

Building Address 14366 MUSGROVE FARM CRT
GLENWOOD MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name JASON ROBERS
Address 14366 MUSGROVE FARM CRT
City GLENWOOD State MD Zip Code 21738
Home Phone (410) 489-7329 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated herein):
STEVE BOWERS
7 HAYMARICET CRT
BART MD 21236
Phone _____ Fax _____
(410) 227-9843

Existing Use SFD
Proposed Use SFD W/ DECK
Estimated Construction Cost \$ 7700.-

Contractor Company LOH R FENCE CO
Contact Person STEVE BOWERS
Address 1114 RT 3 NORTH
City CROFTON State MD Zip Code 21114
License No. 9615-01
Phone _____ Fax _____
(410) 793-0600

Description of Work 14' X 12' OPEN
WOOD DECK W/ STEPS

Occupant or Tenant OWNER
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 _____ Private <input checked="" type="checkbox"/> |
| Depth _____ Width _____ | Sewage Disposal: _____ Public <input checked="" type="checkbox"/> Private _____ |
| 1 st floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2 nd floor: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Sprinkler system: N/A <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____ |
| No. of Bedrooms _____ | |
| 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 _____ | |

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.

Robert Bowers
Applicant's Signature
AGENT
Title/Company

R. STEVEN BOWERS
Print Name
7/21/2009
Date

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

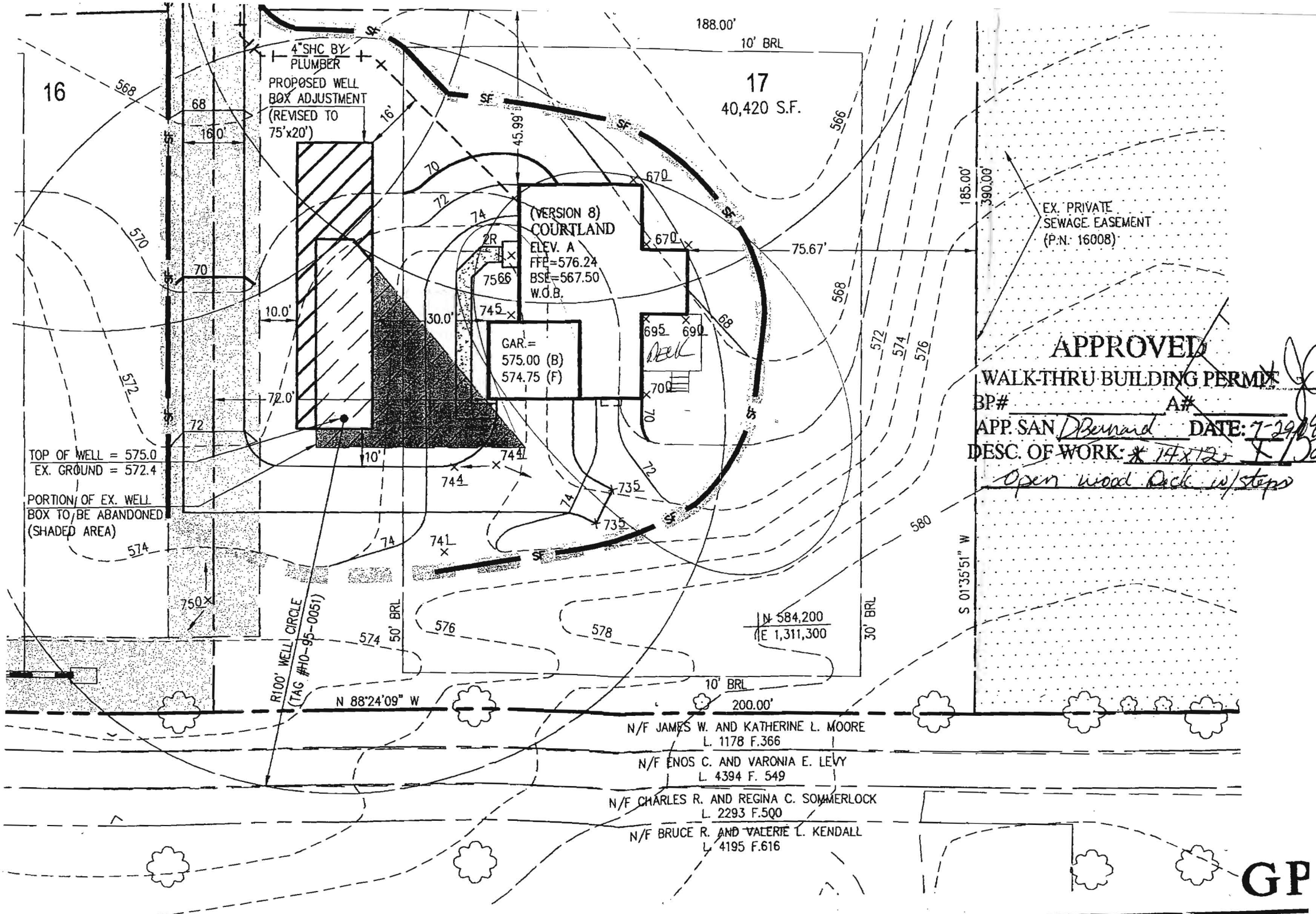
- FOR OFFICE USE ONLY -

| AGENCY | DATE | SIGNATURE | APPROVAL |
|-----------------------|----------------|-------------------|----------|
| Land Development, DPZ | | | |
| State Highways | | | |
| Building Officials | | | |
| Dev. Engineering, DPZ | | | |
| Health | <u>7-29-09</u> | <i>D. Bernard</i> | |
| Fire Protection | | | |

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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



HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER
 B09000200

Building Address 14366 Musgrove Farm Ct

Suite/Apt. #: _____ SDPWP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Ryan Homes

Address _____

City _____ State _____ Zip Code _____

Phone _____ Phone _____

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone 994-9702 Fax _____

Existing Use _____

Proposed Use _____

Estimated Construction Cost \$ _____

Description of Work "Courtland"

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

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: _____ | No. of stories: _____ | Gross area, sq. ft. per floor: _____ | Use group: _____ |
| 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 | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads | SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: _____ 2nd floor: _____ Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ 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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> Sprinkler system: N/A <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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature _____ Print Name _____

Title/Company _____ 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 Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | <u>3/17/09</u> | <u>[Signature]</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 # _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Historic District? | Validation # _____ |
| ONE STOP SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | Lot Coverage for NewTown Zone _____ | Accepted by _____ |
| T:\forms\PERMIT.FRM | | | SDP/Red-line approval date _____ | |