

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

1300256022

Building Address 16130 Edwainfield Rd.
Windsor, Md. 21797
 Suite/Apt. #: 04-330447 SDP/WP/Petition #: _____
 Census Tract 604002 Subdivision _____
 Section _____ Area _____ Lot 4
 Tax Map 13 Parcel 278 Grid 17
 Zoning B2 RCDP Map Coordinates SFS Lot size _____

Property Owner's Name Charles P. Guerra
 Address 16130 Edwainfield Rd.
 City Windsor State Md. Zip Code 21797
 Home Phone 410-442-5160 Work Phone 410-241-1170
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use Sub Family Home
 Proposed Use same
 Estimated Construction Cost \$ 30,000.00
 Description of Work One Story Pole
Down. Storage. Tractors
36x30

Contractor Company Pole Buildings Plus
 Contact Person Paul Cochran
 Address 2200 Blue Heron Dr.
 City Frederick State Md Zip Code 21701
 License No. _____
 Phone 301-674-9788 Fax 301-865-1291

Occupant or Tenant 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: _____ <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input type="checkbox"/> 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: _____ <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	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: <u>30'</u> Depth <u>36'</u> Width	Sewage Disposal: _____ <input checked="" type="checkbox"/> Public <input checked="" type="checkbox"/> 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: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<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.

Charles P. Guerra
 Applicant's Signature
 Title/Company _____

Charles P. Guerra
 Print Name
9-15-05
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

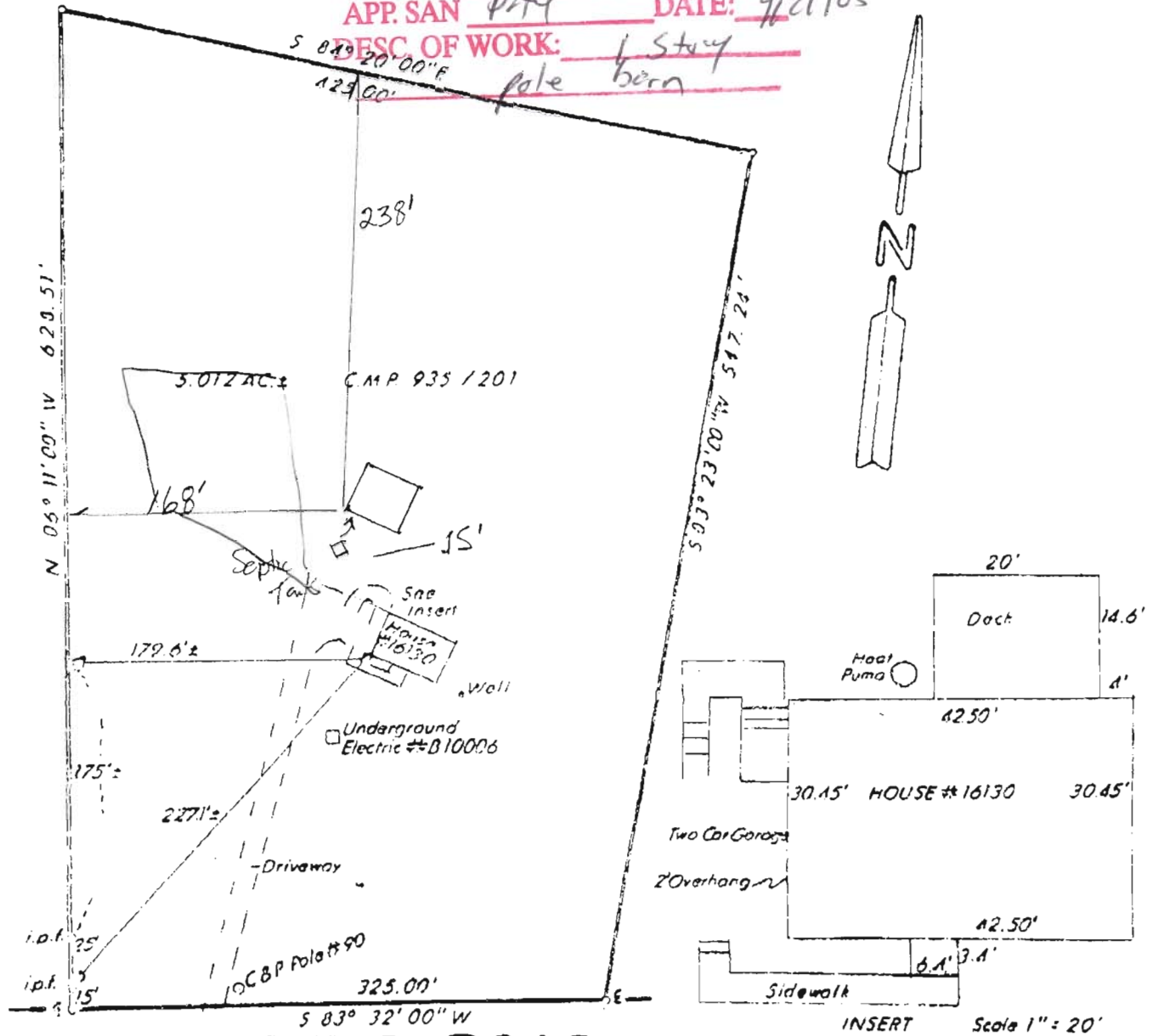
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY FEE	
Land Development DPZ			Front: _____	Filing fee \$ _____	
State Highways			Rear: _____	Permit fee \$ _____	
Building Official			Side: _____	Excise tax \$ _____	
Dev. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____	
Health	<u>9/24/05</u>	<u>[Signature]</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 # <u>172712</u>	
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
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____	

38630

**APPROVED
WALK-THRU BUILDING PERMIT**

BP# _____ A# _____
 APP. SAN PAY DATE: 9/21/05

DESC. OF WORK: 1 Story pole barn



**ED WARFIELD ROAD
(30' R/W)**

INSERT Scale 1" = 20'

HOUSE LOCATION

CHARLES & MARY GUERRA Property
 4th ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND