

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

**B07002060**

Building Address 17380 Fr. Rock Rd  
MT Airy MD 21771

Suite/Apt. #: \_\_\_\_\_ SDP/W/P/Petition #: \_\_\_\_\_

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

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

Tax Map 2 Parcel 93 Grid 20

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

Property Owner's Name Dale K. Schwell, Jr  
Address 17380 Fr. Rock Rd

City MT Airy State MD Zip Code 21771

Home Phone 410-535-8655 Work Phone \_\_\_\_\_

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

Phone N/A Fax N/A

Existing Use ABC Temporary Storage

Proposed Use ABC Temporary Storage

Estimated Construction Cost \$ 10,100.00

Description of Work Including a 2000 sq ft  
Freight Pallet on road side of  
lot to become permanent storage  
area.

Contractor Company TC

Contact Person Leo Meli

Address 72 J.W. St

City W. MD State MD Zip Code 21157

License No. \_\_\_\_\_ Phone 410-716-6700 Fax 410-898-9797

Occupant or Tenant ABC Temporary Storage LLC - Dale K. Schwell, Jr

Contact Name Dale K. Schwell, Jr

Address 17380 Fr. Rock Rd

City MT Airy State MD Zip Code 21772

Phone 410-535-8655 Fax 410-535-8590

Engineer or Architect Company \_\_\_\_\_

Contact Person Same

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 _____ State Certified Modular _____	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"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> 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: _____ Dimensions: _____ Footings: _____ Roof Height: _____	
State Certified Modular <input type="checkbox"/>	
Manufactured Home <input type="checkbox"/>	

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 \_\_\_\_\_

Print Name Leo Meli

Date 5/29/07

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			Side St: _____ Add'l per. fee \$ _____	
Health	<u>6/14/07</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?			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Check # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			SDP/Red-line approval date: _____	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			Accepted by _____	
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ	Yellow: DED, DPZ	Pink: Health
Transfer PERMIT FROM: _____				Gold: SHA

ANOR E. BAKER  
FREDERICK ROAD  
AIRY, MD. 21771  
2<sup>ND</sup> PARCEL 226  
ACCT. #343670  
4060/412

Y. FRAME  
DWLG.  
FRONT

FRAME  
SHED

6' HIGH PRIVACY FENCE

N35°27'00"E  
152.00'

9 CAR SPACES

9 CAR SPACES

9 CAR SPACES

9 BUS SPACES

7 BUS SPACES

3 BUS SPACES

3 BUS SPACES

4 BUS SPACES

METAL GARAGE

FRAME GARAGE

FRONT

FRONT

MACADAM

3 CAR SPACES

OFFICE TRAILER

WOOD SHED

N60°18'30"W

152.00'

N33°01'00"E  
178.55'

MAC. DRIVE

MAC. DRIVE

WOOD SHED

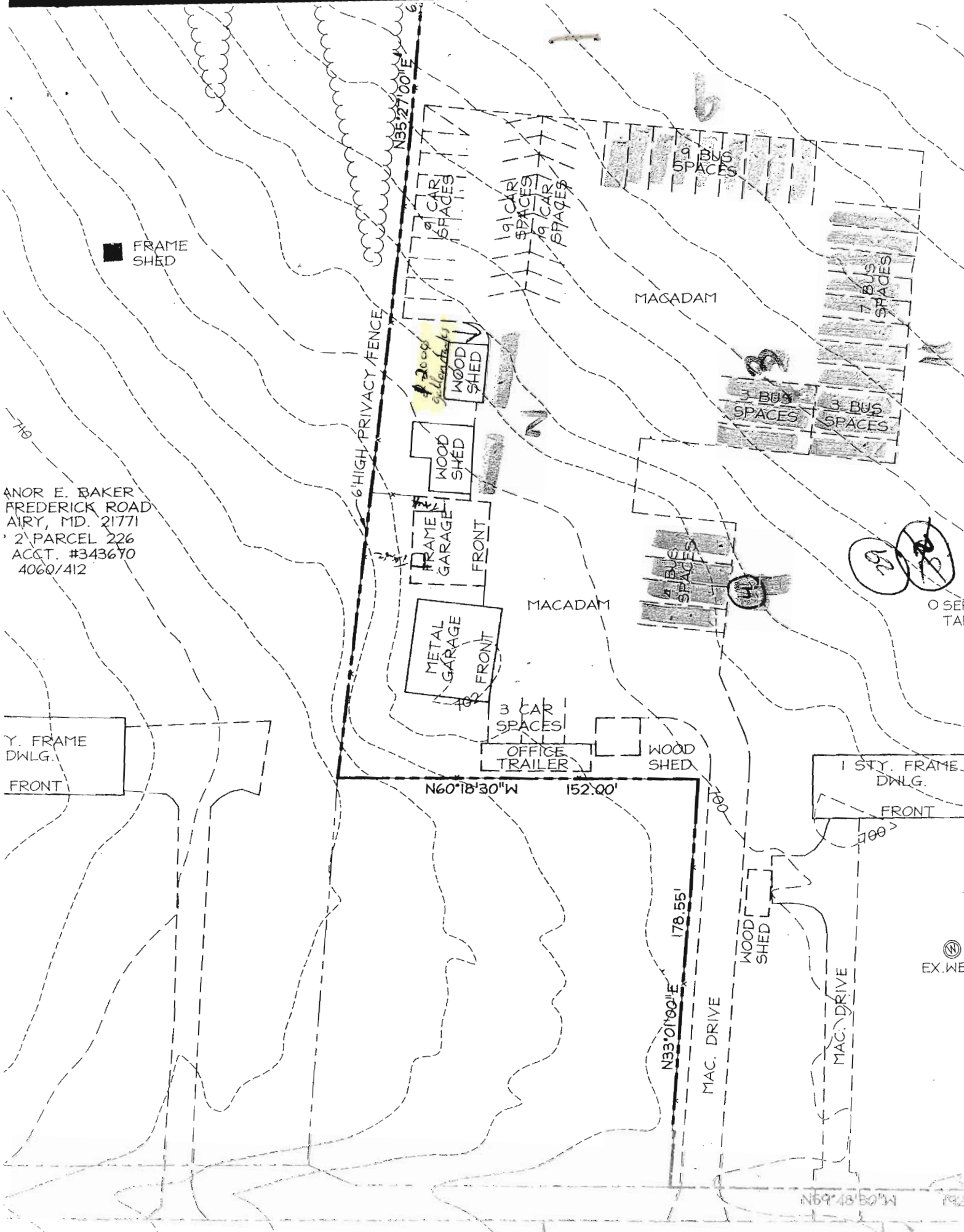
1 STY. FRAME DWLG.

FRONT

N59°48'30"W

EX. WE

OSEP  
TAN

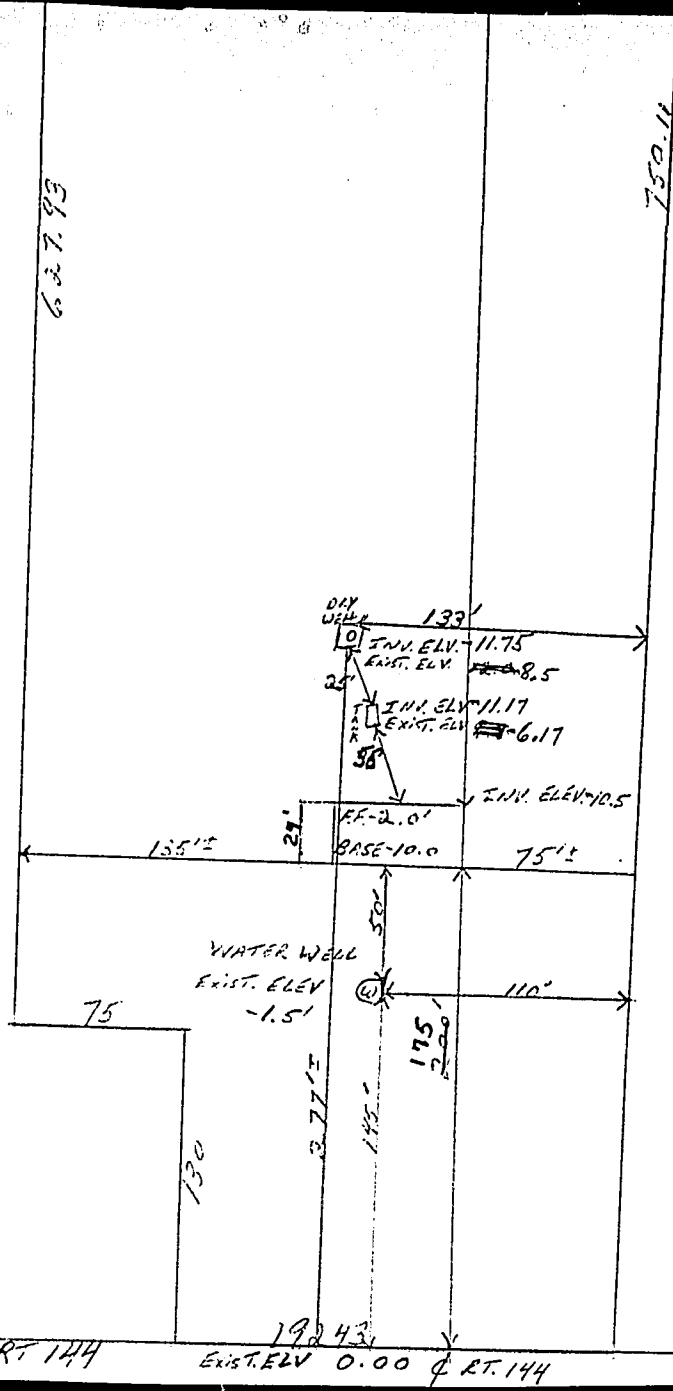


I certify the above measurements and elevations are actual & correct for this property.

Signed: *[Signature]*

*Existing elevations as at time of*

A16196



*all elevations are minus numbers*

1" = 60'