

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B09002682
Building Address <u>14056 Big Branch Dr</u> <u>Dayton MD 21036</u>		Property Owner's Name <u>Rob Bovello</u> Address <u>14056 Big Branch Dr</u> City <u>Dayton</u> State <u>MD</u> Zip Code <u>21036</u> Home Phone <u>301 908 8467</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract _____ Subdivision <u>Big Branch Overlook</u> Section _____ Area _____ Lot <u>42</u> Tax Map _____ Parcel _____ Grid _____		Phone _____ Fax _____	
Zoning _____ Map Coordinates _____ Lot Size _____ Existing Use <u>SFO</u> Proposed Use <u>SFO</u> Estimated Construction Cost \$ <u>30,000.00</u>		Contractor Company <u>Powell Contracting Co Inc</u> Contact Person <u>Tim Powell</u> Address <u>1701 Wabash Dr</u> City <u>St Albans</u> State <u>MD</u> Zip Code <u>21015</u> License No. <u>89017</u> Phone <u>410 688 8473</u> Fax _____	
Description of Work <u>Build deck with</u> <u>rails & stairs to grade. Build</u> <u>deck with hip roof</u> <u>16'x16' porch irregular shaped deck</u>		Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Occupant or Tenant <u>Mrs Rob Bovello</u> Contact Name <u>Rob Bovello</u> Address <u>14056 Big Branch Dr</u> City <u>Dayton</u> State <u>MD</u> Zip Code <u>21036</u> Phone <u>301 908 8467</u> Fax _____		City _____ State _____ Zip Code _____ Phone _____ Fax _____	

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> 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 SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> 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	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

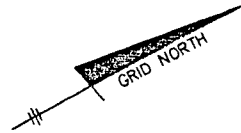
Applicant's Signature: [Signature]
 Title/Company: Powell Contracting Company
 Print Name: Tim Powell
 Date: 8/27/09

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

AGENCY	DATE	SIGNATURE APPROVAL	FOR OFFICE USE ONLY	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>10-8-09</u>	<u>[Signature]</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone SDP/Red-line approval date _____	Check # <u>CASH</u>
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	Validation # _____

Distribution of Copies: White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA
 T:\Operations\Updated forms

- NOTE:
1. THIS DRAWING 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.
 2. THE DRAWING IS NOT TO BE RELIED UPON FOR THE ESTABLISHMENT OR LOCATION OF FENCES, GARAGES, BUILDINGS OR OTHER EXISTING OR FUTURE IMPROVEMENTS.
 3. THE DRAWING 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 REFINANCING.
 4. ALL BUILDINGS, STRUCTURES AND OTHER IMPROVEMENTS SHOWN HEREON ARE IN APPROXIMATE RELATION TO THE APPARENT BOUNDARY LINES.
 5. DECLARATION IS MADE TO ORIGINAL PURCHASER OF THE DRAWING. IT IS NOT TRANSFERABLE TO ADDITIONAL INSTITUTIONS OR SUBSEQUENT OWNERS.
 6. DRAWING IS VALID ONLY WITH BLUE-INK SEAL AND SIGNATURE OF SURVEYOR.



PRESERVATION
PARCEL 'B'

PRESERVATION
PARCEL 'B'

PRESERVATION
PARCEL 'B'

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# 56564-J

APP. SAN HS DATE: 10-8-09

DESC. OF WORK: 16' x 110' deck

& porch

box moved
for deck &
porch addition

LOT 42

LOT 43

5.5'
PUBLIC DRAINAGE
&
UTILITY EASEMENT

20'
PUBLIC DRAINAGE
&
UTILITY EASEMENT

BIG BRANCH DRIVE
(50' R/W)

SURVEYOR'S CERTIFICATE

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE AND BELIEF THE DWELLING(S) SHOWN ON THIS DRAWING LIES WITHIN THE LOT LINES SHOWN AS COMPILED FROM TITLE OR OTHER SOURCES. OTHER IMPROVEMENTS ARE FOR PICTORIAL PURPOSES ONLY. THIS DRAWING IS NOT A BOUNDARY SURVEY AND HAS BEEN PREPARED EXCLUSIVELY FOR TITLE PURPOSES ONLY. PREPARED WITHOUT THE BENEFIT OF A TITLE REPORT.

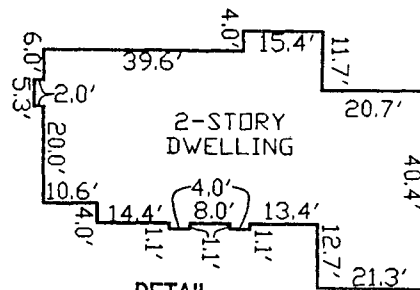
David M. Harris
REG. No. 10978

RECORD PLAT No. 13854
FEMA FIRM No. 240044 C025 B
ZONE: C
DATED: 12/4/86

BENCHMARK
ENGINEERING, INC.

6480 BALTIMORE NATIONAL PRIDE A SUITE 418
ELICOTT CITY, MARYLAND 21043
phone: 410-485-8100 A Fax: 410-485-8844
email: Benchmark@ecdc.com

07/12/02



SCALE: 1" = 30'

LOCATION DRAWING
BIG BRANCH OVERLOOK
LOTS 1 THROUGH 49

LOT No. 42

14056 BIG BRANCH DRIVE

5TH ELECTION DISTRICT
HOWARD COUNTY, MARYLAND

SCALE: 1" = 40' DATE: 07/10/02