

Walk thru

P 53555

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER <u>Billed 2/16/11</u>
Building Address <u>3044 Broadleaf Ct</u>		Property Owner's Name <u>Anthony J. Torano</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____		Address <u>3044 Broadleaf Ct</u>	
Census Tract _____ Subdivision <u>Cat Tail Walk</u>		City <u>Glenwood</u> State <u>MD</u> Zip Code <u>21138</u>	
Section _____ Area _____ Lot <u>8</u>		Home Phone _____ Work Phone _____	
Tax Map <u>21</u> Parcel _____ Grid _____		Applicant's Name & Mailing Address, (if other than stated herein): _____	
Zoning _____ Map Coordinates _____ Lot Size _____		Phone <u>301-213-8000</u> Fax <u>301-309-1115</u>	
Existing Use _____		Contractor Company <u>Home Owner</u>	
Proposed Use _____		Contact Person _____	
Estimated Construction Cost \$ _____		Address _____	
Description of Work <u>Deck w/ steps</u>		City _____ State _____ Zip Code _____	
Occupant or Tenant _____		License No. _____	
Contact Name _____		Phone _____ Fax _____	
Address _____		Engineer or Architect Company <u>Home Owner</u>	
City _____ State _____ Zip Code _____		Contact Person _____	
Phone _____ Fax _____		Address _____	
City _____ State _____ Zip Code _____		City _____ State _____ Zip Code _____	
Phone _____ Fax _____		Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1 st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2 nd floor: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: _____	Basement: _____	Heating System: _____
Reinforced Concrete _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Structural Steel _____	Natural Gas <input type="checkbox"/>	No. of Bedrooms _____	Natural Gas <input type="checkbox"/>
Masonry _____	Propane Gas <input type="checkbox"/>	Multi-family dwellings:	Propane Gas <input type="checkbox"/>
Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	No. of 1 BR units: _____
State Certified Modular _____	Full _____	No. of 2 BR units: _____	No. of 3 BR units: _____
	Partial _____	Other Structure: _____	Sprinkler system: N/A <input type="checkbox"/>
	Other Suppression _____	Dimensions: _____	NFPA #13D _____
	# of Heads _____	Footings: _____	NFPA #13R _____
		Roof: _____	Other: _____
		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 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.

ASJ
Applicant's Signature
Anthony J. Torano
Email Address

Anthony J. Torano
Print Name

July 20, 2011
Date

Title/Company _____ Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

PLEASE WRITE NEATLY AND LEGIBLY

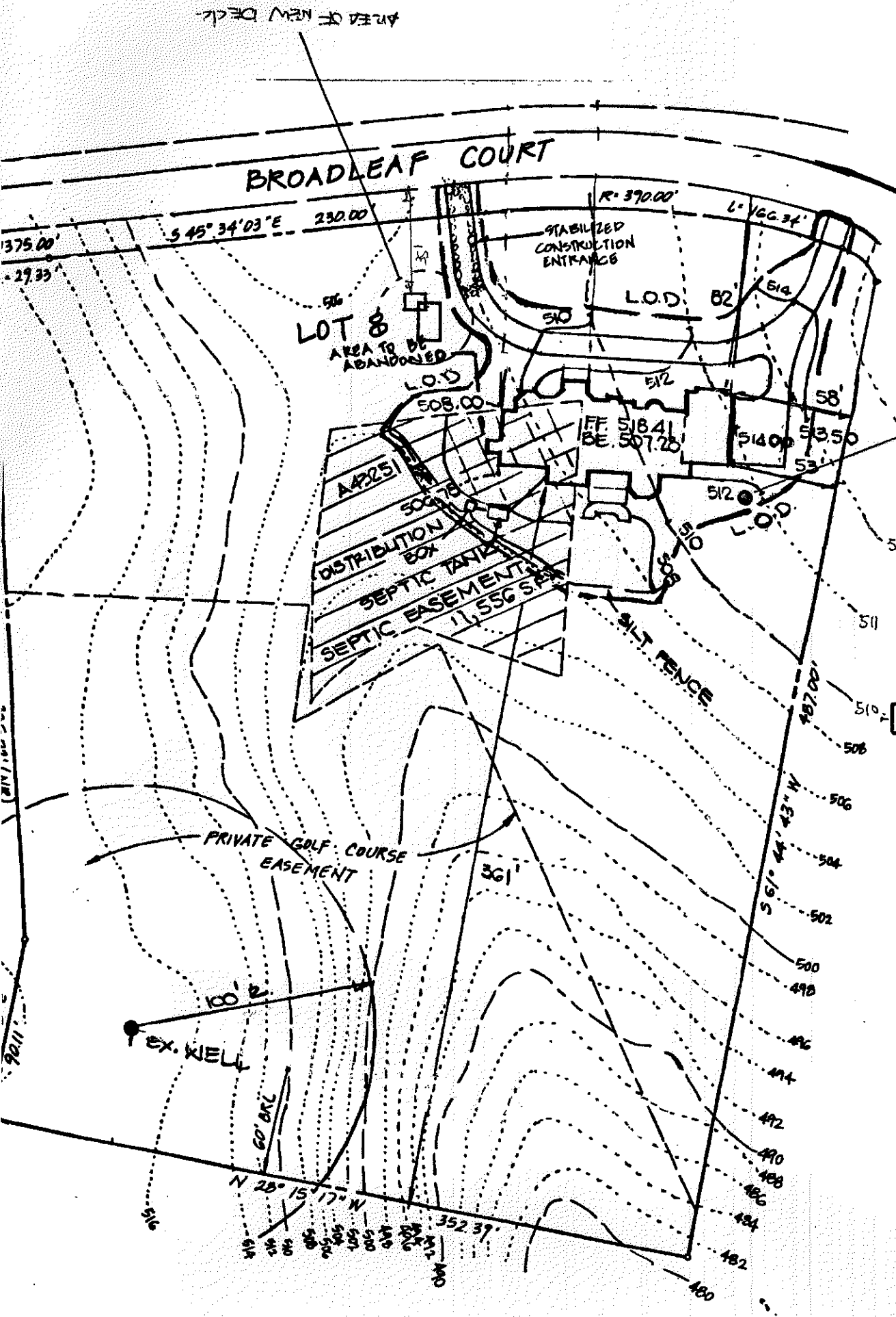
AGENCY: <u>Land Development, DPZ</u>	DATE: <u>7-20-11</u>	SIGNATURE APPROVAL: <u>D. Deunard</u>	FOR OFFICE USE ONLY	PROPERTY ID # _____
State Highways _____	DPZ SETBACK INFORMATION	Front: _____	Filing fee: \$ _____	
Building Officials _____	Rear: _____	Side: _____	Permit fee: \$ _____	
Dev. Engineering, DPZ _____	Side St. _____	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax: \$ _____	
Health _____	Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Is Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per fee: \$ _____	TOTAL FEES: \$ _____
Fire Protection _____	Historic District: YES <input type="checkbox"/> NO <input type="checkbox"/>	Lot Coverage for New Town Zone _____	Sub-total paid: \$ _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	SDP/Red-line approval date: _____	Accepted by: _____	Balance due: \$ _____	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	ONE STOP SHOP: <input type="checkbox"/>		Check # _____	
			Validation # _____	

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

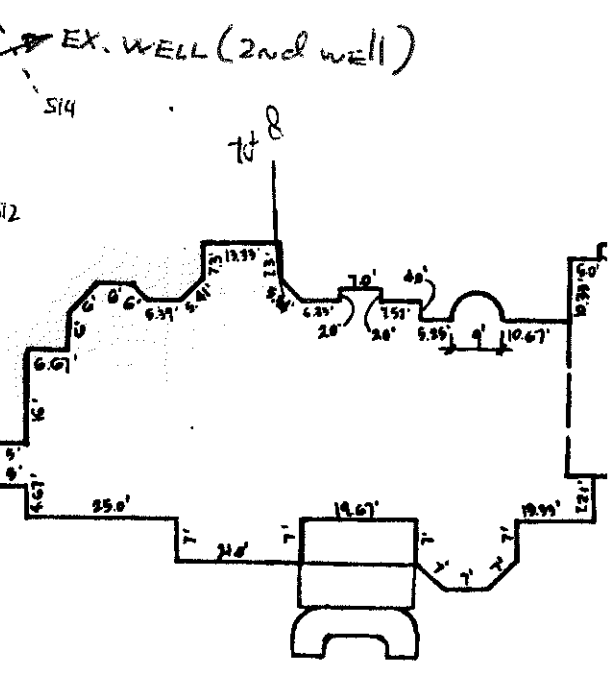
SCALE: 1"=200'

GENERAL NOTES

1. SEPTIC EASEMENT SUBJECT TO HOWARD COUNTY HEALTH DEPT. No.
2. PROPOSED 1500 GALLON SEPTIC TANK. 518.41
3. A. FIRST FLOOR ELEVATION: 507.28
 B. BASEMENT ELEVATION: 504.00
 C. INVERT OF SEPTIC SYSTEM AT HOUSE: 504.00
 D. INVERT IN AT SEPTIC TANK: 503.20
 E. INVERT OUT AT SEPTIC TANK: 503.50
 F. PROPOSED GRADE OVER SEPTIC TANK: 506.50
 G. INVERT AT DISTRIBUTION BOX: 503.00
 H. EXISTING GROUND OVER DISTRIBUTION BOX: 506.00
4. LENGTH OF TRENCH TO BE DETERMINED AT TIME OF SEPTIC PI ISSUANCE.
5. CONTRACTOR / BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE ANY CONSTRUCTION.



PLAN
SCALE: 1"=60'



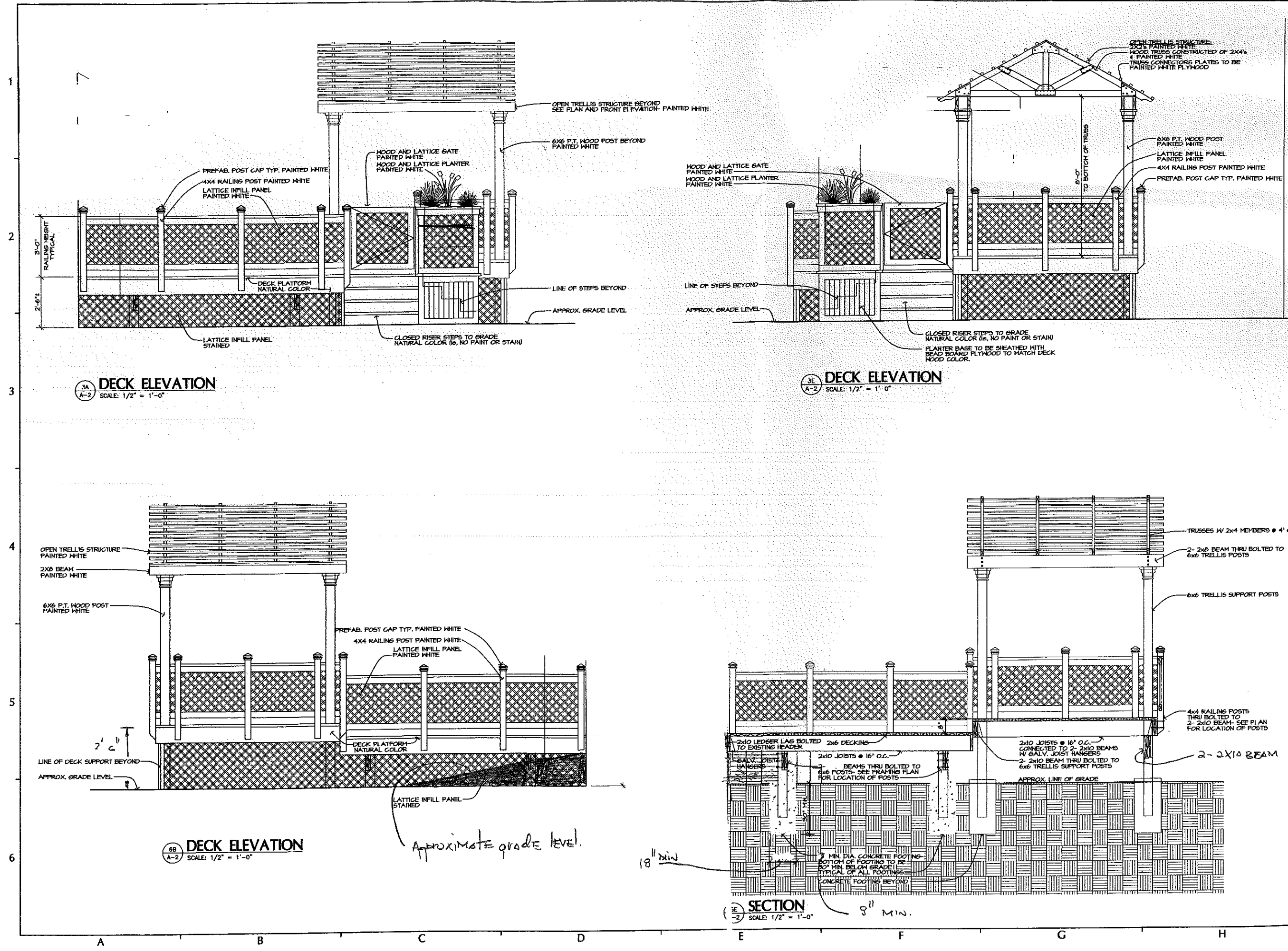
DETAIL
SCALE: 1"=30'

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# _____
 APP. SAN *D. Bernard* DATE: *7-20-11*
 DESC. OF WORK: *Deck systems*

PLAN TO ACCOMPANY
 APPLICATION FOR BUILDING PERMIT
 CATTAIL CREEK COUNTRY CLUB
 LOT 8

TAX MAP # 21 BLOCKS 9, 10, 15 & 16 PARCEL 6
 FOURTH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 SCALE: AS SHOWN DATE: FEBRUARY, 1999

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 410 461 - 2855



3A DECK ELEVATION
SCALE: 1/2" = 1'-0"

3E DECK ELEVATION
SCALE: 1/2" = 1'-0"

3B DECK ELEVATION
SCALE: 1/2" = 1'-0"

3E SECTION
SCALE: 1/2" = 1'-0"



