

Building Address <u>2900 Florence Rd</u> <u>Woodbine MD 21797-7837</u> Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u> Census Tract <u>6040.01</u> Subdivision <u>N/A</u> Section <u>N/A</u> Area <u>N/A</u> Lot <u>N/A</u> Tax Map <u>13</u> Parcel <u>175</u> Grid <u>2</u> Zoning <u>RCDEC</u> Map Coordinates _____ Lot size <u>1.27AC</u>	Property Owner's Name <u>Tarrye Maryellen Putnam</u> Address <u>2900 Florence Rd</u> City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u> Home Phone <u>410 381-8998</u> Work Phone <u>(301) 526-9243</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>SF Dwelling</u> Proposed Use <u>Addition</u> Estimated Construction Cost \$ <u>30,000.</u> Description of Work <u>Remove deck and add</u> <u>master bedroom & family room</u> <u>addition to be 30'-34'</u>	Contractor Company <u>WDC CARPENTRY, INC.</u> Contact Person <u>DAN LEWIS</u> Address <u>14150 Twisting Lane</u> City <u>DAYTON</u> State <u>MD</u> Zip Code <u>21036</u> License No. <u>MAIC 67800</u> (410) Phone <u>(410) 531-1001</u> Fax <u>531-0728</u>
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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 _____
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BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
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 type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <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: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____	_____ Full _____ _____ Partial _____ _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
_____ State Certified Modular		_____ 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.

<u>Maryellen C. Putnam</u> Applicant's Signature	<u>MARVELLEN C. PUTNAM</u> Print Name <u>11/8/06</u> Date
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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# <u>27840</u>	
Land Development, DPZ			Front _____	Filing fee \$ _____	
State Highways			Rear _____	Permit fee \$ _____	
Building Official			Side _____	Excise tax \$ _____	
City Engineering, DPZ	<u>11/27/07</u>	<u>Mark Lipton</u>	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 # _____	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>			Historic District?	Validation # _____	
ONE STOP SHOP <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>		
Distribution of Copies -	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health	Gold: SHA
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SCALE 1" = 30'

