

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

*Bobon 5379*

Building Address 16460 EDWARDS ROAD  
WOODBINE MD 21797-1506  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name DEANISE PATRICIA DISHMAN  
 Address 16460 EDWARDS ROAD  
 City WOODBINE State MD Zip Code 21797  
 Home Phone 301 754 6254 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
DEANISE DISHMAN  
CELL PHONE #  
 Phone 443 398 0106 Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
 Proposed Use \_\_\_\_\_  
 Estimated Construction Cost \$ 30,000.00  
 Description of Work ADDITION 36' X 20'

Contractor Company \_\_\_\_\_  
 Contact Person DISHMAN - HUSBAND  
 Address 16460 EDWARDS ROAD  
 City WOODBINE State MD Zip Code 21797  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant DEANISE PATRICIA DISHMAN  
 Contact Name DEANISE PATRICIA DISHMAN  
 Address 16460 EDWARDS ROAD  
 City WOODBINE State MD Zip Code 21797  
 Phone 301 754 6254 Fax \_\_\_\_\_

Engineer or Architect Company STEWART MCCREARY  
 Contact Person STEWART  
 Address 1329 MAIN STREET  
 City ELICOTT CITY State MD Zip Code 21043  
 Phone 410 465 7687 Fax 410 465 7737

### 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 _____	Water Supply: _____ <input type="checkbox"/> Public <input 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: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" 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: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <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.

Patricia Dishman  
 Applicant's Signature  
 Title/Company \_\_\_\_\_

Patricia Dishman  
 Print Name  
10-29-06  
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>10/1/2007</u>	<u>R. Bischer</u>	All minimum setbacks met?	TOTAL FEES \$ _____
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>706</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Lot Coverage for NewTown Zone _____	
Yellow: DED, DPZ	Pink: Health	Gold: SHA	SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>



PROPOSED ADDITION

Approved Septic System Plan  
Howard County Health Department

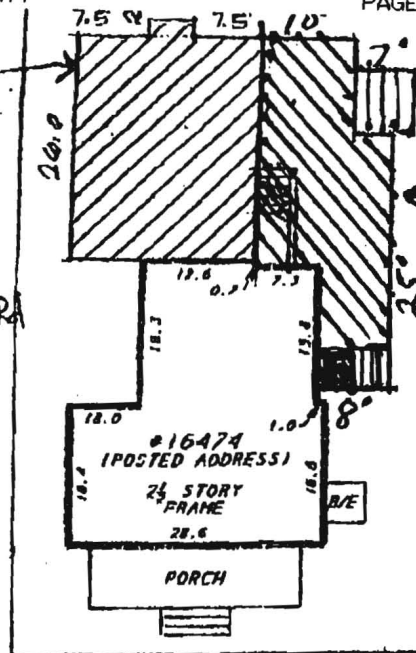
16460 Ed Warfield Rd

Deck approved as shown  
is correct address.

*[Signature]*  
Signature

5/12/2009  
Date

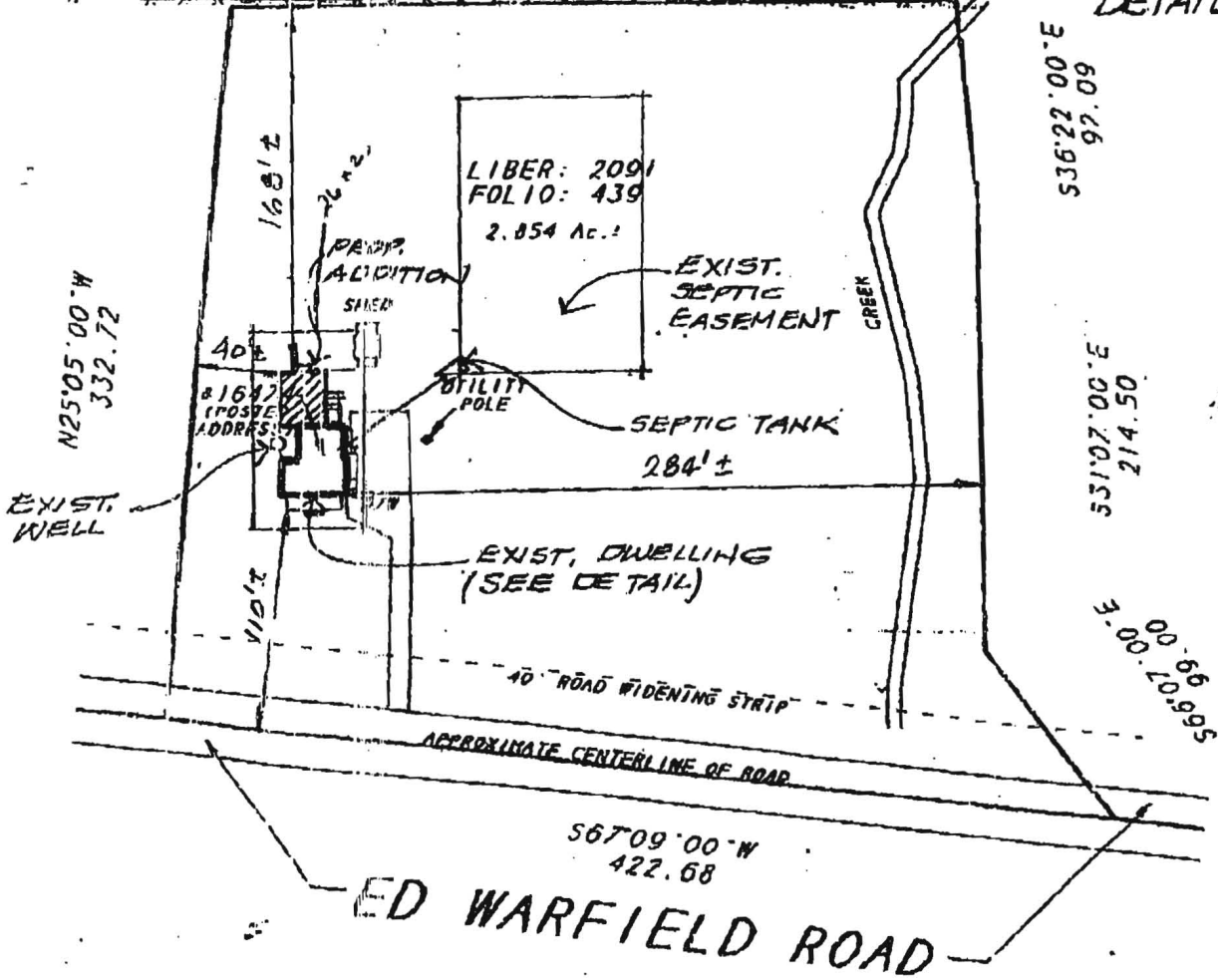
N59°39'00"E  
318.24



Proposed Deck



DETAIL



ED WARFIELD ROAD

SITE PLAN 1" = 80'-0"

9-28-06

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agreement. This agreement may not be modified except in writing signed by each of the parties or by their authorized representatives.

R. The laws of the State of Maryland govern the provisions of all transactions pursuant to this agreement.

IN WITNESS WHEREOF, the parties have signed and sealed this agreement on the date indicated

above.

DATE: 9/8/07

[Signature] / Patricia Ann Dishman

Owner

Dennis Dishman Patricia Dishman

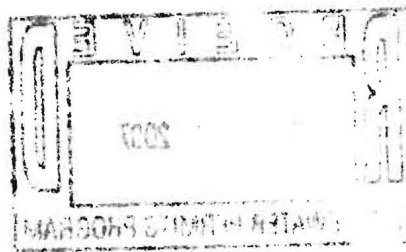
DATE: 9/6/07

[Signature]  
Jay Prager, Deputy Division Chief,  
Wastewater Permits Program  
Maryland Department of the Environment

DATE: \_\_\_\_\_

\_\_\_\_\_  
County \_\_\_\_\_  
WJZAN

IMP FD SURE \$ 0.00  
RECORDING FEE 0.00  
TOTAL 0.00  
Res#CH05 Rcpt#999999  
HQR PAT BIK#289  
Sep 10, 2007 12:44 PM



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Copy

April 23<sup>rd</sup> 2009

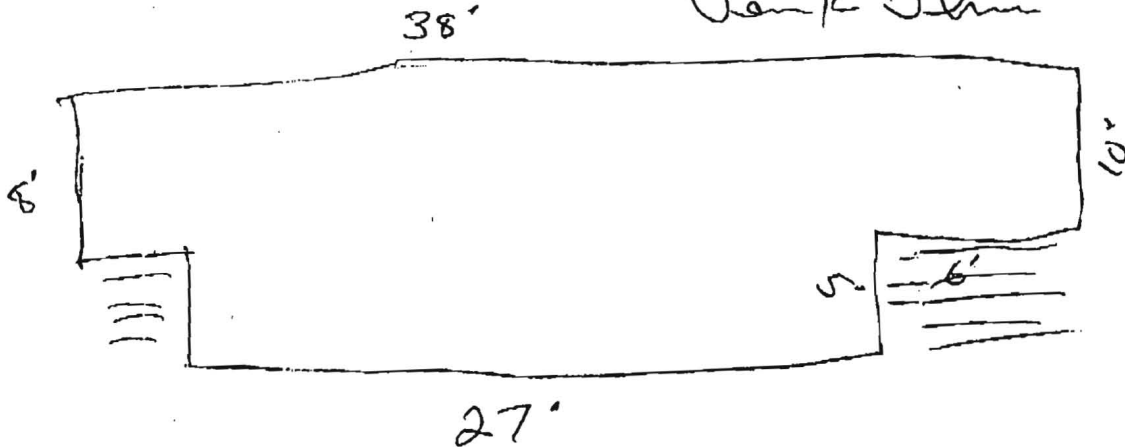
Dennis K. Dishman  
16460 EDWARFIELD RD.  
Woodbine, MD. 21797  
H.P. 301-854-6254

I am requesting an "amendment"  
for my permit, to add a deck to  
my Building Permit number B06005379.

CC: zoning  
health

Thank you,

Dennis Dishman



RC	/ N/A
75	
60	
30	

*[Signature]*  
5/4/09

**RECEIVED**

APR 24 2009

LICENSES & PERMITS  
DIVISION

CL# 875