

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B08060274

Building Address 9431 LOVAT RD.
FULTON, MD. 20759

Property Owner's Name CINDY + RUSSELL HALL
Address 9431 LOVAT RD.

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

Census Tract _____ Subdivision WILSONS CANTONMENT City FULTON State MD Zip Code 20759
Section 2 Area _____ Lot 36

Home Phone _____ Work Phone 301-755-7752
Applicant's Name & Mailing Address, (if other than stated hereon):
LAURENT LAFEUR

Tax Map _____ Parcel _____ Grid _____

Phone 210-508-0988 Fax _____

Zoning _____ Map Coordinates _____ Lot size 79,050

Existing Use SENIOR FAMILY HOME
Proposed Use SAME
Estimated Construction Cost \$ _____

Contractor Company LAFEUR ASSOC.
Contact Person LAURENT LAFEUR

Description of Work CONSTRUCT A 14'X17' ADDITION TO EXPAND THE DEN/REAR ROOM
CONSTRUCT A 7'X8' ADDITION TO ADD A PANTRY TO THE KITCHEN

Address 7386 HOPKINS WAY
City CLARKSVILLE State MD Zip Code 21029
License No. 49355
Phone 301-312-6222 Fax 210-568-6335

Occupant or Tenant OWNER

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

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

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.

Laurent Lafeur
Applicant's Signature
OWNER LAFEUR ASSOC.
Title/Company

LAURENT LAFEUR
Print Name
2-6-08
Date

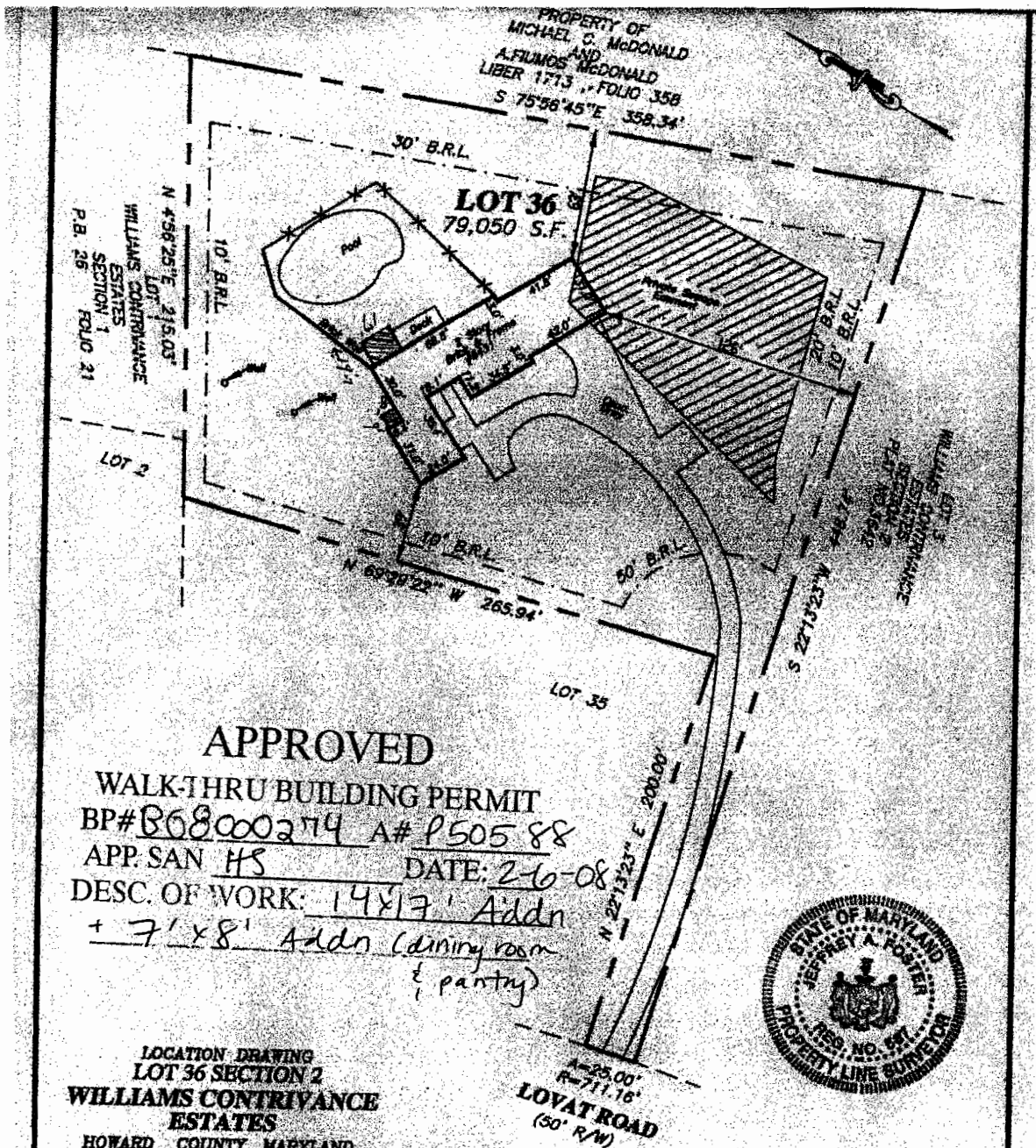
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ		
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>2-6-08</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

Distribution of Copies - White: Building Official Green: LDD, DPZ
T:\forms\PERMIT.FRM


Yellow: DED, DPZ Pink: Health Gold: SHA



APPROVED
WALK-THRU BUILDING PERMIT
 BP# B68000274 A# P50588
 APP. SAN HS DATE: 2-6-08
 DESC. OF WORK: 14x17' Addn
+ 7'x8' Addn (dining room
& pantry)

LOCATION DRAWING
 LOT 36 SECTION 2
WILLIAMS CONTRIVANCE
ESTATES
 HOWARD COUNTY, MARYLAND



SURVEYOR'S CERTIFICATE		REFERENCES			SNIDER & ASSOCIATES SURVEYORS - ENGINEERS LAND PLANNING CONSULTANTS 2 Professional Drive, Suite 210 Odessa, Maryland 20676 301/848-8100, Fax 301/848-1200	
*THE INFORMATION SHOWN HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE DEED OR PLAT OF RECORD. EXISTING STRUCTURES SHOWN HAVE BEEN FIELD LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF LINES OF APPARENT OCCUPATION.		PLAT BK.	PLAT NO. 18S15		DATE OF LOCATIONS	SCALE: 1" = 60'
		LIBER			WALL CHECK:	DRAWN BY: T.N.T.
		FOLIO			HSE LOC: 10-8-03	JOB NO.: 03-7196

Jeffrey A. Foster
 MARYLAND PROPERTY LINE SURVEYOR REG. NO. 547