

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

200142969

Building Address 13705 Bold venture Dr.
Glenelg MD 21737
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision THE PADDOCKS
 Section _____ Area _____ Lot 8
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Majid & Soudabeh
Banankhah
 Address _____
 City 13705 Bold venture Dr. State _____ Zip Code _____
Glenelg MD 21737
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone (410) 499-4151 Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 5200.00
 Description of Work Deck on the rear of
the house 28 x 16

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Occupant or Tenant _____
 Contact Name _____
 Address _____
 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	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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ 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 _____ 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 _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> 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.

Majid Banankhah
 Applicant's Signature
Home owner
 Title/Company

Majid A. Banankhah
 Print Name
07/10/03
 Date

MR 7/10/03

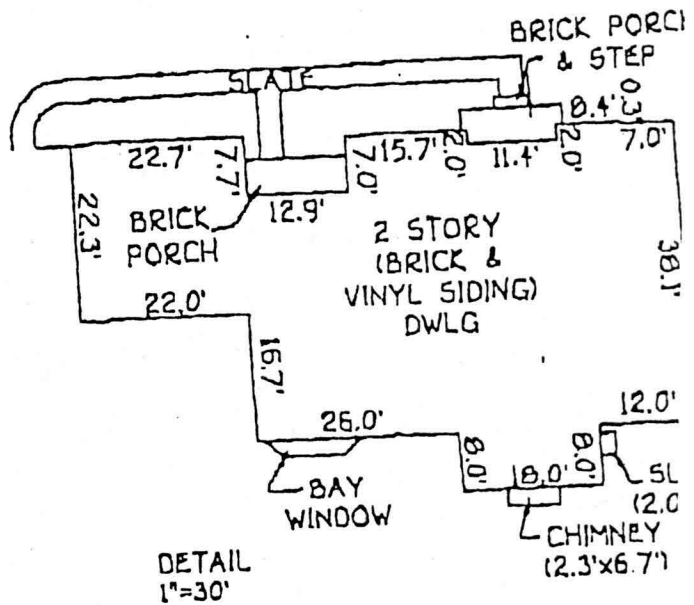
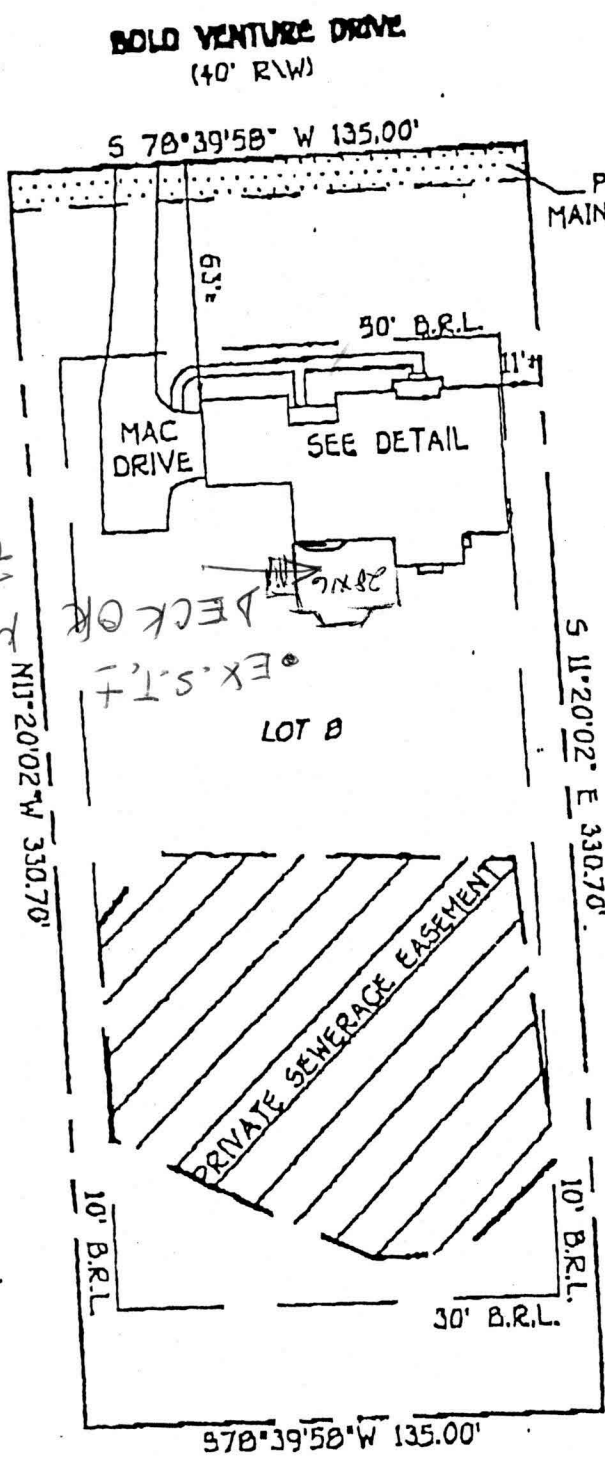
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

DPZ SETBACK INFORMATION

PROPERTY ID#: 49923

PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF THE PROPERTY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING. PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE MAP FOR HOWARD COUNTY, MARYLAND, COMMUNITY PANEL No. 240044 0012 B, EFFECTIVE 4/1988.

5 FEET FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF 1" MINUS 1/2". REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



30/01/2
7/10/03
MR

LOT 6

BUILDING RESTRICTION LINE

LOT 6
THE PADDOCKS
LOTS 1 THRU 33 & PRESE
PARCELS 'A' THRU
3RD ELECTION DISTR
HOWARD COUNTY, MAR'

Building Address 13705 Bold Venture Dr.
Glencg, MD 21738

Suite/Apt.#: N/A SDP/WP/Petition #: GP-01-42

Census Tract 6030 Subdivision The Paddocks

Section _____ Area _____ Lot 8

Tax Map 22 Parcel 234 Grid 1

Zoning RR-DEC Map Coordinates 9B7 Lot size _____

Property Owner's Name Pulte Home Corp.

Address 1505 S. Edgewood St. Ste# K

City Baltimore State Md Zip Code 21227

Home Phone _____ Work Phone 410-644-5603

Applicant's Name & Mailing Address, (if other than stated hereon):
Building Permit Services, Inc. - Pat Orla
7806 Deboy Ave., Balto., MD 21222

Phone 410-477-9666 Fax 410-477-8437

Existing Use Vacnat Lot

Proposed Use SFD

Estimated Construction Cost \$ 150,000.00

Description of Work Const.SFD-"Wentworth"-Elv#5.
2sty,full bsmt,10R,3FB,1HB,FP& Garage(4Br)opt Fin.L.L.
w/bath

Contractor Company Pulte Home Corp.

Contact Person Dianna Wenzlaff

Address _____

City _____ State _____ Zip Code _____

License No. MHBR# 516

Phone _____ Fax _____

Occupant or Tenant Pulte Home Corp.

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	Depth _____ Width _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	1st floor: <u>46'</u> <u>78'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>44'</u> <u>56'</u>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Basement: <u>46'</u> <u>57'</u>	Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
State Certified Modular _____	Propane Gas <input type="checkbox"/>	Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input type="checkbox"/>	Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Propane Gas <input type="checkbox"/>
	Full _____	No. of Bedrooms <u>4</u>	Sprinkler system: <u>N/A</u> <input type="checkbox"/>
	Partial _____	Multi-family dwellings: No. of efficiency units: _____	NFPA # <u>13D</u>
	Other Suppression _____	No. of 1 BR units: _____	NFPA # <u>13R</u>
	# of Heads _____	No. of 2 BR units: _____	Other: _____
		No. of 3 BR units: _____	
		Other Structure: _____	
		Dimensions: _____	
		Footings: <u>16" x 8"</u>	
		Roof: <u>Asp/Gable</u>	
		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 HERETO; (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 _____
 Title/Company Agent

Building Permit Services, Inc. - Pat Orla
 Print Name _____
 Date 3/15/01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
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<p>AGENCY DATE SIGNATURE APPROVAL</p> <p><input checked="" type="checkbox"/> Land Development, DPZ _____</p> <p><input checked="" type="checkbox"/> State Highways _____</p> <p><input checked="" type="checkbox"/> Building Official _____</p> <p><input checked="" type="checkbox"/> Dev. Engineering, DPZ <u>4/3/01</u> <u>Mark R. Pfl</u></p> <p><input checked="" type="checkbox"/> Health _____</p> <p><input checked="" type="checkbox"/> Fire Protection _____</p> <p><input checked="" type="checkbox"/> Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>DPZ SETBACK INFORMATION</p> <p>Front: _____</p> <p>Rear: _____</p> <p>Side: _____</p> <p>Side St.: _____</p> <p>All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Lot Coverage for NewTown Zone _____</p> <p>SDP/Red-line, approval date _____</p>	<p>PROPERTY ID#: <u>43399</u></p> <p>Filing fee \$ <u>25.00</u></p> <p>Permit fee \$ _____</p> <p>Excise tax \$ _____</p> <p>Subtotal paid \$ <u>25.00</u></p> <p>Add'l permit fee \$ _____</p> <p>TOTAL FEES \$ _____</p> <p>Balance due \$ _____</p> <p>Check # <u>17324</u></p> <p>Validation # <u>57667</u></p>
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CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

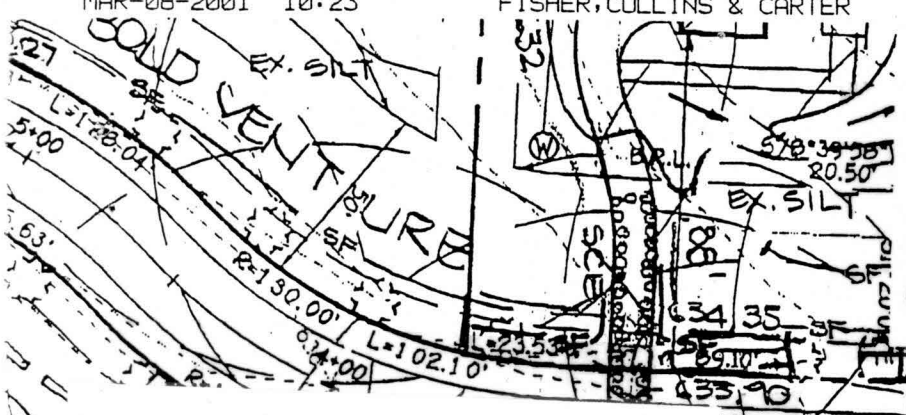
Accepted by _____

Approved Septic System Plan
Howard County Health Department

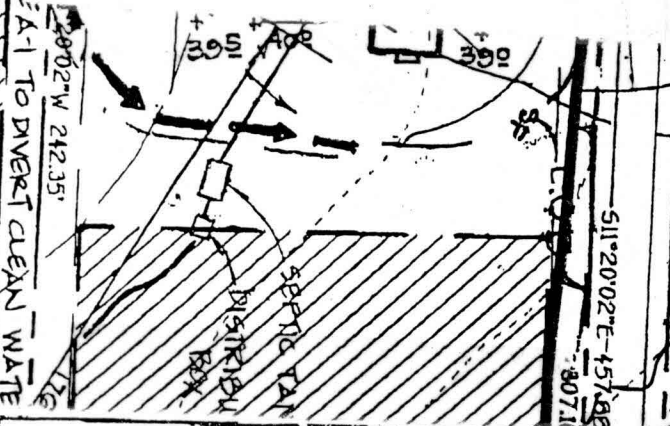
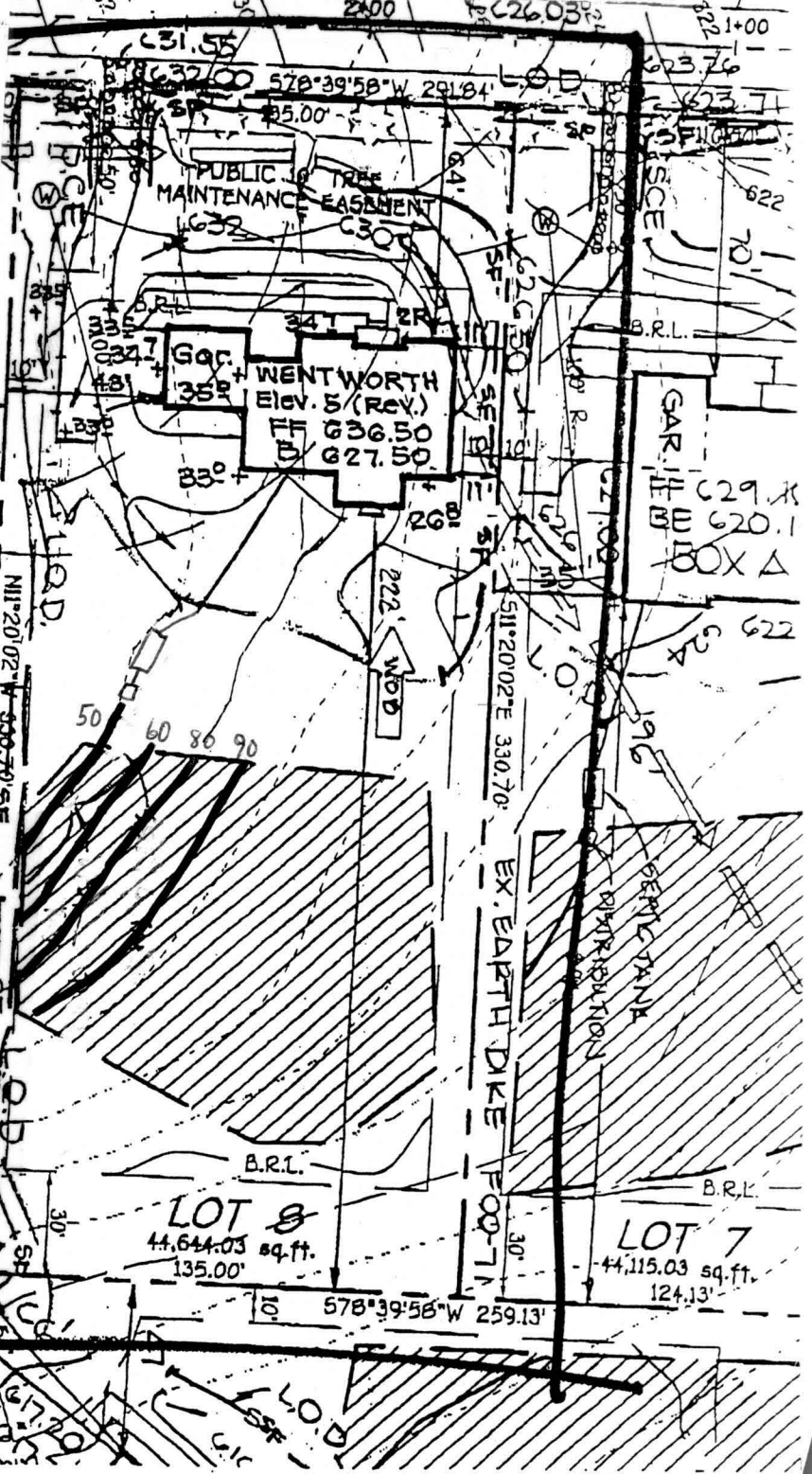
1-50 PLAN BY FCC

Mark E. Fisher
Signature

4/3/07
Date



Total linear feet of trench required 280 feet
 Width of trench(es) 3 feet
 Depth of trench(es) 5 1/2 feet
 Depth of stone required below distribution pipe 2 feet



LOT INFORMATION CHART	
INVERT SEPTIC SYSTEM AT HOUSE	G30.92
INVERT IN AT SEPTIC TANK	G29.80
INVERT OUT AT SEPTIC TANK	G29.50
GRADE OVER SEPTIC TANK	G32.00
INVERT AT DISTRIBUTION BOX	G29.00
GRADE OVER DISTRIBUTION BOX	G32.00
INVERT AT PUMP TANK	
GRADE OVER PUMP TANK	

* NO BASEMENT SERVICE

LOT 6
44,644.03 sq. ft.
135.00'

LOT 7
44,115.03 sq. ft.
124.13'