

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B 00141050

Building Address 14312 Fox Creek Ct.
COOKSVILLE, MD 21723.
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6040 Subdivision 11121170110
 Section _____ Area _____ Lot 30
 Tax Map 8 Parcel 110 Grid 18
 Zoning RLD100 Map Coordinates 41012 Lot size 305x150

Property Owner's Name Sterling Winn
 Address 14312 Fox Creek Ct.
 City Cooksville State MD Zip Code 21723.
 Home Phone 410 489-7763 Work Phone 301 332 6542.
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ 15K
 Description of Work Irregular Deck.
- 1600 FT² - 1 ~ 80 FT²
Deck 4" x 12" 2x6x12x12 SIPS

Contractor Company BRUCE BUILDERS LLC.
 Contact Person MICHAEL BRUCE
 Address 710 OAK GROVE CIR
 City SEV. PARK State MD Zip Code 21146
 License No. 67133
 Phone 410 647 0843 Fax 410 647-0556

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 DESCRIPTION - RESIDENTIAL

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

Michael Bruce
 Applicant's Signature

MICHAEL BRUCE
 Print Name

Bruce Builders
 Title/Company

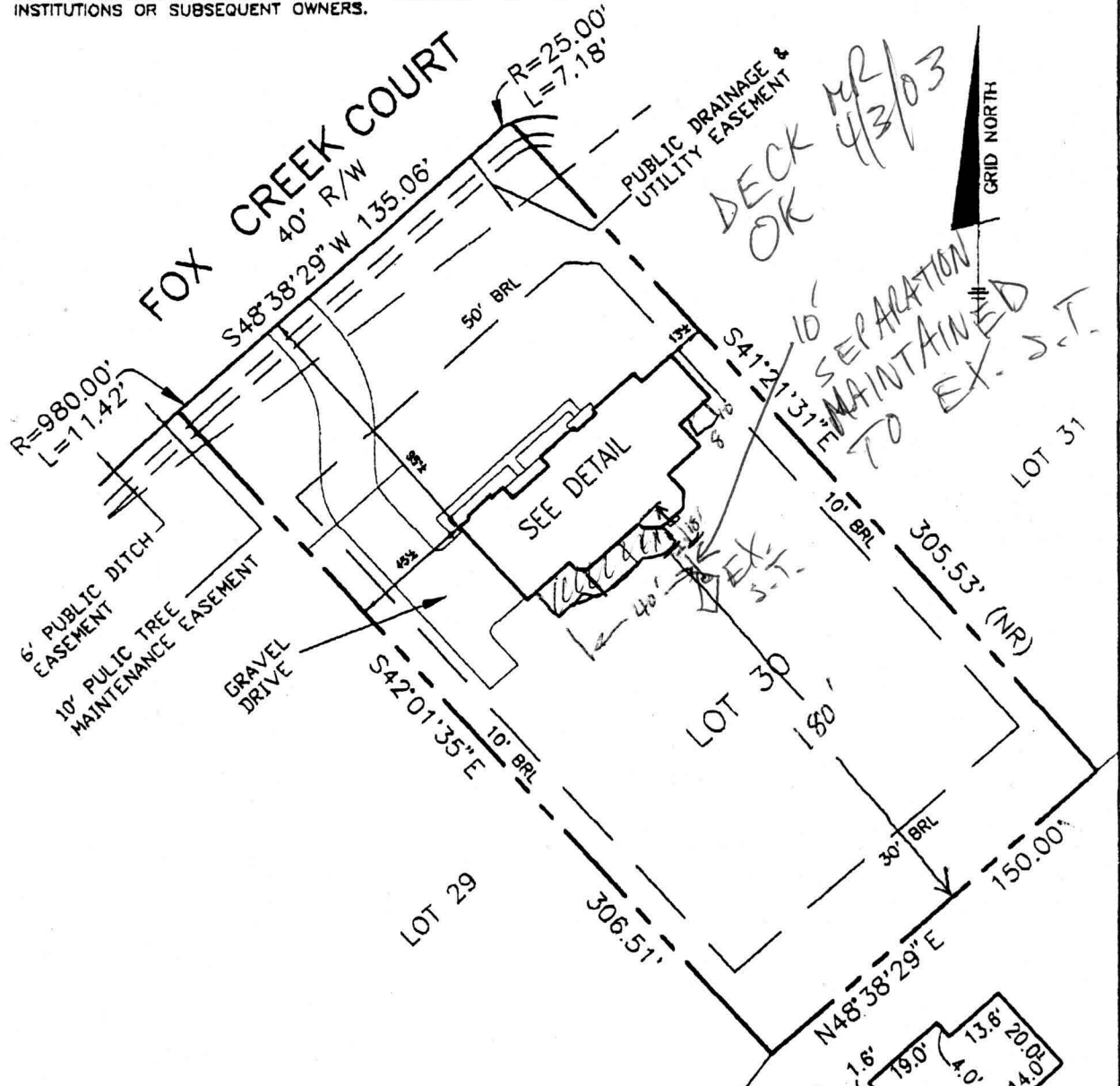
April 3, 2003.
 Date

MR 3/6/02

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****
- FOR OFFICE USE ONLY -

1. THIS DRAWING IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH CONTEMPLATED TRANSFER, FINANCING OR REFINANCING.
2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
3. THE DRAWING DOES NOT PROVIDE FOR THE ACCURATE IDENTIFICATION OF PROPERTY BOUNDARY LINES, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR REFINANCING.
4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.

14312 Fox C. Crk Ct.
 Cocke'sville, MD 21723



SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

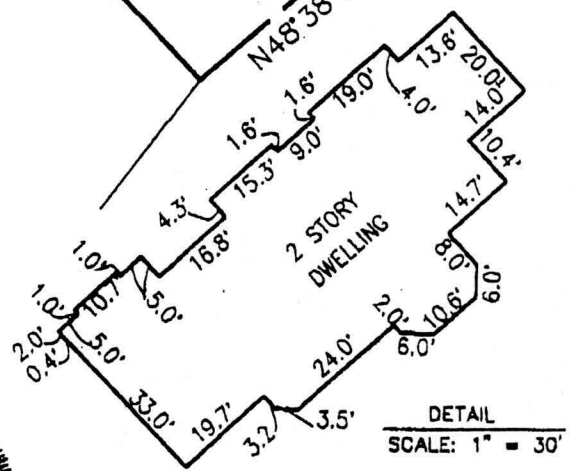
David M. Harris
 REG. No. 10978



RECORD PLAT No. 14086
 FEMA FIRM No. 240044 0043 B
 ZONE: C
 DATED: 12/4/86



8480 BALTIMORE NATIONAL PIKE A SUITE 418



**LOCATION DRAWING
 MONTICELLO
 LOTS 1-50 PRESERVATION PARCELS A-D
 AND NON-BUILDABLE PARCEL E
 LOT No. 30**

14312 FOX CREEK COURT
 4TH ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

1500137205
 STERLING WINN

Building Address 14312 FOX CREEK CRT
COOKSVILLE MD 21723
 Suite/Apt. #: _____ SDP/WP/Petition #: F99-133
 Census Tract 6040 Subdivision Monticello
 Section N/A Area N/A Lot 30
 Tax Map 8 Parcel 110 Grid 18
 Zoning RC Map Coordinates 4E11 Lot size 1/4 AC

Property Owner's Name ~~FRANK FOR~~
 Address 14312 FOX CREEK CRT
 City COOKSVILLE State MD Zip Code 21723
 Home Phone (410) 489-7163 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
STEVE BOWERS
17 HAYMARKET CRT
BALT MD 21236
 Phone (410) 571-6136 Fax _____

Existing Use SFD
 Proposed Use SFD w/ DECK
 Estimated Construction Cost \$ 15000.-
 Description of Work 30'x14', 12'x10',
10'x4'7" 15'x12' OPEN
WOOD DECKS ON REAR

Contractor Company LONG FENCE CO
 Contact Person STEVE BOWERS
 Address 1114 RT 3 NORTH
 City CROFTON State MD Zip Code 21114
 License No. 9615.01
 Phone (410) 793-0600 Fax _____

Occupant or Tenant OWNER
 Contact Name W Steps
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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

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: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: <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"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

R. Steven Bowers
 Applicant's Signature
AGENT
 Title/Company
6/27/02 (MD)

R. STEVEN BOWERS
 Print Name
6/21/2002
 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B00127097

4
ALREADY
LOGGED

Building Address **14312 Fox Creek Ct.**
Woodstock, MD 21163
Suite/Apt. #: _____ SDP/WP/Petition #: **n/a**
Census Tract _____ Subdivision **Monticello**
Section _____ Area _____ Lot **30**
Tax Map _____ Parcel **111** Grid **1B**
Zoning **RS** Map Coordinates **29112** Lot size **1.088 AC**

Property Owner's Name **D. R. Horton Custom Homes**
Address **1370 Piccard Dr., St. 230**
Rockville, MD 20850
City _____ State _____ Zip Code _____
Home Phone _____ Work Phone **301-670-6144**
Applicant's Name & Mailing Address, (if other than stated hereon):
Victoria Meyer
Maryland Bldg. Permits, Inc.
Phone **410-602-8779** Fax _____

Existing Use **vacant lot**
Proposed Use **Single Fam. Dwelling**
Estimated Construction Cost \$ **200,000**
Description of Work **Somerset w/side Sunroom**
Fin. Rec. Rm., Bsmt. Bath, Exercise Rm. & Den in Bmnt.

Contractor Company **D. R. Horton Custom Homes**
Contact Person **1370 Piccard Dr., St. 230**
Rockville, MD 20850
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone **301-670-6144** Fax _____

Occupant or Tenant **SOB CANADA**
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company **Benchmark Eng. Inc.**
Contact Person **John Carney**
Address **5480 Balto. National Pike St. 418**
Ellicott City, MD 21043
City _____ State _____ Zip Code _____
Phone **410-465-6105** Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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 _____ State Certified Modular _____	Heating System: _____ 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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms 5	
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: _____	
State Certified Modular _____ Manufactured Home _____	

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Applicant's Signature **Victoria Meyer**
Agent, **Maryland Bldg. Permits, Inc.**
Title/Company _____

Print Name **Victoria Meyer**
Maryland Bldg. Permits, Inc.
Date **Oct. 23, 2000**

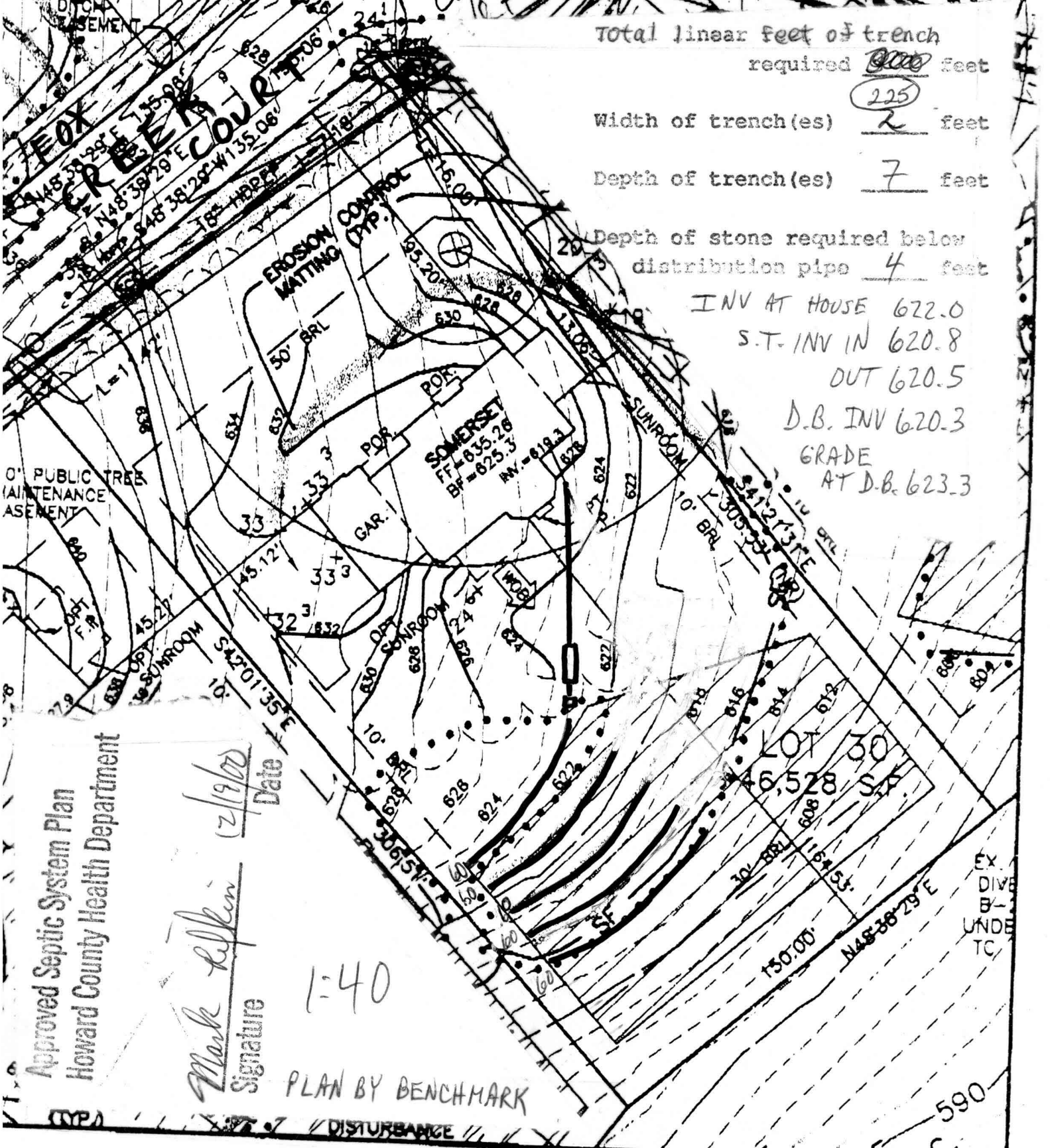
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AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ	11/22/00	M. R. P. [Signature]
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ 25
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Sub-total paid \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l permit fee \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check # 4010661
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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



Total linear feet of trench required 225 feet

Width of trench(es) 2 feet

Depth of trench(es) 7 feet

Depth of stone required below distribution pipe 4 feet

INV AT HOUSE 622.0
 S.T. INV IN 620.8
 OUT 620.5
 D.B. INV 620.3
 GRADE AT D.B. 623.3

Approved Septic System Plan
 Howard County Health Department

Signature: Mark Riffin
 Date: 2/19/00

1:40
 PLAN BY BENCHMARK

BENCHMARK
 ELEVATION = 635.26
 ON = 625.3
 GARAGE = 633.3

JOHN CARNEY

SLOPE OF DRIVEWAY = 3% @ GAR.
 NUMBER OF RISERS IN GAR. = 3
 NUMBER OF RISERS ON LEAD WALK = 3

MONTICELLO
 LOT 30

LAND SURVEYORS PLANNERS
 ENGINEERING, INC.

