

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**  
B00134582

Building Address 1319 Crow's Foot  
Mariottsville, MD 21104  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 6030 Subdivision Madowood  
Section 2 Area 3 Lot 55  
Tax Map 10 Parcel 312 Grid 7  
Zoning MDP Map Coordinates SF10 Lot size \_\_\_\_\_

Property Owner's Name James H Selfridge Stars Inc  
Address 14045 GARA DE 5272 BRIGHTON  
City Glenwood State MD Zip Code 21738  
Home Phone \_\_\_\_\_ Work Phone 410-531-8130  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use Deck SFD  
Estimated Construction Cost \$ 2,500  
Description of Work 8LX 18'4" deck pressure  
treated lumber  
to porch

Contractor Company James H. Selfridge Stars Inc  
Contact Person Nancy Boone  
Address 14045 GARA DE  
City Glenwood State MD Zip Code 21738  
License No. 729  
Phone 410-531-8930 Fax 410-531-8939

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 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"/>
Use group: _____	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"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: _____ Public _____ Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
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 _____	

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 THEREON; (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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Nancy M Boone  
Title/Company Project Manager

Print Name Nancy M Boone  
Date 2/27/02

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>2/27/02</u>	<u>[Signature]</u>
Dev. Engineering, DPZ	<u>2/27/02</u>	<u>[Signature]</u>
Health	<u>2/27/02</u>	<u>[Signature]</u>
Fire Protection		

**DPZ SETBACK INFORMATION**  
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met?  
YES  NO   
Is Entrance Permit required?  
YES  NO   
Historic District?  
YES  NO   
Lot Coverage for NewTown Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID#: 5-2230

Filing fee	\$ _____
Permit fee	\$ <u>50</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ <u>50</u>
Balance due	\$ _____
Check #	<u>21468</u>
Validation #	_____

CONTINGENCY CONSTRUCTION START:   
ONE STOP SHOP:

Accepted by [Signature]

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





Building Address 1319 CROWS FOOT RD  
MARROTTVILLE, MD 21104

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 1030 Subdivision Neanderthal

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 55

Tax Map 10 Parcel 310 Grid 7

Zoning RD10 Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name ART KOWALSKI

Address 5272 BRIGHT BAWN CT

City COLUMBIA State MD Zip Code 21045

Home Phone 410-730-0938 Work Phone \_\_\_\_\_

Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use DWELLING

Proposed Use DWELLING

Estimated Construction Cost: \$ 1500.00

Description of Work INSTALL 1-500 GALLON  
UNDER  
GROUND PROPANE TANK & UNDERGROUND  
PROPANE LINE

Contractor Company POSITIVE MECHANICAL

Contact Person CHRIS KOLB

Address 104 TENNYSON CT

City ABINGDON State MD Zip Code 21009

License No. 15627

Phone 413-677-3656 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 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: _____ <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"/>
Construction type: _____ <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/> Gas: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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 _____	Heating System: _____ <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" 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: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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Chris Kolb  
 Applicant's Signature  
POSITIVE MECHANICAL  
 Title/Company

CHRIS KOLB  
 Print Name  
2-26-02  
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
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AGENCY	DATE	SIGNATURE/ APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front _____	72250
State Highways			Rear _____	Imp. fee \$ <u>100</u>
Building Official			Side _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St. _____	Excise tax \$ _____
Health	<u>2/27/02</u>	<u>M. Liffin</u>	All minimum setbacks met?	ADD'l per fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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 # <u>2704</u>
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot Coverage for New Town Zone _____	Accepted by _____
			SDP/Red-line approval date _____	

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