

Building Address 13541 Paternal Gift Dr  
Hagerstown MD 20777

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

Census Tract 605102 Subdivision Paternal Gift Farm

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 6

Tax Map 40 Parcel 413 Grid 11

Zoning R-10 Map Coordinates 11C13 Lot size 26000

Property Owner's Name Charles & Hester Butterfield

Address 2001 Eastport Rd

City Columbia State MD Zip Code 21046

Home Phone 201-418-7258 Work Phone SAME

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

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

Existing Use Residential Single Family

Proposed Use same

Estimated Construction Cost \$ 124,000

Description of Work add patio & deck to rear  
4.5 x 25 7.4 x 11

Contractor Company Franklin Contract Co Inc.

Contact Person Craig Beckert

Address 12341 Wilkins Ave

City Rockville State MD Zip Code 20852

License No. 7880 1493

Phone 301-231-1385 Fax 231-8038

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

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company ATA Neuharmer & Son

Contact Person Robert Neuharmer

Address Cabin John St MD

City Potomac State MD Zip Code \_\_\_\_\_

Phone 301-291-7617 Fax \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

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

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" 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"/> Crawlf space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #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: _____	
<input type="checkbox"/> State Certified Modular <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 PURPOSES OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

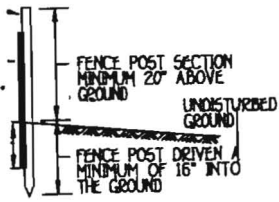
Applicant's Signature G. Craig Beckert  
 Title/Company VP / Frank or Const Co

Print Name G. CRAIG BECKET  
 Date 3/14/01

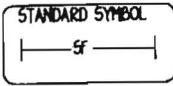
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

**FOR OFFICE USE ONLY**

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	<u>46315</u>
<input type="checkbox"/> State Highways			Rear: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> Building Official	<u>3/14/01</u>	<u>[Signature]</u>	Side: _____	Permit fee \$ <u>50</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Health	<u>3/14/01</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>50</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>4771</u>
				Validation # <u>56781</u>
				Accepted by <u>[Signature]</u>



S SECTION



6" minimum into the  
 (m) cut, or 13/4" diameter  
 od. Steel posts will be  
 pond per linear foot.

z post with wire ties  
 following requirements

- Test: MSMT 509
- Test: MSMT 509
- Test: MSMT 322
- Test: MSMT 322

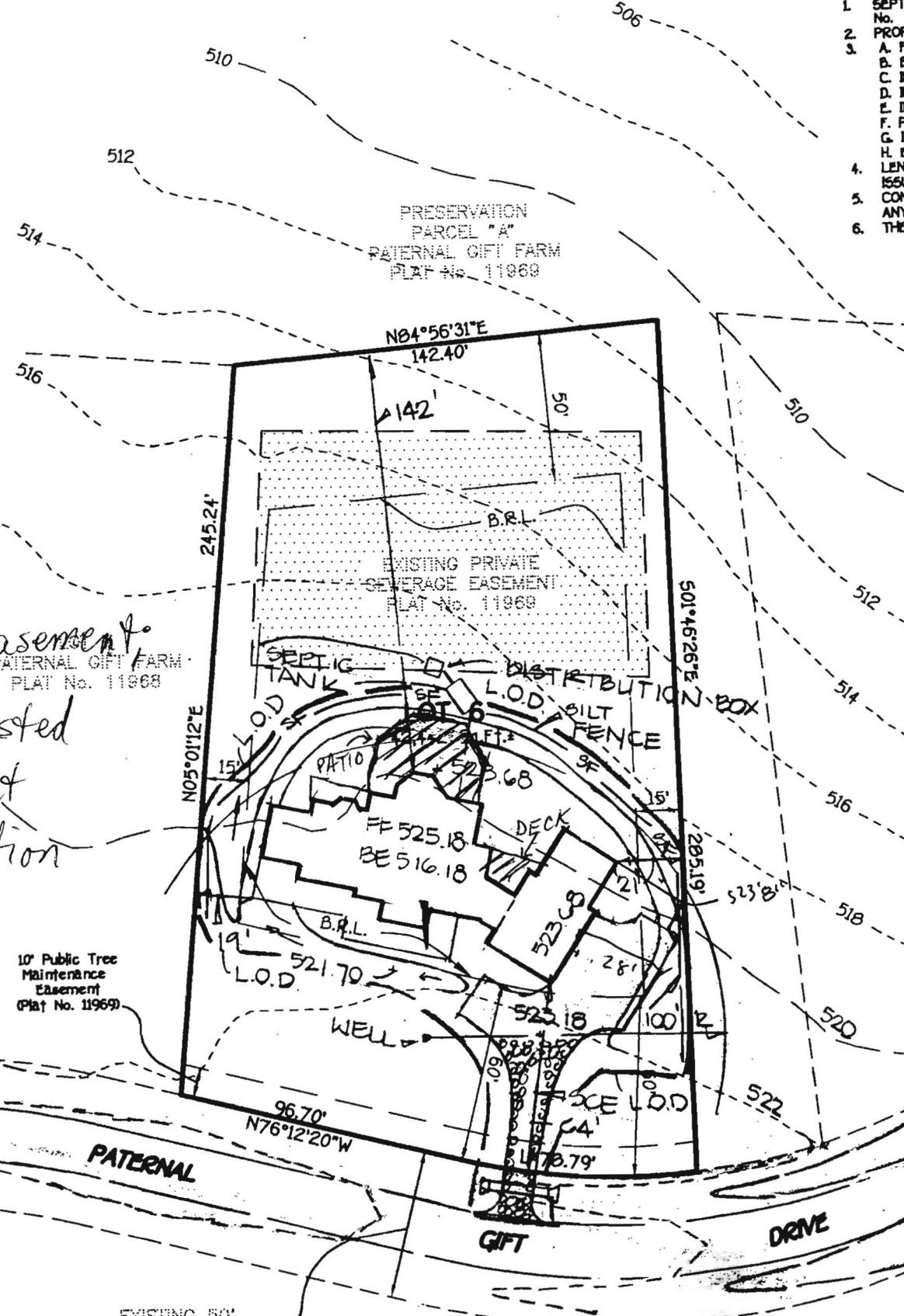
ey shall be overlapped.

ent and maintained when  
 2% of the fabric height.

**GENERAL**

1. SEPTIC No.
2. PROPOSED
3. A. FIRE
- B. BAE
- C. INVI
- D. INVI
- E. INVI
- F. PRO
- G. INVI
- H. EXH
4. LENGT
- ISSUAN
5. CONTR
- ANY C
6. THERE

DECK OK<sup>5/8</sup>  
 AS SHOWN  
 15' to sewage easement  
 S.T. to be adjusted  
 10' from deck at  
 septic installation  
 (builder aware)  
 MR 3/4/01



EXISTING 50'  
 RIGHT-OF-WAY  
 PLAT Nos. 11965-11969

1:50

119

