

207000274

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B 0700 3888

Building Address 2105 DAISSY ROAD
WOODBONE MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 664002 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map 14 Parcel 112 Grid 1
Zoning RC Map Coordinates _____ Lot size 40.83M

Property Owner's Name Brian + Connie McFarley
Address 2105 DAISSY ROAD
City WILLOW State MD Zip Code 21797
Home Phone 410-472-1107 Work Phone 301-783-4446
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Single Family / Apts
Proposed Use Home Bldg
Estimated Construction Cost \$ 312,000
Description of Work Construct 1 1/2 story
Home Bldg 6 stalls, Hoyal #4
1 FD, 1 Laundry R, 1 3 car garage

Contractor Company JAMES H. SMITH & SONS
Contact Person TIM RIGAN
Address 4781 TEN OAKS ROAD
City DAYTON State MD Zip Code 21036
License No. 1724
Phone 410-541-8930 Fax 410-541-8931

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

Engineer or Architect Company R. J. J. GARDNER, INC.
Contact Person R. J. J. Gardner
Address 41407 Bailey Falls Way
City Mount Airy State MD Zip Code 21114
Phone 410-412-3647 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" type="checkbox"/> No. of Bedrooms <u>0</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
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 checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ 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 THEREBY; (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.

Applicant's Signature [Signature]

Print Name TIM RIGAN

Title/Company _____

Date 7/14/07

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>12/12/07</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
La. Coverage for New Town Zone _____
SDP/Ret-line approval date _____

PROPERTY ID#
Filing fee \$ <u>25.00</u>
Permit fee \$ _____
Excise tax \$ _____
Adm'l. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # <u>33177</u>
Validation # _____

Settlement Control approval required prior to issuance?
YES NO

Accepted by _____

CONTINGENCY CONSTRUCTION START:
ON ESTOP SHOP:

Distributor of Copies: White: Building Official Green: LDD, DPZ Yellow: DEP, DPZ Pink: Health Gold: SHA

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B00156666

Building Address 2185 Daisy Rd
Woodbine Md
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 04002 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 14 Parcel 112 Grid 01
 Zoning RC-DEO Map Coordinates 961 Lot size 33.43

Property Owner's Name Bernie Mattioli
 Address 2185 Daisy Rd
 City Woodbine State Md Zip Code 21797
 Home Phone (301) 745-8006 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):

 Phone _____ Fax 410-531-8939
489-2452

Existing Use SINGL FAMIL
 Proposed Use SINGL FAMIL WITH 1000UG
 Estimated Construction Cost \$ 5500
 Description of Work JUST ALL (1) 1000UG LP TANK

Contractor Company UNITED PERFORM
 Contact Person Rick
 Address 604 W Pigeonville Bl
 City Mt. Airy State Md Zip Code 21771
 License No. _____
 Phone 301 820 3920 Fax 301 820 5304

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
 Height: _____
 No. of stories: _____
 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:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd 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: _____
 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature

Alvin E. Green
 Print Name
10/24/05
 Date

Title/Company

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
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AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>10-28-05</u>	<u>Kace Adams</u>
Fire Protection		

In Sediment Control approval required prior to issuance?
 YES NO

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#: 61271
 Filing fee \$ _____
 Permit fee \$ 100.00
 Excise tax \$ 10.00
 Add'l per. fee \$ _____
 TOTAL FEES \$ 110.00
 Sub-total paid \$ _____
 Balance due: \$ _____
 Check # 6254
 Validation # 100433

Accepted by [Signature]

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**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B00153320 *PH*

Building Address 2185 DAIKY RD
WOODBINE MD 21797
 Suite/Apt. #: TAXED #04323114 SDP/WP/Petition #:
 Census Tract 604002 Subdivision
 Section _____ Area _____ Lot _____
 Tax Map 14 Parcel 112 Grid 1
 Zoning RCOEO Map Coordinates _____ Lot size 37 Acres

Property Owner's Name Brim - Conner Matheny
 Address 21020 Brooke Knolls Road
 City LATONVILLE State MD Zip Code 20882
 Home Phone 301-992-3092 Work Phone 301-785-8006
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use VACANT LOT
 Proposed Use NEW SINGLE FAMILY DWELLING
 Estimated Construction Cost \$ 1,000,000
 Description of Work 2 story custom colonial
6 Bedrooms, 7 Full Bath 1 Half Bath
3 car garage, 3 fireplaces, FINISHED BASEMENT
ELEVATOR
 Occupant or Tenant _____
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company JAMES H. SELFORS BUILDERS, INC.
 Contact Person TIM RAGEN
 Address 14045 GARDEN DRIVE
 City Glenwood State MD Zip Code 21738
 License No. HBL00929
 Phone 410 531 8950 Fax 410 531 8939
 Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: Depth <u>34'</u> Width <u>131'</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>33'</u> <u>107'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: <u>34'</u> <u>107'</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	
No. of Bedrooms <u>6</u>	
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: _____	
State Certified Modular _____ Manufactured Home _____	

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Tim Ragen
 Applicant's Signature
VP / Selfors Builders
 Title/Company

TIM RAGEN
 Print Name
4/22/05
 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>5/17/05</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: _____	<u>61871</u>
Rear: _____	Filing fee \$ <u>100.00</u>
Side: _____	Permit fee \$ _____
Side St: _____	Excise tax \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Lot Coverage for NewTown Zone _____	Balance due \$ _____
SDP/Red-line approval date _____	Check # <u>28028</u>
	Validation # <u>88566</u>
	Accepted by <u>[Signature]</u>