

HOWARD COUNTY
PERMIT APPLICATION

809000613
PERMIT NUMBER

Building Address 12309 Fox Hollow Ct.
West Friendship, MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name DORI COSTA
Address 12309 FOX HOLLOW CT.
City West Friendship State MD Zip Code 21794
Home Phone 410-372-6612 Work Phone 413-690-3382
Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use SINGLE FAMILY - DECK
Proposed Use DECK EXTENSION
Estimated Construction Cost \$ 12,000

Contractor Company HOME OWNED
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Description of Work Extend existing deck using TREX 20x27

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: _____ 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"/>	Water Supply: _____ Public _____
Depth _____ Width _____	Private <input checked="" type="checkbox"/>
1 st floor: _____	Sewage Disposal: _____ Public _____
2 nd floor: _____	Private <input checked="" type="checkbox"/>
Basement: _____	Electric Yes <input checked="" 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"/>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Multi-family dwellings: _____	Natural Gas <input checked="" type="checkbox"/>
No. of efficiency units: _____	Propane Gas <input type="checkbox"/>
No. of 1 BR units: _____	Sprinkler system: N/A <input checked="" type="checkbox"/>
No. of 2 BR units: _____	NFPA #13D _____
No. of 3 BR units: _____	NFPA #13R _____
Other Structure: <u>DECK EXTENSION</u>	Other: _____
Dimensions: <u>20'4" x 22'5"</u>	
Footings: <u>20x20</u>	
Roof: _____	
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 Dori J. Costa
Title/Company _____

Print Name DORI COSTA
Date 4/3/09

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

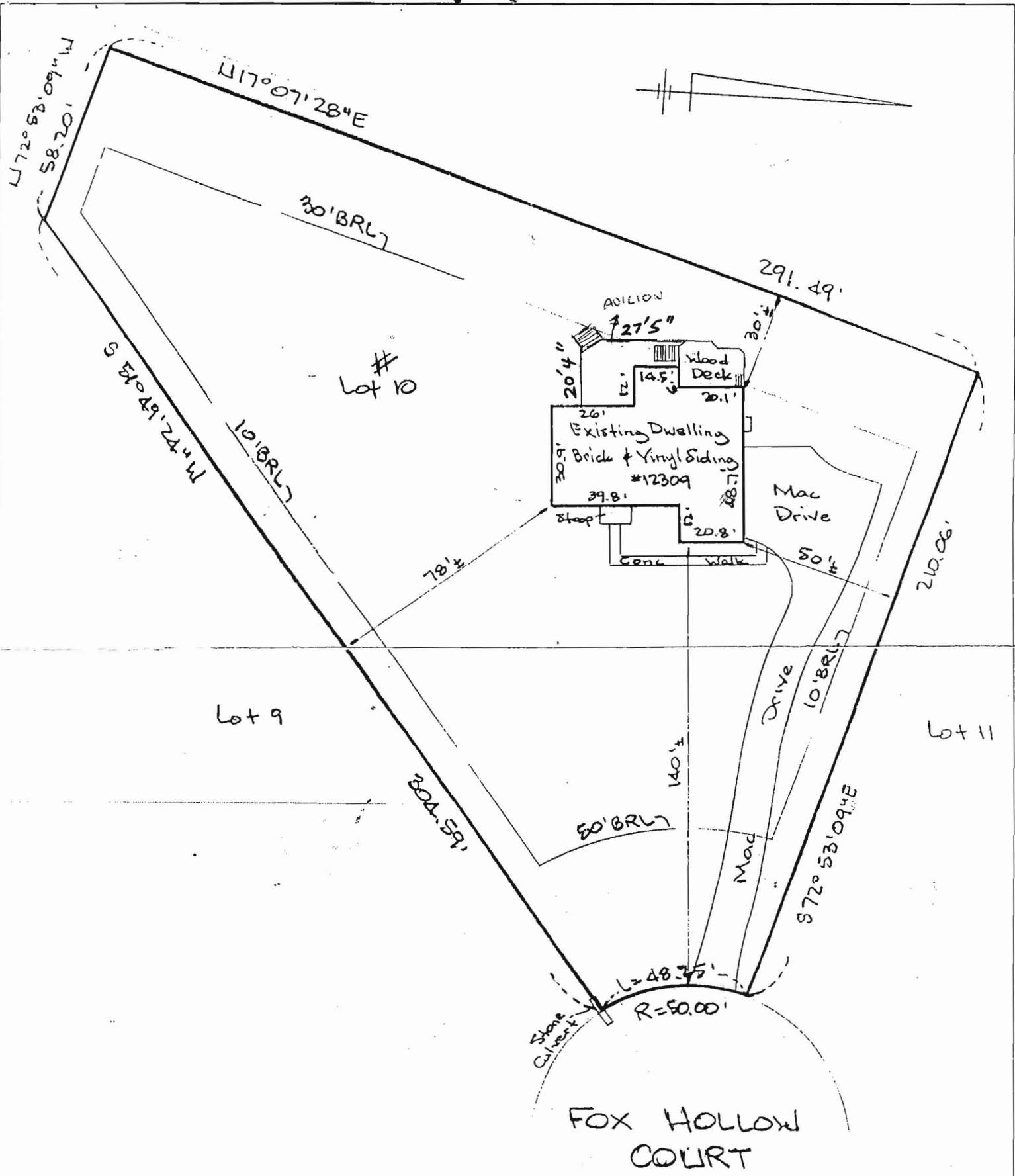
PLEASE WRITE NEATLY AND LEGIBLY.

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
Land Development, DPZ				Front: _____	\$ _____	
State Highways				Rear: _____	Permit fee \$ _____	
Building Officials				Side: _____	Excise tax \$ _____	
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____	
Health	<u>4-14-09</u>	<u>Dama Bernard</u>		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 # _____	
				Historic District?	Validation # _____	
				YES <input type="checkbox"/> NO <input type="checkbox"/>		
				Lot Coverage for New Town Zone _____		
				SDP/Red-line approval date _____	Accepted by _____	

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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



THE LOT SHOWN HEREON IS IN FLOOD
 ZONE C PER F.E.M.A. FLOOD INSURANCE
 RATE MAP PANEL# 240044-0015B & 0016B

The plat is of benefit to consumer only insofar as it is
 required by a lender or a title insurance company or its

