

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00155953

Building Address 1650 MALLIOTTVILLE ROAD
MALLIOTTVILLE, MD 21104
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 603000 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 10 Parcel 3170 Grid 16
 Zoning RC00P Map Coordinates 6A12 Lot size 25.574

Property Owner's Name SCOTT & LINDS WILSON
 Address 1650 MALLIOTTVILLE ROAD
 City MALLIOTTVILLE State MD Zip Code 21104
 Home Phone 410-442-5008 Work Phone 301-868-6220
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use SINGLE FAMILY DWELLING
 Proposed Use SINGLE FAMILY DWELLING
 Estimated Construction Cost \$ 45,000
 Description of Work REMOVE EXIST. DWELLING,
1787sq. INTERIOR FINISHES, KITCHEN
1 1/2 BATHS, NEW HVAC, ELECTRICAL
NEW DECKING TRAIL ETC. 15' x 20' DECK

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

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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>316</u> 2nd floor: <u>516</u> Basement: <u>N/A</u>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular _____ Manufactured Home	Sprinkler system: N/A <input 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 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

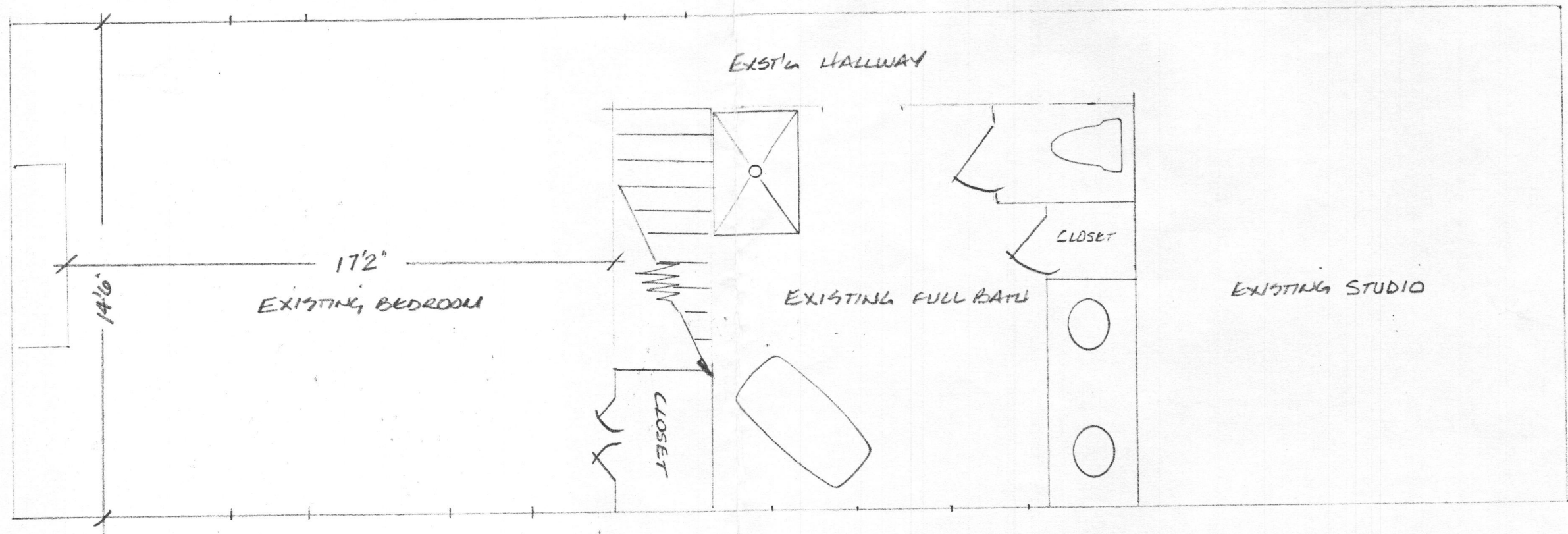
 Title/Company

Scott D. Wilson Linda S. Wilson
 Print Name
9/13/05
 Date

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

67113

AGENCY	DATE	SIGNATURE APPROVAL	DEPT. SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ <u>100.00</u>
Building Official			Side: _____	Expire fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>10/18/05</u>	<u>Karen [Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ <u>135.00</u>
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>7.00</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation \$ <u>976.00</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Accepted by _____
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Lot Coverage for New Town Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 155953 A# 49877
 APP. SAN Raouf DATE: 10/10/05
 DESC. OF WORK: 1 bedroom
home

2ND FLOOR LAYOUT EXISTING
 1st floor - NO bedrooms

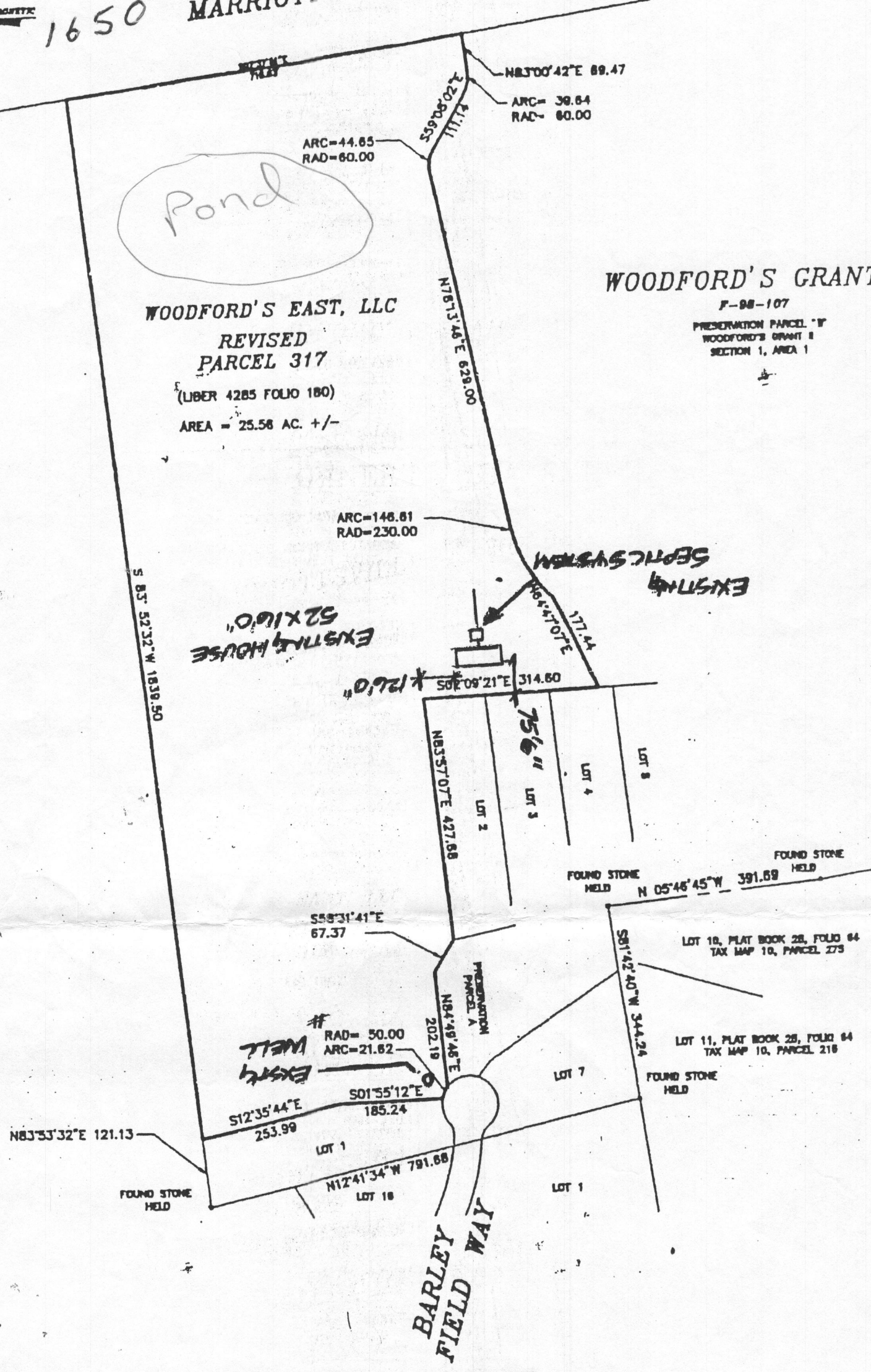
1650 MARRIOTTSVILLE ROAD

Pond

WOODFORD'S EAST, LLC
REVISED
PARCEL 317
(LIBER 4285 FOLIO 180)
AREA = 25.58 AC. +/-

WOODFORD'S GRANT II
F-98-107
PRESERVATION PARCEL "B"
WOODFORD'S GRANT II
SECTION 1, AREA 1

WOODFORD'S GRANT
PLAT NO. 12828
LOT 30 WOODFORD'S GRANT
PLAT No. 12828



OWNER
CHAPDELAIN, LLC
C/O SUSAN E. ROWLEY
900 RECKLEY ROAD
WILMINGTON, DELAWARE 19807

WOODFORD'S GRANT
PLAT NO. 12828

REQUIREMENTS 3-108, THE REAL PROPERTY ARTICLE, TITLE CODE OF MARYLAND, 1988 REPLACEMENT VOLUME (IMPLEMENTED) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

[Signature]
MILDENBERG, SURVEYOR
DATE 9/8/98

[Signature]
SUSAN E. ROWLEY
DATE 9/3/98

ED: HOWARD COUNTY DEPARTMENT OF PLANNING AND ZONING
[Signature]
DIRECTOR
DATE 10/28/98

OWNER'S STATEMENT

WE, CHAPDELAIN, LLC, OWNER OF THE PROPERTY SHOWN AND DESCRIBED HEREON, HEREBY ADOPT THIS PLAT; AND IN CONSIDERATION OF THE APPROVAL OF THIS PLAT BY THE DEPARTMENT OF PLANNING AND ZONING, ESTABLISH THE PRESERVATION EASEMENT TO BE CONSIDERED A SENDING PARCEL FOR DEVELOPMENT RIGHTS.

WITNESS MY HAND THIS 3rd DAY OF September

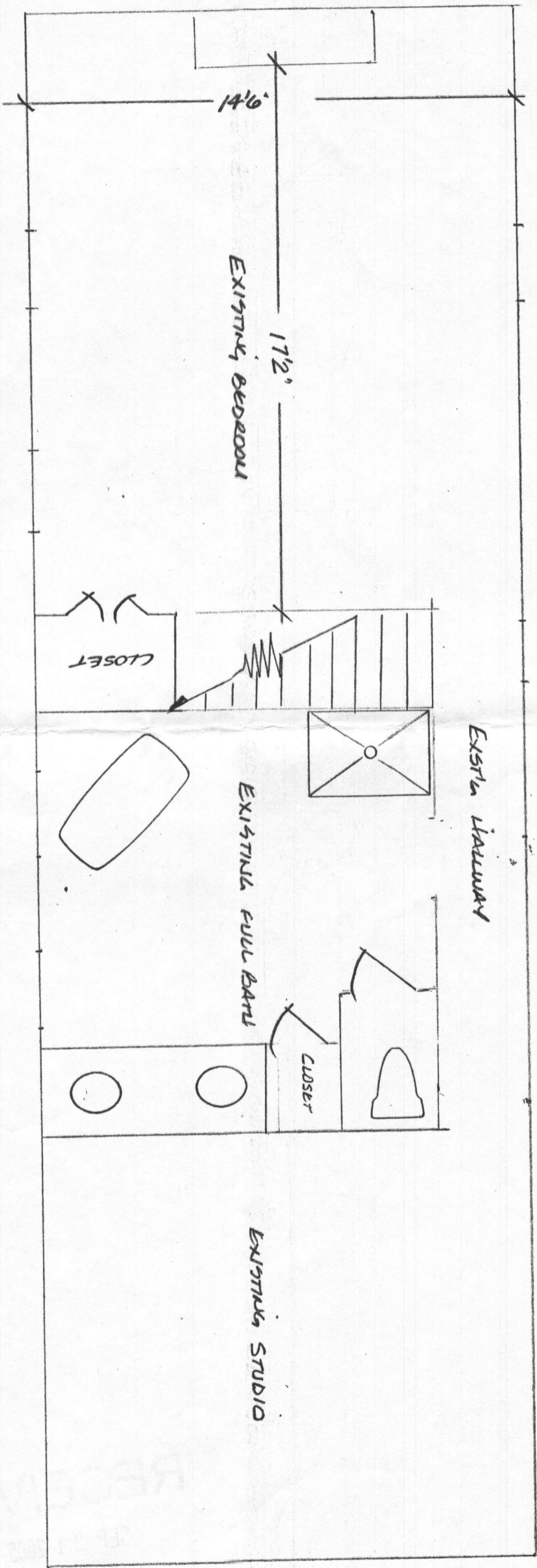
[Signature]
SUSAN E. ROWLEY
Chapdelaine LLC

[Signature]
WITNESS

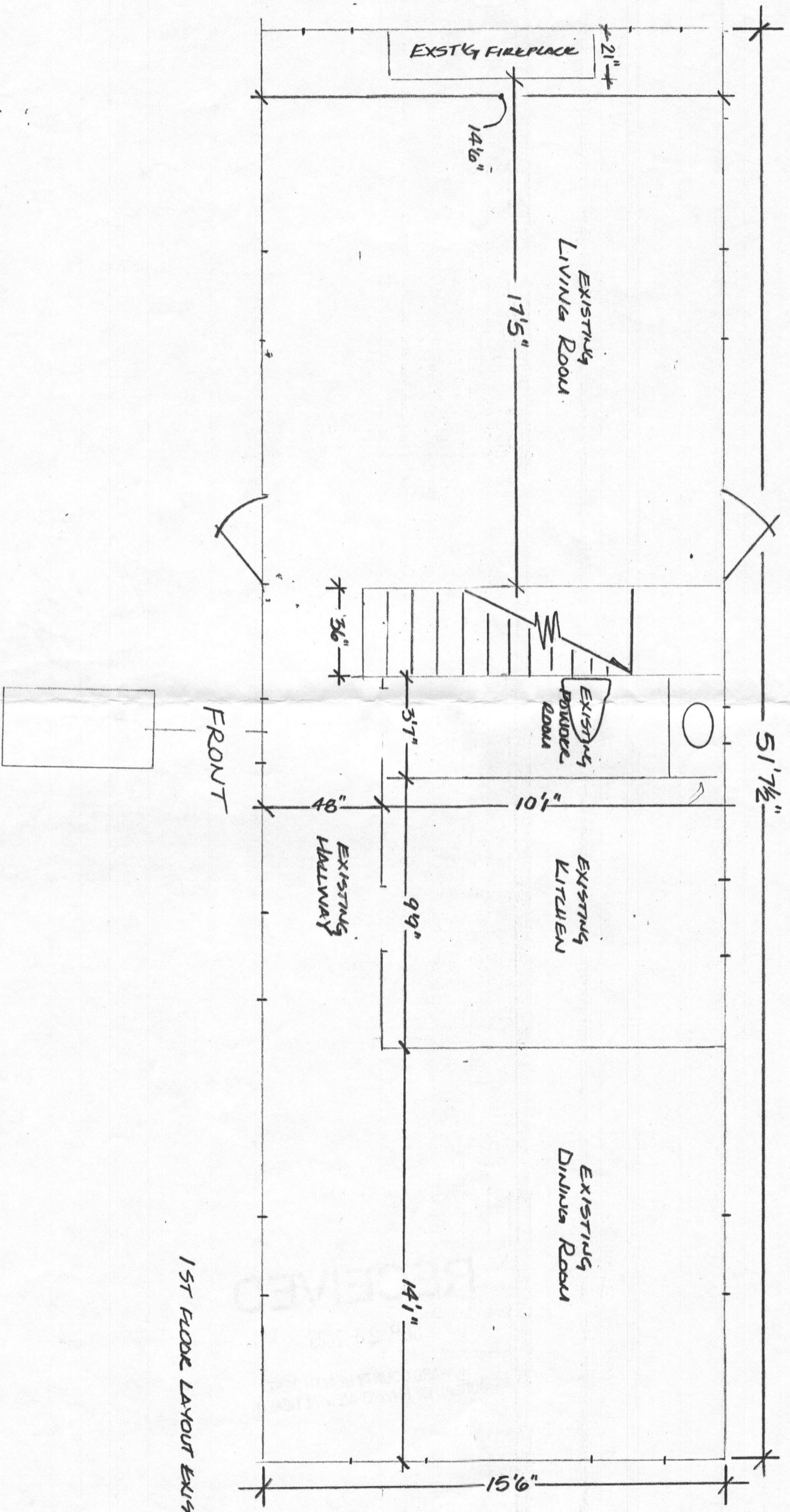
SI

I HEREBY PROVIDE BY WORD AUGUST COUNTY

[Signature]



2ND FLOOR LAYOUT EXISTING



1ST FLOOR LAYOUT EXISTING

BP must be
signed to get
electricity for Pump
& Alarm tests. Sign off
Conditionally (90 days
to get it done & pump
test) and make note
of this

OK to Sign BP.

GAC