

Building Address 15241 Bucks Run Dr  
WOODBRINE, MD 21797  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 411002 Subdivision Wellington Wood  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 5  
Tax Map 14 Parcel 118 Grid 14  
Zoning RCD7D Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Melva Cynthia Mack  
Address 15241 Bucks Run Dr  
City Woodbine State MD Zip Code 21797  
Home Phone 410-489-9777 Work Phone 301-490-1541  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone 301-410-7541 Fax 301-776-3063

Existing Use Single Family Home  
Proposed Use Same with Garage  
Estimated Construction Cost \$ 35,000.00

Contractor Company SELF - Bill Crest  
Contact Person Melva Mack  
Address Above 13405 Dore St  
City Beltsville State MD Zip Code 20704  
License No. \_\_\_\_\_  
Phone 301-224-0345 Fax 301-229-6223

Description of Work 2 car Garage attached to house by driveway with storage room above for hobbin and storage house hold goods

Engineer or Architect Company SELF  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant owner  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics                         |  | Utilities   |  |
|--|--|---|--|
| Height:  |  | Water Supply:   |  |
| No. of stories:                                  |  | Public <input type="checkbox"/>                                   |  |
| Gross area, sq. ft. per floor:                   |  | Private <input type="checkbox"/>                                  |  |
| Use group:                                       |  | Sewage Disposal:  |  |
| Construction type:                               |  | Public <input type="checkbox"/>                                   |  |
| Reinforced Concrete <input type="checkbox"/>     |  | Private <input type="checkbox"/>                                  |  |
| Structural Steel <input type="checkbox"/>        |  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| Masonry <input type="checkbox"/>                 |  | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>      |  |
| Wood Frame <input type="checkbox"/>              |  | Heating System:   |  |
| State Certified Modular <input type="checkbox"/> |  | 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"/>                    |  |
|  |  | 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"/>             | Water Supply:  |  |
| Depth  | Width   | Public <input type="checkbox"/>  |  |
| 1st floor: <u>28'</u>                            | <u>26'</u>  | Private <input checked="" type="checkbox"/>                                  |  |
| 2nd floor: <u>28'</u>                            | <u>30'</u>  | Sewage Disposal:   |  |
| Basement:  |   | Public <input type="checkbox"/>  |  |
| Finished Basement <input type="checkbox"/>       | Unfinished Basement <input type="checkbox"/>      | Private <input checked="" type="checkbox"/>                                  |  |
| Crawl space <input type="checkbox"/>             | Slab on Grade <input checked="" type="checkbox"/> | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| No. of Bedrooms _____                            |   | Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                 |  |
| Multi-family dwellings:                          |   | Heating System:  |  |
| No. of efficiency units: _____                   |   | Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>    |  |
| No. of 1 BR units: _____                         |   | Natural Gas <input type="checkbox"/>   |  |
| No. of 2 BR units: _____                         |   | Propane Gas <input type="checkbox"/>   |  |
| No. of 3 BR units: _____                         |   | Sprinkler system: N/A <input type="checkbox"/>                               |  |
| Other Structure: _____                           |   | NFPA #13D _____  |  |
| Dimensions: _____                                |   | NFPA #13R _____  |  |
| Footings: _____                                  |   | Other: _____   |  |
| Roof: _____                                      |   |  |  |
| State Certified Modular <input type="checkbox"/> |   |  |  |
| Manufactured Home <input type="checkbox"/>       |   |  |  |

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 Melva Mack  
Title/Company owner

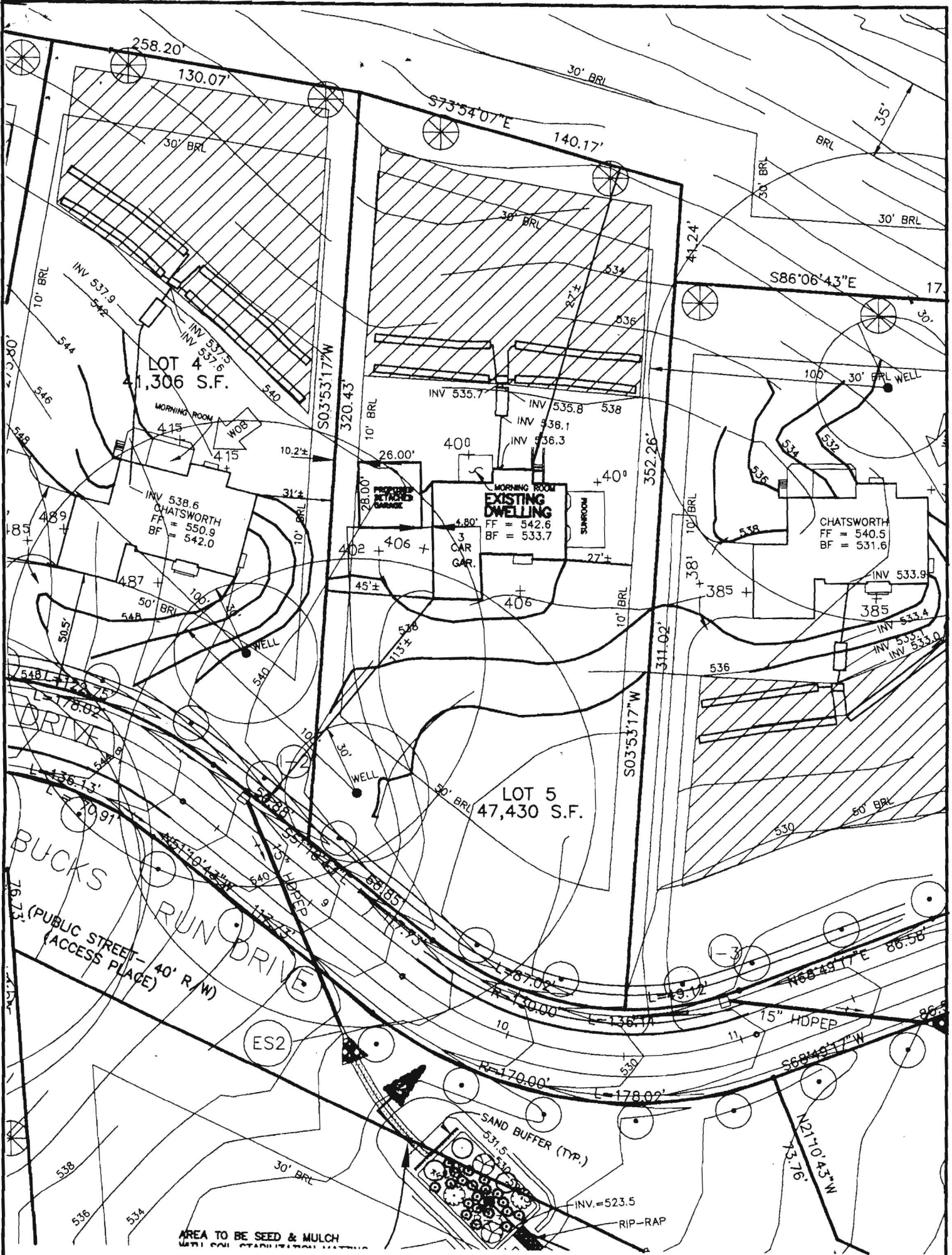
Print Name Melva Mack  
Date 5-14-02

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: _____   | 41A 458                 |
| State Highways   |                          |                     | Rear: _____  | Filing fee \$ _____     |
| Building Official  |                          |                     | Side: _____  | Permit fee \$ _____     |
| Dev. Engineering, DPZ                                    |                          |                     | Side St.: _____  | Excise tax \$ _____     |
| Health   | <u>7-18-02</u>           | <u>Kacie Thomas</u> | All minimum setbacks met?                                | Add'l per. fee \$ _____ |
| Fire Protection  |                          |                     | YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____     |
| 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 # _____      |
| Distribution of Copies                                   | White: Building Official | Green: LDD, DPZ     | Lot Coverage for New Town Zone _____                     |                         |
|  |                          | Yellow: DED, DPZ    | SDP/Red-line approval date _____                         | Accepted by _____       |
|  |                          | Pink: Health        |  |                         |
|  |                          | Gold: SHA           |  |                         |





**BENCHMARK**  
ENGINEERS • LAND SURVEYORS • PLANNERS  
**ENGINEERING, INC.**

8480 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
PHONE: 410-465-6105 FAX: 410-465-6644

EXHIBIT  
PROPOSED ~~DETACHED~~ GARAGE ADDITION  
WELLINGTON WEST SECTION 2  
LOT 5  
4th ELECTION DISTRICT  
HOWARD COUNTY, MARYLAND  
SCALE: 1" = 50' DATE: 5-13-02

(A51529) A5P095-D

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3430 COURT HOUSE DRIVE  
ELLCOTT CITY, MD 21043  
PERMITS (410)313-2455 INSPECTIONS (410)313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B00133365**

Building Address 15241 Bucks Run Drive  
Woodbine, MD 21797  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6010 Subdivision Wellington West  
Section 2 Area 2 Lot 5  
Tax Map 14th Parcel 17 Grid 20  
Zoning 11707 Map Coordinates 9A-4 Lot size \_\_\_\_\_

Property Owner's Name Mervin & Cindy Marx  
Address 15241 Bucks Run Drive  
City Woodbine State MD Zip Code 21797  
Home Phone (410) 489-4777 Work Phone 201-490-1541  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use \_\_\_\_\_  
Proposed Use SDP  
Estimated Construction Cost \$ 7,200  
Description of Work 20x14 Deck with 3 16x16 Porch

Contractor Company MD Landscape & Design  
Contact Person Steve Sweeney  
Address 20310 Georgia Avenue  
City Traskville State MD Zip Code 20833  
License No. 46431  
Phone 201-924-0670 Fax 301-924-2862

Occupant or Tenant Mervin Marx  
Contact Name \_\_\_\_\_  
Address 15241 Bucks Run Dr  
City Woodbine State MD Zip Code 21797  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company MD Landscape & Design  
Contact Person Steve Sweeney  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics   | Utilities   |
|--|---|
| Height: _____  | Water Supply:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private  |
| No. of stories: _____  | Sewage Disposal:<br><input type="checkbox"/> Public<br><input type="checkbox"/> Private   |
| Gross area, sq. ft. per floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>   |
| Use group: _____   | Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/>                     |
| Construction type:<br><input type="checkbox"/> Reinforced Concrete<br><input type="checkbox"/> Structural Steel<br><input type="checkbox"/> Masonry<br><input type="checkbox"/> Wood Frame<br><br><input type="checkbox"/> State Certified Modular | Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> Other Suppression<br># of Heads _____ |

| Building Characteristics   | Utilities   |
|--|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____  | Water Supply:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private   |
| 1st floor: _____   | Sewage Disposal:<br><input type="checkbox"/> Public<br><input checked="" type="checkbox"/> Private  |
| 2nd floor: _____   | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                   |
| Basement: _____  | Heating System:<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/>   |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: N/A <input type="checkbox"/><br><input type="checkbox"/> NFPA #13D<br><input type="checkbox"/> NFPA #13R<br><input type="checkbox"/> Other: _____ |
| No. of Bedrooms _____  |   |
| Multi-family dwellings:<br>No. of efficiency units: <u>256</u><br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____                     |   |
| Other Structure: _____   |   |
| Dimensions: _____  |   |
| Footings: _____  |   |
| Roof: _____  |   |
| <input type="checkbox"/> State Certified Modular<br><input type="checkbox"/> 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 \_\_\_\_\_  
Title/Company \_\_\_\_\_

Print Name Steve A Sweeney  
Date 11/21/01

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

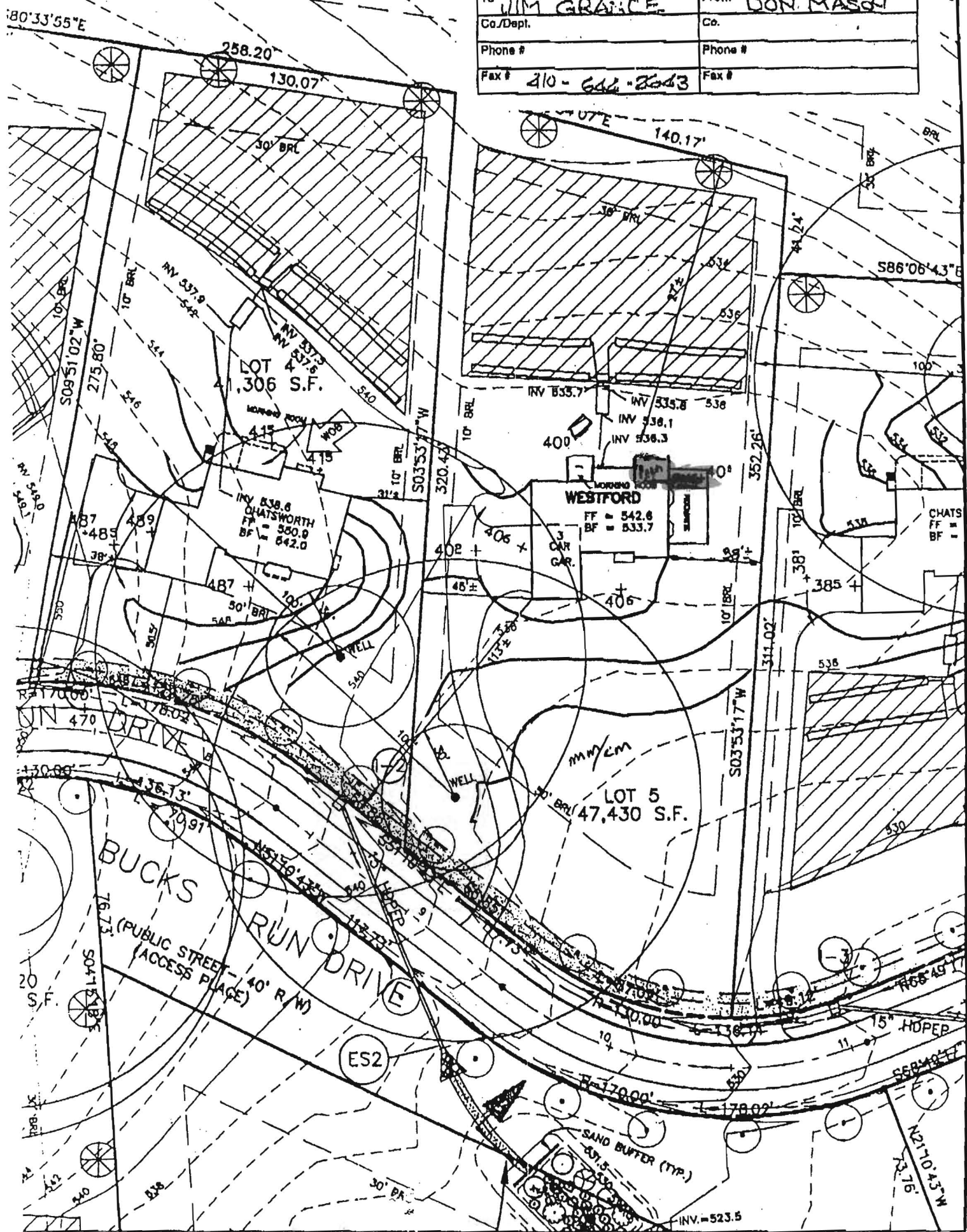
FOR OFFICE USE ONLY

| AGENCY   | DATE            | SIGNATURE APPROVAL |
|--|-----------------|--------------------|
| Land Development, DPZ                                    |                 |                    |
| State Highways   |                 |                    |
| Building Official  | <u>11/29/01</u> | <u>[Signature]</u> |
| Dev. Engineering, DPZ                                    |                 |                    |
| Health   | <u>11/29/01</u> | <u>[Signature]</u> |
| Fire Protection  |                 |                    |
| Is Sediment Control approval required prior to issuance? |                 |                    |
| YES <input type="checkbox"/> NO <input type="checkbox"/> |                 |                    |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> |                 |                    |
| ONE STOP SHOP: <input type="checkbox"/>                  |                 |                    |

| DPZ SETBACK INFORMATION                                  | PROPERTY ID#                   |
|--|--------------------------------|
| Front: _____   | <u>49658</u>                   |
| Rear: _____  | Filing fee \$ _____            |
| Side: _____  | Permit fee \$ <u>40</u>        |
| Side St: _____   | Excise tax \$ _____            |
| All minimum setbacks met?                                | Add'l per. fee \$ _____        |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ <u>21</u>        |
| Is Entrance Permit required?                             | Sub-total paid \$ _____        |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____           |
| Historic District?                                       | Check # <u>18150</u>           |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Validation # _____             |
| Lot Coverage for NewTown Zone _____                      |                                |
| SDP/Red-line approval date _____                         | Accepted by <u>[Signature]</u> |

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

|                           |  |                       |           |
|---------------------------|--|-----------------------|-----------|
| Post-It Fax Note 7671     |  | No. 1200              | P. 1      |
| To <b>WIM GRACE</b>       |  | Date <b>2/22/01</b>   | # pages 1 |
| Co./Dept.                 |  | From <b>DON MASSI</b> |           |
| Phone #                   |  | Co.                   |           |
| Fax # <b>410-666-8643</b> |  | Phone #               |           |
|                           |  | Fax #                 |           |



SPOT ELEVATION AT GARAGE = 540.6  
 FIRST FLOOR ELEVATION = 542.6  
 FOYER ELEVATION = NA  
 BASEMENT ELEVATION = 533.7

AMENDED PORCH/DECK B00133365  
 OK AS SHOWN

SLOPE OF DRIVEWAY = NA  
 NUMBER OF RISERS IN GARAGE = NA  
 NUMBER OF RISERS ON LEAD WALK = NA



80 BALTIMORE NATIONAL PIKE • SUITE 418 • ELLICOTT CITY, MD 21043  
 PHONE: 410-465-6105 FAX: 410-465-6644

**REVISED**  
 Date: 11-29-01  
 Comments: Per Health - deck reduced + flyed  
 WELLINGTON WEST SECTION 2  
 LOT 5  
 4th ELECTION DISTRICT  
 HOWARD COUNTY, MARYLAND  
 SCALE: 1" = 50' DATE: 2/22/01