

B09002846

Building Address 16032 FIELDS END CT
WOODBINE, MD 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Existing Use SFD
 Proposed Use SFD WITH PORCH
 Estimated Construction Cost \$ 40,000

Description of Work DEMO EXISTING BRICK STOOP AND ADD NEW BRICK STOOP WITH ROOF. REPLACE FRONT DOOR STOOP DIMENSION 5'0" x 11.9'

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Property Owner's Name NICHOLAS J. NUCCI
 Address 16032 FIELDS END CT
 City WOODBINE State MD Zip Code 21797
 Home Phone 410-442-1961 Work Phone 443-310-7320
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Contractor Company NICHOLAS J. NUCCI
 Contact Person NICK NUCCI
 Address 16032 FIELDS END CT
 City WOODBINE State MD Zip Code 21797
 License No. N/A
 Phone 443-310-7320 Fax _____

Engineer or Architect Company PATRICK D. JAROSINSKI & ASSOCIATES, INC. ARCHITECTS
 Contact Person PATRICK JAROSINSKI
 Address 7800 OVERBROOK ROAD
 City BALTIMORE State MD Zip Code 21204
 Phone (410) 262-6708 Fax (410) 823-0040

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ 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: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: <u>40' x 72'</u> 2 nd floor: <u>31' x 58'</u> Basement: <u>31' x 58'</u>	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private
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>4</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Multi-family dwellings: <u>N/A</u> No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: <u>N/A</u> Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
_____ State Certified Modular _____ 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 PROPERTY OWNER

Print Name NICHOLAS J. NUCCI
 Date 10/22/09

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>10/22/2009</u>	<u>[Signature]</u>	
Fire Protection			

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met?
 YES NO

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

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 _____

Balance due \$ _____
 Check # _____
 Validation # _____

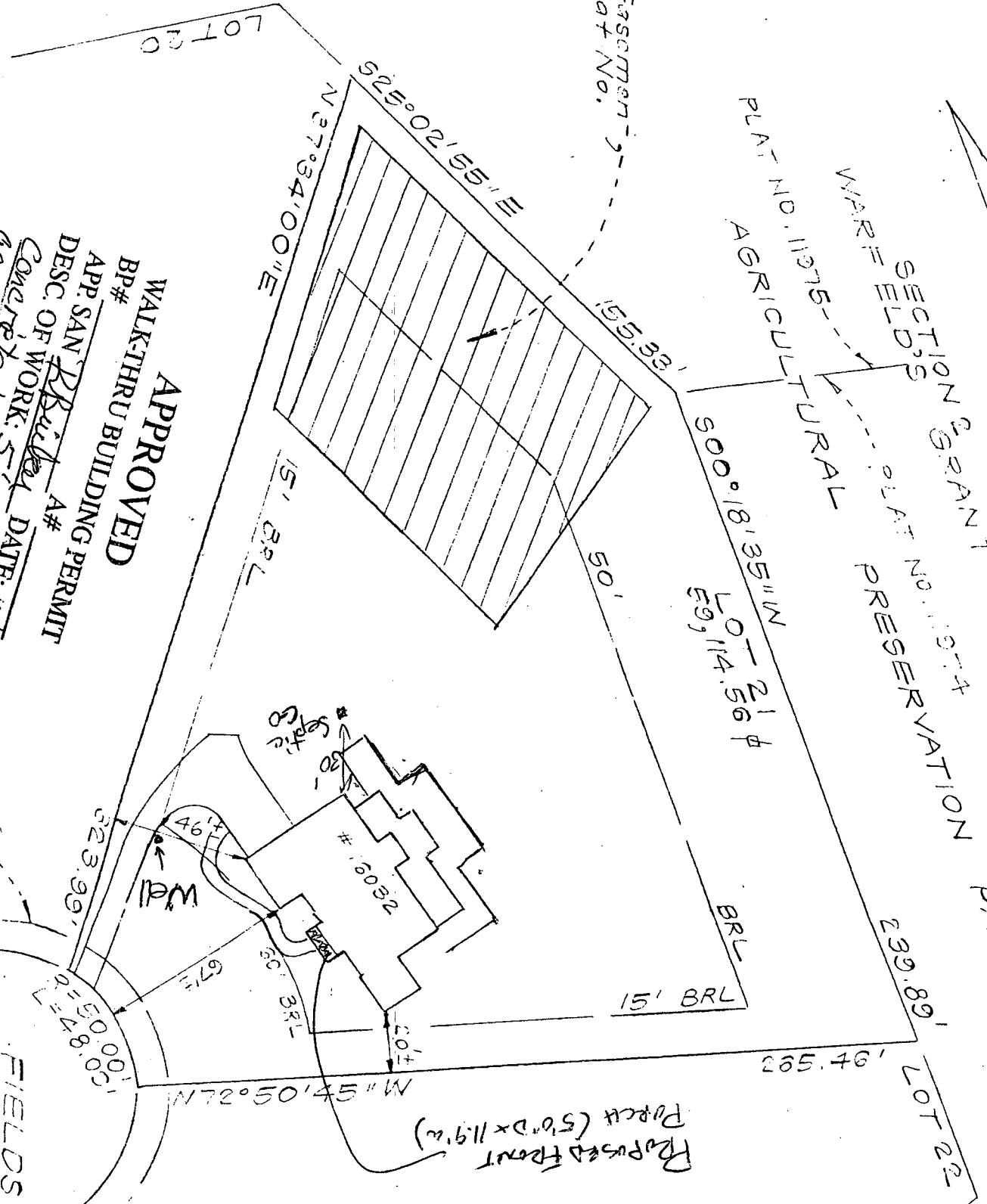
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____

the Sewage Easement - 3' -
Plate No. 2 Plat No.

SECTION GRANT
SECTION 5
WARRANTY
PLAT NO. 11975-
AGRICULTURAL

PLAT NO. 11974
PRESERVATION PARCEL A



Proposed Front
Parcel (50' D x 119' W)

APPROVED

WALKTHRU BUILDING PERMIT

APP. SAN PK Builders A#

DESC. OF WORK: Concrete & brick

DATE: 10/22/2008

AS SHOWN

Permit No. 01W1898
Maintenance Easement
Spec. Note No. 3 Plat No.