

Building Address: **15813 Old Frederick RD Woodbine, MD 21797**

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_

Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_

Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_

Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_

Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: **Single Family Dwelling**

Proposed Use: **GARAGE**

Estimated Construction Cost: \$ **40,000**

Description of Work: **Single Story Post Frame GARAGE 30' X 30' X 9'**

Occupant or Tenant: \_\_\_\_\_

Was tenant space previously occupied?  Yes  No

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Property Owner's Name: **Buddy & Stephanie Dietz**

Address: **15813 Old Frederick RD Woodbine MD 21797**

City: **Woodbine** State: **MD** Zip Code: **21797**

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Company: **Rasche Bros. Inc.**

Contact Person: **Tom Rasche**

Address: **24 Frederick ST Anytown MD 21787**

City: **Anytown** State: **MD** Zip Code: **21787**

License No.: **MHIC 36026**

Phone: **410-756-4451** Fax: \_\_\_\_\_

Email: **Tom@raschebrothers.com**

Engineer/Architect Company: \_\_\_\_\_

Responsible Design Prof.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL	
<b>Building Characteristics</b>	<b>Utilities</b>
Height: _____	<u>Water Supply</u>
No. of stories: _____	<input type="checkbox"/> Public
Gross area, sq. ft./floor: _____	<input type="checkbox"/> Private
Area of construction (sq. ft.): _____	<u>Sewage Disposal</u>
Use group: _____	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Construction type:</b>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full <input checked="" type="checkbox"/> Partial
<input checked="" type="checkbox"/> Roadside Tree Project Permit	<input type="checkbox"/> Other Suppression
<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Heads: _____
Roadside Tree Project Permit # _____	

BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b>	<b>Utilities</b>
<input type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<b>Depth</b> <b>Width</b>	<input type="checkbox"/> Public
1 <sup>st</sup> floor: _____	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: _____	<u>Sewage Disposal</u>
Basement: _____	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms: _____	<input type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units: _____	<input type="checkbox"/> Natural Gas
No. of 1 BR units: _____	<input type="checkbox"/> Propane Gas
No. of 2 BR units: _____	
No. of 3 BR units: _____	
Other Structure: _____	
Dimensions: _____	
Footings: _____	<input checked="" type="checkbox"/> Roadside Tree Project Permit
Roof: _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	Roadside Tree Project Permit # _____
<input type="checkbox"/> 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: **Thomas A Rasche**

Print Name: **Thomas A Rasche**

Email Address: **Tom@raschebrothers.com**

Date: **Oct 20, 2011**

Title/Company: \_\_\_\_\_

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health		<b>1/14/11 Dana Beard</b>
Fire Protection		

Is Sediment Control approval required for issuance?  Yes  No  
 CONTINGENCY CONSTRUCTION START  
 ONE STOP SHOP

**DPZ SETBACK INFORMATION**

Front: \_\_\_\_\_

Rear: \_\_\_\_\_

Side: \_\_\_\_\_

Side St.: \_\_\_\_\_

All minimum setbacks met?  Yes  No

Is Entrance Permit Required?  Yes  No

Historic District?  Yes  No

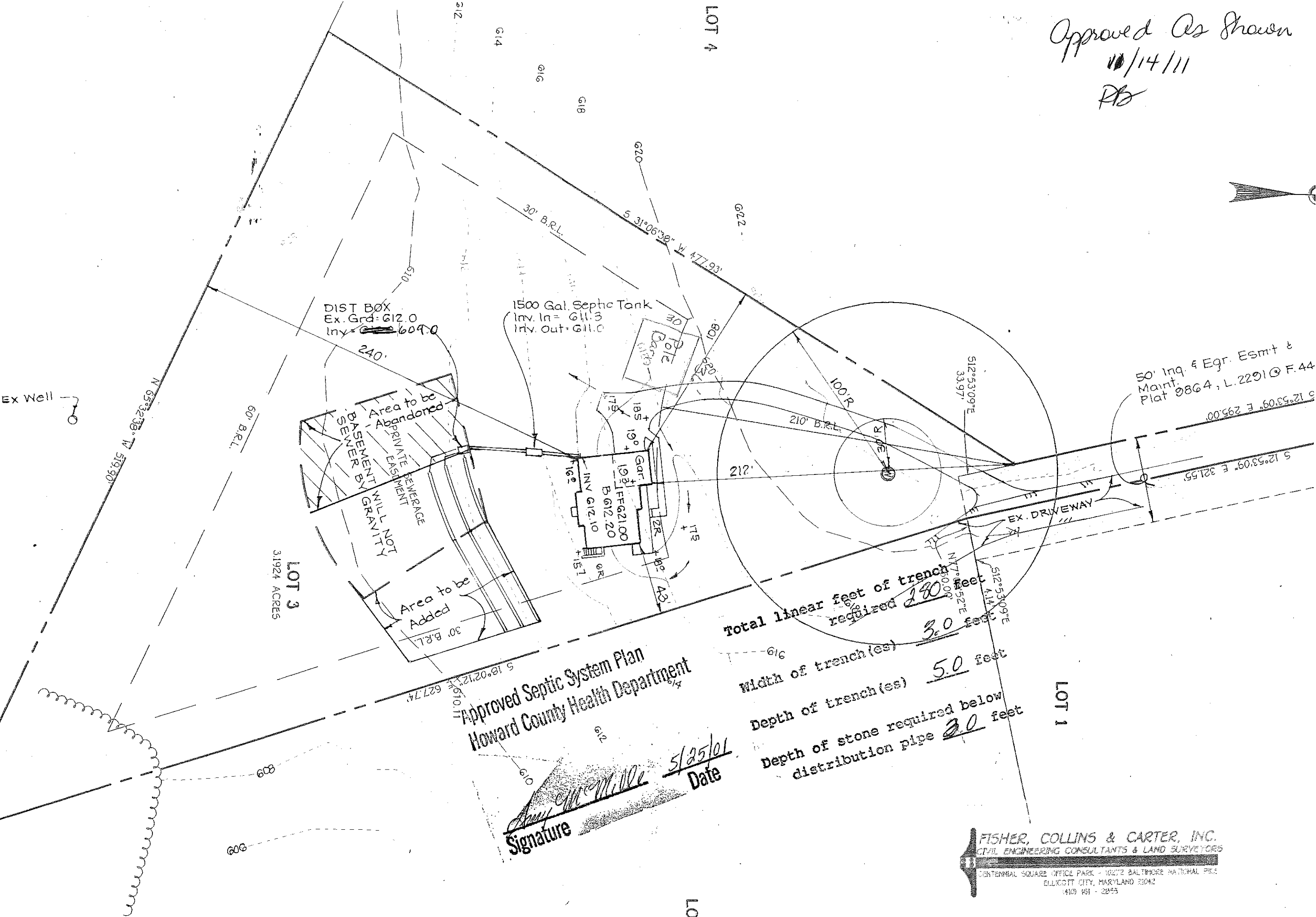
Lot Coverage for New Town Zone: \_\_\_\_\_

SDP/Red-line approval date: \_\_\_\_\_

Filing Fee	\$ <b>25.00</b>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub-Total Paid	\$
Balance Due	\$

**114 840**  
**259072**

Approved As Shown  
 10/14/11  
 RB



Ex Well

DIST BOX  
 Ex. Grd. 612.0  
 Inv. 609.0

1500 Gal. Septic Tank  
 Inv. In = 611.3  
 Inv. Out = 611.0

Area to be Abandoned  
 SEWER BY EASEMENT  
 GRANT NOT APPROPRIATE

LOT 3  
 3.1921 ACRES

Approved Septic System Plan  
 Howard County Health Department

Signature *[Handwritten Signature]*  
 Date 5/25/01

Total linear feet of trench required 212 feet

Width of trench (es) 3.0 feet

Depth of trench (es) 5.0 feet

Depth of stone required below distribution pipe 2.0 feet

LOT 1

FISHER, COLLINS & CARTER, INC.  
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS  
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE  
 ELLICOTT CITY, MARYLAND 21042  
 (410) 451-2255

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
 B00136534

Building Address 15213 Old  
~~South~~ Fredrick Rd, Woodbine 21797  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 604001 Subdivision Home Property  
 Section — Area — Lot 3  
 Tax Map 7 Parcel 517 Grid 6  
 Zoning RC Map Coordinates 368 Lot size \_\_\_\_\_

Property Owner's Name Ronald S. Sheldon  
 Address 15213 Old Fredrick Rd  
 City Woodbine State MD Zip Code 21797  
 Home Phone 410-409 5024 Work Phone 410-691-0326  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use My house SF Home  
 Proposed Use same as before  
 Estimated Construction Cost \$ 5,000  
 Description of Work Deck 26x11  
2 Level 20x16  
Steps to grade

Contractor Company SELF  
 Contact Person \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 License No. \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Occupant or Tenant SALE  
 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: <u>5'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>2 Level Deck</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>525 sq ft</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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 checked="" type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

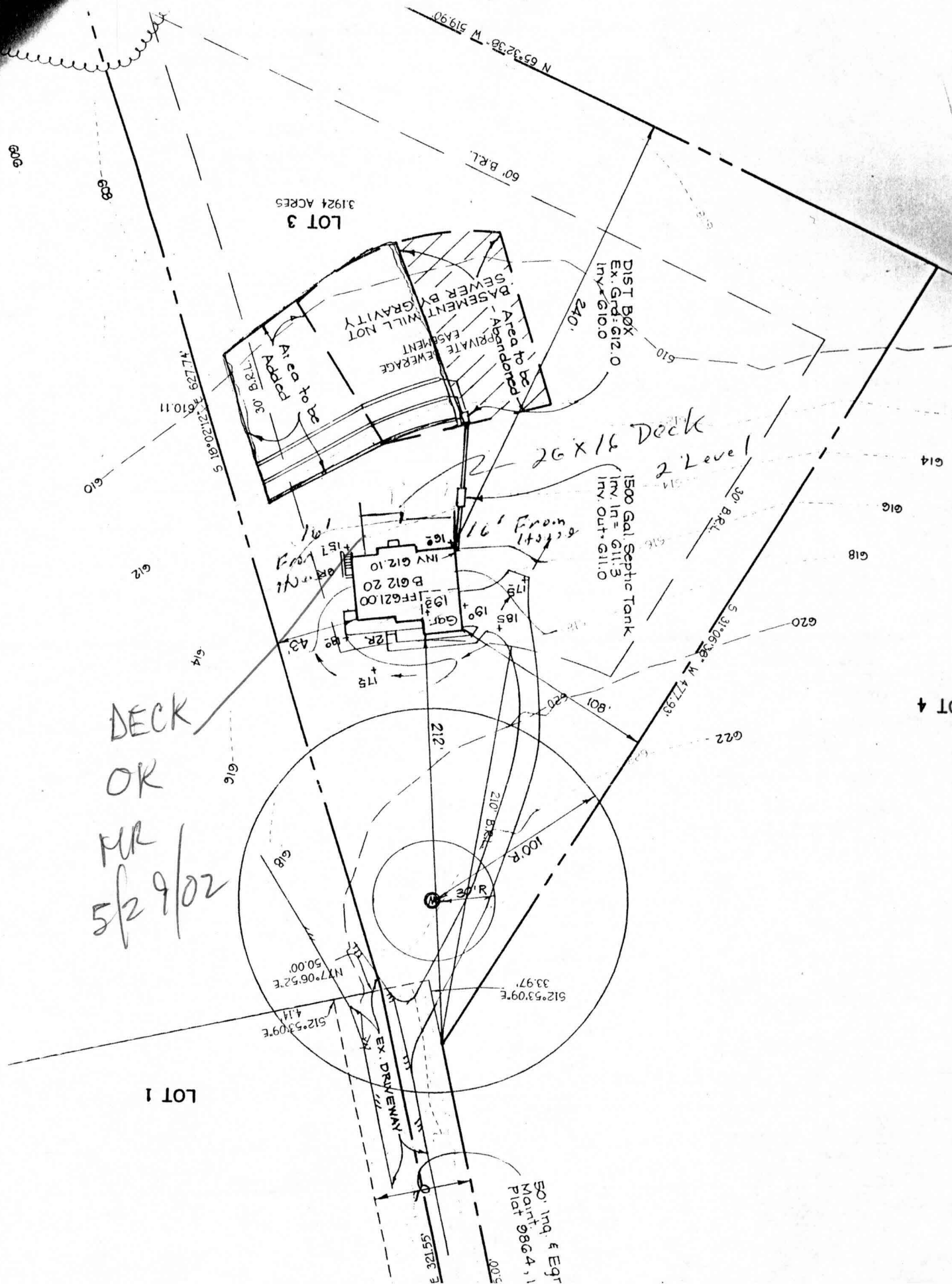
Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> 1st floor: <u>50</u> <u>30'</u> 2nd floor: <u>50</u> <u>33</u> Basement: <u>50</u> <u>33</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: <u>X</u>	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input checked="" type="checkbox"/> Manufactured Home	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____

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Applicant's Signature Ronald Sheldon  
 Title/Company Owner  
 Date 5/29/02  
 Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
**\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\***

Print Name Ronald Sheldon  
5-30-02 5:29:02

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LOT 3  
3.1924 ACRES

LOT 2

LOT 1

DECK  
OR  
MR  
5/29/02

50' Inq. & Egr  
Mort. 9864, 1  
Plat

26x16 Deck  
2 Level  
1500 Gal Septic Tank  
Inv. In = 611.3  
Inv. Out = 611.0

Area to be  
Abandoned  
PRIVATE  
EMERGENCY  
SEWER BY GRAVITY  
BASEMENT WILL NOT

DIST BOX  
Ex. Grd. 612.0  
Inv. 610.0

Part of old  
Area

16' From  
14' 6"

FFG21.00  
B 612.20  
INV 612.10  
GAR.  
19.34  
17.8  
15.1  
13.6  
12.1  
10.6  
9.1  
7.6  
6.1  
4.6  
3.1  
1.6

S 12° 53' 09" E 33.97'  
N 77° 06' 52" E 50.00'  
S 12° 53' 09" E 4.14'

EX. DRIVEWAY

30' R

100' R

210' B.R.L.

212'

30' B.R.L.

622

S 31° 06' 38" W 477.93'

30' B.R.L.

611

610

609

608

607

606

605

604

603

602

601

600

N 65° 32' 38" W 519.90'

N 62° 17' 38" E 7610.11'

S 21° 20' 20" E 5

610

609

608

607

606

605

604

603

602

601

600

599

598

597

596

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