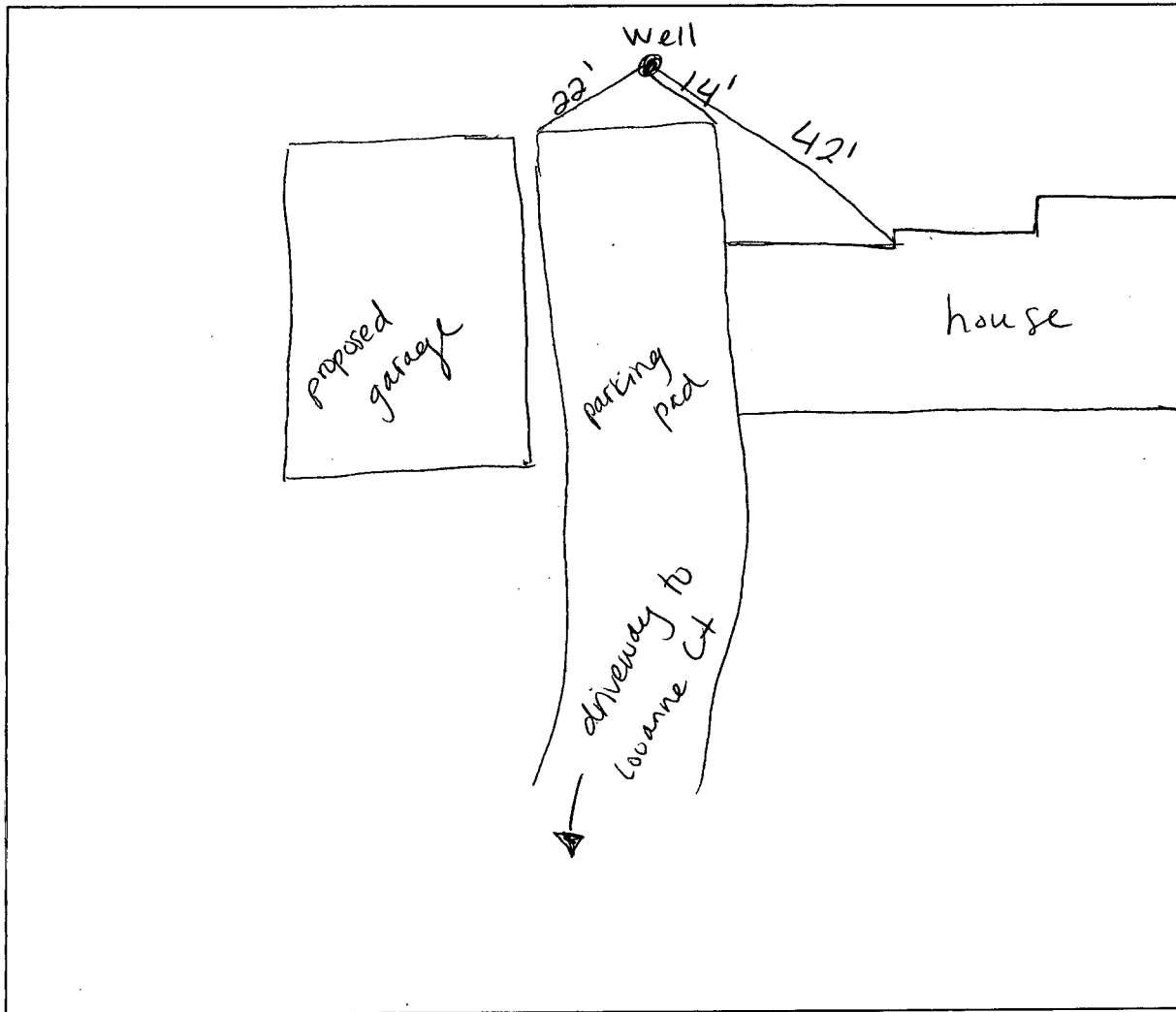
ADDRESS: 2590 Louanne Ct. CONTRACTOR: \_\_\_\_\_

WELL TAG #: \_\_\_\_\_

SUBDIVISION: \_\_\_\_\_ LOT: \_\_\_\_\_ COUNTY #: \_\_\_\_\_

PROPOSAL: 45' x 65' detached garage

LOCATION DIAGRAM



COMMENTS: site visit to confirm well location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE: 10-1-09 INSPECTOR: HS