

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

*B09003036*

Building Address <i>5101 W. MID. 20787</i>	Property Owner's Name <i>...</i>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <i>...</i>
Census Tract _____ Subdivision _____	City _____ State <i>MD</i> Zip Code _____
Section _____ Area _____ Lot _____	Phone <i>410-410-4558</i> Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon):
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____

Existing Use <i>...</i>	Contractor Company <i>...</i>
Proposed Use <i>...</i>	Contact Person <i>...</i>
Estimated Construction Cost \$ <i>34</i>	Address <i>...</i>
Description of Work <i>Wall 3'-16' High 200' Length</i>	City _____ State <i>MD</i> Zip Code _____
	License No. _____ Phone _____ Fax _____

Occupant or Tenant _____	Engineer or Architect Company <i>...</i>
Contact Name _____	Contact Person <i>...</i>
Address _____	Address <i>...</i>
City _____ State _____ Zip Code _____	City _____ State <i>MD</i> Zip Code _____
Phone _____ Fax _____	Phone <i>402-562-1711</i> Fax <i>402-562-7831</i>

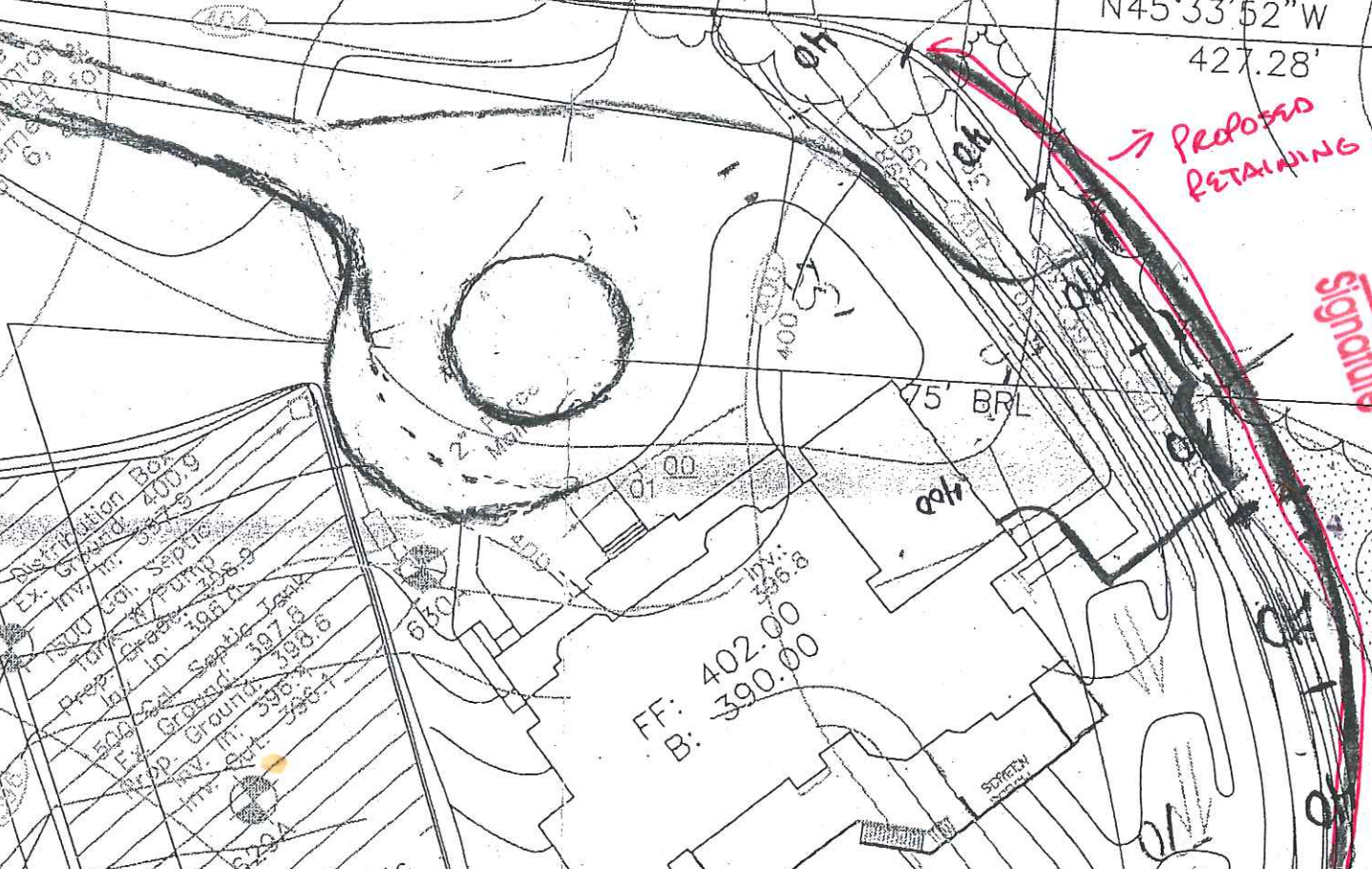
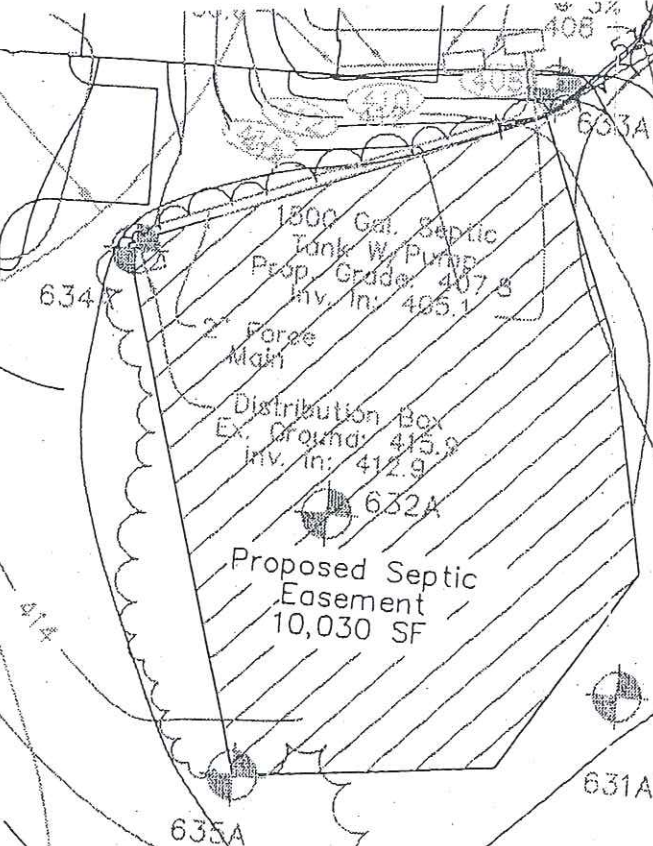
BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> 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"/>	2nd floor: _____	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 type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: <i>N/A</i> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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: _____	Sprinkler system: <i>N/A</i> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
<input type="checkbox"/> State Certified Modular		Other Structure: _____ Dimensions: _____ 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 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 <i>[Signature]</i>	Print Name <i>BRUCE A. RYAN</i>
Title/Company <i>MODERN FENCE &amp; RAIL</i>	Date <i>11/24/2008</i>

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			Side St.: _____ Add'l per. fee \$ _____	
Health	<i>11/24/2008</i>	<i>R. Bucken</i>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <i>5000</i>
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <i>4796</i>
ONE STOP SHOP: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Validation # _____
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			SDP/Red-line approval date _____	Accepted by _____



FF: 402.00  
B: 390.00

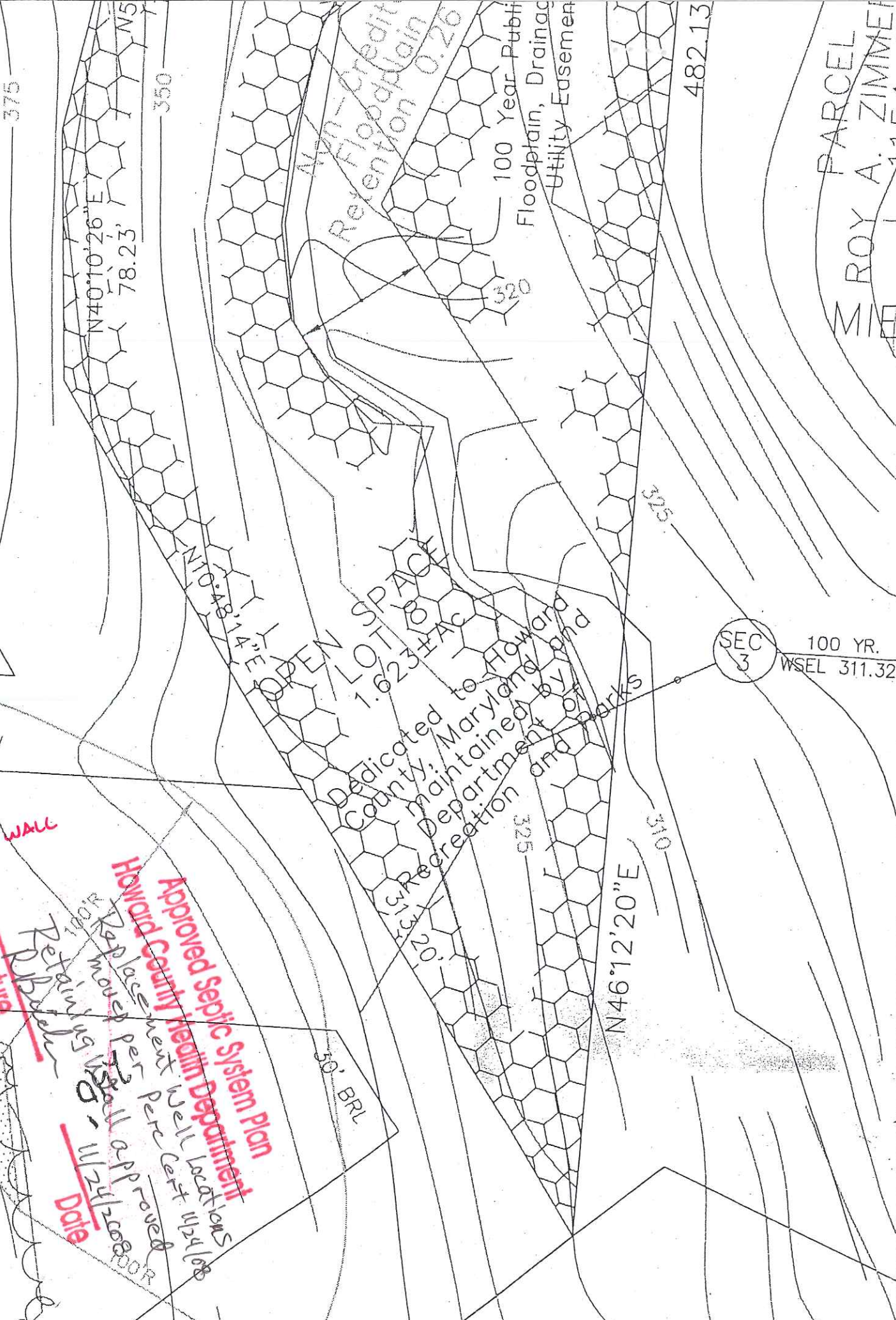
N45°33'52"W  
427.28'

→ Proposed  
RETAINING WALL

Signature

Date 11/24/2008  
 Approved per [Signature]  
 Retaining Wall Department  
 Howard County Health Department  
 Approved per [Signature]  
 11/24/2008

**Approved Septic System Plan**  
**Howard County Health Department**



SEC 3  
100 YR.  
WSEL 311.32

PARCEL  
 M ROY A. ZIMMERMAN  
 ET AL L. 1154 E

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 07 05 2836

Building Address 8147 Huntfield Dr.  
Fulton, MD 20759  
Suite/Apt. #: N/A SDP/WP/Petition #: F 17-05  
Census Tract 60712 Subdivision Hilltop Hill  
Section N/A Area N/A Lot 6  
Tax Map 116 Parcel 104 Grid 1  
Zoning AR 120 Map Coordinates 1305 Lot size 3.1771A

Property Owner's Name Steve & Jean Battista  
Address Lot #6  
City Fulton State MD Zip Code 20759  
Home Phone 301-490-3458 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
11271 Old Hopkins Rd. Clarksville, MD 21039  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use Single Family Dwelling Attached  
Estimated Construction Cost \$ 1,300,000  
Description of Work New Construction

Contractor Company Cumwell Builders Inc.  
Contact Person Mike Ponsi, Danny Bowers  
Address 9 Stony Meadow Ct.  
City Lutherville State MD Zip Code 21093  
License No. 3680  
Phone 443-570-7435 Fax 410-337-5336

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company John Ratchiff  
Contact Person Don Bussi  
Address 10404 Stanton Rd.  
City Stanton State MD Zip Code 21153  
Phone 410-434-7010 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: <u>N/A</u> <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 _____ 1st floor: <u>90'</u> <u>115'</u> <u>10350</u> 2nd floor: <u>54'</u> <u>105'</u> <u>5670</u> Basement: <u>90'</u> <u>115'</u> <u>5175</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>7</u> 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 _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

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Applicant's Signature [Signature]  
Title/Company Cumwell Builders Inc.

Print Name Mike Ponsi  
Date 7-11-07

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
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FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	<u>7/30/07</u>	<u>[Signature]</u>
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies - White: Building Official Green: LDD, DPZ		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ <u>100.00</u>
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 \$ _____
Lot Coverage for NewTown Zone _____	Check # <u>1037</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by <u>[Signature]</u>	

