

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B09000095

Building Address 11509 E. WINCHESTER LANE
ELLCOTT CITY, MD 21042
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning RC-DED Map Coordinates _____ Lot size _____

Property Owner's Name John SCHUMACHER
Address 11509 E. WINCHESTER LANE
City ELLCOTT CITY State MD Zip Code 21042
Phone 410-363-3484 Phone 410-463-4145
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use _____
Proposed Use GARAGE
Estimated Construction Cost \$ 40,000
Description of Work NEW DETACHED GARAGE
24x53 2-story.

Contractor Company TO BE DETERMINED
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant OWNER
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company ERIK BECK
Contact Person ERIC BECK
Address 29 W. SUSQUEHANNA AVE #300
City TOWSON State MD Zip Code 21284
Phone 410-828-9220 Fax 410-828-9661

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: 23'-0"
No. of stories: 2
Gross area, sq. ft. per floor: 1,300
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads

Building Characteristics
SF Dwelling SF Townhouse
Depth Width
1st floor: 24-0 53-0
2nd floor: 24-0 53-0
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 0
Height: 23'-0"
Multi-family dwellings: N/A
No. of efficiency units: _____
No. of 1 BR units: _____
No. of 2 BR units: _____
No. of 3 BR units: _____
Other Structure: GARAGE
Dimensions: 24-0 x 53-0
Footings: _____
Roof Height: 23'
 State Certified Modular
 Manufactured Home

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #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.

[Signature]
Applicant's Signature
ARCHITECT
Title/Company

ERIK BECK
Print Name
1/23/09
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#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>2/5/09</u>	<u>Brian Baker</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input checked="" type="checkbox"/> 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			Lot Coverage for NewTown Zone _____	Accepted by _____
T:forms/PERMIT.FRM			SDP/Red-line approval date _____	

PROPERTY KNOWN AS:
LOT 30 KINGS GIFT

THIS PLAT CAN NOT BE USED TO ESTABLISH
PROPERTY LINES OR CORNERS.

SOUTHERN RIGHT OF WAY U.S. ROUTE 40
N48°25'01"W
320.01'



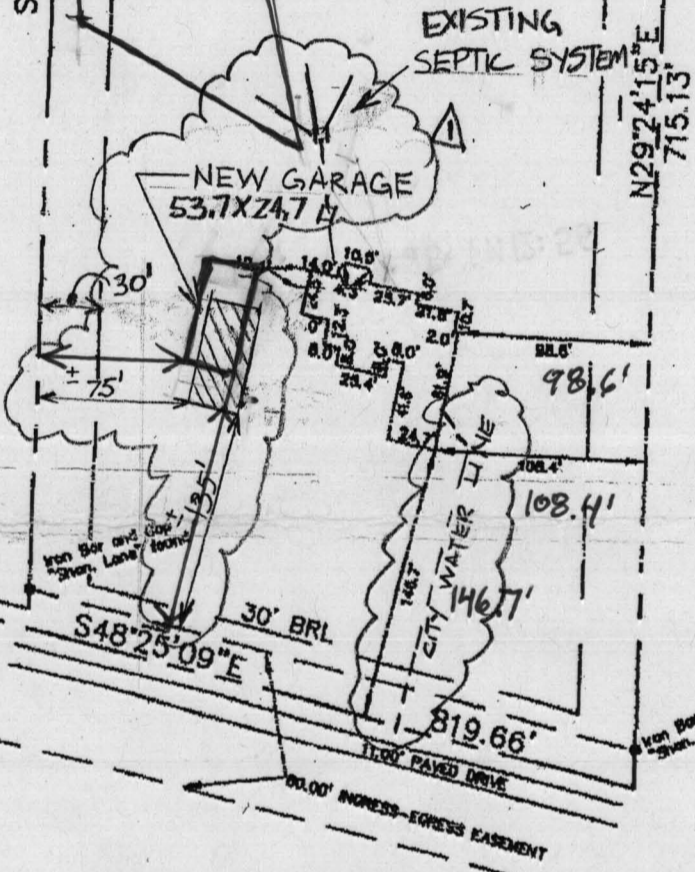
Approved Septic System Plan
Howard County Health Department
Brian Baker 2/5/09
Signature Date

Approved On Condition
That No Plumbing to
Be Installed In Garage
at This Time -
Possibly Later, But
Need Permit and
No Living Space

LOT 29 KINGS GIFT

LOT 30 KINGS GIFT
5.3894 ACRES +/-

S19°05'30"W
3028.21'
N19°05'30"E
3016.58'
S70°34'58"E
2.00'
MARYLAND ROUTE 144



WATER IS CITY
SUPPLIED
12/8/08
GARAGE REV 1
TOP OF WALL = 535.6'

LOCATION DRAWING

CERTIFICATION

This is to certify that I have surveyed
the property known as:
LOT 30 KINGS GIFT

The information shown has been established
by current acceptable survey procedures and
from available record information. This drawing
is to be used for Title Transfer Financing, or
Refinancing Only and IS NOT to be used for
the Establishment of Property Lines, Location
for Fences, Garages, Buildings, or other
Existing or Future Improvements.

SEAL



SCALE 1"=100'

DATE 08/15/00

LDE Inc.

9250 Rumsey Road Suite 106
Columbia, Maryland 21045

(410) 715-1070 (Balt.)
(301) 596-3424 (Wash)
(410) 715-9540 (Fax)

LDE NO. 00-004

Building Address 11746 Frederick Rd
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract: _____ Subdivision: _____
 Section _____ Area _____ Lot 30
 Tax Map 116 Parcel 3477 Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name John Schumacher
 Address _____
 City _____ State MD Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD
 Proposed Use _____
 Estimated Construction Cost \$ _____
 Description of Work ingrand. pool 26'x41'
 Contractor Company _____
 Contact Person John Schumacher
 Address _____
 City _____ State MD Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant 312 8/10 2008
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

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

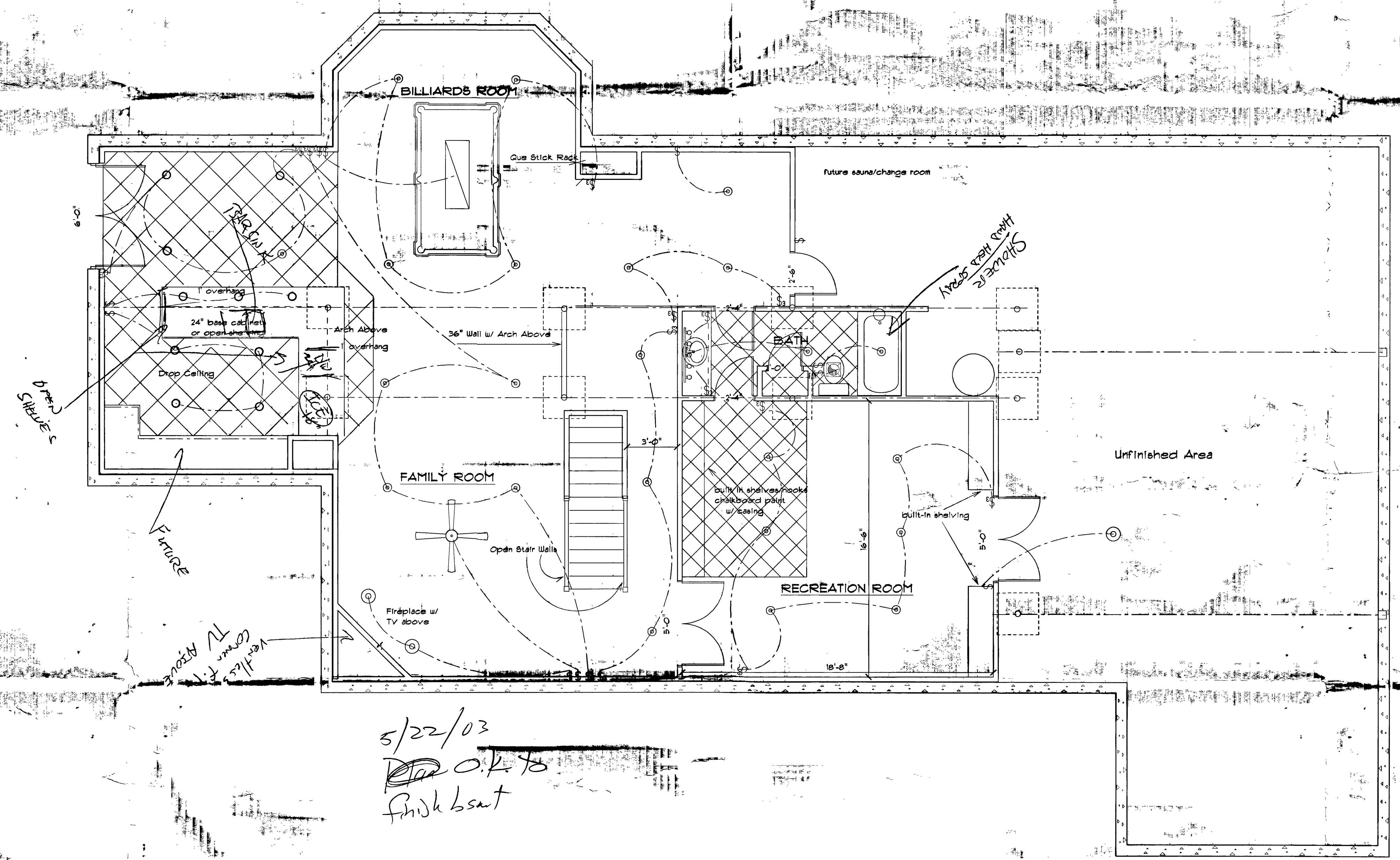
BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private	1st floor: _____ 2nd floor: _____ Basement: _____	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"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	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 <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature _____ Print Name _____
 Title/Company _____ Date _____

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
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AGENCY	DATE	SIGNATURE APPROVAL	DEP. SETBACK INFORMATION	PROPERTY ID: <u>46356</u>
<input checked="" type="checkbox"/> Land Development, DPZ		<u>Mark Walker</u>	Front: _____ Rear: _____ Side: _____ Side St: _____	Filing fee \$ _____ Permit fee \$ <u>25</u> Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____
<input checked="" type="checkbox"/> State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>25</u>
<input checked="" type="checkbox"/> Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____ Check # <u>1017</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>43323</u>
<input checked="" type="checkbox"/> Health			Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	Accepted by _____
<input checked="" type="checkbox"/> 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"/>				



DIPLOMA

FUTURE

Hand Held TV Mount

SHOWER HAND HELD SPRAY

BOB/1/2002
5/20/03

5/22/03
O.K. to
finish bsmt

Revision
Date

Drawing
Scale

Schumacher Lower Level

Fred C Dickson Co.
9174 Owen Brown Rd.
Columbia, MD 21045
410.995.0454
fax 410.992.6915