

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 308 001 088

Building Address <u>BENSON ESTATES CT</u>	Property Owner's Name <u>SEAN HEALY</u>
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Address <u>SAME</u>
Census Tract _____ Subdivision _____	City _____ State _____ Zip Code _____
Section _____ Area _____ Lot _____	Home Phone _____ Work Phone _____
Tax Map _____ Parcel _____ Grid _____	Applicant's Name & Mailing Address, (if other than stated hereon): _____
Zoning _____ Map Coordinates _____ Lot size _____	Phone _____ Fax _____
Existing Use <u>SINGLE FAMILY</u>	Contractor Company <u>OLDE MILL CONSTRUCTION</u>
Proposed Use <u>SINGLE FAMILY W/ ADDITION</u>	Contact Person <u>RAY FARRAR</u>
Estimated Construction Cost \$ <u>12,800<sup>00</sup></u>	Address <u>6106 CHALLEDON CIRCLE</u>
Description of Work <u>16'x8' ADDITION, 2 STORY, SLAB ON GRADE UNFINISHED STORAGE 1ST FLOOR, LAUNDRY ROOM 2ND FLOOR</u>	City <u>MT AIRY</u> State <u>MD</u> Zip Code <u>21771</u>
Occupant or Tenant _____	License No. <u>12565</u> MHC
Contact Name _____	Phone <u>443-604-3590</u> Fax _____
Address _____	Engineer or Architect Company _____
City _____ State _____ Zip Code _____	Contact Person _____
Phone _____ Fax _____	Address _____
	City _____ State _____ Zip Code _____
	Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
<b>Building Characteristics</b>	<b>Utilities</b>	<b>Building Characteristics</b>	<b>Utilities</b>
Height: <u>22'</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of stories: <u>2</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private	1st floor: Depth <u>8</u> Width <u>16</u>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>128</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2nd floor: <u>8</u> <u>16</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Basement: _____	Gas Yes <input type="checkbox"/> No <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	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>	Other Structure: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full _____	Dimensions: _____	_____ NFA #13D
	Partial _____	Footings: _____	_____ NFA #13R
	Other Suppression _____	Roof Height: _____	Other: _____
	# of Heads _____	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: Ray Farrar Print Name: RAY FARRAR  
 Title/Company: OWNER OLDE MILL CONSTRUCTION Date: 4-17-08

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>4/17/08</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Check \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			BDP/Red-line approval date _____	Validation \$ _____
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	

PRESERVATION  
PARCEL 'A'

LOT 8

144.20'

S 46° 35' 57" W

S 75° 20' 14" E  
LOT 7  
412.544'

Public 20' Drainage &  
Utility Easement  
Plat No. 12135

APPROVED

VALETTI BUILDING PERMIT

# B08001088 A# 50387-L

SS DATE: 4/17/08

10' x 8' slab upgrade  
unframed storage 1st floor  
laundry room 2nd floor

LOT 6

N 47° 05' 41" W

Wooden  
Fence  
50'

15' BRL

Sewerage Easement,  
Plat Note No. 1 Plat  
33

SEPTIC  
TANK

15' BRL

48'±

#13153

8'  
16'

20'

20'

305.31'

Masadam  
Driveway

6' E  
BR

110' BRL

342.00'

20' Drainage & Utility  
Easement - Plat No. 12

13153  
BENSON ESTATES CT.

178.00'

Utility  
Plat No. 12135