

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

000141417

Building Address 14029 Big Branch
Dayton MD
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605101 Subdivision Big Branch
 Section _____ Area _____ Lot 6
 Tax Map 27 Parcel 141 Grid 4
 Zoning RC-DEO Map Coordinates 9E13 Lot size _____

Property Owner's Name Robert + Diana Scales
Robert
 Address 14029 Big Branch
 City Dayton State MD Zip Code 21036
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use open
 Proposed Use extend deck
 Estimated Construction Cost \$ 5,000.00
 Description of Work extend existing deck
by 15 x 18'

Contractor Company Maryland Landscapes
 Contact Person Steve
 Address 20310 Beaman Ave
 City Brownsville State MD Zip Code 20833
 License No. 4647
 Phone 31921-2532 Fax _____

Occupant or Tenant Scales
 Contact Name Scales
 Address above
 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
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 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: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms _____
 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: _____
 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.

Colleen Swisher
 Applicant's Signature

Colleen Swisher
 Print Name

4/23/03
 Title/Company

4-23-03
 Date

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

Building Address 14029 BIRCH CREEK DRIVE
DARTON, MARYLAND 21036

Suite/Apt. #: N/A SDP/WP/Petition #: N/A

Census Tract 6040 Subdivision Big Branch

Section N/A Area N/A Lot 6

Tax Map 27 Parcel 141 Grid 1

Zoning RC-40 Map Coordinates 9E13 Lot size

Property Owner's Name BIG BRANCH OVERLOOK LLC

Address 7164 COLLEGE GATEWAY DR. #230

City COLUMBIA State MD Zip Code 21046

Home Phone N/A Work Phone 410-872-1111

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

Phone _____ Fax _____

Existing Use RESIDENTIAL

Proposed Use CONVERT TO 4 BR 1 1/2 BATH

Estimated Construction Cost \$ 200,000

Description of Work CONVERT 4 BR 1 1/2 BATH
EXT. FAH RM / CONSERVATORY / PALLADIAN
KIT - Needs new Worksheet

Contractor Company TOLLEBROS

Contact Person LITA SHAW

Address 14203 HOWARD RD

City DARTON State MD Zip Code 21036

License No. _____ Phone 443-535-9296 Fax 410-872-1111

Occupant or Tenant BIG BRANCH OVERLOOK LLC

Contact Name LITA SHAW

Address 7164 COLLEGE GATEWAY DR. SUITE 230

City COLUMBIA State MD Zip Code 21046

Phone 410-872-1111 Fax 410-872-1111

Engineer or Architect Company STUBBS & STUBBS

Contact Person JOHN STUBBS

Address 8180 EAGLE HILL W. E. SUITE 418

City FELICITY CITY State MD Zip Code 21042

Phone 410-415-1125 Fax 410-415-1111

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<p><u>Building Characteristics</u></p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>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</p>	<p><u>Utilities</u></p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/></p> <p><input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____</p>	<p><u>Building Characteristics</u></p> <p>SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/></p> <p>Depth _____ Width _____</p> <p>1st floor: <u>60'4"</u> <u>38'8"</u></p> <p>2nd floor: <u>31'</u> <u>63'8"</u></p> <p>Basement: <u>50'8"</u> <u>88'3"</u></p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/></p> <p>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/></p> <p>No. of Bedrooms <u>4</u></p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____</p> <p>Dimensions: _____</p> <p>Footings: _____</p> <p>Roof: _____</p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</p>	<p><u>Utilities</u></p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: <u>N/A</u> <input type="checkbox"/></p> <p><input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____</p>

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 LITA SHAW

Title/Company OWNER / TOP PROJECTS

Print Name LITA SHAW

Date 12/19/00

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: _____	49086
<input checked="" type="checkbox"/> State Highways			Rear: _____	
<input checked="" type="checkbox"/> Building Official			Side: _____	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	
<input checked="" type="checkbox"/> Health	<u>1/19/01</u>	<u>M. Riffkin</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> 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"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	
			Accepted by <u>[Signature]</u>	

PROPERTY ID# 49086

Filing fee \$ 25.00

Permit fee \$ _____

Excise tax \$ _____

Sub-total paid \$ _____

Add'l permit fee \$ _____

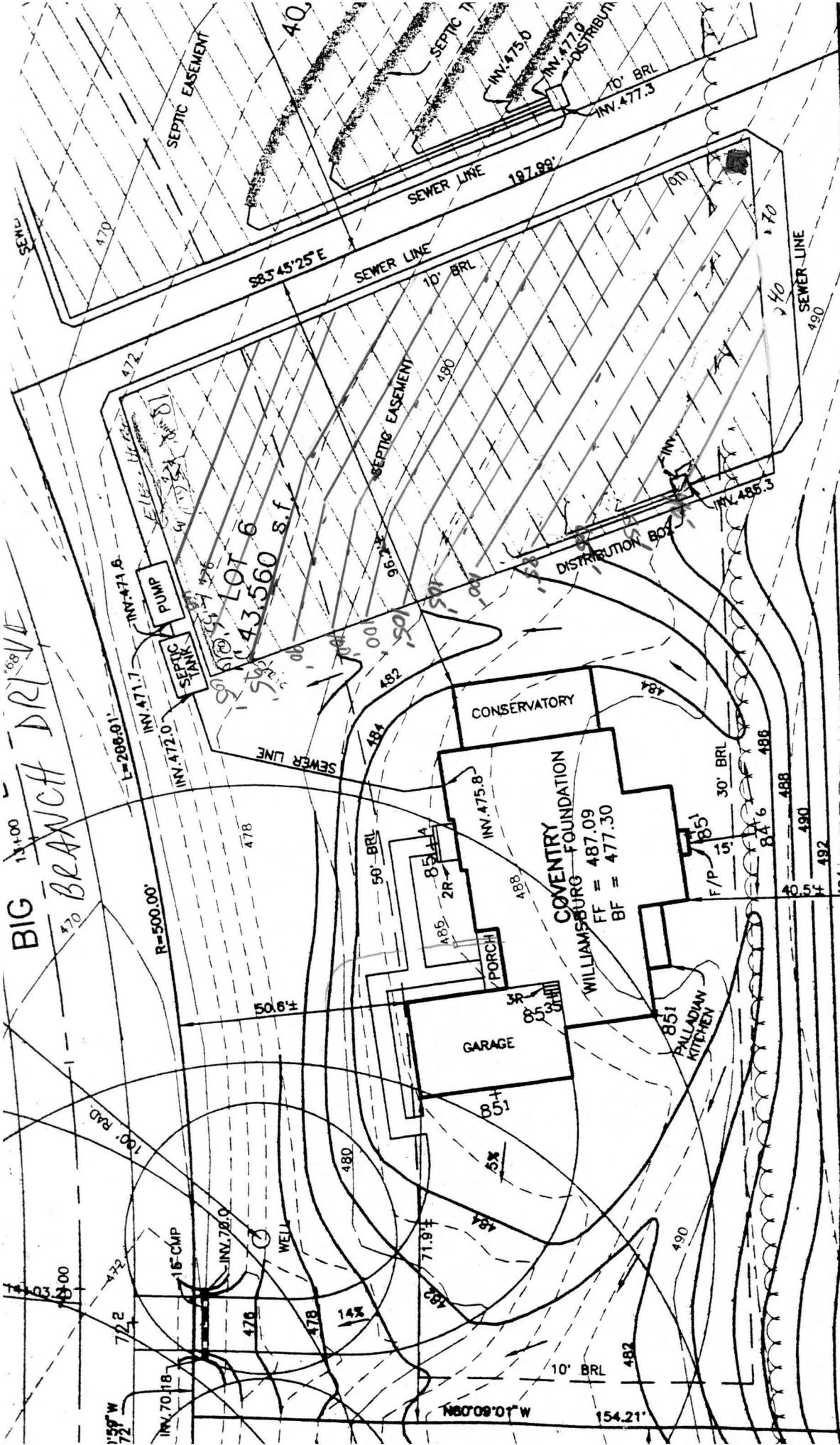
TOTAL FEES \$ _____

Balance due \$ _____

Check # 1928

Validation # 35517

BIG 11+00
BRANCH DRIVE

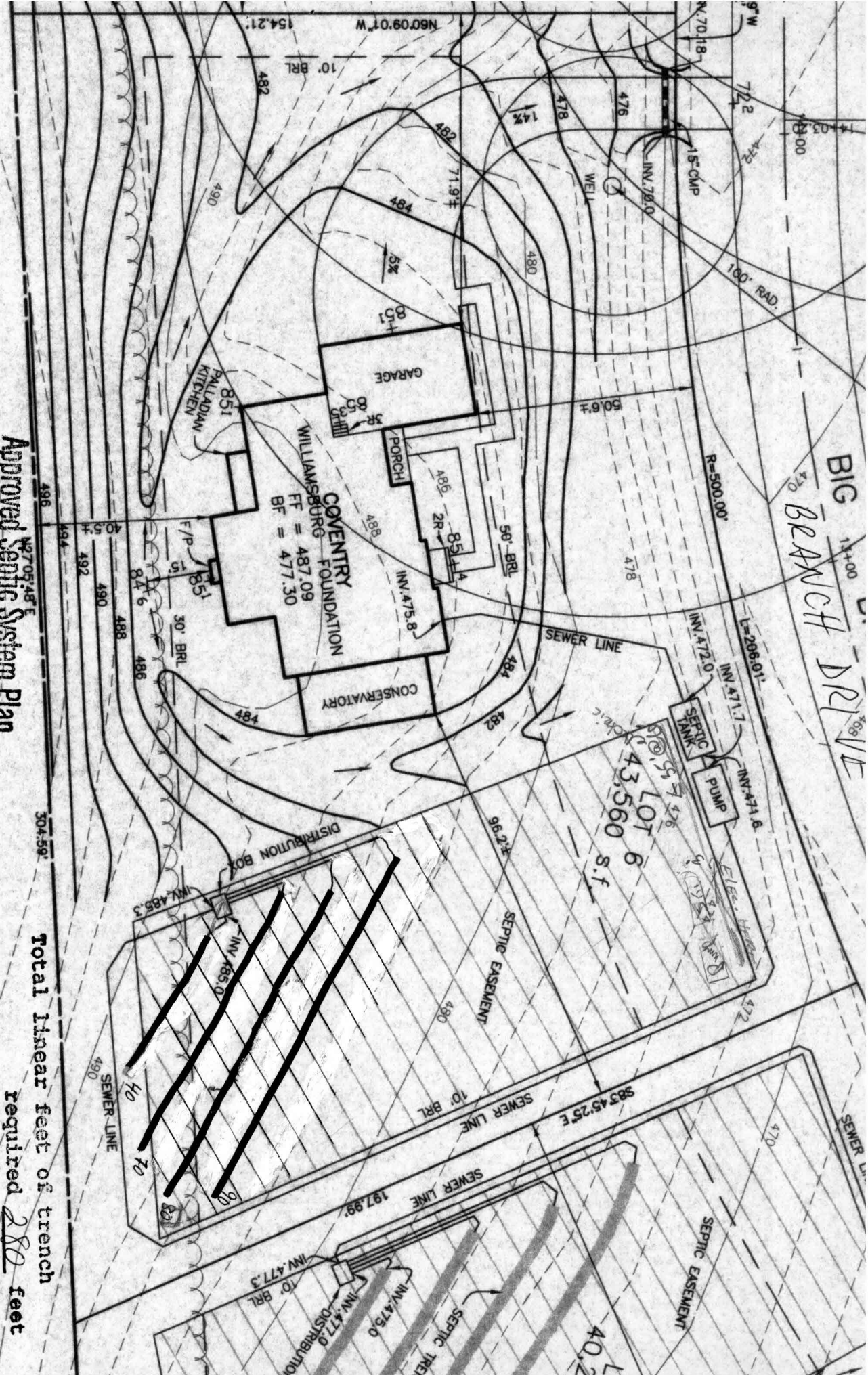


Total linear feet of trench required 280 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below distribution pipe 2 feet

Approved Septic System Plan
 Howard County Health Department

1:30
 PLAN-BY
 BENCHMARK
 Mark Rubin 1/19/01

BIG BRANCH DRIVE



Approved Septic System Plan
 Howard County Health Department

Signature: *Mark J. [unclear]* 1/19/07

Total linear feet of trench required 280 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 feet
 Depth of stone required below distribution pipe 2 feet

1-30
 PLAN BY
 BENTHARRK