

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

08002113

Building Address 11045 Dorsch Farm Rd  
Ellicott City MD 21042  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
 Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
 Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Joe Cherry  
 Address 11045 Dorsch Farm Rd  
 City E.C. State MD Zip Code 21042  
 Phone 410 720 2097 Phone 410 245 3649  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Nothing  
 Proposed Use Deck  
 Estimated Construction Cost \$ 13,000  
 Description of Work (3) Seperate Decks  
(1) 14x12 w/steps (2) 20x12 w/steps  
(3) 10x6

Contractor Company Classic Remodeling  
 Contact Person Bruce Hopper  
 Address 3460 Ellicott Center DR.  
 City E.C. State MD Zip Code 21042  
 License No. 51227  
 Phone 443-286-4470 Fax \_\_\_\_\_

Occupant or Tenant Joe Cherry  
 Contact Name Bruce Hopper  
 Address 3460 Ellicott Center DR  
 City E.C. State MD Zip Code 21043  
 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:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| No. of stories: _____  | Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private  |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Use group: _____   | Heating System:<br><input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/><br><input type="checkbox"/> Natural Gas <input type="checkbox"/><br><input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><input type="checkbox"/> State Certified Modular | Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br># of Heads _____  |

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

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

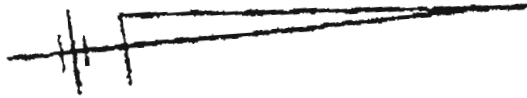
Bruce Hopper  
 Applicant's Signature  
Classic Remodeling  
 Title/Company

Bruce Hopper  
 Print Name  
9/10/08  
 Date

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   | <u>9/10/08</u> | <u>Mary Kent</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 Yellow: DED, DPZ Pink: Health Gold: SHA |                |                    | LoI Coverage for NewTown Zone _____                      |                         |
| T:\forms\PERMIT.FRM  |                |                    | SDP/Red-line approval date _____                         | Accepted by _____       |

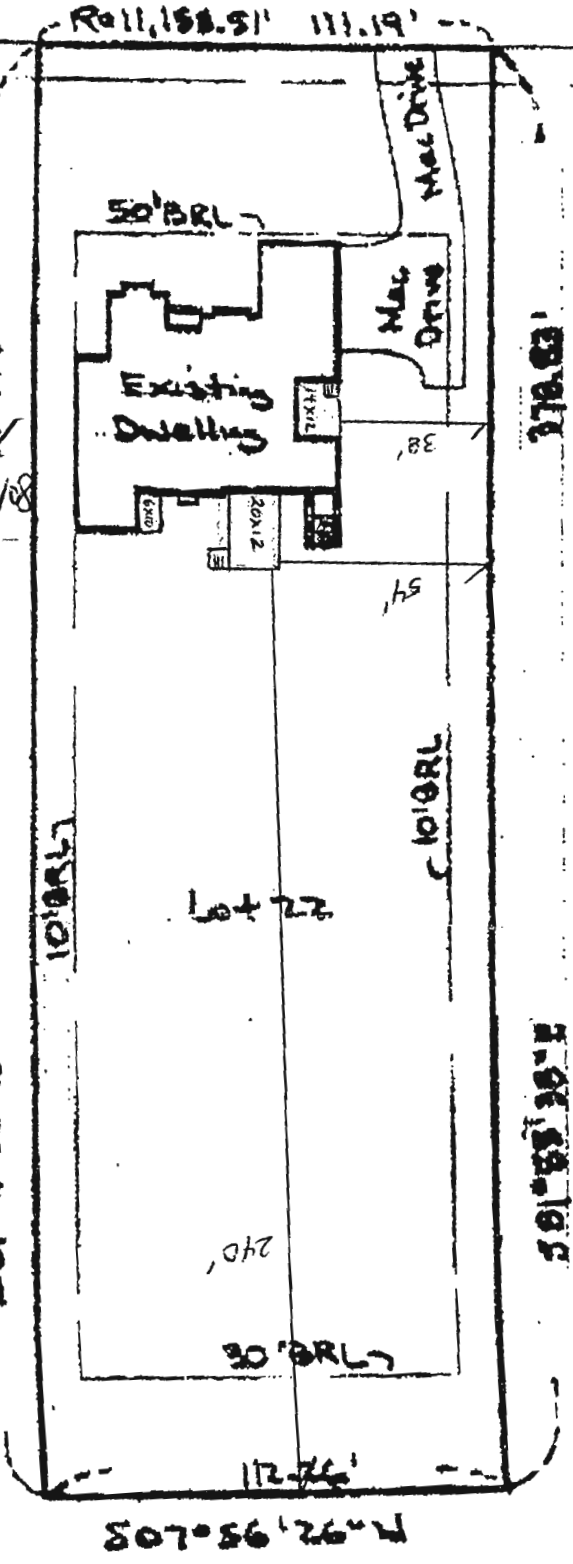
# DORSCH FARM ROAD (Formerly Fox Haven Way)



10' Tree Maint.  
Easement

APPROVED

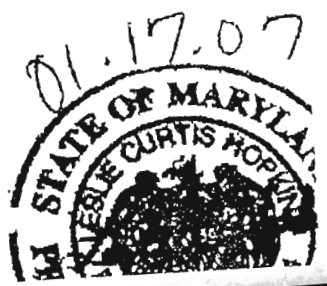
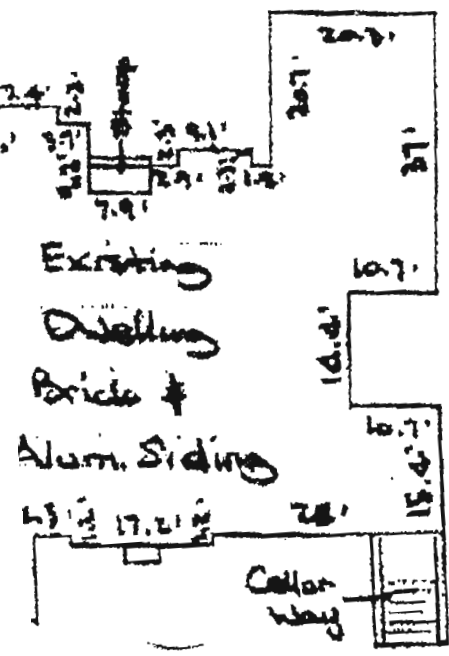
WALK-THRU BUILDING PERMIT  
BP# 08002713 A# 50429  
APP. SAN HS DATE: 9/10/08  
DESC. OF WORK: 3 decks  
14x12', 20x12', 10'x6'



Lot 21

Lot 23

Lot 22



LOCAL VIEW