

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

808001669

Building Address 3262 ELEANORS GARDEN WAY, WOODBINE MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name ANNIE, VINNY DUA.

Address 3262 ELEANORS GARDEN WAY

City WOODBINE State MD Zip Code 21797

Phone 443 266 7034 Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use S.F.D.

Proposed Use NEW DECK

Estimated Construction Cost \$ 18,000

Description of Work NEW WOOD FRAME DECK ~680 FT² Irreg. SHAPE, STAIRS TO GRADE

Contractor Company Bruce Builders LLC

Contact Person Mike Bruce

Address 720 OAK GROVE CIRCLE

City SEV. PARK State MD Zip Code 21146

License No. 67133

Phone 443 324-7915 Fax _____

Occupant or Tenant ANNIE DUA.

Contact Name ANNIE DUA.

Address 3262 ELEANORS GARDEN WAY

City WOODBINE State MD Zip Code 21797

Phone 443-266-7034 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 <input type="checkbox"/> Private <input type="checkbox"/> |
| No. of stories: _____ | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> |
| 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 <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <input type="checkbox"/> | Sprinkler system: N/A <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"/> Depth _____ Width _____ | Water Supply: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> |
| 1st floor: _____ | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> |
| 2nd floor: _____ | Electric Yes <input checked="" 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"/> 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: _____ | |
| State Certified Modular <input type="checkbox"/> 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 ON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
Applicant's Signature
Owner Bruce Builders
Title/Company

M. Bruce
Print Name
June 5, 2008
Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

| AGENCY | DATE | SIGNATURE APPROVAL |
|--|--------------------------|--------------------|
| Land Development, DPZ | | |
| State Highways | | |
| Building Official | | |
| Dev. Engineering, DPZ | <u>6/5/08</u> | <u>[Signature]</u> |
| Health | | |
| 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 | \$ _____ |
| Side: _____ | Excise tax | \$ _____ |
| Side St.: _____ | Add'l per. fee | \$ _____ |
| All minimum setbacks met? | TOTAL FEES | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid | \$ _____ |
| Is Entrance Permit required? | Balance due | \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Check | # _____ |
| Historic District? | Validation | # _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| Lot Coverage for NewTown Zone _____ | | |
| SDP/Red-line approval date _____ | Accepted by _____ | |
| Yellow: DED, DPZ | Pink: Health | Gold: SHA |

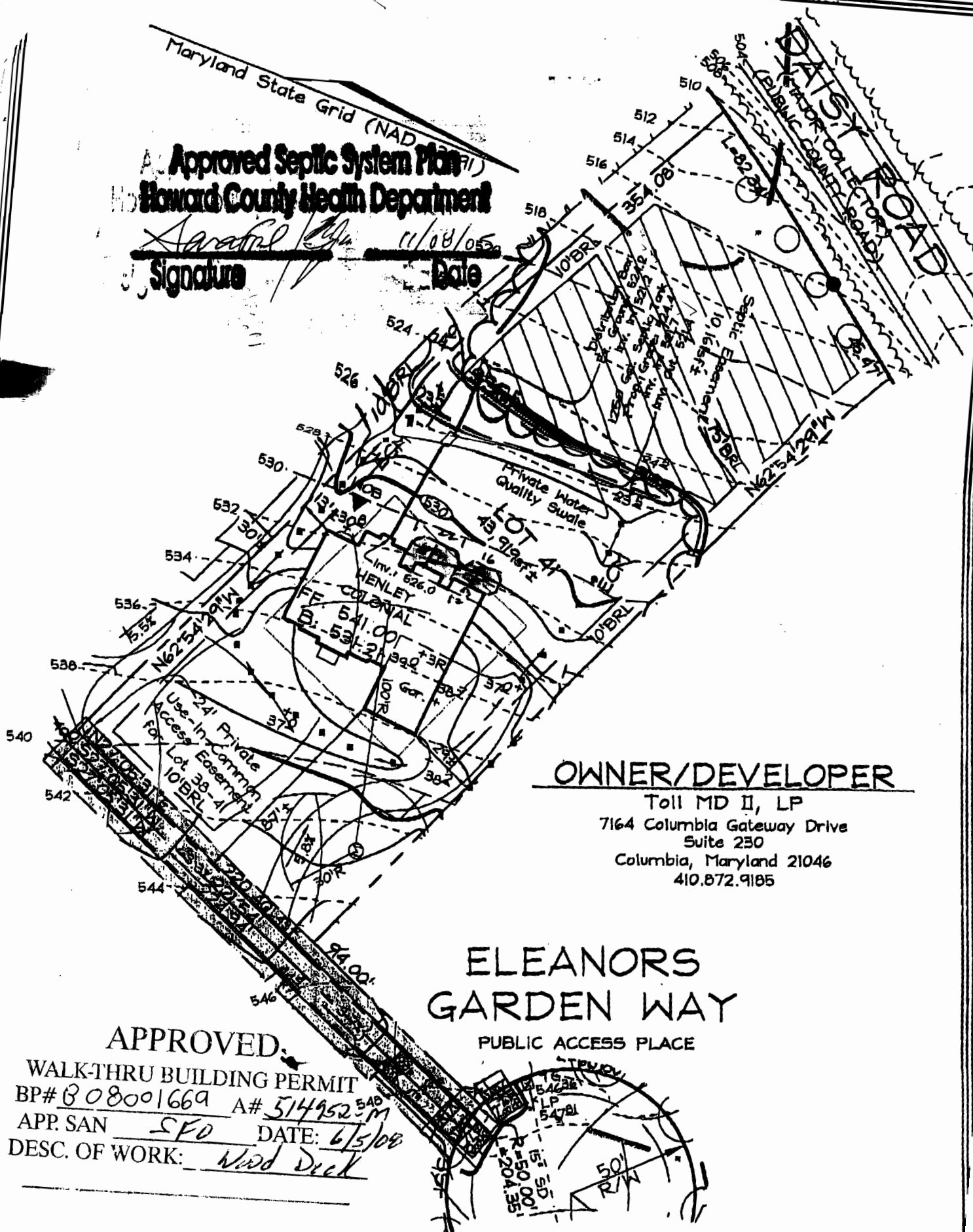
Maryland State Grid (NAD 83)

Approved Septic System Plan

Howard County Health Department

Sarah J. [Signature] 11/08/05

Signature **Date**



OWNER/DEVELOPER

Toll MD II, LP
 7164 Columbia Gateway Drive
 Suite 230
 Columbia, Maryland 21046
 410.872.9185

ELEANORS GARDEN WAY

PUBLIC ACCESS PLACE

APPROVED

WALK-THRU BUILDING PERMIT

BP# 808001669 A# 514952-1

APP. SAN SFO DATE: 6/5/08

DESC. OF WORK: Wood Deck

Note: 1. See Approved Grading Plan GP-04-39 for Entire Site.
 2. The existing well shown on this plan (identified with the attached well tag number: HO-94-3577) has been field located by FSH Associates and is accurately shown.

FSH Associates
 Engineers Planners Surveyors
 8318 Forrest Street Ellicott City, MD 21043
 Tel: 410-750-2251 Fax: 410-750-7350
 E-mail: info@fsha.biz

LOT RESITE
LOT 41

CATTAIL TRACE

DESIGN BY: PS

DRAWN BY: MT

CHECKED BY: ZYF

SCALE: 1"=50'

DATE: Oct 12, 2005

W.O. No.: 3217

SHEET No.: 1 OF 1

TAX MAPS 13, 14, 20 & 21
 GRIDS 7, 12, 19 & 24
 4TH ELECTION DISTRICT

PARCELS 20, 67 &
 HOWARD COUNTY, MARYLAND

GP-04