

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

307004560

Building Address 3211 ELEANORS GARDEN WAY
WOODBINE, MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Waterford Farms

Section _____ Area 24 Lot 24

Tax Map 20 Parcel 139 Grid 12

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name BRUCE JOHNS

Address 3211 ELEANORS GARDEN WAY

City WOODBINE State MD Zip Code 21797

Home Phone _____ Work Phone 1-202-744-7534

Applicant's Name & Mailing Address, (if other than stated hereon):
AMERICAN DECK NORTHWEST

Phone 443-341-6630 Fax 443-341-6631

Existing Use SFD

Proposed Use SFD w/ Deck + Steps

Estimated Construction Cost \$ 45,000.00

Description of Work CONSTRUCT A NEW IRREGULAR
SHAPED DECK w/ STEPS TO GRADE
900 +/-

Contractor Company AMERICAN DECK NORTHWEST

Contact Person WILLIAM H. HENSLEY

Address 7700 INWOOD AVE

City CATONSVILLE State MD Zip Code 21228

License No. 124021

Phone 443-341-6630 Fax 443-341-6631

Occupant or Tenant _____

Contact Name same as above

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person _____

Address same as above

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Height: _____

No. of stories: _____

Gross area, sq. ft. per floor: _____

Use group: _____

Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

Building Characteristics

SF Dwelling SF Townhouse
 Depth _____ Width _____

1st floor: _____

2nd floor: _____

Basement:
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade

No. of Bedrooms: _____

Height: _____

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: POST + PICE

Footings: _____

Roof Height: _____

State Certified Modular
 Manufactured Home

Utilities

Water Supply:
 Public
 Private

Sewage Disposal:
 Public
 Private

Electric Yes No
 Gas Yes No

Heating System:
 Electric Oil
 Natural Gas
 Propane Gas

Sprinkler system: N/A
 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.

William H. Hensley Jr
 Applicant's Signature
President/American Deck Northwest
 Title/Company

William H. Hensley Jr
 Print Name
11/8/07
 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		
Health	<u>11/8/2007</u>	<u>R. Bueh</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
 YES NO

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Lot Coverage for NewTown Zone _____

SDP/Red-line approval date _____ Accepted by _____

ENVIRONMENTAL NON-BUILDABLE PRESERVATION PARCEL 'D'

GRID NORTH

APPROVED
 BACKTHRU BUILDING PERMIT
 307004560
 BENCH A#
 DATE: 11/8/05
 900 S.F. Irregular deck
 as shown

10' PUBLIC TREE MAINTENANCE AND UTILITY EASEMENT

20' Private Gross Channel Credit Drainage and Utility Easement

ELEANORS GARDEN WAY
 (40' R/W)
 L=165.07'
 R=170.00'

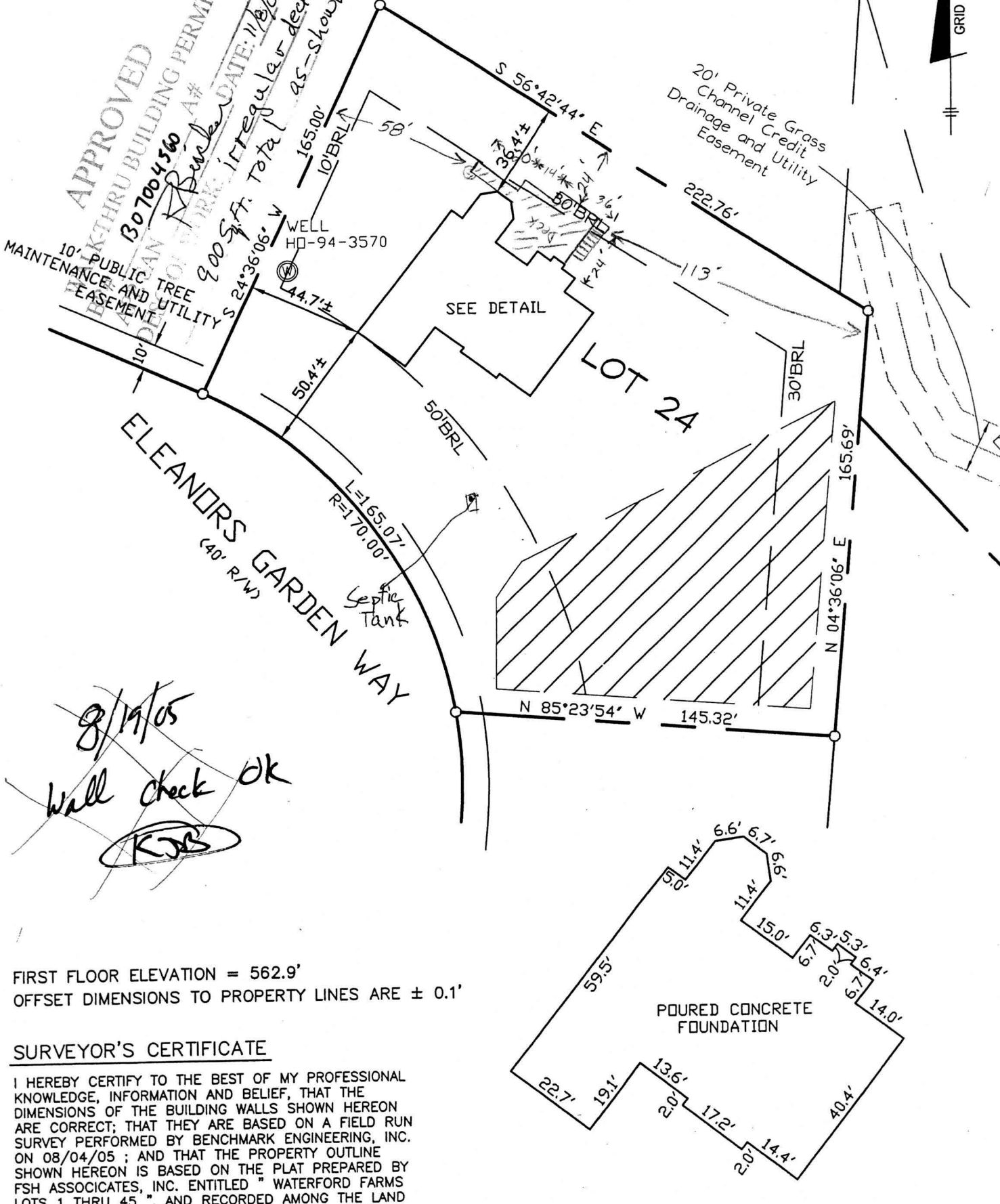
8/19/05
 Wall check OK
 KJS

FIRST FLOOR ELEVATION = 562.9'
 OFFSET DIMENSIONS TO PROPERTY LINES ARE ± 0.1'

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY PROFESSIONAL KNOWLEDGE, INFORMATION AND BELIEF, THAT THE DIMENSIONS OF THE BUILDING WALLS SHOWN HEREON ARE CORRECT; THAT THEY ARE BASED ON A FIELD RUN SURVEY PERFORMED BY BENCHMARK ENGINEERING, INC. ON 08/04/05 ; AND THAT THE PROPERTY OUTLINE SHOWN HEREON IS BASED ON THE PLAT PREPARED BY FSH ASSOCIATES, INC. ENTITLED " WATERFORD FARMS LOTS 1 THRU 45 ", AND RECORDED AMONG THE LAND RECORDS OF HOWARD COUNTY AS PLAT No.16165

OF MARYLAND



000008713

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2495 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B0-153315 *PM*

Building Address 3211 Elmon's Garden way
110 MD 21797
Tax ID # 04-367818
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 640.02 Subdivision Waterford
Section _____ Area _____ Lot 24
Tax Map 20 Parcel 139 Grid 12
Zoning RC Map Coordinates 3G11 Lot size 1.09 Ac

Property Owner's Name Toll MD2 LP
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Home Phone _____ Work Phone 410-489-6293
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use Vacant Lot
Proposed Use Residential Use
Estimated Construction Cost \$ 175,000
Description of Work Garage with Sun Room Addition

Contractor Company Toll MD2 LP
Contact Person Nathan Bridle
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
License No. 678
Phone 410-489-6292 Fax 410-489-6293

Occupant or Tenant Toll MD2 LP
Contact Name Nathan Bridle
Address 7164 Columbia Gateway Dr #230
City Columbia State MD Zip Code 21046
Phone 410-489-6292 Fax 410-489-6293

Engineer or Architect Company ESHA Associates
Contact Person Zach
Address 8318 Forest St
City Ellicott City State MD Zip Code 21043
Phone 410-750-2251 Fax 410-750-7300

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 Full
 Partial
 Other Suppression
of Heads _____

Building Characteristics
SF Dwelling SF Townhouse
Depth Width Height
1st floor: 31' 21' 10'
2nd floor: 8' 22' 8'
Basement: 21' 22' 8'
Finished Basement Unfinished Basement
Crawl space Slab on Grade
No. of Bedrooms 4
Height: _____
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 Height: _____
 State Certified Modular
 Manufactured Home

Utilities
Water Supply:
 Public
 Private
Sewage Disposal:
 Public
 Private
Electric Yes No
Gas Yes No
Heating System:
Electric Oil
Natural Gas
Propane Gas
Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
Other: _____

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Nathan Bridle
Applicant's Signature

Nathan Bridle
Print Name

Title/Company

4/24/05
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 Highway		
Building Official		
Dev. Engineering, DPZ		
Health	<u>5/16/05</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input checked="" 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: \$ _____
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>946771</u>
SDP/Red-line approval date: _____	Validation: \$ <u>3562</u>

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
T:Vona PERMIT FRM Accepted by [Signature]

