

Walk - Show B11002377

Building Address: 16041 Fields End Ct
Woodbine

Suite/Apt. # _____ SDP/WP/BA #: _____

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 19

Tax Map: 001.3 Parcel: 0128 Grid: 0023

Zoning: _____ Map Coordinates: _____ Lot Size: 1.18

Existing Use: Residence

Proposed Use: Residence

Estimated Construction Cost: \$ 115,000.00

Description of Work: Addition of laundry/pentry/mudroom

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: David and Pamela Hasson

Address: 16041 Fields End Ct

City: Woodbine State: MD Zip Code: 21792

Home Phone: 410-442-1328 Work Phone: 443-745-0204

Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone: _____ Fax: _____

Email: _____

Contractor Company: Raphael Homes, Inc.

Contact Person: Rick Raphael

Address: Ldc Parkers Mill Rd, Ste 500

City: Clowys Mills State: MD Zip Code: 21117

License No.: _____

Phone: 410-581-9822 Fax: 443-394-1471

Email: raphaelhomes@aol.com

Engineer/Architect Company: Shannon Comer Architects Inc

Responsible Design Prof.: _____

Address: 16404 Stevenson Rd

City: Stevenson State: MD Zip Code: 21153

Phone: 410-484-7010 Fax: 410-484-3819

Email: _____

BUILDING DESCRIPTION - COMMERCIAL	
Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
Area of construction (sq. ft.):	<u>Sewage Disposal</u>
Use group:	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Construction type:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Reinforced Concrete	<u>Heating System</u>
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Masonry	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Wood Frame	<u>Sprinkler System:</u>
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Full
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Partial
Roadside Tree Project Permit #	<input type="checkbox"/> Other Suppression
	No. of Heads:

BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
Depth	<input type="checkbox"/> Public
Width	<input checked="" type="checkbox"/> Private
1 st floor:	<u>Sewage Disposal</u>
2 nd floor:	<input type="checkbox"/> Public
Basement:	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Finished Basement	Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Unfinished Basement	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Crawl Space	<u>Heating System</u>
<input type="checkbox"/> Slab on Grade	<input type="checkbox"/> Electric
No. of Bedrooms:	<input type="checkbox"/> Oil
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Natural Gas
No. of efficiency units:	<input checked="" type="checkbox"/> Propane Gas
No. of 1 BR units:	
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Footings:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Roof:	<input type="checkbox"/> State Certified Modular
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit #
<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, IS 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]

Email Address: RaphaelHomes@aol.com

Title/Company: President - Raphael Homes

Print Name: Richard Raphael

Date: 7/26/11

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 PLEASE WRITE NEATLY & LEGIBLY
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START
 ONE STOP SHOP

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

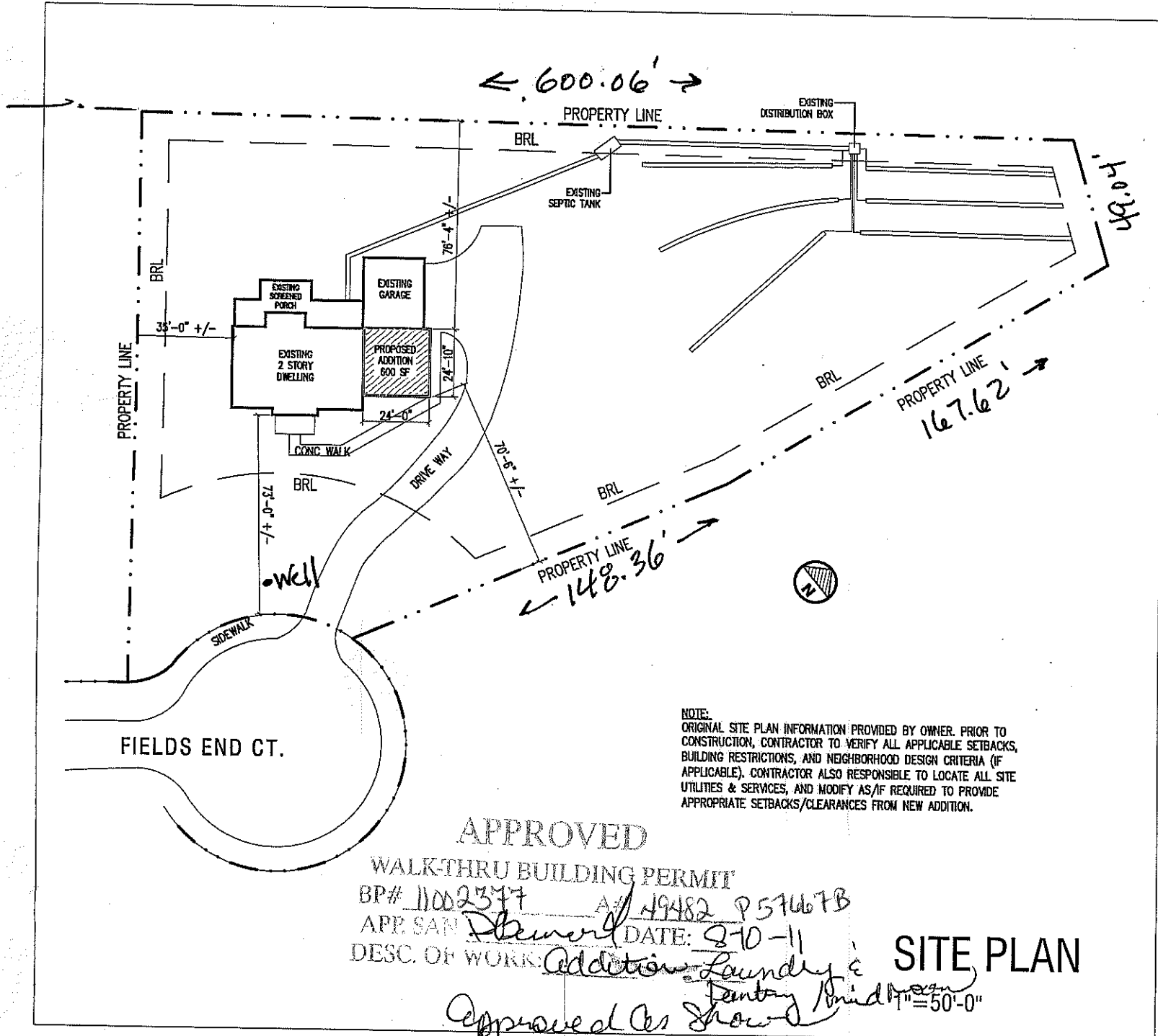
Is Entrance Permit Required? Yes No

Historic District? Yes No

Lot Coverage for New Town Zone: _____

SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$



NOTE:
 ORIGINAL SITE PLAN INFORMATION PROVIDED BY OWNER. PRIOR TO CONSTRUCTION, CONTRACTOR TO VERIFY ALL APPLICABLE SETBACKS, BUILDING RESTRICTIONS, AND NEIGHBORHOOD DESIGN CRITERIA (IF APPLICABLE). CONTRACTOR ALSO RESPONSIBLE TO LOCATE ALL SITE UTILITIES & SERVICES, AND MODIFY AS/IF REQUIRED TO PROVIDE APPROPRIATE SETBACKS/CLEARANCES FROM NEW ADDITION.

APPROVED

WALK-THRU BUILDING PERMIT

BP# 11002377 A# 49482 P 57467B

APP SAN *Shannon* DATE: 8-10-11

DESC. OF WORK: *Addition Laundry & Entry*

Approved As Shown

SITE PLAN

HASSON RESIDENCE

16041 Fields End Ct
 Woodbine, MD 21797-7542

DATE: 07.21.11

comerarchitects.com



10404 Stevenson Road.
 Stevenson, Maryland 21155
 410.484.7010 Phone / 410.484.5819 Fax

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