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| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410)313-2455 INSPECTIONS (410)313-1810 AUTOMATED INFORMATION (410) 313-3800 | HOWARD COUNTY PERMIT APPLICATION | PERMIT NUMBER <u>B00128439</u> |
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| Building Address <u>16091 A.E. MULLINIX RD., WOODBINE, MD 21797</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>1040</u> Subdivision <u>EYRE VIEW</u> Section _____ Area _____ Lot <u>10</u> Tax Map <u>13</u> Parcel <u>99</u> Grid <u>U</u> Zoning <u>R-1</u> Map Coordinates <u>8E2</u> Lot size <u>3.5 AC.</u> | Property Owner's Name <u>Mr. + Mrs. Stephen M. Jones</u> Address <u>703 HIGHWOOD DR., BALTIMORE, MD 21212</u> City _____ State _____ Zip Code _____ Home Phone <u>410-435-9110</u> Work Phone <u>410-501-7885</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ |
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| Existing Use <u>VACANT LOT</u> Proposed Use <u>NEW RESIDENCE - SINGLE FAMILY</u> Estimated Construction Cost \$ <u>124,000</u> Description of Work <u>NEW SFD ONE STORY WITH UNFINISHED BASEMENT - 3 bedrooms - 2 bath R-11/ BASEMENT</u> | Contractor Company <u>DAVID C. BULLOCK GEN. CONTRACTOR INC.</u> Contact Person <u>DAVE BULLOCK</u> Address <u>3370 LOWMAN LANE</u> City <u>UNION BRIDGE</u> State <u>MD.</u> Zip Code <u>21791</u> License No. <u>920</u> Phone <u>410-848-1524</u> Fax _____ |
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| Occupant or Tenant <u>Mr. + Mrs. Stephen Jones</u> Contact Name <u>Stephen Jones</u> Address <u>703 HIGHWOOD DR.</u> City <u>BALTIMORE</u> State <u>MD</u> Zip Code <u>21212</u> Phone <u>410-435-9110</u> Fax _____ | Engineer or Architect Company <u>A.L.S. INC.</u> Contact Person <u>AL STROUD</u> Address <u>194 E. MAIN ST.</u> City <u>WESTMINSTER</u> State <u>MD</u> Zip Code <u>21157</u> Phone <u>410-857-0822</u> Fax <u>410-857-0580</u> |
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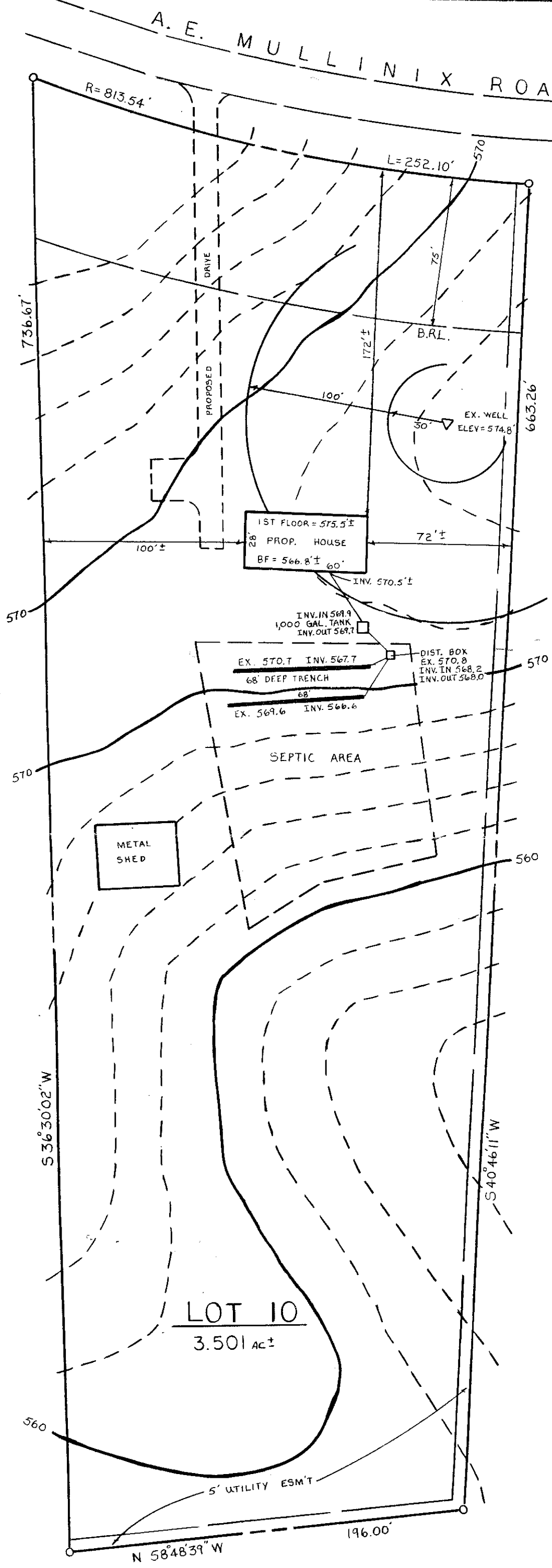
| BUILDING DESCRIPTION - COMMERCIAL | | BUILDING DESCRIPTION - RESIDENTIAL | |
|--|--|---|--|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> 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 | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>28'</u> x <u>60'</u> 2nd floor: _____ Basement: _____ 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>3</u> 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: _____ <input checked="" type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input checked="" 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 checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

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| <u>David C. Bullock, Pres.</u> Applicant's Signature <u>DAVID C. BULLOCK, GENERAL CONTRACTOR</u> Title/Company | <u>DAVID C. BULLOCK</u> Print Name <u>2/11/01</u> Date |
|---|---|

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

| AGENCY | | | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|-------------------------------------|--|--|----------------|--------------------|--|----------------------------|
| <input checked="" type="checkbox"/> | Land Development, DPZ | | | | Front: _____ | 49620 |
| <input checked="" type="checkbox"/> | State Highways | | | | Rear: _____ | Filing fee \$ <u>25.00</u> |
| <input checked="" type="checkbox"/> | Building Official | | | | Side: _____ | Permit fee \$ _____ |
| <input checked="" type="checkbox"/> | Dev. Engineering, DPZ | | | | Side St.: _____ | Excise tax \$ _____ |
| <input checked="" type="checkbox"/> | Health | | <u>2/27/01</u> | <u>A.M. MULLIX</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l per. fee \$ _____ |
| <input checked="" type="checkbox"/> | Fire Protection | | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| <input checked="" type="checkbox"/> | Sediment Control approval required prior to issuance? | | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| | CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | | Lot Coverage for NewTown Zone _____ | Balance due \$ _____ |
| | ONE STOP SHOP: <input type="checkbox"/> | | | | SDP/Red-line approval date _____ | Check # <u>62511</u> |
| | | | | | | Validation # _____ |
| | | | | | | Accepted by _____ |



Note:

Field run topography on 2-1-2001.

Approved Septic System Plan
Howard County Health Department

David McMill 2/27/01
Signature Date

Note: I certify that the above measurements are actual and correct for this property.

George A. Stroud III

GEORGE A. STROUD III
PROPERTY LINE SURVEYOR NO. 256

Total linear feet of trench required 135 feet
Width of trench(es) 2.0 feet
Depth of trench(es) 7.0 feet
Depth of stone required below distribution pipe 4.0 feet

SITE PLAN
LOT 10
"EYRE VIEW"
PLATBOOK 9 PAGE 38
4TH ELECT. DIST. - HOWARD CO., MD
1"=50' 2-2-01

A.L.S. INC.
194 E. MAIN STREET
WESTMINSTER, MD 21157

#11-01-22