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|---|--|---|--|-----------------------------------|--|
| DEPT. OF INSPECTIONS, LICENSES AND PERMITS<br>3430 COURT HOUSE DRIVE<br>ELLICOTT CITY, MD 21043<br>PERMITS (410) 313-2455<br>INSPECTIONS (410) 313-1810<br>AUTOMATED INFORMATION (410) 313-3800   |  | <b>HOWARD COUNTY</b><br><b>PERMIT APPLICATION</b> |  | 808060047<br><b>PERMIT NUMBER</b> |  |
| Building Address <u>1228 Adgate Court</u><br><u>Woodbine MD 21797</u>   |  |   | Property Owner's Name <u>Barry Jonoske</u><br>Address <u>1228 Adgate Court</u><br>City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u><br>Phone _____ Phone _____<br>Applicant's Name & Mailing Address, (if other than stated herein): _____<br>Phone _____ Fax _____ |                                   |  |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____<br>Census Tract _____ Subdivision <u>Lisbon Acres</u><br>Section _____ Area _____ Lot <u>4</u><br>Tax Map _____ Parcel _____ Grid _____<br>Zoning _____ Map Coordinates _____ Lot Size _____ |  |   |  |                                   |  |
| Existing Use <u>Residential Garage</u><br>Proposed Use <u>Residential Garage</u><br>Estimated Construction Cost \$ <u>12,500</u><br>Description of Work <u>Build Garage on Existing Foundation</u><br><u>24x22</u>                        |  |   | Contractor Company <u>Dove Design/Remodeling</u><br>Contact Person <u>Doug Chewing</u><br>Address <u>1221 Adgate Ct.</u><br>City <u>Woodbine</u> State <u>MD</u> Zip Code <u>21797</u><br>License No. <u>124458</u><br>Phone <u>410-489-6735</u> Fax <u>410-489-6736</u>     |                                   |  |
| Occupant or Tenant _____<br>Contact Name _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____   |  |   | Engineer or Architect Company _____<br>Contact Person _____<br>Address _____<br>City _____ State _____ Zip Code _____<br>Phone _____ Fax _____   |                                   |  |

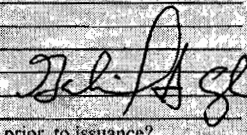
| BUILDING DESCRIPTION - COMMERCIAL   |   | BUILDING DESCRIPTION - RESIDENTIAL   |   |
|---|---|--|---|
| Building Characteristics  | Utilities   | Building Characteristics   | Utilities   |
| Height: _____   | Water Supply: _____<br>Public _____ Private _____   | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/><br>Depth _____ Width _____   | Water Supply: _____<br>Public _____ Private <input checked="" type="checkbox"/>   |
| No. of stories: _____   | Sewage Disposal: _____<br>Public _____ Private _____  | 1 <sup>st</sup> floor: _____<br>2 <sup>nd</sup> floor: _____<br>Basement: _____  | Sewage Disposal: _____<br>Public _____ Private <input checked="" type="checkbox"/>  |
| Gross area, sq. ft. per floor: _____  | Electric Yes <input type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input type="checkbox"/>                                       | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/><br>Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |
| Use group: _____  | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> | No. of Bedrooms _____  | Heating System: _____<br>Electric <input type="checkbox"/> Oil <input type="checkbox"/><br>Natural Gas <input type="checkbox"/><br>Propane Gas <input type="checkbox"/> |
| Construction type: _____<br>Reinforced Concrete _____<br>Structural Steel _____<br>Masonry _____<br>Wood Frame _____<br>State Certified Modular _____ | Sprinkler system: N/A <input type="checkbox"/><br>Full _____<br>Partial _____<br>Other Suppression _____<br># of Heads _____  | Multi-family dwellings:<br>No. of efficiency units: _____<br>No. of 1 BR units: _____<br>No. of 2 BR units: _____<br>No. of 3 BR units: _____                          | Sprinkler system: N/A <input checked="" type="checkbox"/><br>NFPA #13D _____<br>NFPA #13R _____<br>Other: _____   |
|   |   | Other Structure: <u>Garage Fund.</u><br>Dimensions: <u>24x22</u><br>Footings: <u>8"x24"</u><br>Roof Height: _____  |   |
|   |   | State Certified Modular<br>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.

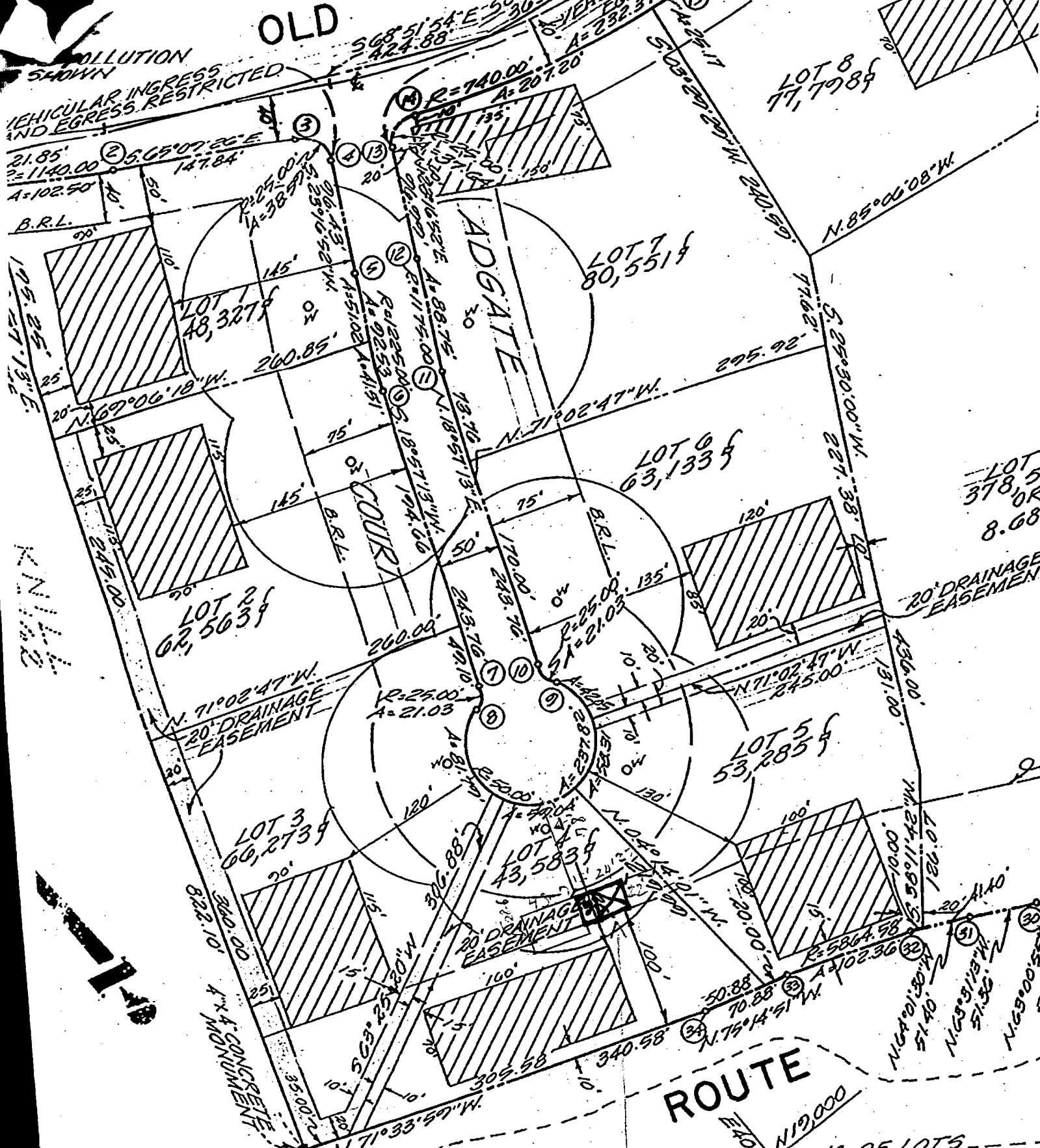
  
 Applicant's Signature  
Partner/Dove Design  
 Title/Company

Kelly Thurman  
 Print Name  
1/2/2008  
 Date

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 #           |
|--|---------------|---|----------|--|-------------------------|
| Land Development DPZ                                     |               |   |          | Front: _____   | Filing fee \$ _____     |
| State Highways   |               |   |          | Rear: _____  | Permit fee \$ _____     |
| Building Officials                                       |               |   |          | Side: _____  | Excise tax \$ _____     |
| Dev. Engineering DPZ                                     | <u>1/3/08</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"/> |                         |
|  |               |   |          | 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: SIA  
 T:forms/buildingpermitapplication REV 10/28/04



POLLUTION  
SHOWN  
VEHICULAR INGRESS  
AND EGRESS RESTRICTED

OLD

B.R.L.

KNITZ



APPROVED  
INTERSTATE  
WALKTHRU SELLING PERMIT  
BP# 880047 A# 20710  
APP. SAN GAC DATE: 1/3/08  
DESC. OF WORK 24X72

proposed garage  
ON EXISTING 24X22  
2-1/2" Foundation

NO. OF LOTS ---  
AREA OF LOTS ---  
AREA OF ROADS ---  
TOTALS ---

GARAGE

OWNER'S CERTIFICATE

PRIVATE WATER AND PRIVATE SEWERAGE  
TEMS. HOWARD COUNTY HEALTH DEPT.