

**HOWARD COUNTY
 PERMIT APPLICATION**

B09003259
PERMIT NUMBER

Building Address 10354 Fox Meadow Ln.
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 Mike Bisogni
 Address 10354 Fox Meadow Ln.
 City West Friendship State Md. Zip Code 21794
 Home Phone 410-459-6600 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Existing Use SFD
 Proposed Use SFD - FINISH BASEMENT
 Estimated Construction Cost \$ 20,000.00

Contractor Company Outdoor Carpentry & Design
 Contact Person Luis Balocorne
 Address 5433 Woodbine Rd.
 City Woodbine State Md. Zip Code 21797
 License No. 83116
 Phone 410-549-5050 Fax 410-549-5449

Description of Work FINISH 4 additional rooms
in basement of home. Basement is
already partially finished

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

Occupant or Tenant same
 Contact Name _____
 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 <input type="checkbox"/> State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: _____ <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 _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular _____ Manufactured Home	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R _____ 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
 Title/Company VP

Print Name Peter Surge III
 Date 11/25/09

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

AGENCY: Land Development, DPZ DATE: 12/2/2009 SIGNATURE APPROVAL: [Signature]
 State Highways _____
 Building Officials _____
 Dev. Engineering, DPZ _____
 Health _____
 Fire Protection _____

DPZ SETBACK INFORMATION

Front: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit Required? YES NO
 Historic District? YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

PROPERTY ID # _____
 Filing fee \$ _____
 Permit fee \$ _____
 Excise tax \$ _____
 Add'l per. fee \$ _____
 TOTAL FEES \$ _____
 Sub-total paid \$ _____
 Balance due \$ _____
 Check Validation # _____
 Accepted by _____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

MD. STATE GRID MERIDIAN (MAD 89)

APPROVED

WALK-THRU BUILDING PERMIT

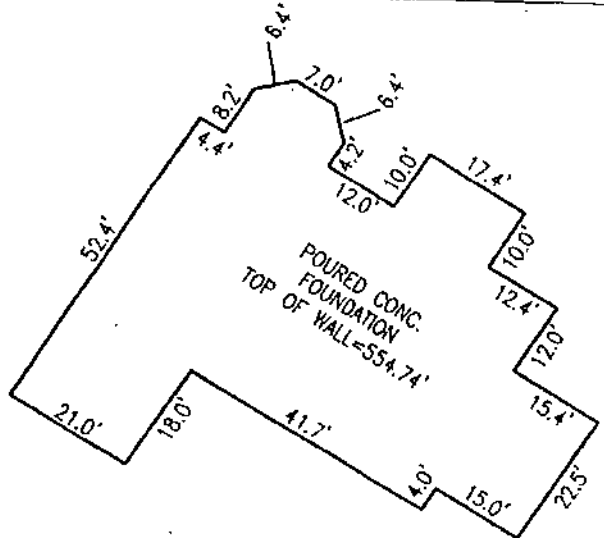
BP# _____ A# _____
 APP. SAN R. Bushan DATE: 12/2/2009
 DESC. OF WORK: Finish 4th Basement
Rooms (3 Offices, 1 Laundry)
plan submitted

5/6/03 -

Will Check OK

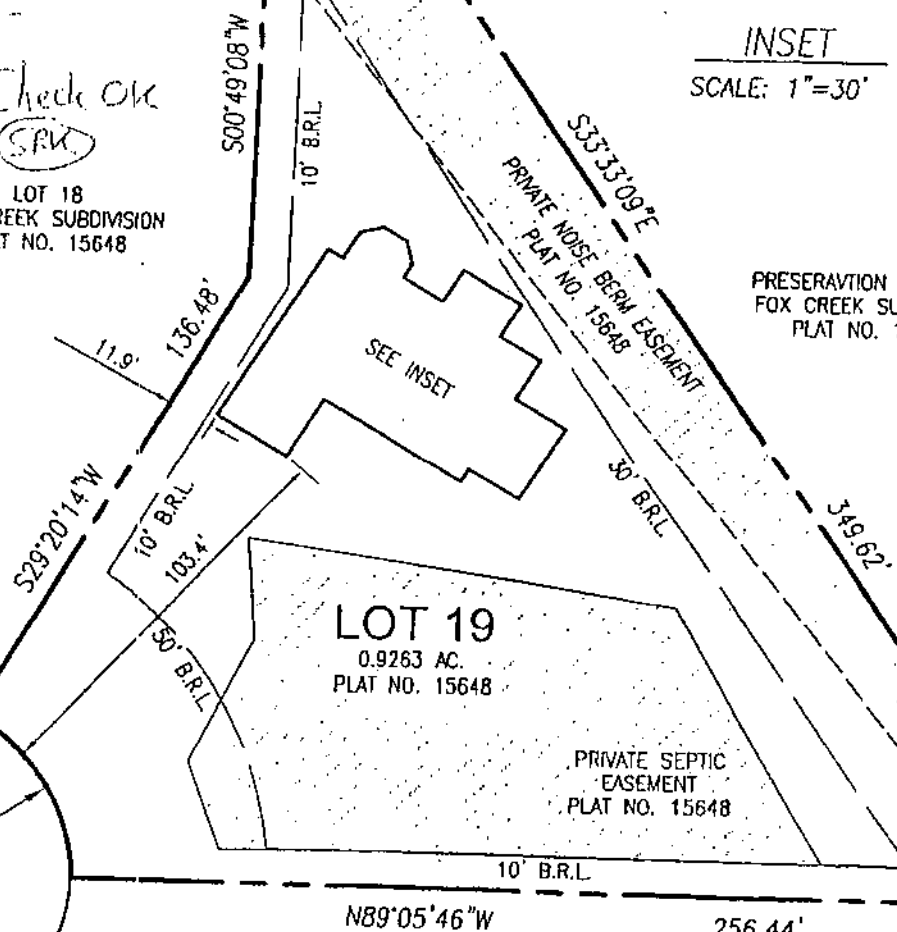
(SRV)

LOT 18
 FOX CREEK SUBDIVISION
 PLAT NO. 15648



INSET
 SCALE: 1"=30'

PRESERVATION PARCEL A
 FOX CREEK SUBDIVISION
 PLAT NO. 15648



LOT 19
 0.9263 AC.
 PLAT NO. 15648

PRIVATE SEPTIC
 EASEMENT
 PLAT NO. 15648

LOT 20
 FOX CREEK SUBDIVISION
 PLAT NO. 15648

FOX MEADOW LANE
 PUBLIC ACCESS STREET
 PLAT NO. 15648



