

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B08001691

Building Address 11140 HUNTERWOOD RD
ELLICOTT CITY, MD 21042
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision PL. of HUNTERWOOD
 Section _____ Area _____ Lot 13
 Tax Map _____ Parcel _____ Grid _____
 Zoning R-1B Map Coordinates _____ Lot size _____

Property Owner's Name THOMAS & ROSA CUNNINGHAM
 Address 11140 HUNTERWOOD RD
 City ELLICOTT CITY State MD Zip Code 21042
 Phone 443-745-3498 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Vicky Meyer
 Phone _____ Fax 410-296-7992
410-296-6900

Existing Use New 2007 Patch /
 Proposed Use REMODELING
 Estimated Construction Cost \$ 192,000
 Description of Work REMODELING OF INTERIOR
REMODELING KITCHEN, SWIM SPA,
REMODELING AND FINISHES STORAGE
REMODELING TOTAL

Contractor Company CWACI SGA ADMIN
 Contact Person Vicky Meyer, Agent
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone 443-745-3498 Fax _____

Occupant or Tenant (500) (CWA01) SGA
 Contact Name (202) 257-2575 INTERIOR FINISHES
 Address 2ND FLOOR REMODEL BAYVIEW
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____
(13x12) size
STORAGE ROOM (78'x12')

Engineer or Architect Company ANTAYLOR ASSOC
 Contact Person DON TAYLOR
 Address 5024 DOLBY HALL DR
 City _____ State _____ Zip Code _____
 Phone 410-964-1181 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input 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
1st floor: _____	Sewage Disposal: _____ _____ Public _____ Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
No. of Bedrooms: _____	
Height: _____	
Multi-family dwellings: _____	
No. of efficiency units: _____	
No. of 1 BR units: _____	
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
_____ State Certified Modular _____ Manufactured Home	

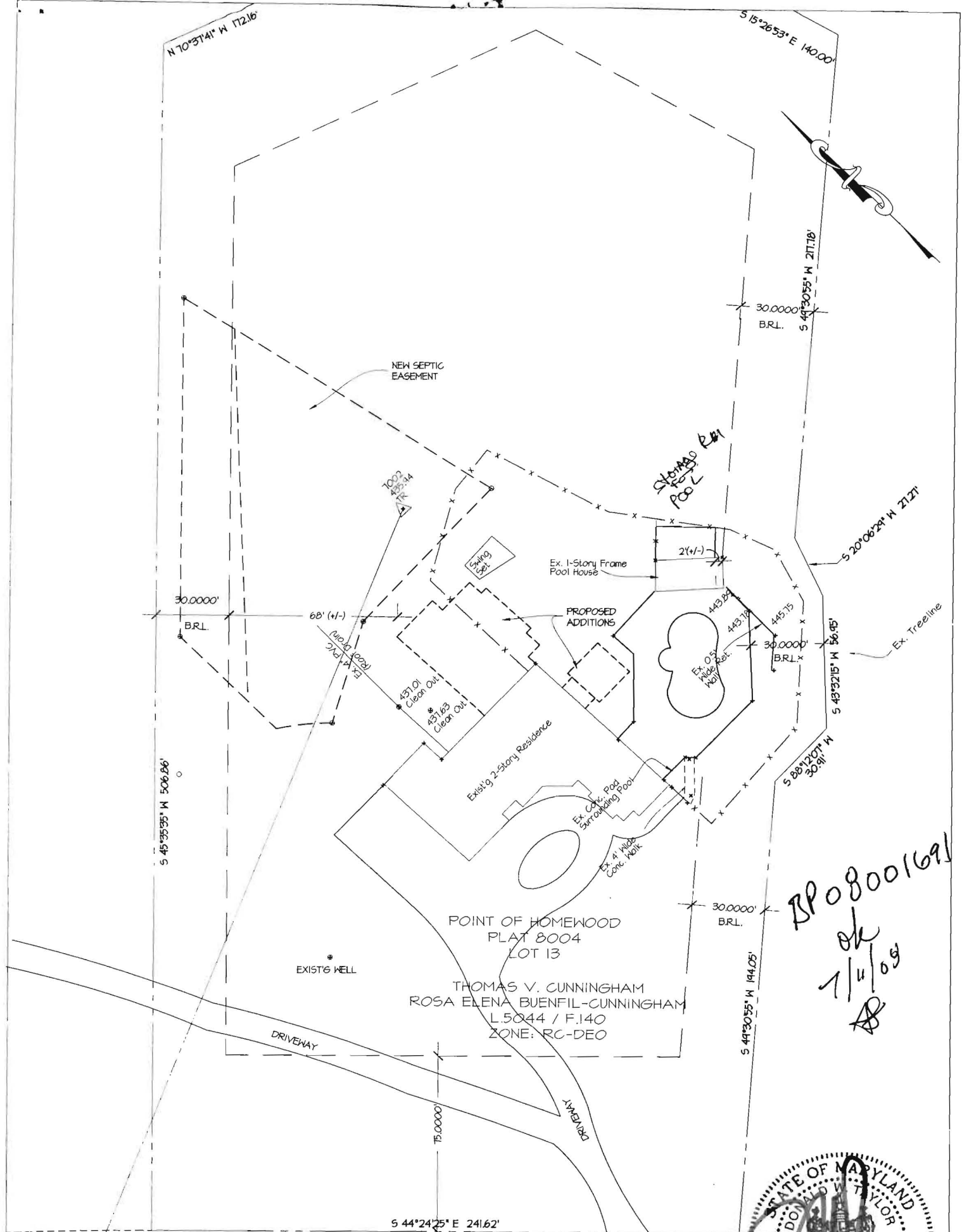
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 Vicky Meyer
 Title/Company _____

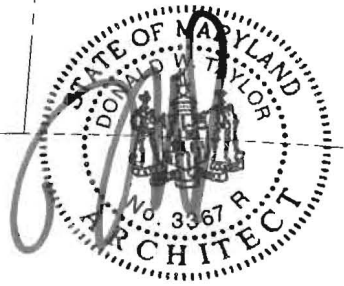
Print Name Vicky Meyer
 Date 6/10/08

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>7/11/08</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 # <u>0001</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 Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	



BP 08001691
 ok
 7/11/09
 [Signature]



PROPOSED SITE PLAN
 HOMWOOD ROAD

drawn by BB	PROJECT TITLE CUNNINGHAM RENOVATION	PROJECT # 2382
scale 1" = 50'-0"	CONTENT PROPOSED SITE PLAN	DRAWING #
checked by		
date		

dw taylor
 associates, inc
 ARCHITECT

5024 DORSEY HALL DRIVE SUITE 203
 ELLICOTT CITY, MARYLAND 21042
 TELEPHONE (410) 964 1181
 FAX (410) 997 2924
 INFO@DWTAYLOR.COM

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

308001770

Building Address 11140 HOMPWOOD RD
ELICOTT CITY, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision A1 of HOMPWOOD
Section _____ Area _____ Lot 13
Tax Map 29 Parcel 279 Grid 10
Zoning BCD1 Map Coordinates _____ Lot size _____

Property Owner's Name JOE THOMAS & ROSA CUNNINGHAM
Address 11140 HOMPWOOD RD.
City ELICOTT CITY State MD Zip Code 21042
Phone 443-745-3498 Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Vicky Meyer - Agent
Phone 410-296-6900 Fax 410-296-7992

Existing Use RETAIL
Proposed Use SPORT COURT WITH RETAINING WALL
Estimated Construction Cost \$ 51,000
Description of Work TO CONSTRUCT A RETAINING WALL DUE TO GRADES (390 LINEAR). DEPT. HEIGHT VARIES 3' - 13'

Contractor Company SEE ABOVE
Contact Person OWNER
Address 11140 HOMPWOOD RD
City ELICOTT CITY State MD Zip Code 21042
License No. _____
Phone 410-296-6476 Fax 443-745-3498

Occupant or Tenant SEE OWNER
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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

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Applicant's Signature V. Meyer
Title/Company AGENT MD BLDG. AGENTS, INC.

Print Name VICKY MEYER
Date 6/13/09

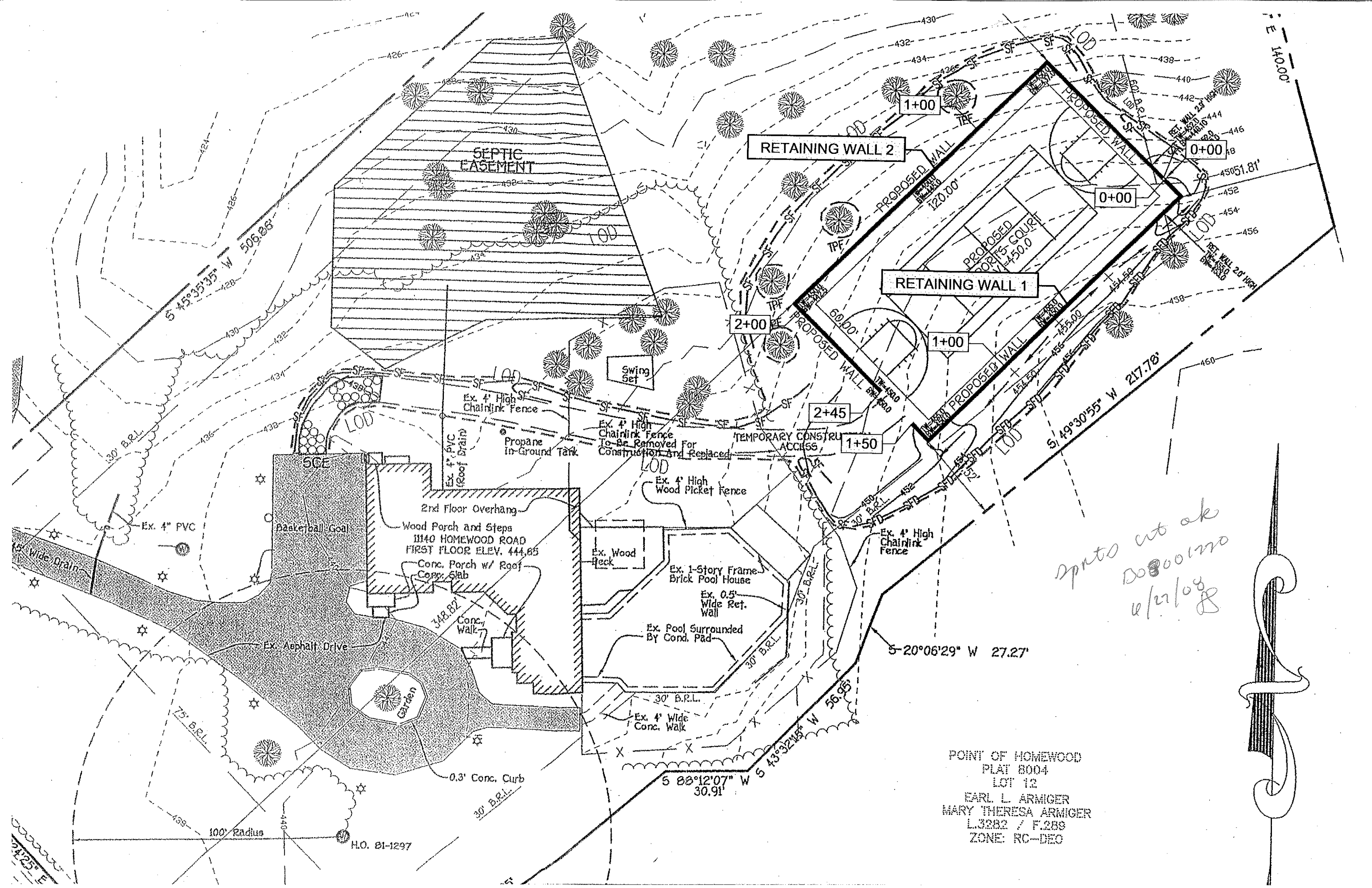
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**

** PLEASE WRITE NEATLY AND LEGIBLY. **

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AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/27/09</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies- White: Building Official Green: LDD, DPZ		
T:\Forms\PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ <u>50.00</u>
Side: _____	Excise tax \$ <u>2.00</u>
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>55.00</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
LoI Coverage for NewTown Zone _____	Check # <u>1105</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by <u>[Signature]</u>	



SEPTIC EASEMENT

RETAINING WALL 2

RETAINING WALL 1

*spinto cut ok
2000/2008
6/27/08*

POINT OF HOMEWOOD
PLAT 8004
LOT 12
EARL L. ARMIGER
MARY THERESA ARMIGER
L3282 / F.289
ZONE: RC-DEO

H.O. 81-1297