

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07003526

Building Address 13165 Deanmar DR
Highland, MD 20777
Suits/Apt. #: _____ SDP/W/P/Petition #: _____
Census Tract _____ Subdivision White Oak Estates
Section _____ Area _____ Lot 12
Tax Map _____ Parcel _____ Grid _____
Zoning RR Map Coordinates _____ Lot size 40,703

Property Owner's Name Alan King / Katie Jones
Address 13165 Deanmar DR
City Highland State MD Zip Code 20777
Home Phone 301 854 0574 / Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single family dwelling
Proposed Use Single family dwelling
Estimated Construction Cost \$ 140,000
Description of Work Extend kitchen nook
add screen porch, remodel master
bath and W.C.

Contractor Company DAVID A. SWANN GEN. CONTR.
Contact Person DAVID SWANN
Address 14751 Addison Way
City Woodbine State MD Zip Code 21797
License No. _____
Phone _____ Fax _____

Occupant or Tenant Alan King / Katie Jones
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company _____
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

Building Characteristics		Utilities	
SF Dwelling <input checked="" type="checkbox"/>	SF Townhouse <input type="checkbox"/>	Water Supply:	
Depth _____	Width _____	Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/>	Unfinished Basement <input type="checkbox"/>	Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/>	Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		<input type="checkbox"/> NFPA #13D	
Other Structure: _____		<input type="checkbox"/> NFPA #13R	
Dimensions: _____		<input type="checkbox"/> Other:	
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 HERETO; (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.

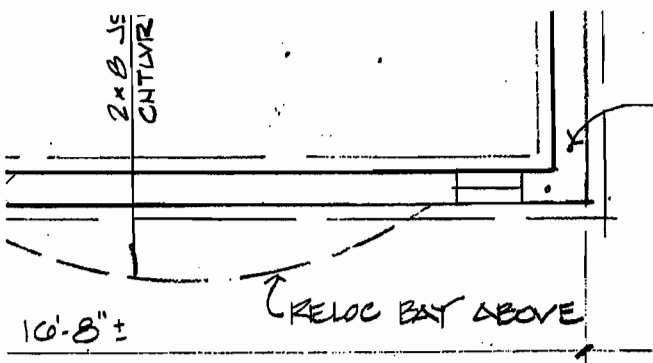
David A. Swann
Applicant's Signature
builder
Title/Company

DAVID A. SWANN
Print Name
8-16-07
Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
** PLEASE WRITE NEATLY AND LEGIBLY. **

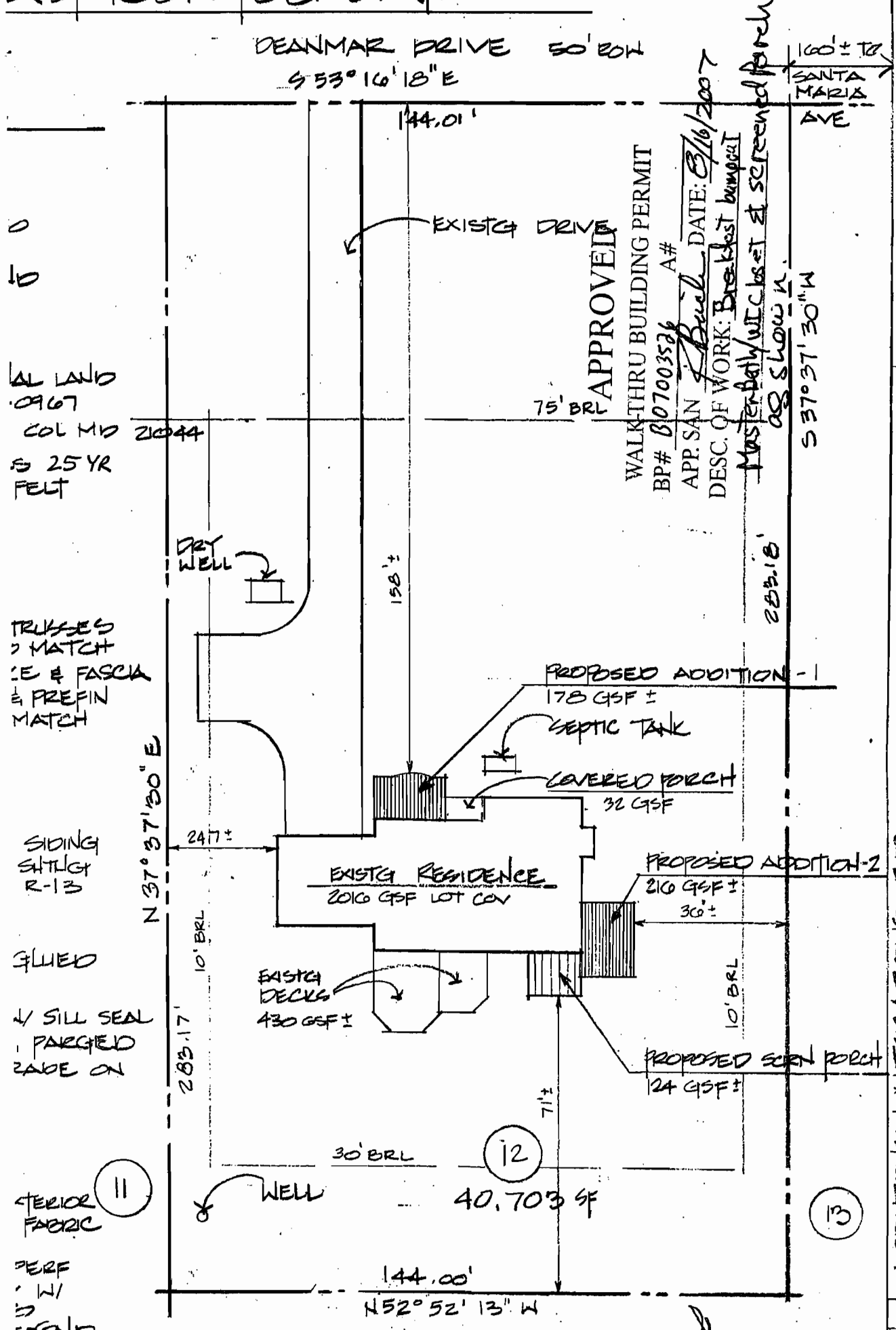
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DEPT SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ _____
State Highway			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ			Side St. _____	Add'l per. fee \$ _____
Health <u>8/16/2007</u>		<u>R. Puchner</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 # _____
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 _____	Accepted by _____
T:\name\PERMIT.FRM			SDP/Red-line approval date _____	
			Yellow: DED, DPZ	
			Pink: Health	
			Gold: SHA	



SILL ANCHORS @ ≤ 6'-0" OC,
≤ 1'-0" OC @ CORNRS

EAST ROOM FOUNDATION



0
10
LOCAL LAND
0967
COL MD 21044
S 25 YR
FELT

TRUSSES MATCH
SHEATHING & FASCIA
& PREFIN MATCH

SIDING SHEATHING R-13

GLUED
W/ SILL SEAL
PARGEED
GRADE ON

TERIOR FABRIC
PERF
' W/
5
EXTEND

SITE PLAN 1" = 30'

EXISTING LOT COV 6% PROPOSED LOT COV 7%

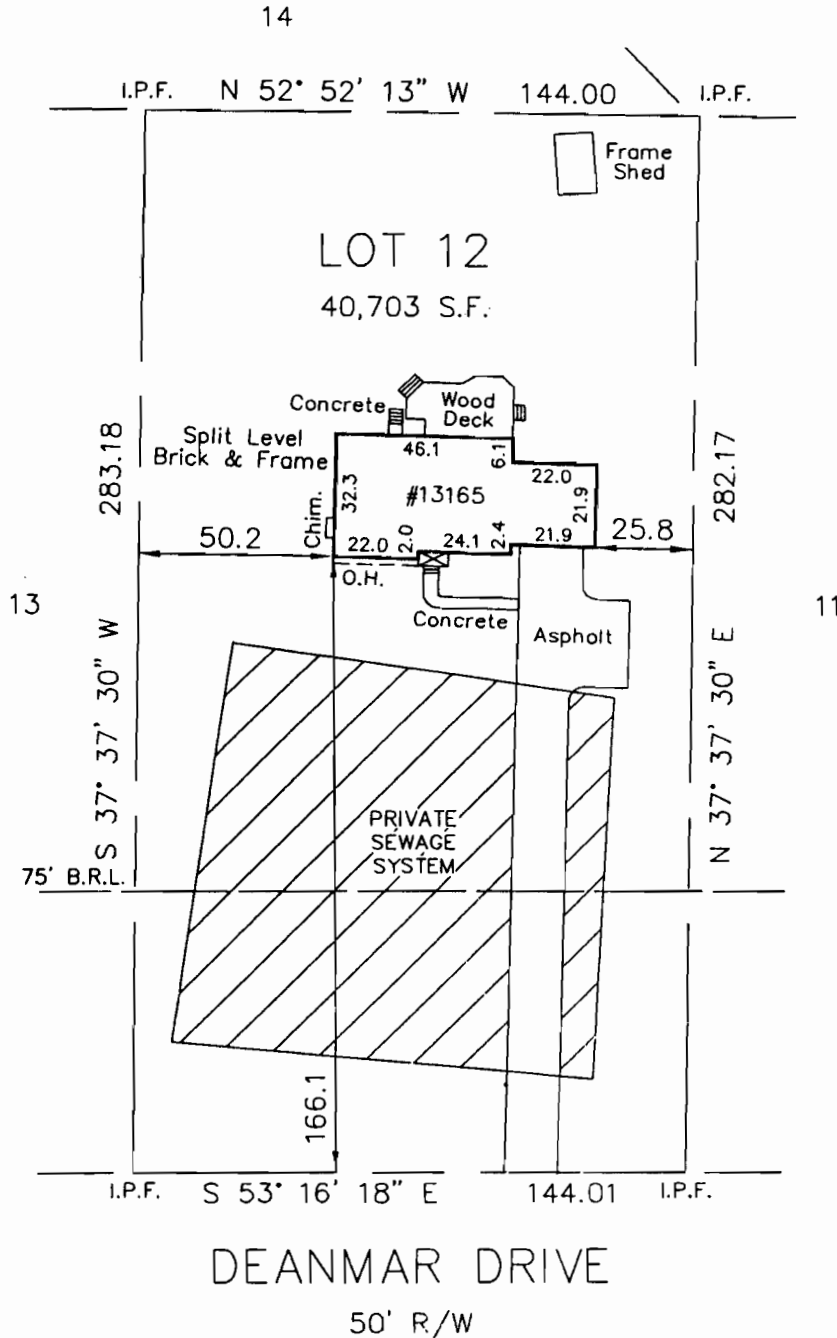


ADDITIONS & ALTERATIONS FOR	
KATIE JONES & ALAN KING	
13105 DEANMAR DRIVE HIGHLAND, MARYLAND 20777	
072402	8-1-07
01-1-5	SHEET

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

NOTES:

- (1) The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 32
Date of Map: 12-4-86
Flood Zone: "C"
- (2) No property corners found or set unless otherwise noted.
- (3) The accuracy of this survey and the apparent setback distances is 0.1'



SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the plat of subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures, if any. This plat is NOT FOR DETERMINING PROPERTY LINES OR FOR CONSTRUCTION OF IMPROVEMENTS, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this plat.

Michael J. Bazis
Michael J. Bazis RPLS #10956

PLAT OF SURVEY
LOT 12
WHITE OAK ESTATES
HOWARD COUNTY, MARYLAND

JOB # 03.0195B	DATE 4-22-04
FIELD JT/KS/JDH/SA	DRAFT DAB
	P.B. 30 P # 50
	SCALE: 1" = 50'

R.C. KELLY & ASSOCIATES, INC.
PROFESSIONAL LAND SURVEYORS

10801 LOCKWOOD DRIVE, SUITE 190
SILVER SPRING, MARYLAND 20901
(301)593-8005 FAX (301)681-7216
E-MAIL: survey@rckelly.com