

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B0800-3119

Building Address 1666 Shafterville Rd.  
Mt Airy MD 21771

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

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

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

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

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

Property Owner's Name Kent Bob Munch

Address 1666 Shafterville Road

City Mt Airy State MD Zip Code 21771

Phone 3012924952 Phone \_\_\_\_\_

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

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

Existing Use SFD

Proposed Use Barn

Estimated Construction Cost \$ 25,000

Description of Work Barn for livestock  
36 x 36

Contractor Company Honcomer t. Build.

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Engineer or Architect Company Home owner.

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ State Certified Modular	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #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: <u>Barn</u>	
Dimensions: <u>36 x 36</u>	
Footings: <u>1/2" x 1/2"</u>	
Roof Height: <u>22.5"</u>	
_____ 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.

Kent Munch  
Applicant's Signature  
Homeowner  
Title/Company

Kent Munch  
Print Name  
10/21/09  
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		
Fire Protection		

Is Sediment Control approval required prior to issuance?  
YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>13492</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>

Suite/Apt. # \_\_\_\_\_ SDP/WP/BA #: \_\_\_\_\_  
 Census Tract: \_\_\_\_\_ Subdivision: \_\_\_\_\_  
 Section: \_\_\_\_\_ Area: \_\_\_\_\_ Lot: \_\_\_\_\_  
 Tax Map: \_\_\_\_\_ Parcel: \_\_\_\_\_ Grid: \_\_\_\_\_  
 Zoning: \_\_\_\_\_ Map Coordinates: \_\_\_\_\_ Lot Size: \_\_\_\_\_

Existing Use: Home

Proposed Use: SAME

Estimated Construction Cost: \$ 110,000.00

Description of Work: Addition / Expansion of Kitchen - Eating Area, and enlargement of Bedroom & adding 1 Bedroom.

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

Was tenant space previously occupied?  Yes  No

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

Address: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**BUILDING DESCRIPTION - COMMERCIAL**

Building Characteristics	Utilities
Height:	<u>Water Supply</u>
No. of stories:	<input type="checkbox"/> Public
Gross area, sq. ft./floor:	<input type="checkbox"/> Private
	<u>Sewage Disposal</u>
Area of construction (sq. ft.):	<input type="checkbox"/> Public
	<input type="checkbox"/> Private
Use group:	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Construction type:</u>	<u>Heating System</u>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas
<input type="checkbox"/> Masonry	<u>Sprinkler System:</u>
<input type="checkbox"/> Wood Frame	<input type="checkbox"/> N/A
<input type="checkbox"/> State Certified Modular	<input type="checkbox"/> Full
<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>	<input type="checkbox"/> Partial
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Other Suppression
<u>Roadside Tree Project Permit #</u>	No. of Heads: _____

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Home Phone: 301-829-2952 Work Phone: \_\_\_\_\_  
 Applicant's Name & Mailing Address, (If other than stated herein): \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

Contractor Company: Mauck Construction & Renovations LLC  
 Contact Person: Ken Mauck  
 Address: P.O. 383  
 City: Pulton State: MO Zip Code: 20759  
 License No.: 33363/88861  
 Phone: 301-776-1136 Fax: 301-776-6891  
 Email: Ken@mauckconstruction.com

Engineer/Architect Company: JRA - Sweeney  
 Responsible Design Prof.: Jonathan Raven  
 Address: 1242 Morgan Station Road  
 City: Woodbine State: MD Zip Code: 21797  
 Phone: 443-226-5745 Fax: \_\_\_\_\_  
 Email: Jrivena@jra-design.com

**BUILDING DESCRIPTION - RESIDENTIAL**

Building Characteristics	Utilities
<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	<u>Water Supply</u>
<u>Depth</u> <u>Width</u>	<input type="checkbox"/> Public
1 <sup>st</sup> floor: <u>550 SF</u>	<input checked="" type="checkbox"/> Private
2 <sup>nd</sup> floor: <u>441 SF</u>	<u>Sewage Disposal</u>
Basement:	<input type="checkbox"/> Public
<input type="checkbox"/> Finished Basement	<input checked="" type="checkbox"/> Private
<input checked="" type="checkbox"/> Unfinished Basement	Electric: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Crawl Space	Gas: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Slab on Grade	<u>Heating System</u>
No. of Bedrooms:	<input checked="" type="checkbox"/> Electric
<u>Multi-family Dwelling</u>	<input type="checkbox"/> Oil
No. of efficiency units:	<input type="checkbox"/> Natural Gas
No. of 1 BR units:	<input type="checkbox"/> Propane Gas
No. of 2 BR units:	
No. of 3 BR units:	
Other Structure:	
Dimensions:	
Footings:	<input checked="" type="checkbox"/> <u>Roadside Tree Project Permit</u>
Roof:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> State Certified Modular	<u>Roadside Tree Project Permit #</u>
<input type="checkbox"/> Manufactured Home	

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Kenneth D. Mauck  
 Applicant's Signature  
Ken@mauckconstruction.com  
 Email Address  
President/owner.  
 Title/Company

Kenneth D. Mauck  
 Print Name  
February 27, 2012  
 Date

Checks Payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY

\*\*PLEASE WRITE NEATLY & LEGIBLY\*\*  
 -FOR OFFICE USE ONLY-

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
<input checked="" type="checkbox"/> Building Officials		
<input checked="" type="checkbox"/> PS&A (Zoning)		

DPZ SETBACK INFORMATION
Front:
Rear:
Side:

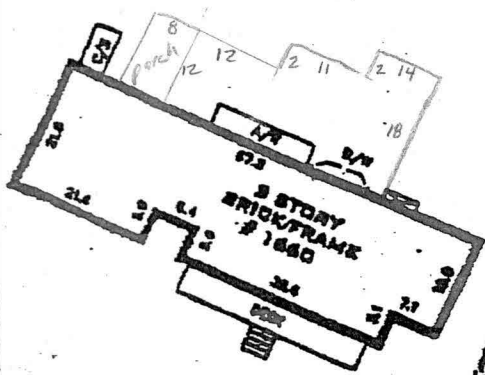
Filing Fee	\$ <u>2500</u>
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$

3. This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
4. Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.

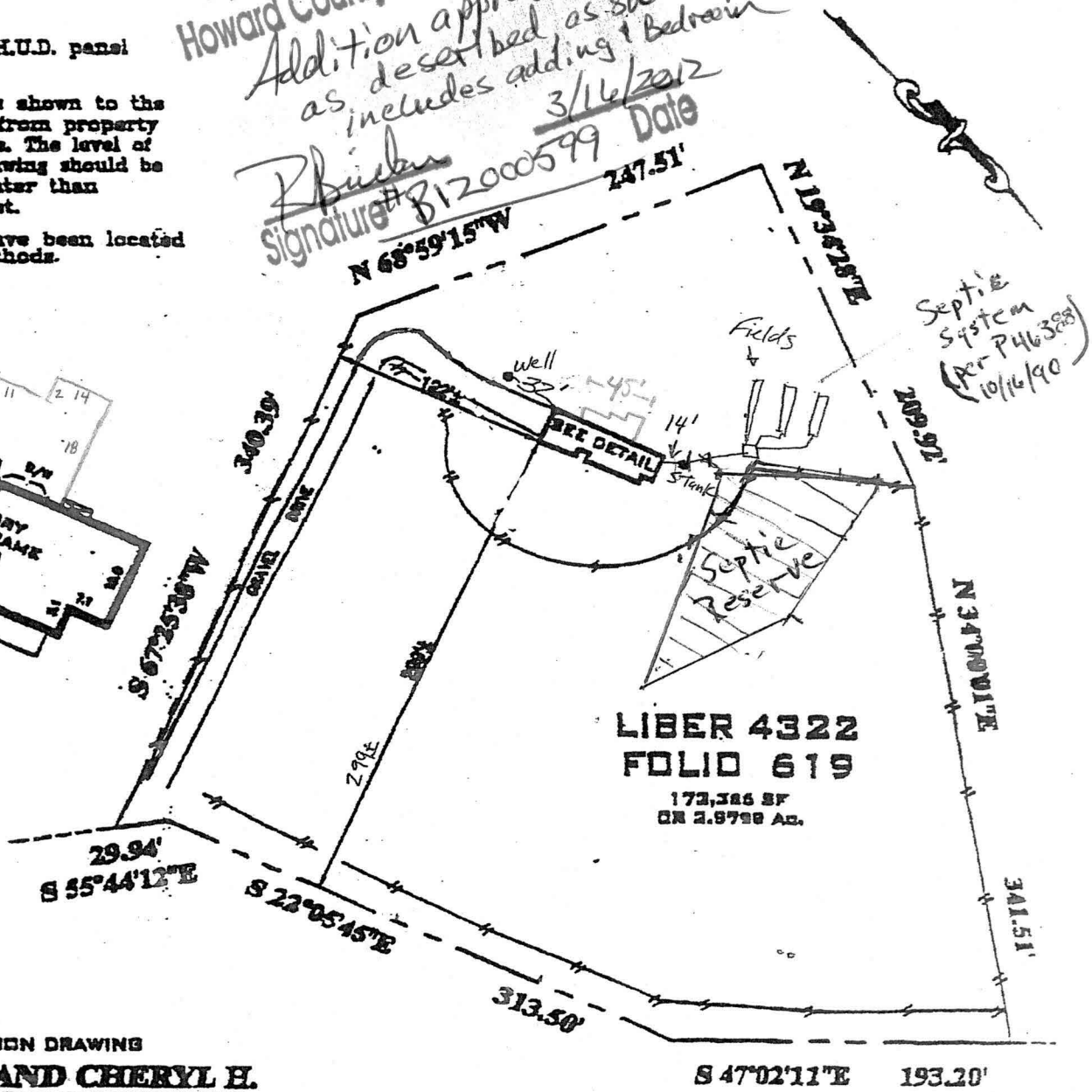
**Notes**

1. Flood zone "C" per H.U.D. panel No. 240044-0006B.
2. Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 2 Feet.
3. Fences, if shown, have been located by approximate methods.

Approved Septic System Plan  
 Howard County Health Department  
 Addition approved as described as shown includes adding 1 Bedroom  
 3/16/2012 Date  
 Signature # B12000599



DETAIL  
 SCALE: 1"=30'



Septic System  
 (per P46388)  
 10/16/90

LOCATION DRAWING  
**STUART N. AND CHERYL H. SCHEINBERG PROPERTY**  
**LIBER 4322, FOLIO 619**  
 HARRISBURG, MARYLAND

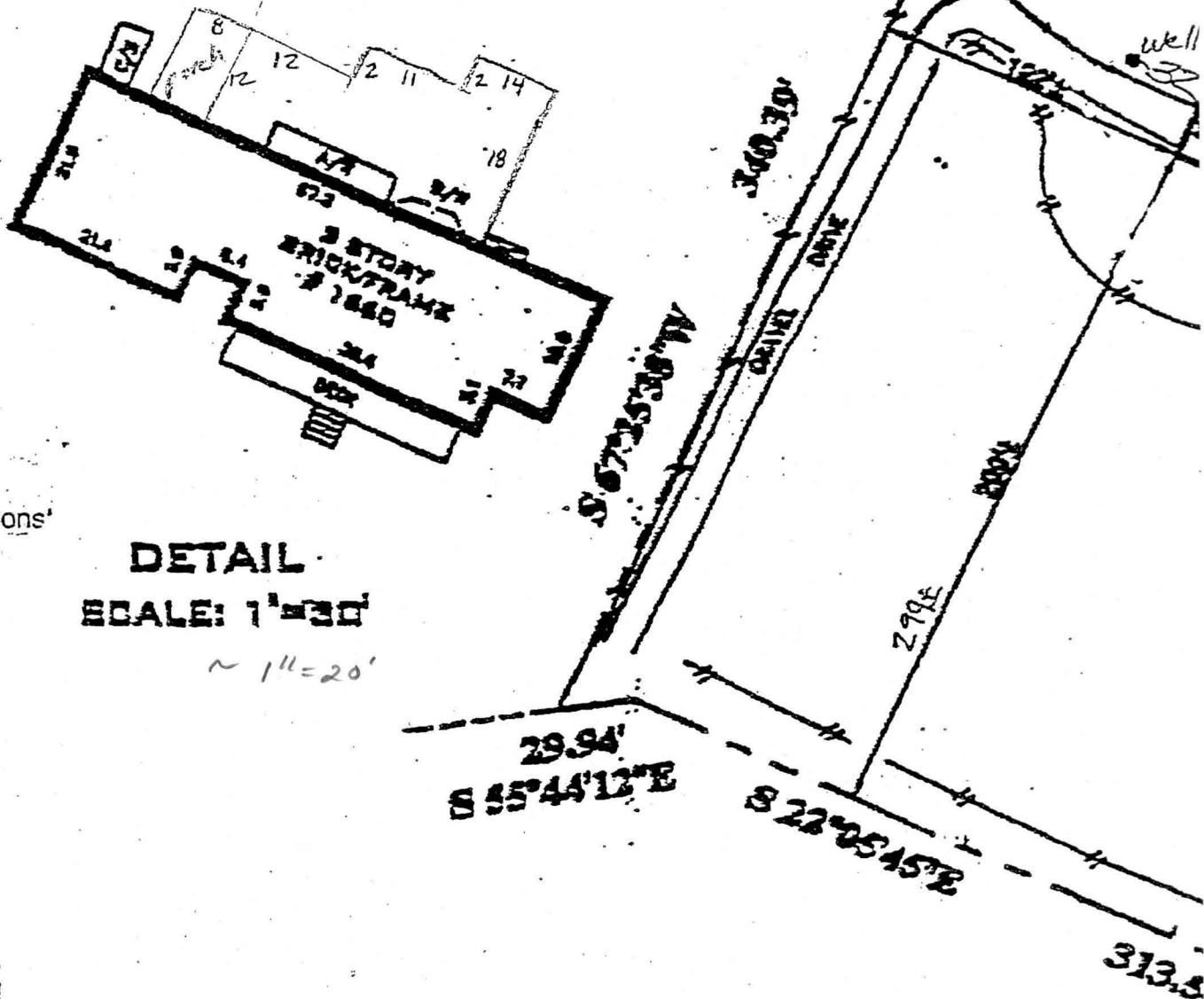
**SCHAFFERSVILLE ROAD**

**SURVEYOR'S CERTIFICATE**  
 THE INFORMATION HEREON HAS BEEN BASED UPON THE RESULTS OF A FIELD INSPECTION PURSUANT TO THE REQUIREMENTS OF SECCO. EXISTING STRUCTURES SHOWN HEREON WERE LOCATED BASED UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF PREVIOUS OCCUPATION.

Jeffrey [Signature]  
 MARYLAND PROPERTY LINE SURVEYOR REG. NO. 307

REFERENCES	
PLAT BK.	
PLAT NO.	
LIBER	4322
FOLIO	619

	<b>SNIDER &amp; ASSOCIATES</b> SURVEYORS - ENGINEERS LAND PLANNING CONSULTANTS 2 Professional Drive, Suite 218 Gaithersburg, Maryland 20879 301/945-8100. FAX 301/948-1800	
	DATE OF LOCATIONS	SCALE: 1"=100' **
WALL CHECK:	DRAWN BY: P.A.	
HEB. LOC.: 01-14-2003	JOB NO.:	2009-8111



**DETAIL**  
**SCALE: 1"=30'**  
 ~ 1"=20'

**LOCATION DRAWING**  
**STUART N. AND CHERYL H.**  
**SCHNEINBERG PROPERTY**  
**LIBER 4322, FOLIO 619**  
 HENRY COUNTY, MARYLAND

**SUPPLYER'S CERTIFICATE**

THE INFORMATION CONTAINED HEREIN HAS BEEN  
 BASED UPON THE RESULTS OF A FIELD INSPECTION  
 PURSUANT TO THE DEED RECORD OF RECORD. NOTHING  
 GUARANTEES THE ACCURACY OF THE INFORMATION  
 UPON MEASUREMENTS FROM PROPERTY MARKERS FOUND  
 OR FROM EVIDENCE OF THE OCCUPATION.

**REFERENCES**

PLAT XX  
 PLAT NO.

LIBER 4322

DATE

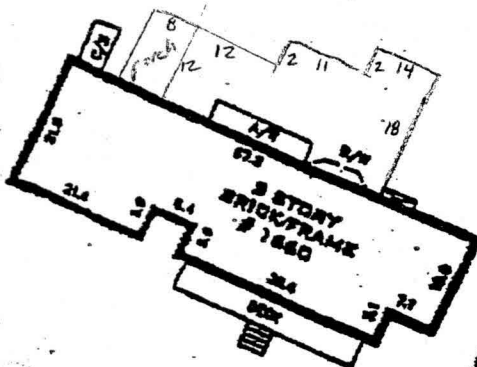
edit



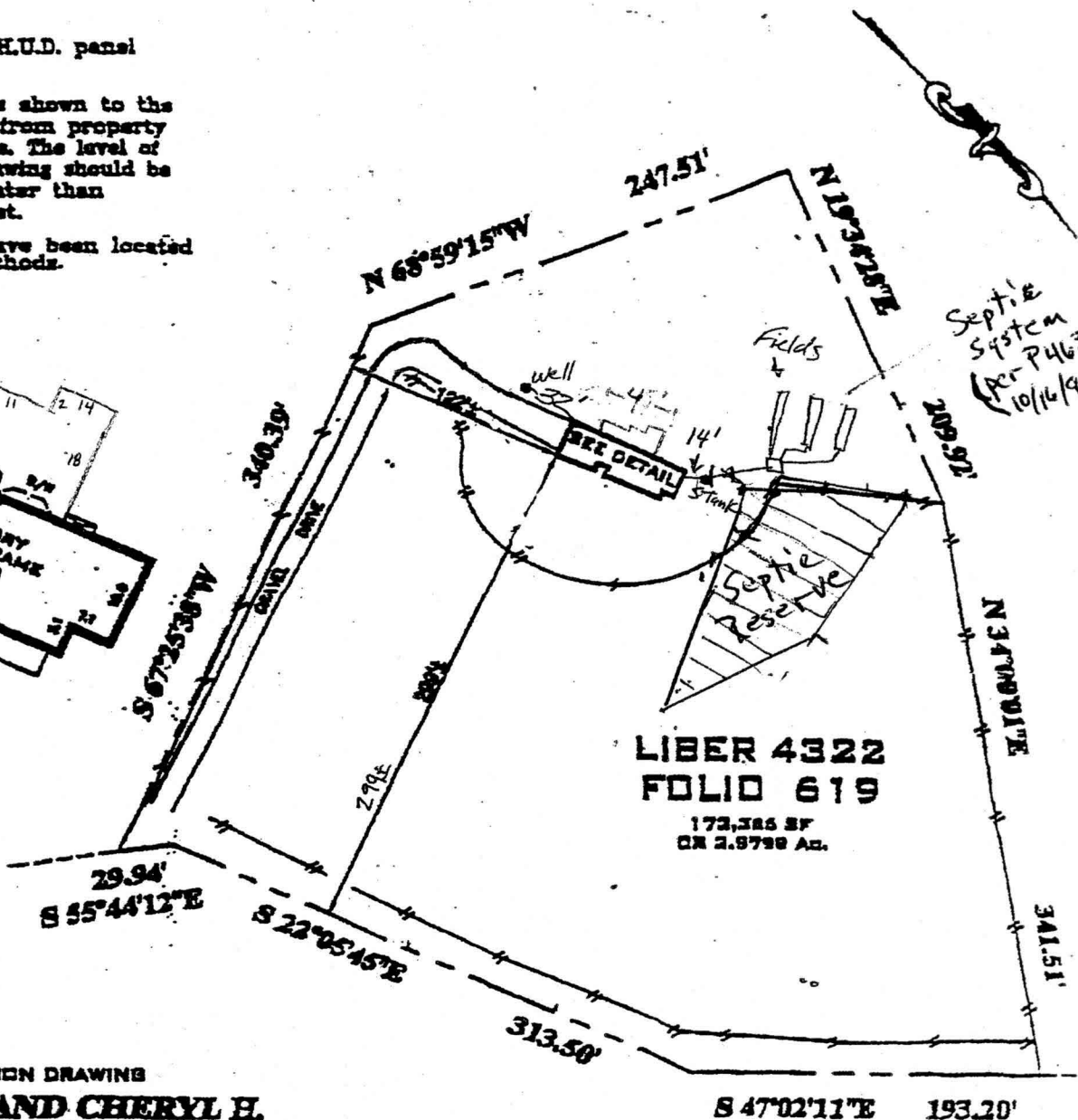
- improvements.
- This plan does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.
  - Building line and/or Flood Zone information is taken from available sources and is subject to interpretation of originator.

**Notes**

- Flood zone "C" per H.U.D. panel No. 240044-0006B.
- Setback distances as shown to the principal structure from property lines are approximate. The level of accuracy for this drawing should be taken to be no greater than plus or minus 2 Feet.
- Fences, if shown, have been located by approximate methods.



**DETAIL**  
SCALE: 1"=30'



Septic System  
(per P46388)  
10/16/90

LOCATION DRAWING  
**STUART N. AND CHERYL H. SCHEINBERG PROPERTY**  
**LIBER 4322, FOLIO 619**  
HARRIS COUNTY, MARYLAND

**SCHAFFERSVILLE ROAD**

**SURVEYOR'S CERTIFICATE**  
THE INFORMATION ON THIS PLAN HAS BEEN BASED UPON THE BEST AVAILABLE A FIELD INSPECTION PURSUANT TO THE DUTY OF A SURVEYOR. NO OTHER MEASUREMENTS OR FIELD INSPECTIONS WERE MADE. NO MEASUREMENTS FROM PROPERTY MARKERS FOUND OR FROM EVIDENCE OF PREVIOUS OCCUPATION.  
*Jeffrey [Signature]*  
MARYLAND PROPERTY LINE SURVEYOR REG. NO. 507

REFERENCES	
PLAT BK.	
PLAT NO.	
LIBER	4322
FOLIO	619

		<b>SNIDER &amp; ASSOCIATES</b> <b>SURVEYORS - ENGINEERS</b> <b>LAND PLANNING CONSULTANTS</b> 2 Professional Drive, Suite 210 Gaithersburg, Maryland 20879 301/945-5100 Fax 301/945-1200	
		DATE OF LOCATIONS	SCALE: 1"=100'
WALL CHECK		DRAWN BY:	P.A.
HEE' LOC:	01-14-2003	JOB NO.:	2002-8111