

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
**808001069**

Building Address 12418 BARNARD WAY  
West Friendship MD 21794  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract \_\_\_\_\_ Subdivision Fox Creek  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 18  
Tax Map 15 Parcel 183 Grid 12  
Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Thomas Roy  
Address 12418 BARNARD WAY  
City West Friendship State MD Zip Code 21794  
Phone 4438120749 Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use \_\_\_\_\_  
Estimated Construction Cost \$ \$13000  
Description of Work Deck 18' x 18'

Contractor Company Paquette Construction Management  
Contact Person Trevor Paquette  
Address 1300 St. Michaels Rd  
City MT Airy State MD Zip Code 21771  
License No. 91628 / 4984  
Phone 443 336 7690 Fax 410 489 0813

Occupant or Tenant \_\_\_\_\_  
Contact Name Aby Roy  
Address 12418 BARNARD WAY  
City West Friendship State MD Zip Code 21794  
Phone 443 812 0749 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person Trevor Paquette  
Address 1300 St. Michaels Rd  
City MT Airy State MD Zip Code 21771  
Phone 443 336 7690 Fax 410 489 0813

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: <u>25'</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>2</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: <u>2000</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ <input checked="" type="checkbox"/> Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: <input checked="" type="checkbox"/>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: <u>4</u> Height: <u>25'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFA #13D _____ NFA #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.

Applicant's Signature \_\_\_\_\_

Print Name Trevor Paquette

Title/Company \_\_\_\_\_

Date 4/16/08

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

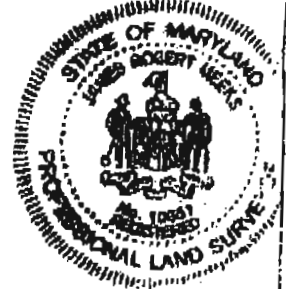
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____ Filing fee \$ _____	
State Highways			Rear: _____ Permit fee \$ _____	
Building Official			Side: _____ Excise tax \$ _____	
Dev. Engineering DPZ	<u>4/16/08</u>	<u>[Signature]</u>	Side St.: _____ Add'l per. fee \$ _____	
Health			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 # _____	
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: _____			Lot Coverage for New Town Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

Frederick Ward

*Rox NVR 7/28*

N.D. STATE GRID MERIDIAN (NAD 83)

RESERVATION PARCEL A  
FOX CREEK SUBDIVISION  
PLAT NO. 15648



LOT 18  
FOX CREEK SUBDIVISION  
PLAT NO. 15648

**LOT 18**  
1.1734 AC.  
PLAT NO. 15648

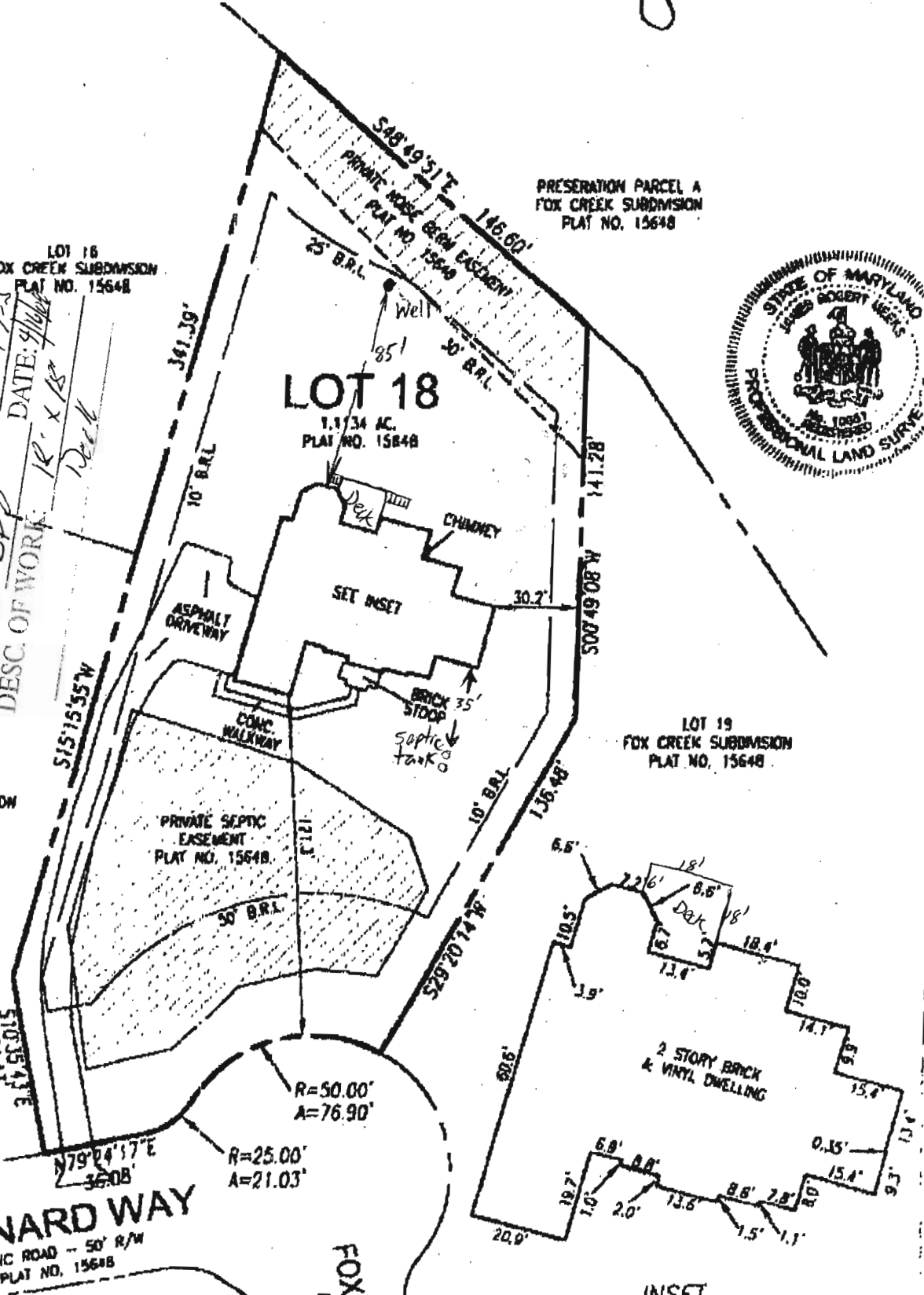
**APPROVED**  
WALK-THRU BUILDING PERMIT  
BP# B08001069 A# 171517-1  
APP. SAN SFP DATE: 4/16/08  
DESC. OF WORK: R. x B. Deck

LOT 17  
FOX CREEK SUBDIVISION  
PLAT NO. 15648

LOT 19  
FOX CREEK SUBDIVISION  
PLAT NO. 15648

**BARNARD WAY**  
PUBLIC ROAD - 50' R/W  
PLAT NO. 15648

FOX ME  
PUBLIC PLAT



**INSET**  
SCALE: 1"=30'

THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS