

Building Address: 13720 GREY FOX RUN
(LEVEL 6, MD 21737)

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

Census Tract: _____ Subdivision: _____

Section: _____ Area: _____ Lot: 6

Tax Map: _____ Parcel: _____ Grid: _____

Zoning: _____ Map Coordinates: _____ Lot Size: _____

Existing Use: Residential

Proposed Use: Residential

Estimated Construction Cost: \$ 10,000

Description of Work: INSTALL OPEN DECK
20X12 W/STEPS TO GRADE

Occupant or Tenant: _____

Was tenant space previously occupied? Yes No

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Email: _____

Property Owner's Name: MARILYN KHANNA

Address: 13720 GREY FOX RUN

City: GREEN BELT State: MD Zip Code: 21737

Home Phone: 443-812-9788 Work Phone: _____

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

Phone: _____ Fax: _____

Email: _____

Contractor Company: THE DECK & FENCE CO.

Contact Person: SIM AMEND

Address: 2010 ORMAND RD

City: DUNDALK State: MD Zip Code: 21222

License No.: MHIC 86997

Phone: 443.407.0806 Fax: _____

Email: _____

Engineer/Architect Company: _____

Responsible Design Prof.: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

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 |
| | <u>Sewage Disposal</u> |
| Area of construction (sq. ft.): | <input type="checkbox"/> Public |
| | <input type="checkbox"/> Private |
| Use group: | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <u>Construction type:</u> | <u>Heating System</u> |
| <input type="checkbox"/> Reinforced Concrete | <input type="checkbox"/> Electric <input type="checkbox"/> Oil |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Masonry | <u>Sprinkler System:</u> |
| <input type="checkbox"/> Wood Frame | <input type="checkbox"/> N/A |
| <input type="checkbox"/> State Certified Modular | <input type="checkbox"/> Full |
| <input checked="" type="checkbox"/> Roadside Tree Project Permit | <input type="checkbox"/> Partial |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Suppression |
| Roadside Tree Project Permit # | 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 Width | <input type="checkbox"/> Public |
| 1 st floor: | <input checked="" type="checkbox"/> Private |
| 2 nd floor: | <u>Sewage Disposal</u> |
| Basement: | <input type="checkbox"/> Public |
| <input type="checkbox"/> Finished Basement | <input checked="" type="checkbox"/> Private |
| <input type="checkbox"/> Unfinished Basement | Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Crawl Space | Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Slab on Grade | <u>Heating System</u> |
| No. of Bedrooms: | <input type="checkbox"/> Electric |
| <u>Multi-family Dwelling</u> | <input type="checkbox"/> Oil |
| No. of efficiency units: | <input type="checkbox"/> Natural Gas |
| No. of 1 BR units: | <input type="checkbox"/> Propane Gas |
| No. of 2 BR units: | |
| No. of 3 BR units: | |
| Other Structure: | |
| Dimensions: | |
| Footings: | <input checked="" type="checkbox"/> Roadside Tree Project Permit |
| Roof: | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <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; (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: _____

Email Address: _____

OWNER / THE DECK & FENCE CO.

Title/Company

Print Name: SIMON G. AMEND JR.

Date: 7/3/2011

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>7-14-11</u> | <u>[Signature]</u> |
| Fire Protection | | |

DPZ SETBACK INFORMATION

Front: _____

Rear: _____

Side: _____

Side St.: _____

All minimum setbacks met? Yes No

Is Entrance Permit Required? Yes No

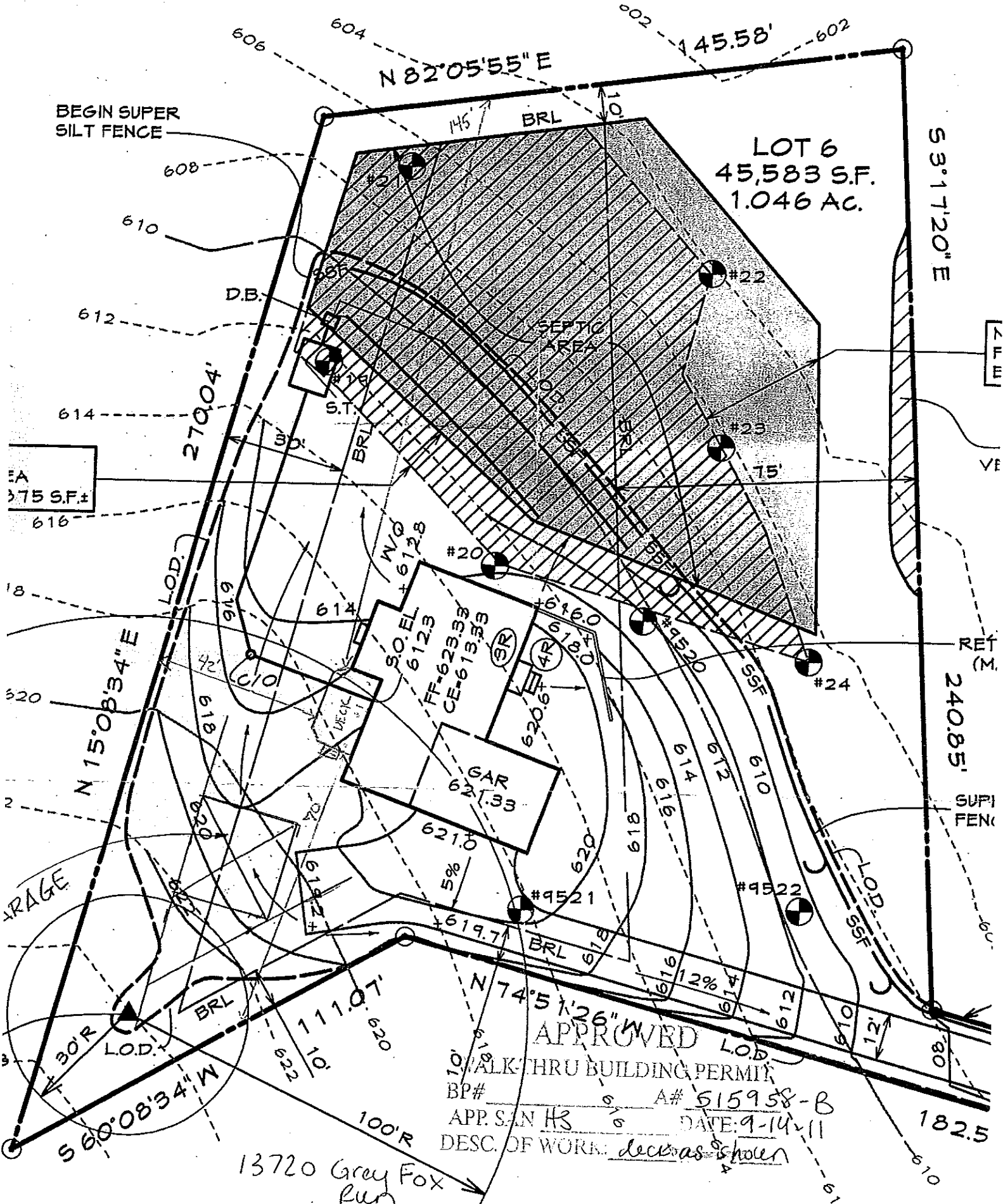
Historic District? Yes No

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 | \$ |

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



LOT 6
45,583 S.F.
1.046 Ac.

APPROVED
TO WALK THRU BUILDING PERMIT
BP# _____ A# 515958-B
APP. S. IN H.S. DATE: 9-14-11
DESC. OF WORK: *decas as shown*

13720 Gray Fox Run

LEGEND

- SF - DENOTES SILT FENCE
- SSF - DENOTES STRIPED SILT FENCE

HOUSE GRADING & SEPTIC LAYOUT

SCALE: 1"=30'

NOTE: ENTIRE HOUSE (GRAVITY SEWER