

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

Walk thru

B10003354

Building Address 8527 Blounts Ln
Fulton, Md 20759

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 6

Tax Map 45 Parcel 26 Grid 12

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name David Sherry
 Address 8527 Blounts Ln
 City Fulton State Md Zip Code 20759

Home Phone _____ Work Phone _____

Applicant's Name & Mailing Address, (if other than stated herein):
Beverly Beiderman
800 Rt 3 South
Cambells, Md 21054

Phone *410 215-3387 Fax Beverly

Existing Use SF
 Proposed Use SF
 Estimated Construction Cost \$ 25,000
 Description of Work
29 x 25' irregular shaped
Deck w/ steps Redek existing
Deck area

Occupant or Tenant _____

Contact Name _____
 Address [Signature]
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company Mid Atlantic Deck & Fence
 Contact Person _____
 Address 800 Rt 3 South
 City Cambells State Md Zip Code 21054
 License No. 25165
 Phone (410) 23-7581 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"/> 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: _____ <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: 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"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: N/A <input 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.

Beverly Beiderman
 Applicant's Signature

Bew Beiderman
 Print Name

Email Address _____
agent
 Title/Company _____

Date 10/21/10

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 Officials			
Dev. Engineering, DPZ			
Health	<u>10-28-10</u>	<u>D Bernard</u>	
Fire Protection			

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>

PROPERTY ID #
Filing fee \$ _____
Permit fee \$ _____
Excise tax \$ _____
Add'l per fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # _____
Validation # _____

Is Sediment Control approval required prior to issuance?
 YES NO

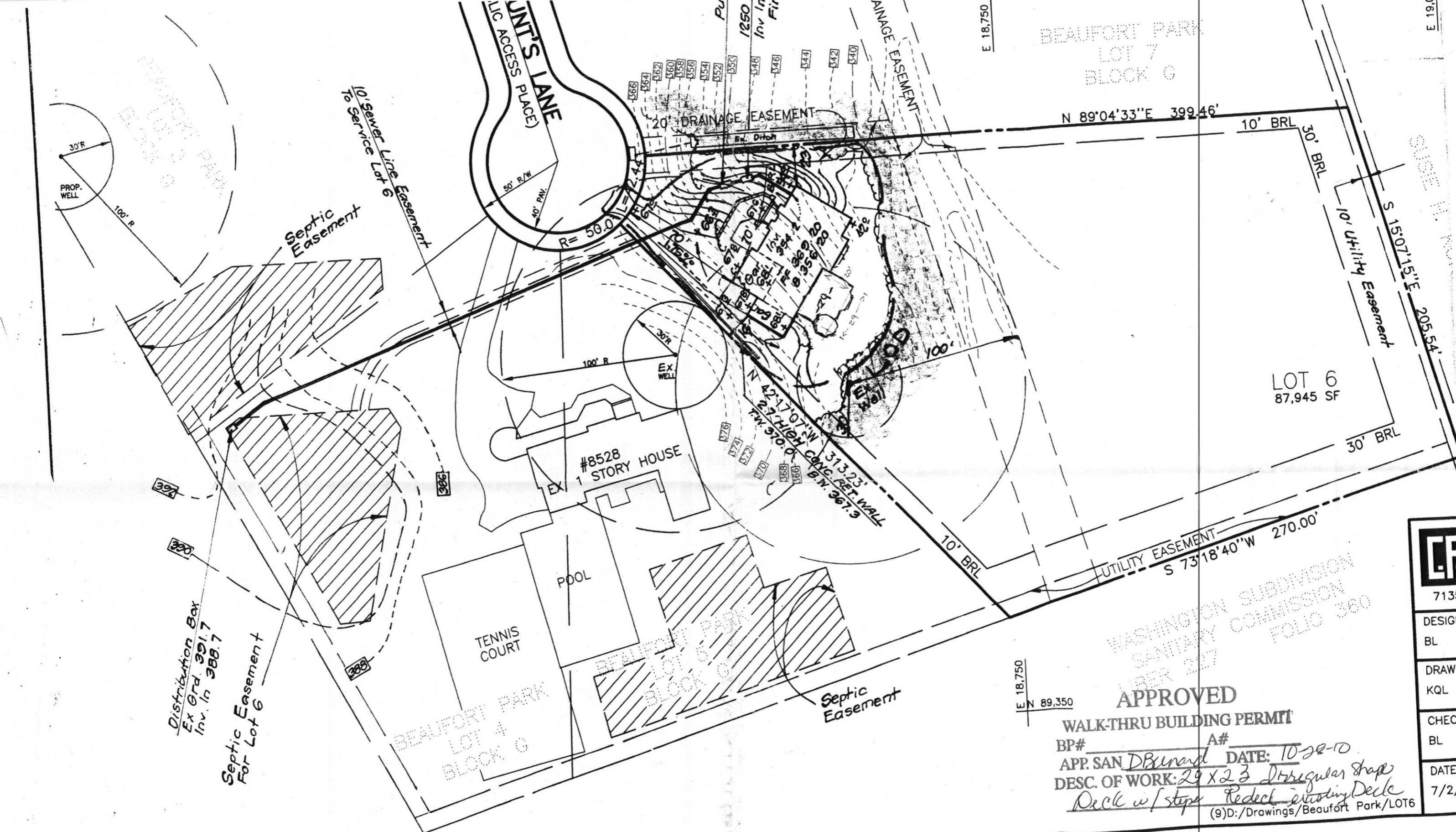
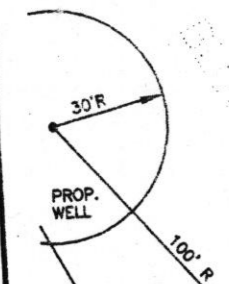
Is Entrance Permit Required?
 YES NO

Historic District?
 YES NO

Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____



WASHINGTON SUBDIVISION
SANITARY COMMISSION
FOLD 380
LAYER 20

APPROVED
WALK-THRU BUILDING PERMIT
BP# _____ A# _____
APP. SAN DBurnard DATE: 10-28-10
DESC. OF WORK: 29 x 23 Irregular shape Deck w/ steps Redect existing Deck
(9)D:/Drawings/Beaufort Park/LOT6

	7135
DESIGNED	BL
DRAWN	KQL
CHECKED	BL
DATE	7/2/0

Building Address 8527 Blounts Lane Property Owner's Name Dave Shroy
Fulton, MD 20758 Address 8527 Blount Lane
 Suite/Apt. #: _____ SDP/WP/Permit # _____ City Fulton State MD Zip Code 20758
 Census Tract 605102 Subdivision Beaufort Park Home Phone 301-744-1117 Work Phone 301-744-2221
 Section _____ Area 2 Lot _____ Applicant's Name & Mailing Address, (if other than stated hereon):
 Tax Map 45 Parcel 26 Grid 12 Phone _____ Fax _____
 Zoning RRDEP Map Coordinates 19E6 Lot size _____
 Existing Use SFD Contractor Company United Propane
 Proposed Use SFD Contact Person Doug McKew
 Estimated Construction Cost \$ 350,000 Address 205 Major Road
 Description of Work 3000 gal propane tank City Beltsville State MD Zip Code 20828
 License No. _____ Phone 301-587-9122 Fax 301-587-5706
 Occupant or Tenant Dave Engineer or Architect Company _____
 Contact Name _____ Contact Person _____
 Address _____ Address _____
 City _____ State _____ Zip Code _____ City _____ State _____ Zip Code _____
 Phone _____ Fax _____ Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height: _____	Water Supply: _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
No. of stories: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	Depth _____ Width _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Sewage Disposal: _____	1st floor: _____	Sewage Disposal: _____
Use group: _____	Public <input type="checkbox"/> Private <input type="checkbox"/>	2nd floor: _____	Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
Construction type: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel _____	Heating System: _____	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____
Masonry _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>	No. of Bedrooms _____	Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Wood Frame _____	Natural Gas <input type="checkbox"/>	No. of 1 BR units: _____	Natural Gas <input type="checkbox"/>
State Certified Modular _____	Propane Gas <input type="checkbox"/>	No. of 2 BR units: _____	Propane Gas <input checked="" type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/>	No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Full _____	Other Structure: _____	NFPA #13D _____
	Partial _____	Dimensions: _____	NFPA #13R _____
	Other Suppression _____	Footings: _____	Other: _____
	# of Heads _____	Roof: _____	
		State Certified Modular _____	
		Manufactured Home _____	

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Doug McKew
 Applicant's Signature
Doug McKew
 Title/Company

Doug McKew
 Print Name
Doug McKew 12/14/01
 Date

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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	51430
State Highways			Rear: _____	Filing fee \$ <u>100</u>
Building Official			Side: _____	Permit fee \$ _____
Dev Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>11/2/02</u>	<i>Kathleen Goodberry</i>	All minimum setbacks met? _____	Add'l per fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>100</u>
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required? _____	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District? _____	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # <u>40004</u>
			Lot Coverage for New Town Zone _____	Accepted by _____
			SDP/Red-line approval date _____	