

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

300159239

Building Address 3183 Fox Valley Dr.
West Friendship MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name David, Wayne & Darlene
Address 3183 Fox Valley Dr.
City W. Friendship State MD Zip Code 21794
Home Phone 410-489-0105 Work Phone 443-479-9222
Applicant's Name & Mailing Address, (if other than stated hereon):
Denise Lehman
Phone 410-661-4002 Fax _____

Existing Use _____
Proposed Use _____
Estimated Construction Cost \$ 13,635.00
Description of Work 2 open decks to code
14x16 w/bump out
8x8

Contractor Company Creative Deck Designs
Contact Person Bob Lehman
Address 9223 Harford Rd
City Balto. State MD Zip Code 21234
License No. 37346
Phone 410-661-4002 Fax _____

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

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

| Building Characteristics | Utilities |
|---|---|
| SF Dwelling <input checked="" 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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: |
| 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 | |

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.

Denise Lehman
Applicant's Signature

Denise Lehman
Print Name

Title/Company _____

Date _____

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

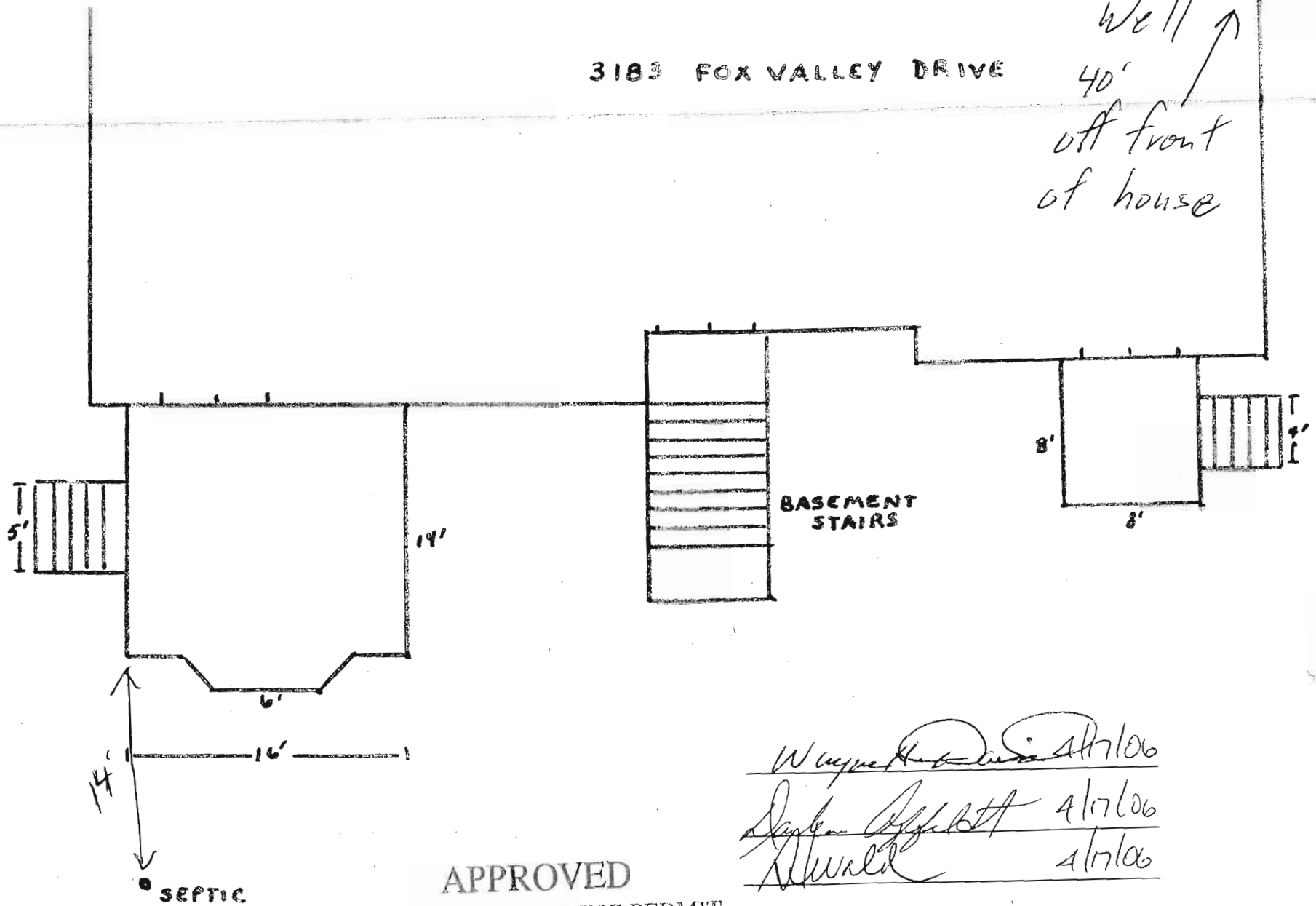
| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID#: |
|--|----------------|--------------------|--|-------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | <u>4/27/06</u> | <u>[Signature]</u> | Side St.: _____ | Add'l per. fee \$ _____ |
| 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 SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | Lot Coverage for New/Town Zone _____ | Accepted by _____ |
| T:\forms\PERMIT.FRM | | | SDP/Red-line approval date _____ | |

SHEET NO. _____ OF _____
JOB NO. _____

BY _____ DATE _____ SUBJECT _____
CHKD. BY _____ DATE _____

318^B FOX VALLEY DRIVE

Well ↑
40'
off front
of house



APPROVED

WALK-THRU BUILDING PERMIT

BP# B00159239 A# 41803

APP. SAN SFO DATE: 4/27/06

DESC. OF WORK: 2 decks

14' x 16' & 9' x 8'

Wayne [Signature] 4/17/06
[Signature] 4/17/06
[Signature] 4/17/06

1 SQUARE = 2 FEET