

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
B08001271

Building Address 3120 Fox Valley Dr.  
West Friendship, MD 21794

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision West Friendship Estates

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 4

Tax Map 15 Parcel 42 Grid 16

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name David & Rebecca Gruber

Address 3120 Fox Valley Dr.

City West Friendship State MD Zip Code 21794

Home Phone 410-522-6410 Work Phone \_\_\_\_\_

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

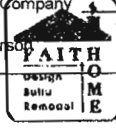
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD

Proposed Use Additions to SFD

Estimated Construction Cost \$ 60,000

Description of Work Additions to Rear of Residence,  
Remodel Kitchen.

Contractor Company  **FAITH HOME**

Contact Person **REMODELING SERVICES, INC.**  
 3205 Corporate Court  
 Ellicott City, MD 21042-2247  
 (410) 461-6700  
 MHC # 685

Address \_\_\_\_\_

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

License No. 685

Phone 410-461-6700 Fax 410-461-6702

Occupant or Tenant SAME AS OWNER

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company Michael J. Birner C&R

Contact Person  **FAITH HOME**

**REMODELING SERVICES, INC.**  
 3205 Corporate Court  
 Ellicott City, MD 21042-2247  
 (410) 461-6700  
 MHC # 685

Address \_\_\_\_\_

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

Phone 410-461-6700 Fax 410-461-6702

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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> 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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____

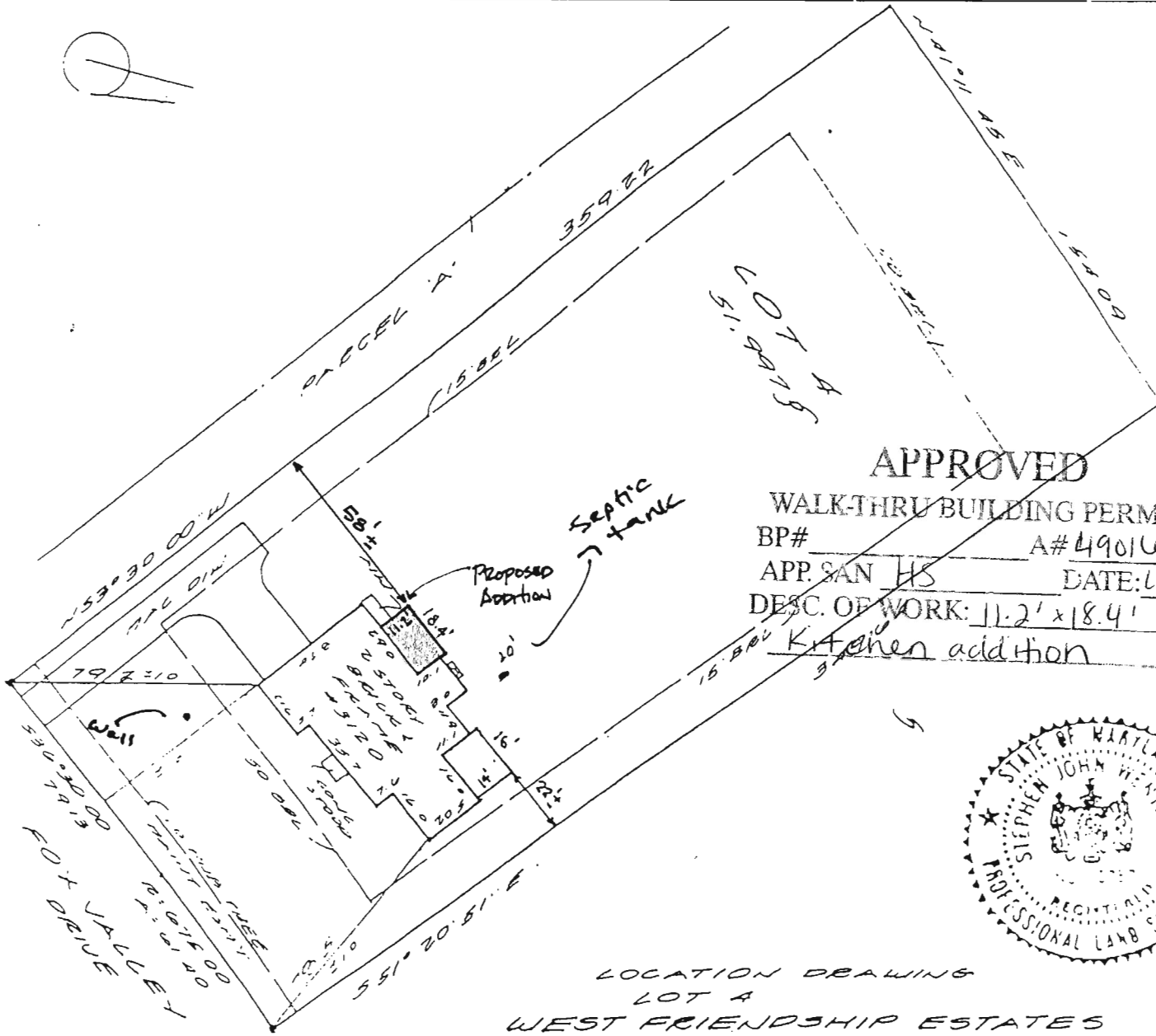
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 \_\_\_\_\_ 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
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>4/28/08</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

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 NewTown Zone _____	Check \$ _____
SDP/Red-line approval date _____	Validation \$ _____



**Surveyor's Certification**

I hereby certify that the survey shown hereon is correct to the best of my knowledge and that, unless noted otherwise, it has been prepared using description of record. This survey is not a boundary survey and the location or existence of property corners is neither guaranteed nor implied. Fence lines if shown are approximate in location. This property does not lie within a 100 year flood plain according to FEMA insurance maps unless otherwise shown hereon. Building restriction lines shown as per available information.

*Stephen J. Westholm*  
 Stephen J. Westholm, Maryland RLS Reg. No. 10767

NOTE: This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. This plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. This plat does not provide for the accurate identification of property boundary lines, or such identification may not be required for the transfer of title or securing financing or refinancing.

DATE: 3-21-97  
 SHEET: 1 of 50  
 JOB NO.:  
 PLAN NO.: 434  
 CASE NO.: 97-05310



Meridian Surveys, Inc.  
 2401 Research Boulevard  
 Rockville, MD 20850  
 (301) 840-0025

Address: 3120 FOX VALLEY DRIVE  
 District: 3  
 Jurisdiction: HOWARD COUNTY, MD

NO TITLE REPORT FURNISHED

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
**300159204**

Building Address 3120 Fox Valley Drive  
West Friendship, MD 21794  
Suite/Apt. #: \_\_\_\_\_ SDP/WPI/Petition #: #11434  
Census Tract 603000 Subdivision West Friendship  
Section 1 Area \_\_\_\_\_ Lot 4  
Tax Map 15 Parcel 42 Grid 16  
Zoning RCDEP Map Coordinates \_\_\_\_\_ Lot size 1.19A

Property Owner's Name David & Rebecca Gausch  
Address 3120 Fox Valley Drive  
City West Friendship State MD Zip Code 21794  
Home Phone 410-469-5226 Work Phone 410-454-4042  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Unfinished Basement Area  
Proposed Use OFFICE AREA & BATHROOM  
Estimated Construction Cost \$ 16,000  
Description of Work  
16118 OFFICE AREA  
9'x7' BATHROOM  
7x7 closet 3500

Contractor Company Robert Wertz Inc  
Contact Person Robert Wertz  
Address 5293 KERRY RD  
City Ellicott City State MD Zip Code 21043  
License No. MTHL 37267  
Phone 410-747-8924 Fax 410-747-8353

Occupant or Tenant SAME  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person N/A  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
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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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private _____
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Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFFPA #13D _____ NFFPA #13R _____ Other: _____
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: _____	
State Certified Modular _____ Manufactured Home _____	

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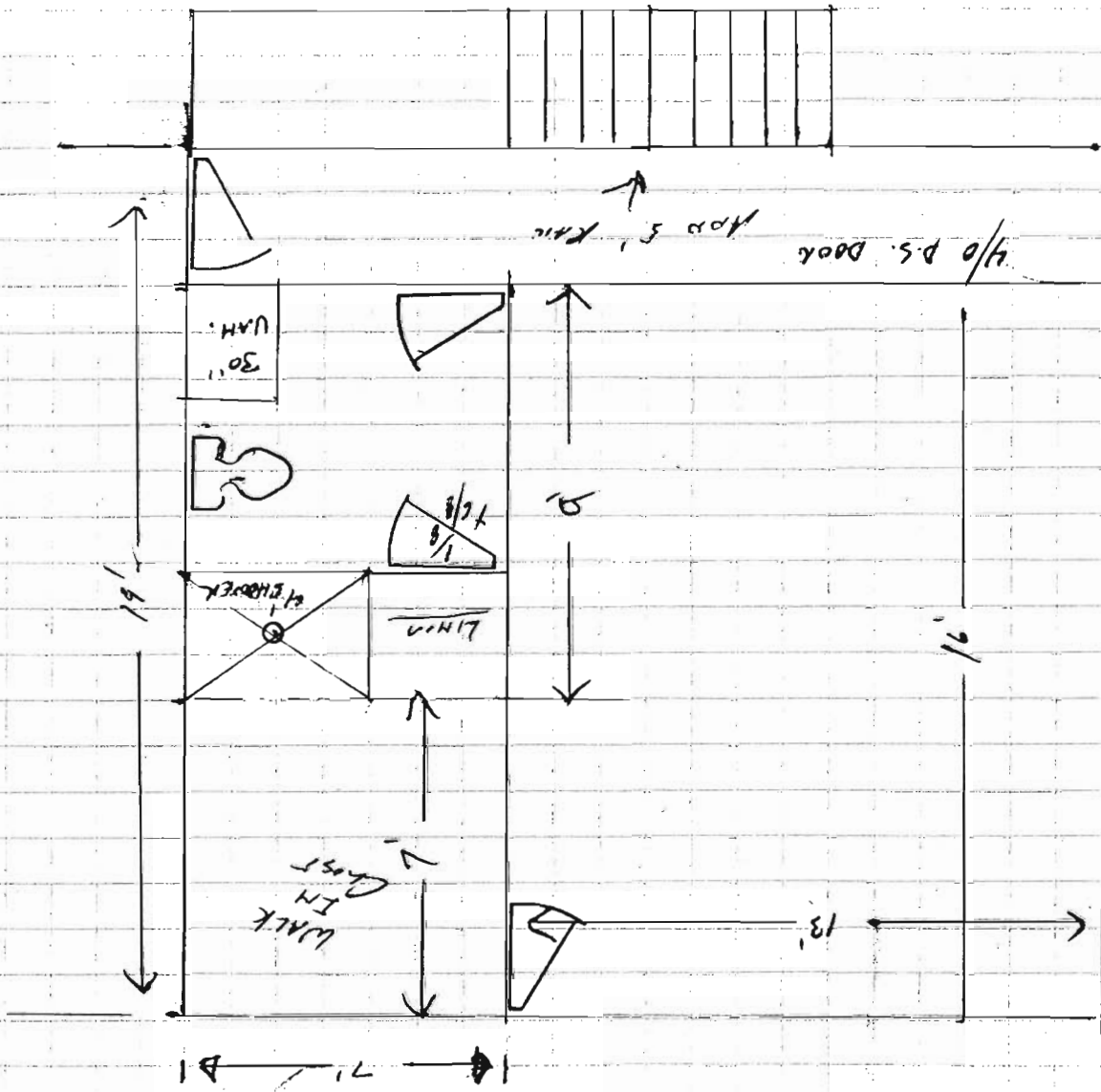
Applicant's Signature [Signature]  
Title/Company \_\_\_\_\_

Print Name Robert Wertz  
Date 4-26-06

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

7203

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	Filing fee \$ <u>25</u>
State Highways	<u>4/26/06</u>	<u>[Signature]</u>	Rear: _____	Permit fee \$ <u>30</u>
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering DPZ	<u>4/26/06</u>	<u>Karen Norman</u>	Side St.: _____	Add'l per. fee \$ <u>5</u>
Health			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 SHCP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies- Write: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				



**APPROVED**

WALK-THRU BUILDING PERMIT

BP# B00159204 A# 490116  
 APP. SAN Kacie Norman DATE: 4-26-06  
 DESC. OF WORK: finish  
basement

*Future permits may require upgrade of septic system - Explained to contractor, that this layout would support future home sale as a bedroom*