

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>PERMIT NUMBER</b> <u>B09002168</u>
Building Address <u>6589 Belmont Woods Rd</u> <u>Elkridge MD 21075</u>		Property Owner's Name <u>John Boyd</u> Address <u>6589 Belmont Woods Rd</u> City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u> Home Phone <u>796-4551</u> Work Phone <u>260-5357</u> Applicant's Name & Mailing Address, (if other than stated herein): <u>Same</u>	
Suite/Apt. #: <u>N/A</u> SDP/WP/Petition #: <u>N/A</u>		Phone <u>Same</u> Fax _____	
Census Tract _____ Subdivision <u>N/A</u>		Contractor Company <u>Garbart Construction</u> Contact Person <u>Jack Garbart</u> Address <u>1450 Coventry Meadows Dr</u> City <u>Sykesville</u> State <u>MD</u> Zip Code <u>21784</u> License No. <u>MHTC 11256</u> Phone <u>410-489-0031</u> Fax _____	
Section _____ Area _____ Lot _____		Engineer or Architect Company _____	
Tax Map <u>32</u> Parcel <u>117</u> Grid _____		Contact Person _____	
Zoning _____ Map Coordinates _____ Lot Size _____		Address _____	
Existing Use <u>Single Family Home</u> Proposed Use <u>Accessory Barn</u> Estimated Construction Cost \$ <u>32,000</u>		City _____ State _____ Zip Code _____	
Description of Work <u>Construction of Accessory Barn for equipment storage</u>		Phone _____ Fax _____	
Occupant or Tenant <u>John Boyd</u>		City _____ State _____ Zip Code _____	
Contact Name <u>John Boyd</u>		Phone _____ Fax _____	
Address <u>6589 Belmont Woods Rd</u>		City _____ State _____ Zip Code _____	
City <u>Elkridge</u> State <u>MD</u> Zip Code <u>21075</u>		Phone _____ Fax _____	
Phone <u>410-796-4551</u> Fax _____		City _____ State _____ Zip Code _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <input checked="" type="checkbox"/> Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1 <sup>st</sup> floor: _____ 2 <sup>nd</sup> 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"/>	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"/>	No. of Bedrooms _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	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 checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
		Other Structure: <u>Barn</u> Dimensions: <u>36x30</u> Footings: _____ Roof: <u>Asphalt</u>	
		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.

Applicant's Signature John C Boyd Jr. Print Name John C Boyd Jr.  
 Title/Company \_\_\_\_\_ Date 8/20/09

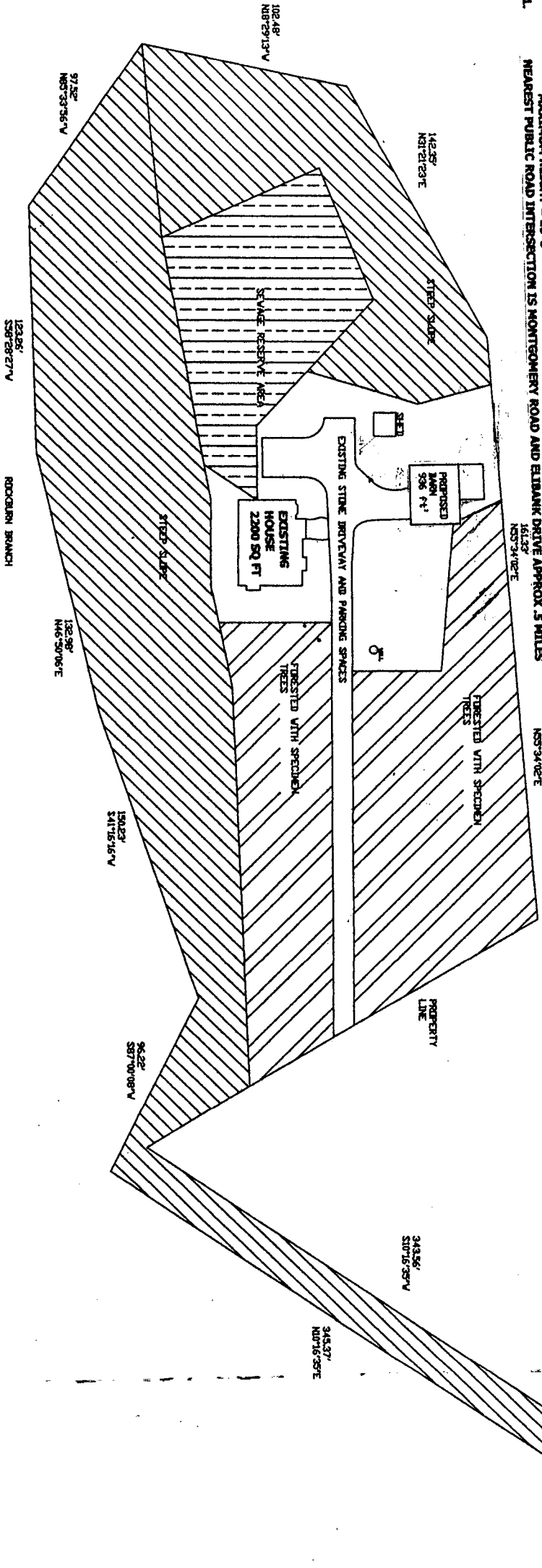
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY AND LEGIBLY\*\*

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	PROPERTY ID #
Land Development, DPZ			DPZ SETBACK INFORMATION	Filing fee \$ _____
State Highways			Front: _____	Permit fee \$ _____
Building Officials			Rear: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side: _____	Add'l per fee \$ _____
Health	<u>8-20-09</u>	<u>Yves A...</u>	Side St: _____	TOTAL FEES \$ _____
Fire Protection			All minimum setbacks met?	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?	YES <input type="checkbox"/> NO <input type="checkbox"/>		YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	ONE STOP SHOP: <input type="checkbox"/>		Is Entrance Permit Required?	Check # _____
			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Historic District?	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone	
			SDP/Red-line approval date	Accepted by _____

Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
 T:\Operations\Updated forms

NOTES:

1. 1" = 88.12'
2. ZONING OF EXISTING PROPERTY IS R-ED
3. ZONING OF ADJOINING PROPERTY IS R-ED
4. PROPERTY IS 121,968 SQUARE FEET OR 2.8 ACRES
5. EXISTING USE IS A SINGLE FAMILY HOME
6. PROPOSED CHANGE IS TO ADD A DETACHED BARN
7. LEGISLATIVE DISTRICT = 12A
8. ELECTION PRECINCT = 1-11
9. TAX MAP = 32
10. PARCEL NUMBER = 117
11. PROPERTY OWNERS = JOHN BOYD AND MEG SCHUMACHER
12. HOME PHONE = 410-796-4551
13. PROPERTY ADDRESS: 6589 BELMONT WOODS ROAD ELKBRIDGE, MD 21075
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**APPROVED**  
 WALKTHRU BUILDING PERMIT  
 BP# \_\_\_\_\_ A# 59215  
 APP. SAN AK DATE: 8-20-09  
 DESC. OF WORK: Barn as shown