

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00155844

Building Address 2375 Overall Rd
Woodbine MD 21797
 Suite/Apt. #: 04-329694 SDP/WP/Petition #: _____
 Census Tract 604002 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 13 Parcel 71 Grid 5
 Zoning RC-DED Map Coordinates 9c2 Lot size 1.3848

Property Owner's Name William M Myers JR
 Address 2401 Overall Rd
 City Woodbine State MD Zip Code 21777
 Home Phone 410-489-4731 Work Phone 410-489-4731
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone same Fax 410-489-4446

Existing Use Vacant Lot
 Proposed Use New Dwelling
 Estimated Construction Cost \$ 225,000.00
 Description of Work Construct New Dwelling
Custom SFD 4 Bedroom 1 1/2
 Bath, Attached 3 car Garage, Basement
Range in Gas, Full Bath, Hardwood Floors

Contractor Company OWNERS
 Contact Person Wynne Myers
 Address 2401 Overall Rd
 City Woodbine State MD Zip Code 21777
 License No. _____ Phone 410-277-9992 Fax 410-489-4446

Occupant or Tenant Wynne Myers
 Contact Name Wynne Myers
 Address 2401 Overall Rd
 City Woodbine State MD Zip Code 21777
 Phone 410-277-9912 Fax 410-489-4446

Engineer or Architect Company Jonathan P. Butts
 Contact Person John Butts
 Address 2418 Bellale Court
 City Baltimore State MD Zip Code 21236
 Phone 410-599-9587 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

| Building Characteristics | Utilities |
|--|--|
| Height: <u>25'</u> | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| No. of stories: <u>1</u> | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| Gross area, sq. ft. per floor: <u>2200</u> | Electric Yes <input checked="" 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 checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame <input checked="" type="checkbox"/> | Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ |
| State Certified Modular _____ | |

| Building Characteristics | Utilities |
|--|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 1st floor: <u>46'</u> <u>70'</u> | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| 2nd floor: _____ | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: <u>46'</u> <u>70'</u> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| No. of Bedrooms <u>4</u> | |
| Height: <u>25'</u> | |
| Multi-family dwellings: _____ | |
| No. of efficiency units: _____ | |
| No. of 1 BR units: _____ | |
| No. of 2 BR units: _____ | |
| No. of 3 BR units: _____ | |
| Other Structure: <u>NA</u> | |
| Dimensions: _____ | |
| Footings: _____ | |
| Roof Height: _____ | |
| 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.

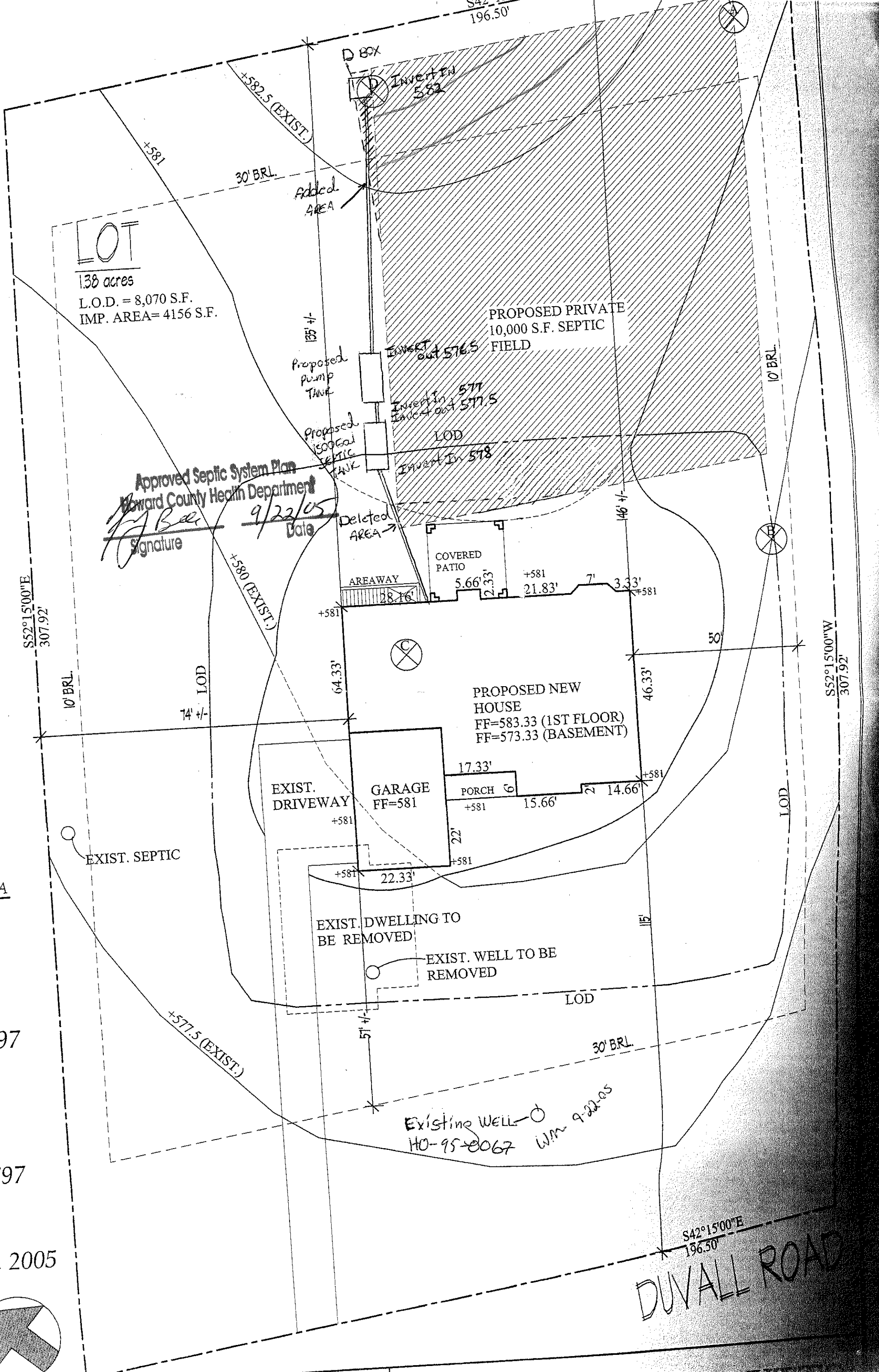
William M Myers JR
 Applicant's Signature
OWNER
 Title/Company

William M Myers JR
 Print Name
9-7-05
 Date

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 | | |
| Dev. Engineering, DPZ | <u>9/22/05</u> | <u>[Signature]</u> |
| Health | | |
| 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: _____ | Filing fee \$ <u>100.00</u> |
| Rear: _____ | Permit fee \$ _____ |
| Side: _____ | Excise tax \$ _____ |
| Side St.: _____ | Add'l per. fee \$ _____ |
| All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| Lot Coverage for NewTown Zone _____ | Check # <u>1004</u> |
| SDP/Red-line approval date _____ | Validation # <u>47900</u> |



LOT

1.38 acres
L.O.D. = 8,070 S.F.
IMP. AREA = 4156 S.F.

Approved Septic System Plan
Howard County Health Department

[Signature]
Signature

9/22/05
Date

PROPOSED PRIVATE
10,000 S.F. SEPTIC
FIELD

PROPOSED NEW
HOUSE
FF=583.33 (1ST FLOOR)
FF=573.33 (BASEMENT)

EXIST.
DRIVEWAY

GARAGE
FF=581

PORCH
FF=581

EXIST. DWELLING TO
BE REMOVED

EXIST. WELL TO BE
REMOVED

Existing Well - O
HO-95-0067 WM 9-22-05

DUVALL ROAD

IA

797

797

2005

