

Building Address 3113 ARGENT PATH
ELLICOTT CITY MD 21042

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

Census Tract 6030 Subdivision BRANTWOOD

Section 2 Area 2 Lot 300Z

Tax Map 16 Parcel 437 Grid 22

Zoning RCPEU Map Coordinates 11A6 Lot size _____

Property Owner's Name JOEL & SUE BRUNSON

Address 3113 ARGENT PATH

City ELLICOTT CITY State MD Zip Code 21042

Home Phone 413-535-8650 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD W/ DECKS & GAZEBO

Estimated Construction Cost \$ 20,000

Description of Work 44X14 DECK (12REG)
W/12X12 GAZEBO & 15X12
DECK

Contractor Company RWS CONTRACTING, INC

Contact Person RAY STEWARD

Address 8216 BURNLEY RD

City TOWSON State MD Zip Code 21204

License No. 32434

Phone 410-494-0809 Fax _____

Occupant or Tenant _____

Contact Name SAME AS OWNER

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person N/A

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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <u>Well</u>
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private <u>Septic</u>
2nd floor: _____	Electric Yes <input 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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	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"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: <u>12X12 GAZEBO</u> Dimensions: <u>44X14 & 15X12</u> Footings: <u>POST & PIER</u> Roof: _____	
<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.

Applicant's Signature [Signature]

Title/Company PRES/RWS, Inc.

Print Name RAY STEWARD

Date 3-4-02

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

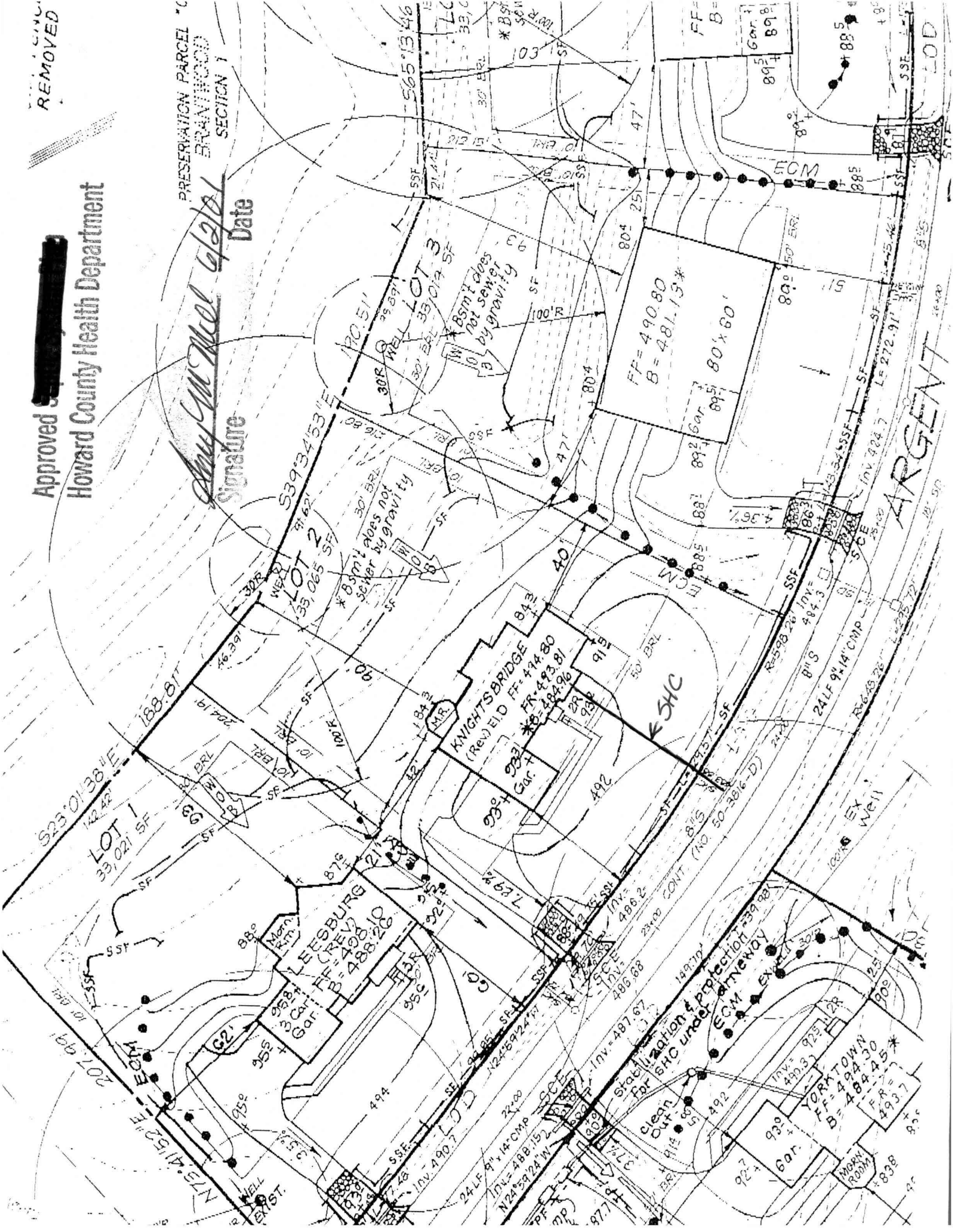
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
Land Development, DPZ			Front: _____	50859
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>4/4/02</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>50</u>
Dev. Engineering, DPZ	<u>4/4/02</u>	<u>[Signature]</u>	Side St.: _____	Excise tax \$ _____
Health	<u>4/4/02</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>50</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			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>3919</u>
				Validation # <u>4567</u>
				Accepted by <u>[Signature]</u>

REMOVED

Approved [Redacted] Howard County Health Department

PRESERVATION PARCEL "C"
BRANTWOOD
SECTION 1

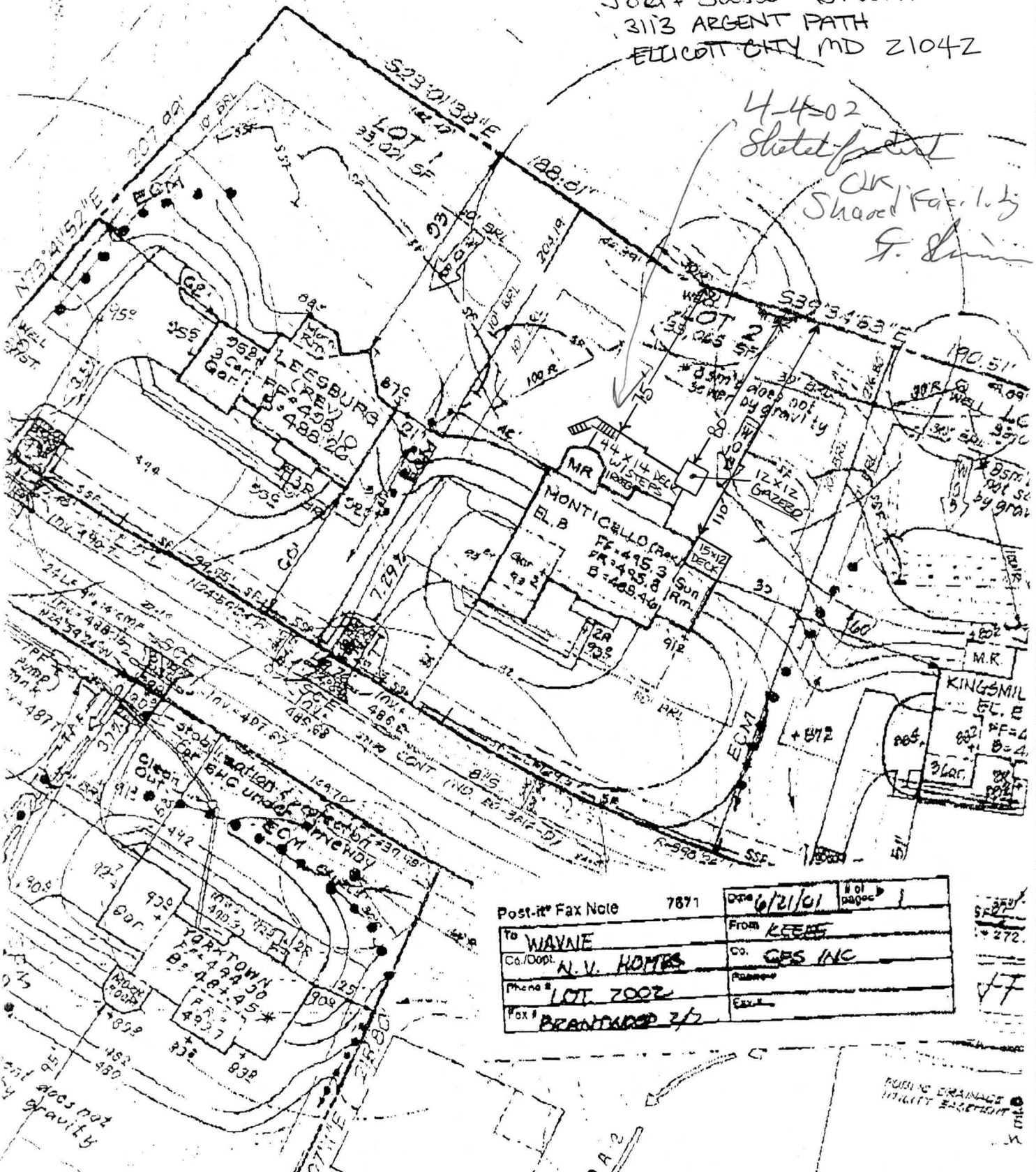
Andy M. McEl
Signature
Date



BRANTWOOD LOT 2002

Joel + Susan Brunson
3113 ARGENT PATH
ELICOTT CITY MD 21042

4-4-02
Sketch for
CK
Shovel Facility
G. Linn



Post-it® Fax Note 7871

Date	6/21/01	# of pages	1
To	WAYNE	From	KEENE
Co./Dept	A.V. HOMES	Co.	GBS INC
Phone #	LOT 2002	Address	
Fax #	BRANTWOOD 2/2	Ext.	

5827
+272.
✓✓

PUMPING DRAINAGE
INVERT ELEVATION