

# HOWARD COUNTY PERMIT APPLICATION

**PERMIT NUMBER**

B0-148843

Building Address 1210 Long Corner Rd.  
Mt Airy, MD. 21771

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

Census Tract 604001 Subdivision Snyder

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1

Tax Map 6 Parcel 187 Grid 11

Zoning RC-2 Map Coordinates Z09 Lot size \_\_\_\_\_

Property Owner's Name Holly K. Forejt

Address 1210 Long Corner Rd

City Mt. Airy State MD Zip Code 21771

Home Phone (410) 795-5811 Work Phone (410) 213-1811

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

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

Existing Use Home

Proposed Use Home

Estimated Construction Cost \$ 10,000

Description of Work Screened in porch & closet / 25x12 porch 16x9

Contractor Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

License No. \_\_\_\_\_

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

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

<u>Building Characteristics</u>	<u>Utilities</u>
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 _____

<u>Building Characteristics</u>	<u>Utilities</u>
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> _____ <u>Width</u> _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input 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 <u>3</u>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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	

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.

Holly K. Forejt  
**Applicant's Signature**

Holly K. Forejt  
**Print Name**

\_\_\_\_\_  
**Title/Company**

6/10/04  
**Date**

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

**- FOR OFFICE USE ONLY -**

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ		
<input type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official		
<input type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health		
<input type="checkbox"/> 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**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  
YES  NO

Is Entrance Permit required?  
YES  NO

Historic District?  
YES  NO

Lot Coverage for NewTown Zone \_\_\_\_\_

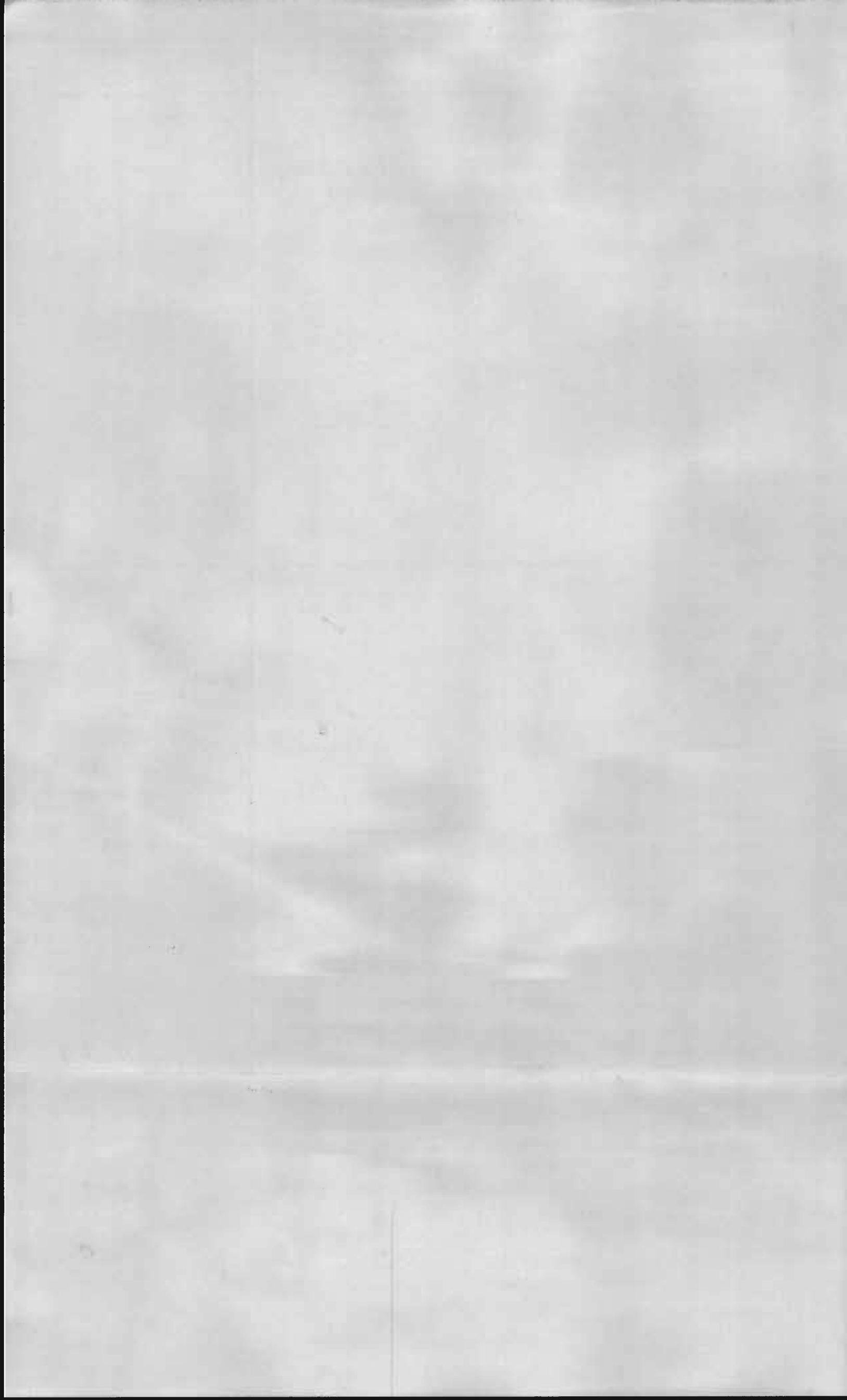
SDP/Red-line approval date \_\_\_\_\_

**PROPERTY ID#: 11927**

Filing fee \$	_____
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
<b>TOTAL FEES</b>	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>2049</u>
Validation #	<u>70182</u>

Accepted by \_\_\_\_\_

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA



Copy Received this \_\_\_\_\_ day of May 2002

Bruce . Forejt Holly K. Forejt



Location Drawing  
Scale: 1" = 60'

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, dwellings or other existing or future improvements nor does this plat purport to reflect setbacks or other distances with any specific level of accuracy. This plat does not provide 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. The approximate location of the dwelling is shown in relation to the apparent property lines for the property known as

1210 Florence Road  
Howard County, Maryland

*William T. Matthews* 5/14/02

Ruxton Design Corporation

8422 Bellona Lane  
Suite 300

Towson, Maryland 21204

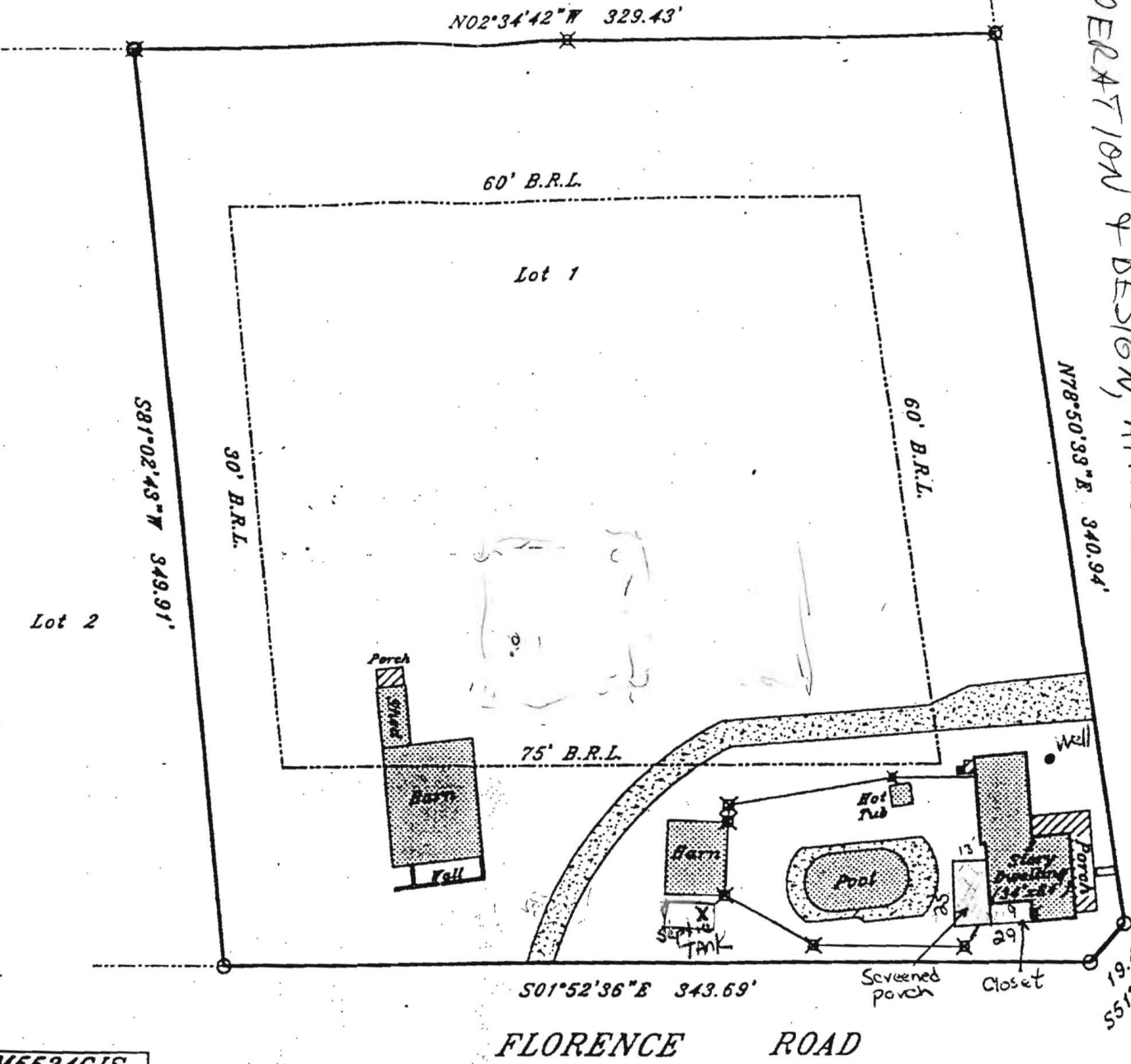
410-823-5000

410-823-0115 fax

tc@ruxtondesign.com

www.ruxtondesign.com

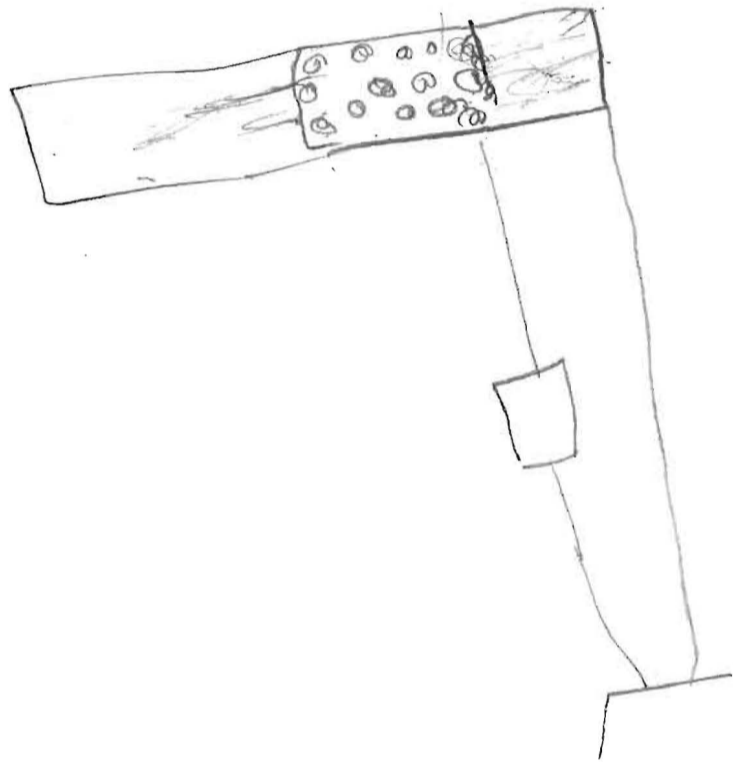
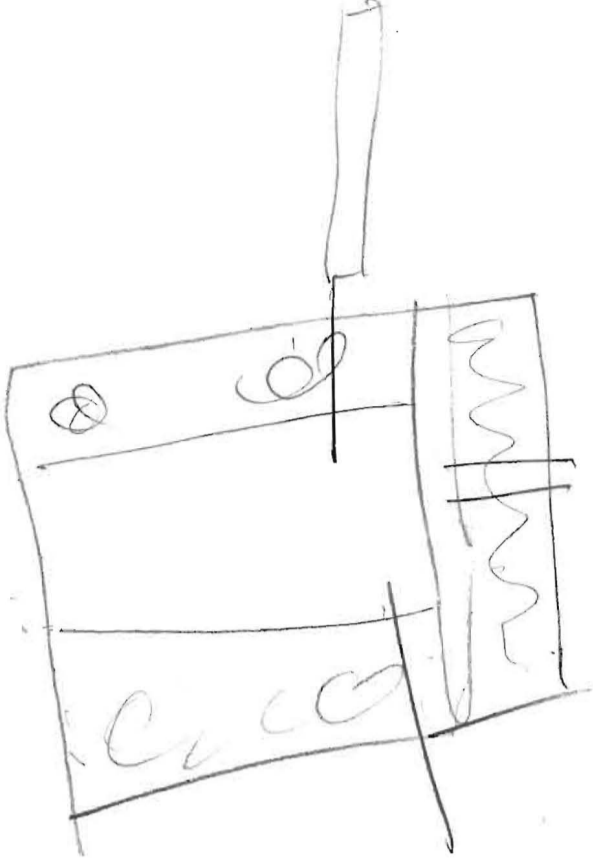
M5524CJS



Lot number: 1  
Block/Section: -  
Plat Reference: 9218  
Title of Plat: Final Plat, Lot 1 & 2,  
Snyder Subdivision

MR 6/10/04 ATTEMPTED WALK-THRU FOR PORCH & CLOSET.  
NOT APPROVED, BASED ON FAILURE TO COMPLY W/PREV.  
REPAIR REQUEST OF JULY 02; HOUSE 100+ YRS OLD, NO  
S.S. RECORDS, PROP SUBDIVIDED IN 1988 AND 10K &  
ESTABLISHED BASED ON ONE TEST HOLE ON THIS LOT.  
DISCUSSED LONG CORNER  
EXTENSIVELY W/OWNER RE: PERC TEST SYSTEM  
OPERATION & DESIGN, APPROVAL UPON S.S. REPAIR

Dwelling lies in Flood Zone



Herman Stark

P 2 please check

Building Address <u>1210 Long Corner Rd</u> <u>Mt. Airy, MD - 21771</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>6040</u> Subdivision <u>Snyder</u> Section _____ Area _____ Lot <u>1</u> Tax Map <u>6</u> Parcel <u>187</u> Grid <u>11</u> Zoning _____ Map Coordinates <u>209</u> Lot size _____ Existing Use <u>SFD</u> Proposed Use <u>SFD w/ Detached garage</u> Estimated Construction Cost \$ <u>5000.</u> Description of Work <u>Build 24x34 Detached garage w/ workshop &amp; loft storage</u> Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Property Owner's Name <u>Bruce Holly Forest</u> Address <u>1210 Long Corner Rd</u> City <u>Mt. Airy</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>(410) 795-2561</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Bruce Forest</u> <u>4743 Bonnie Branch Rd.</u> <u>E.C. MD 21043</u> Phone <u>(410) 247-1714</u> Fax <u>(410) 796-2767</u> Contractor Company <u>Homeowner</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____ Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: <u>Workshop</u> Dimensions: <u>24 x 34</u> Footings: _____ Roof: _____  <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

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Applicant's Signature: [Signature] Print Name: Holly K. Forest  
 Title/Company: \_\_\_\_\_ Date: 7-10-02

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	11927
<input type="checkbox"/> State Highways			Rear: _____	Filing fee \$ <u>257</u>
<input checked="" type="checkbox"/> Building Official	<u>7/10/02</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>270</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ <u>215</u>
<input checked="" type="checkbox"/> Health	<u>7/10/02</u>	<u>Mark [Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per fee \$ _____
<input type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>722.245</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1767</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Accepted by <u>[Signature]</u>	Validation # _____

Copy Received this \_\_\_\_\_ day of May 2002

Bruce J. Forejt Holly K. Forejt



Location Drawing

Scale: 1" = 60'

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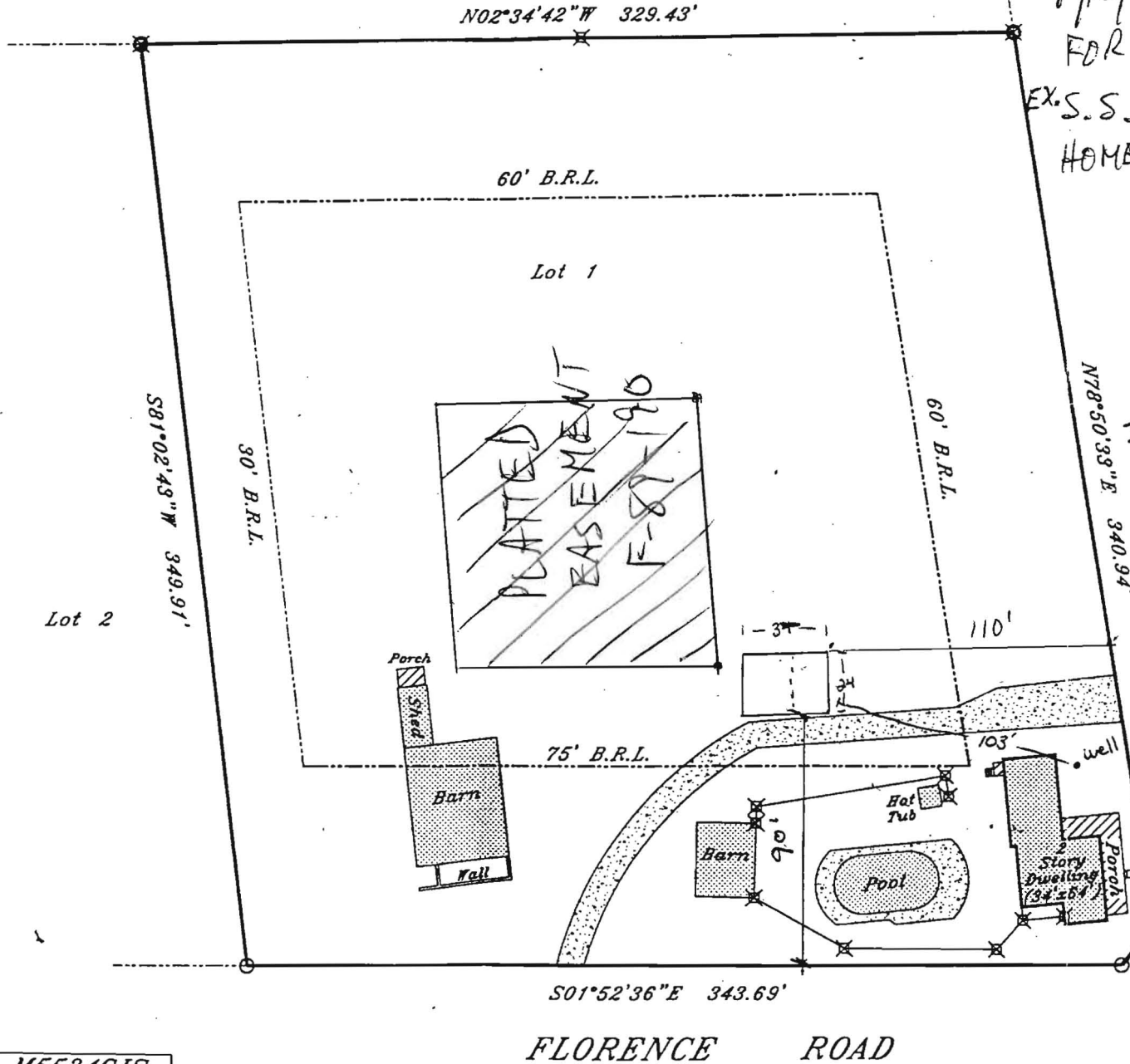
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410-823-0115 fax

dc@ruxtondesign.com www.ruxtondesign.com

M5524CJS



Lot Number: 1  
Block/Section: -  
Plat Reference: 9218  
Title of Plat: Final Plat, Lot 1 & 2,  
Snyder Subdivision

7/10/02 ATTEMPTED WALK-THRU FOR PROPOSED GARAGE; EX.S.S. LOCATION UNKNOWN HOMEOWNER ADVISED TO OBTAIN COMPLETE LONG OWNERSHIP HISTORY AND/OR HIRE BACKHOE TO FIND SYSTEM

7/10/02 CORNER PART II: ROAD OWNERS AGREE

SEPTIC SYSTEM REPAIR ~~BY~~ BY 9/23/02 (FBR ADD'N ALSO EXPECTED)

BP FOR GARAGE SIGNED Dwelling lies in Flood Zone C