

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION **808000912** **PERMIT NUMBER**

Building Address 17110 Old Frederick Rd Property Owner's Name Andy and Kim Langley
Mount Airy, Md 21771 Address 17110 Old Frederick Rd.
 City Mount Airy State MD Zip Code 21771
 Suite/Apt. # 17110 SDP/WP/Petition #: _____ Phone 301-829-4983
 Census Tract _____ Subdivision STIRN Applicant's Name & Mailing Address, (if other than stated herein):
Thomas Murray
3700 Buffalo Rd. New Windsor,
MD. 21776
 Section _____ Area _____ Lot 3 Phone 410 984 0511 Fax _____
 Tax Map 2 Parcel 240 Grid 20 Contractor Company Thomas Murray LLC
 Zoning RCD50 Map Coordinates _____ Lot Size 3,282 Contact Person Thomas Murray
 Existing Use _____ Address 3700 Buffalo Rd
 Proposed Use Outdoor Pavilion City New Windsor State MD Zip Code 21776
 Estimated Construction Cost \$ 30,000 License No. 121854 Phone _____ Fax _____
 Description of Work Construct an
18x28 Pavillion Phone 410 984-0511

Occupant or Tenant Andy Langley Engineer or Architect Company Jana Ref Benckhoff
 Contact Name Andy Langley Contact Person Ref Benckhoff
 Address 17110 Old Frederick Rd Address _____
 City Mount Airy State MD Zip Code 21771 City _____ State _____ Zip Code _____
 Phone 301-829-4983 Fax _____ Phone 717-794-2076 Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 Water Supply:
 Public
 Private
 Sewage Disposal:
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 Full
 Partial
 Other Suppression
 # of Heads _____

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: N/A
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 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: Pavilion
 Dimensions: 18x28
 Footings: 174
 Roof Height: _____
 State Certified Modular
 Manufactured Home

Utilities
 Water Supply: N/A
 Public
 Private
 Sewage Disposal: N/A
 Public
 Private
 Electric Yes No
 Gas Yes No
 Heating System: N/A
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 NFPA #13D
 NFPA #13R
 Other: _____

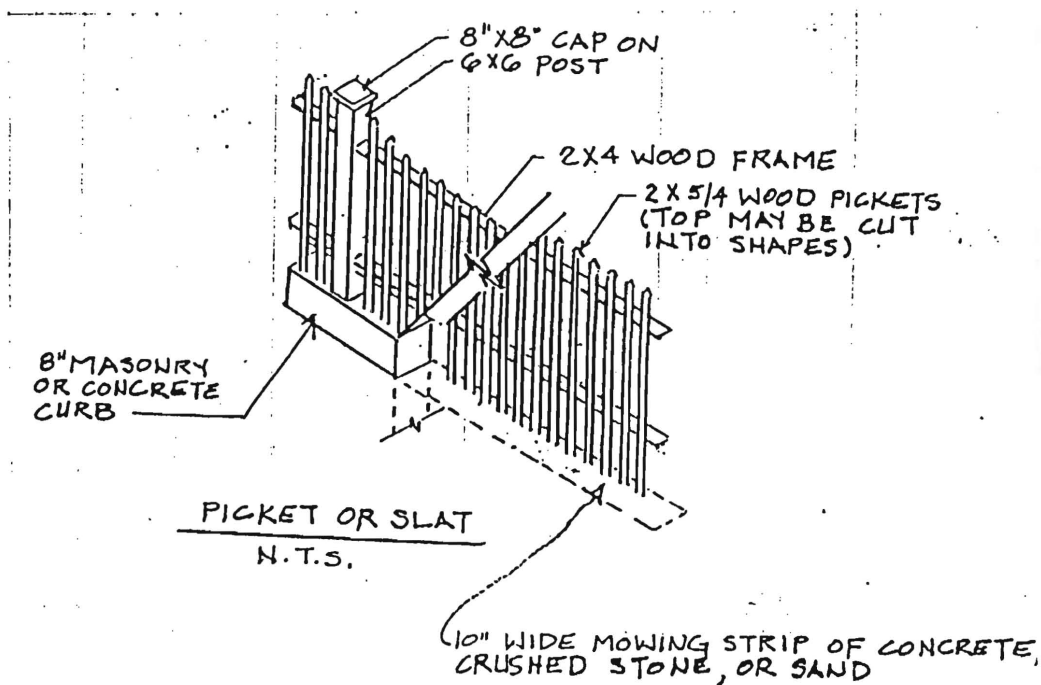
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Thomas Murray LLC Applicant's Signature Thomas Murray Print Name
3/20/08 Date

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****
- FOR OFFICE USE ONLY -

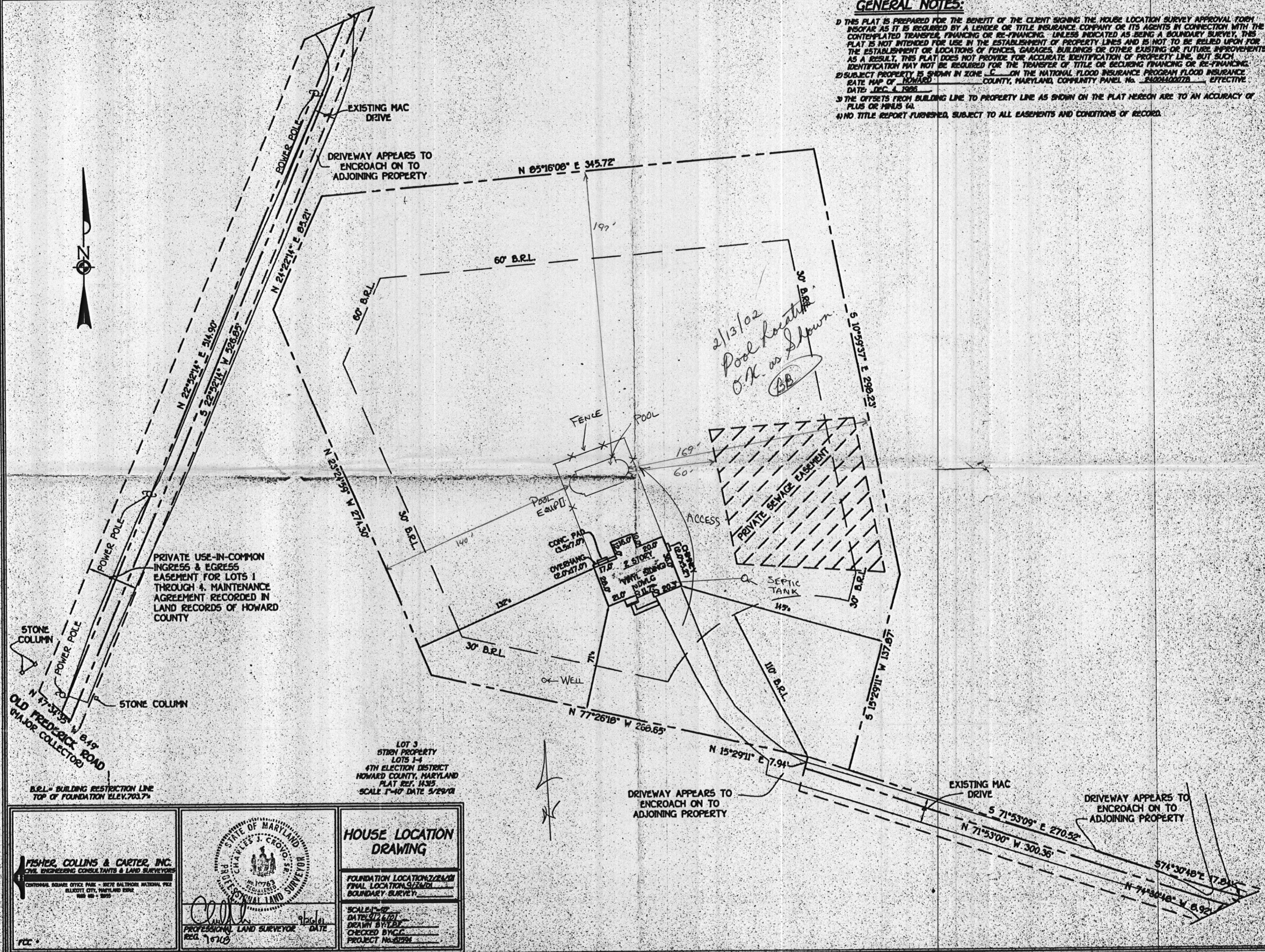
AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development DPZ				Front: _____	Filing fee \$ _____
State Highways				Rear: _____	Permit fee \$ _____
Building Officials				Side: _____	Excise tax \$ _____
Dev. Engineering DPZ				Side St: _____	Add'l per fee \$ _____
Health	<u>4-3-08</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 # <u>1036</u>
				Historic District?	Validation # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Lot Coverage for New Town Zone _____	Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date _____	
Distribution of Copies - White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				REV 10/28/04	
T:forms/buildingpermitapplication					

Kim & Andy LANGLEY
17110 OLD FREDERICK ROAD



GENERAL NOTES:

- 1) THIS PLAT IS PREPARED FOR THE BENEFIT OF THE CLIENT SIGNING THE HOUSE LOCATION SURVEY APPROVAL FORM INsofar AS IT IS REQUIRED BY A LENDER OR TITLE INSURANCE COMPANY OR ITS AGENTS IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR RE-FINANCING. UNLESS INDICATED AS BEING A BOUNDARY SURVEY, THIS PLAT IS NOT INTENDED FOR USE IN THE ESTABLISHMENT OF PROPERTY LINES AND IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATIONS OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS AS A RESULT, THIS PLAT DOES NOT PROVIDE FOR ACCURATE IDENTIFICATION OF PROPERTY LINE, BUT SUCH IDENTIFICATION MAY NOT BE REQUIRED FOR THE TRANSFER OF TITLE OR SECURING FINANCING OR RE-FINANCING.
- 2) SUBJECT PROPERTY IS SHOWN IN ZONE C ON THE NATIONAL FLOOD INSURANCE PROGRAM FLOOD INSURANCE RATE MAP OF HOWARD COUNTY, MARYLAND, COUNTY PANEL No. 240210007D EFFECTIVE DATE: DEC. 4, 1995.
- 3) THE OFFSETS FROM BUILDING LINE TO PROPERTY LINE AS SHOWN ON THE PLAT HEREON ARE TO AN ACCURACY OF PLUS OR MINUS 1/4".
- 4) NO TITLE REPORT FURNISHED, SUBJECT TO ALL EASEMENTS AND CONDITIONS OF RECORD.



LOT 3
STRON PROPERTY
LOTS 1-4
4TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND
PLAT REF. H315
SCALE 1"=40' DATE 5/29/01

HOUSE LOCATION DRAWING

FOUNDATION LOCATION: 2/24/01
FINAL LOCATION: 5/24/01
BOUNDARY SURVEY

SCALE: 1"=40'
DATE: 5/24/01
DRAWN BY: JCC
CHECKED BY: JCC
PROJECT No: 6221

STATE OF MARYLAND
CHARLES J. CROTON
No. 10763
JULY 23, 1976
PROFESSIONAL LAND SURVEYOR

PROFESSIONAL LAND SURVEYOR
REG. 10718

FISHER, COLLINS & CARTER, INC.
CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS

CENTONAL SQUARE OFFICE PARK - 1827E BALTIMORE NATIONAL PIKE
BELTSVILLE CITY, MARYLAND 20854
410-311-2000

FCC

Building Address 17110 Old Frederick Rd
Mt Airy MD 21771

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract 6040 Subdivision STIM SUB DIV

Section _____ Area _____ Lot 3

Tax Map 2 Parcel 240 Grid 20

Zoning RC Map Coordinates 307 Lot size _____

Property Owner's Name Arthur C. McLaughlin
 Address 9017 Red Bank Rd
 City Columbia State MD Zip Code 21043
 Home Phone _____ Work Phone 410-712-4800
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone _____ Fax _____

Existing Use S.F.O
 Proposed Use Same with Town
 Estimated Construction Cost \$ 240,000

Description of Work Install of new thousand
underground drainage tank for N/A
SB.

Contractor Company American
 Contact Person Tom McLaughlin
 Address 10097 Barboursville Pk
 City Ellicott City State MD Zip Code 21042
 License No. _____ Phone 410-465-2300 Fax 410-465-2803

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	
<p>Building Characteristics</p> <p>Height: _____</p> <p>No. of stories: _____</p> <p>Gross area, sq. ft. per floor: _____</p> <p>Use group: _____</p> <p>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</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>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"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____</p>	<p>Building Characteristics</p> <p>SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____</p> <p>1st floor: _____ 2nd floor: _____ Basement: _____</p> <p>Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____</p> <p>Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____</p> <p>Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____</p> <p><input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home</p>	<p>Utilities</p> <p>Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private</p> <p>Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/></p> <p>Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____</p>

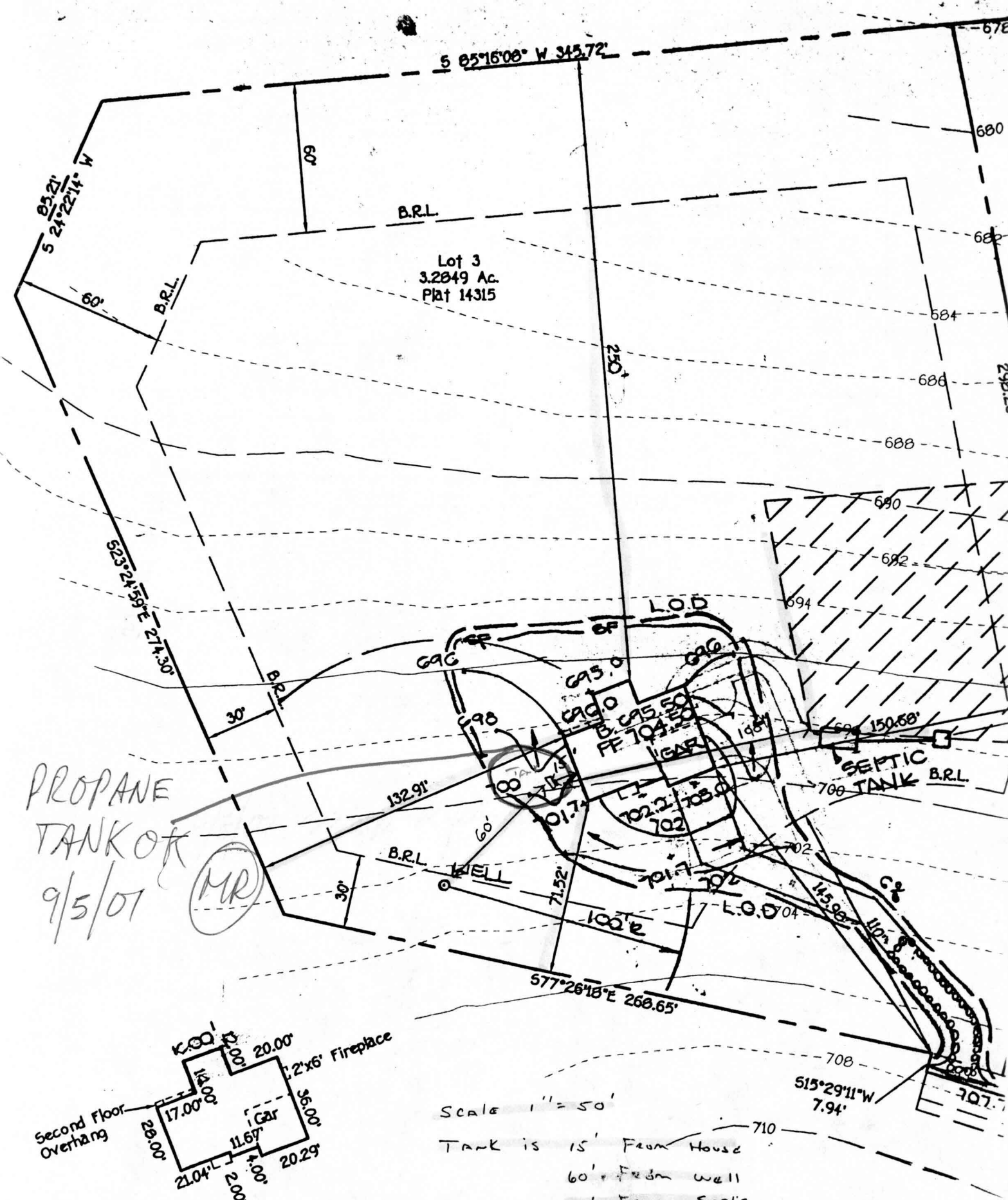
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Thomas R. McLaughlin
 Applicant's Signature
 Title/Company American

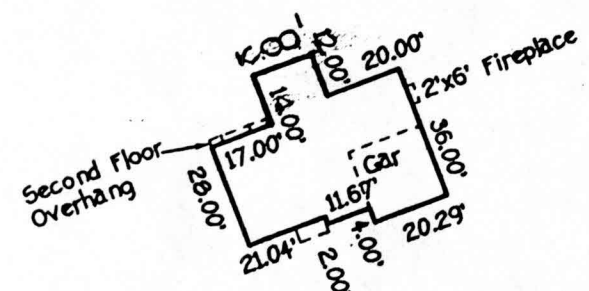
Thomas R. McLaughlin
 Print Name
Aug 13, 2001
 Date

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: _____ Rear: _____ Side: _____ Side St.: _____	0005-1137
State Highways			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ <u>100</u>
Building Official			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ	<u>9/5/01</u>	<u>Mark R. [Signature]</u>	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health			Lot Coverage for New Town Zone _____	Add'l per fee \$ _____
Fire Protection			SDP/Red-line approval date _____	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>357051</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHIA				Validation # <u>4104</u>
				Accepted by <u>[Signature]</u>



PROPANE
TANK OK
9/5/07
(MR)



Scale 1" = 50'

Tank is 15' From House
60' From well
100' From Septic

Install (1) 1000 Gallon Asmc
UNDERGROUND LP TANK, Per NFPA 58