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| DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800 | HOWARD COUNTY PERMIT APPLICATION | PERMIT NUMBER B07003315 |
| Building Address <u>13709 Bold Venture Dr.</u> <u>Glen Elg Md 21737</u> | Property Owner's Name <u>Richard + Lashie Romine</u> | |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Paddocks</u> Section _____ Area _____ Lot _____ Tax Map _____ Parcel _____ Grid _____ Zoning _____ Map Coordinates _____ Lot size _____ | Address <u>Same</u> City _____ State _____ Zip Code _____ Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____ | |
| Existing Use _____ Proposed Use <u>Outdoor Kitchen w/ raised Lt Beam</u> Estimated Construction Cost <u>\$12,000.00</u> Description of Work <u>9' x 12' L shaped outdoor Kitchen w/ raised Lt beam (loggia) over head</u> | Contractor Company <u>Town Creek Landscaping</u> Contact Person <u>Steven H. Cooley</u> Address <u>P.O. Box 735</u> City <u>Clarksville</u> State <u>Md</u> Zip Code <u>21029</u> License No. <u>44986</u> Phone <u>301 252 0179</u> Fax <u>410 531-6574</u> | |
| 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 - <u>COMMERCIAL</u> | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | | | | | | | | |
|---|--|-----------|--|--|---|--------------------------|-----------|---|---|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:50%;">Building Characteristics</th> <th style="width:50%;">Utilities</th> </tr> <tr> <td> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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 </td> <td> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> 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 </td> </tr> </table> | Building Characteristics | Utilities | Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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 | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> 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 | <table border="1" style="width:100%; 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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.

Steven H. Cooley
 Applicant's Signature

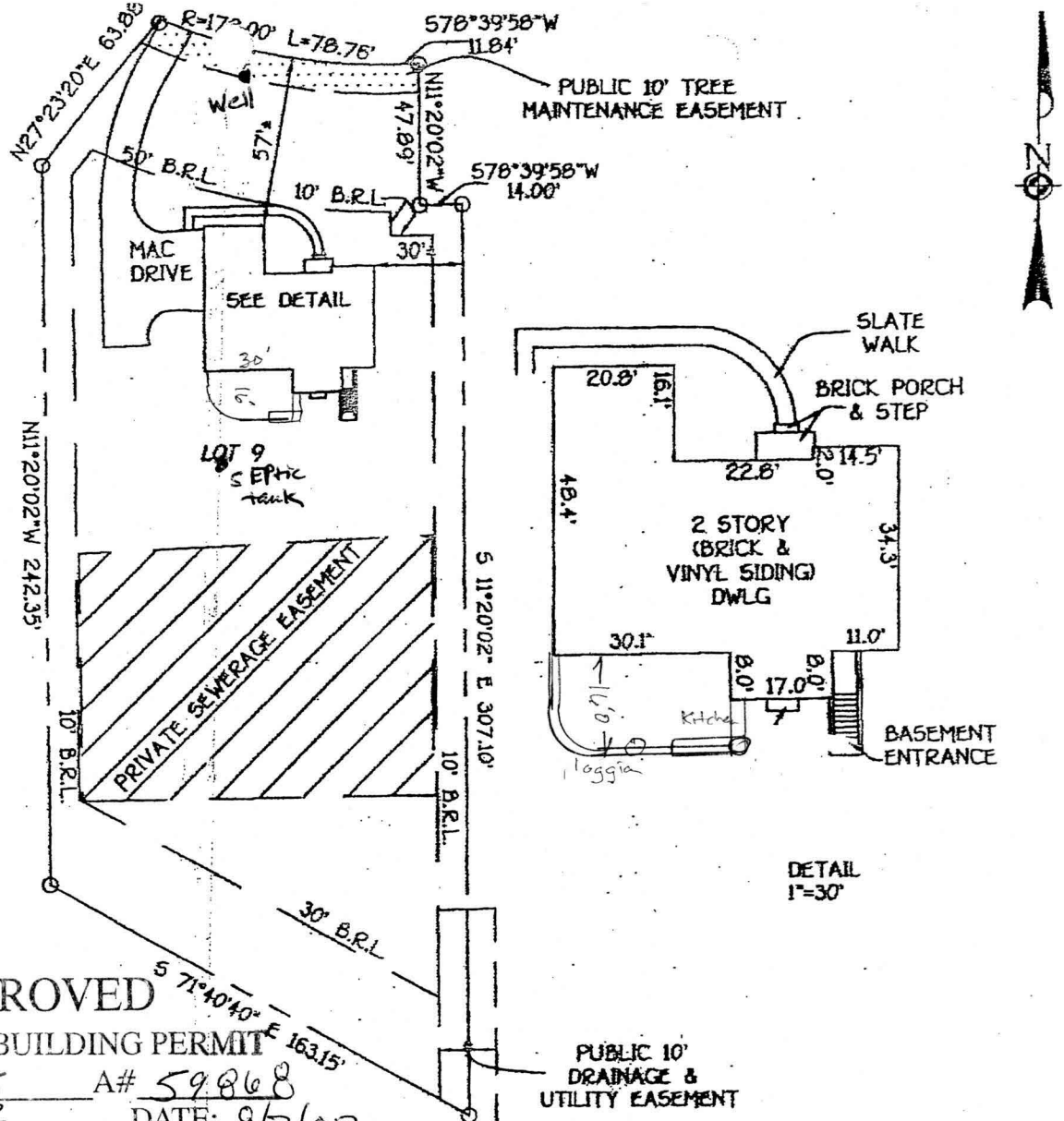
Steven H. Cooley
 Print Name

Aug 7 2007
 Date

Title/Company _____

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: _____ | Filing fee \$ _____ | |
| State Highways | | | Rear: _____ | Permit fee \$ _____ | |
| Building Official | | | Side: _____ | Excise tax \$ _____ | |
| Dev. Engineering, DPZ | | | Side St: _____ | Add'l per. fee \$ _____ | |
| Health | | | All minimum setbacks met? | TOTAL FEES \$ _____ | |
| Fire Protection | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ | |
| Is Sediment Control approval required prior to issuance? | | | Is Entrance Permit required? | Balance due \$ _____ | |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # _____ | |
| | | | Historic District? | Validation # _____ | |
| | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| | | | Lot Coverage for NewTown Zone _____ | | |
| | | | SDP/Red-line approval date _____ | Accepted by _____ | |
| Distribution of Copies - | White: Building Official | Green: LDD, DPZ | Yellow: DED, DPZ | Pink: Health | Gold: SHA |
| T:\norma\PERMIT.FRM | | | | | |



APPROVED

WALK-THRU BUILDING PERMIT
 BP# B07003315 A# 59868
 APP. SAN SR DATE: 8/7/07

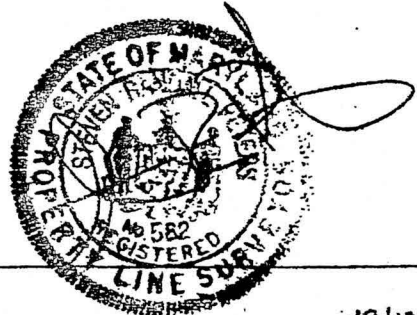
DESC. OF WORK:
8x12' (sloped) outdoor hells
with 16x30 loggia beams with ceiling
overhead

B.R.L. = BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 641.2'
 13709 BOLD VENTURE DRIVE

LOT 9
 THE PADDOCKS
 LOTS 1 THRU 33 & PRESERVATION
 PARCELS 'A' THRU 'B'
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF. 14403

DETAIL
 1"=30'

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELICOTT CITY, MARYLAND 21042
 (410) 461-2835



BOUNDARY SURVEY

FOUNDATION LOCATION: 4/19/01
 FINAL LOCATION: 12/12/01
 BOUNDARY SURVEY: 12/12/01

SCALE: 1"=60'
 DATE: 4/20/01
 DRAWN BY: I.P.F.
 CHECKED BY: S.R.P.
 PROJECT No.: 30564

PROFESSIONAL LAND SURVEYOR: _____ DATE: 12/12/01
 REG. # 582

FCC •

Building Address 13709 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 9

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-"Briarwood II"-Elv#9w/3car.
gar.-2sty,full bsmt,10R,3FB,1HB,FP& Garage(4Br)opt Fin.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: <input type="checkbox"/> Public <input type="checkbox"/> Private | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| No. of stories: _____ | Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private | 1st floor: _____ 2nd floor: _____ Basement: _____ | Sewage Disposal: <input type="checkbox"/> Public <input checked="" 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"/> | Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <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 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"/> | Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Heating System: <input checked="" 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"/> |
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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 _____ Agent
 Title/Company _____

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

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: _____ | Filling fee \$ <u>25.00</u> |
| <input checked="" type="checkbox"/> State Highways | | | Rear: _____ | Permit fee \$ _____ |
| <input checked="" type="checkbox"/> Building Official | | | Side: _____ | Excise tax \$ _____ |
| <input checked="" type="checkbox"/> Dev. Engineering DPZ | <u>4/3/01</u> | <u>Mark R. [Signature]</u> | Side St.: _____ | Subtotal paid \$ <u>25.00</u> |
| <input checked="" type="checkbox"/> Health | | | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | Add'l permit fee \$ _____ |
| <input checked="" type="checkbox"/> Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| <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"/> | Balance due \$ _____ |
| | | | Lot Coverage for New Town Zone _____ | Check # <u>117 576</u> |
| | | | SDP/Red-line, approval date _____ | Validation # <u>117 261</u> |

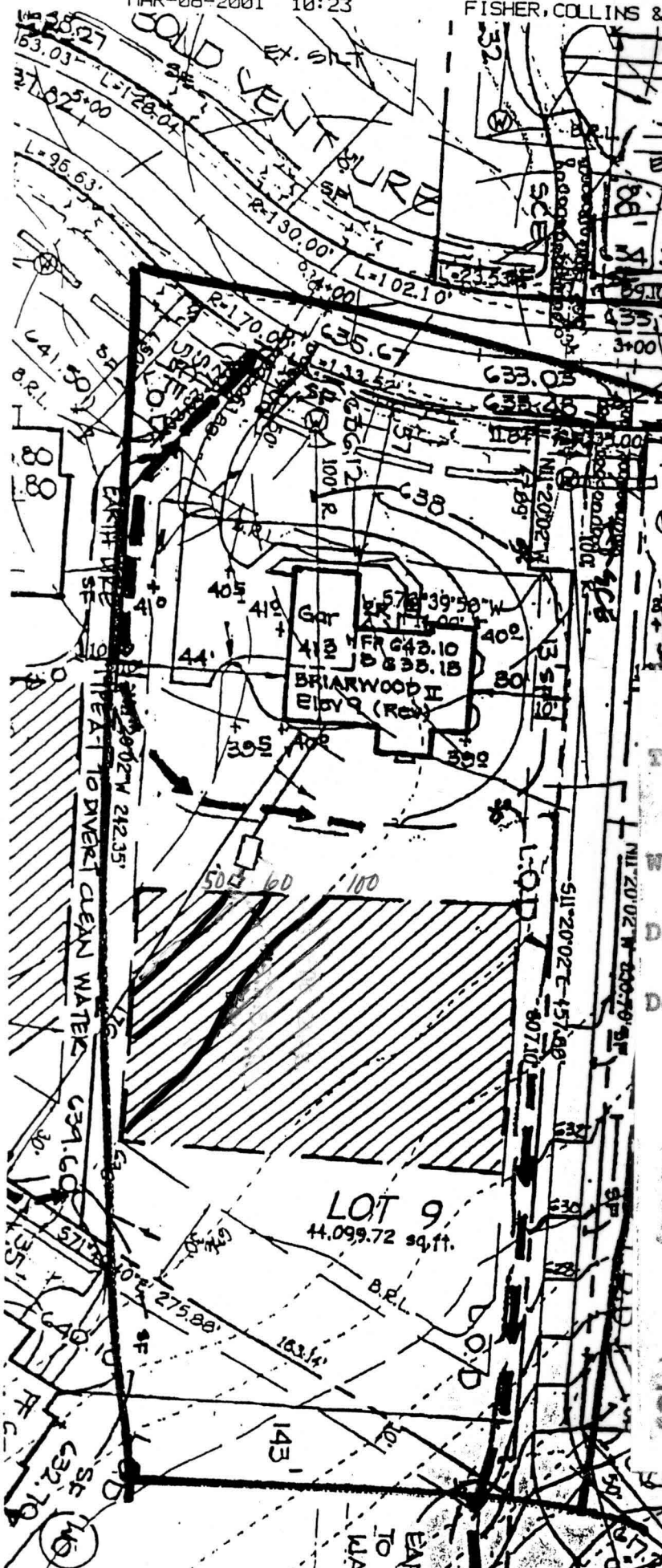
CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____

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

| LOT INFORMATION CHART | LOT 9 |
|-------------------------------|--------|
| INVERT SEPTIC SYSTEM AT HOUSE | 631.00 |
| INVERT IN AT SEPTIC TANK | 636.50 |
| INVERT OUT AT SEPTIC TANK | 636.20 |
| GRADE OVER SEPTIC TANK | 639.00 |
| INVERT AT DISTRIBUTION BOX | 636.00 |
| GRADE OVER DISTRIBUTION BOX | 639.00 |
| INVERT AT PUMP TANK | |
| GRADE OVER PUMP TANK | |

* NO BASEMENT SERVICE



Total linear feet of trench required 210 feet
 Width of trench(es) 2 feet
 Depth of trench(es) 7½ feet
 Depth of stone required below distribution pipe 4 feet

1:50 PLAN BY FCC

Approved Septic System Plan
 Howard County Health Department

Mark R. Fisher 4/3/01
 Signature Date

GARAGE
 PUBLIC TREE MAINTENANCE EASEMENT
 192' VENT TANK
 113.03
 124.13'