

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

808001702

Building Address 14101 WANDA BISON CT
LEWENSELW, MD 21737
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MARY FINNIGAN
 Address 14101 WANDA BISON CT
 City LEWENSELW State MD Zip Code 21737
 Home Phone 410 984 1823 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SFD W/ 12 X 18 SCREEN ROOM
 Proposed Use EXTEND SFD W/ 16 X 18 SCREEN ROOM
 Estimated Construction Cost \$ 25000
 Description of Work EXTEND EXISTING SCREEN ROOM 4 TO 16 X 18 FE AND ADD SIDE DECK W/ STAIRS

Contractor Company MARK S. MCWHORTER
 Contact Person RYAN
 Address 60851 RED BERRY RD
 City CLARKSVILLE State MD Zip Code 21029
 License No. 9807
 Phone 410 984 5813 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: _____ 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"/> 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"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms _____	
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: _____	
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.

[Signature]
 Applicant's Signature
 Title/Company _____

RYAN MCWHORTER
 Print Name
5/29/08
 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	<u>6/5/08</u>	<u>[Signature]</u>	
Fire Protection			
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			
ONE STOP SHOP: <input type="checkbox"/>			

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

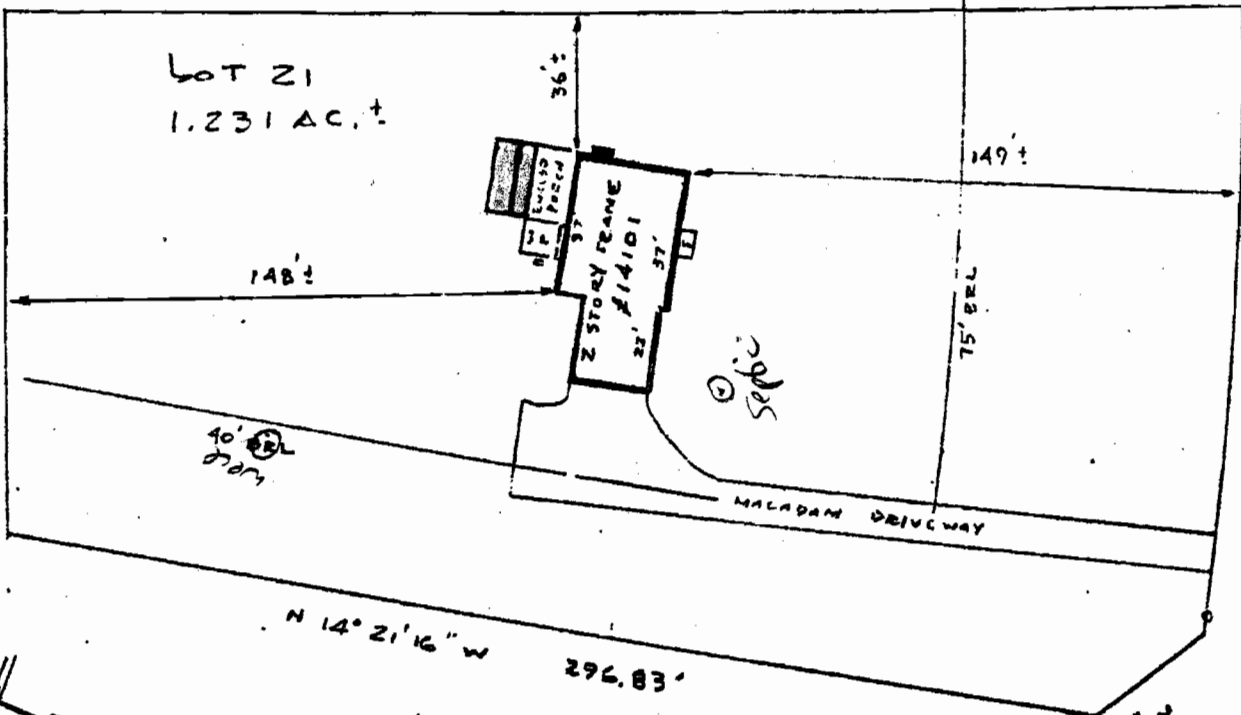
APPROVED

WALK-THRU BUILDING PERMIT

BP# A# 13

APP. SAN SFD DATE: 6/5/08

DESC. OF WORK: 4" Extension of 16" x 14" Drain 136.18'



R. 975.00 A. 159.62'
S 75° 38' 41\" W 5.00'

BISON COURT (50' R/W)

DAY FARM ROAD (50' R/W)

Subject property is shown in Zone C on the National Flood Insurance Program Flood Insurance Rate Map of HOWARD County, Maryland. Parcel # [redacted] Community Parcel # [redacted] Effective Date: [redacted]

THE UNDERSIGNED HEREBY ACKNOWLEDGE THAT THE MACADAM DRIVEWAY ENCLOSES OVER THE SIDE 40' BUILDING RESTRICTION LINE AS SHOWN ABOVE.

MARY L. MCGINN

This is to certify that I have surveyed the property known as Lot 21 14101 BISON COURT sheet of recorded PLAT NO. 3776 among the Land Records of HOWARD County, Maryland for the purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hudgins PLS#96

LOCATION SURVEY

14101 BISON COURT THE HERITAGE HOWARD COUNTY, MD

NTT ASSOCIATES, INC. 16205 Old Frederick Road Mt. Airy, Maryland 21771 Phone 442-2031

Scale	1" = 50'
Date	MAY 31, 1993
Field By	[signature]
Drawn By	[signature]
Drawing #	X 14-152

SITE INSPECTION SHEET

OWNER: _____ PHONE #: _____

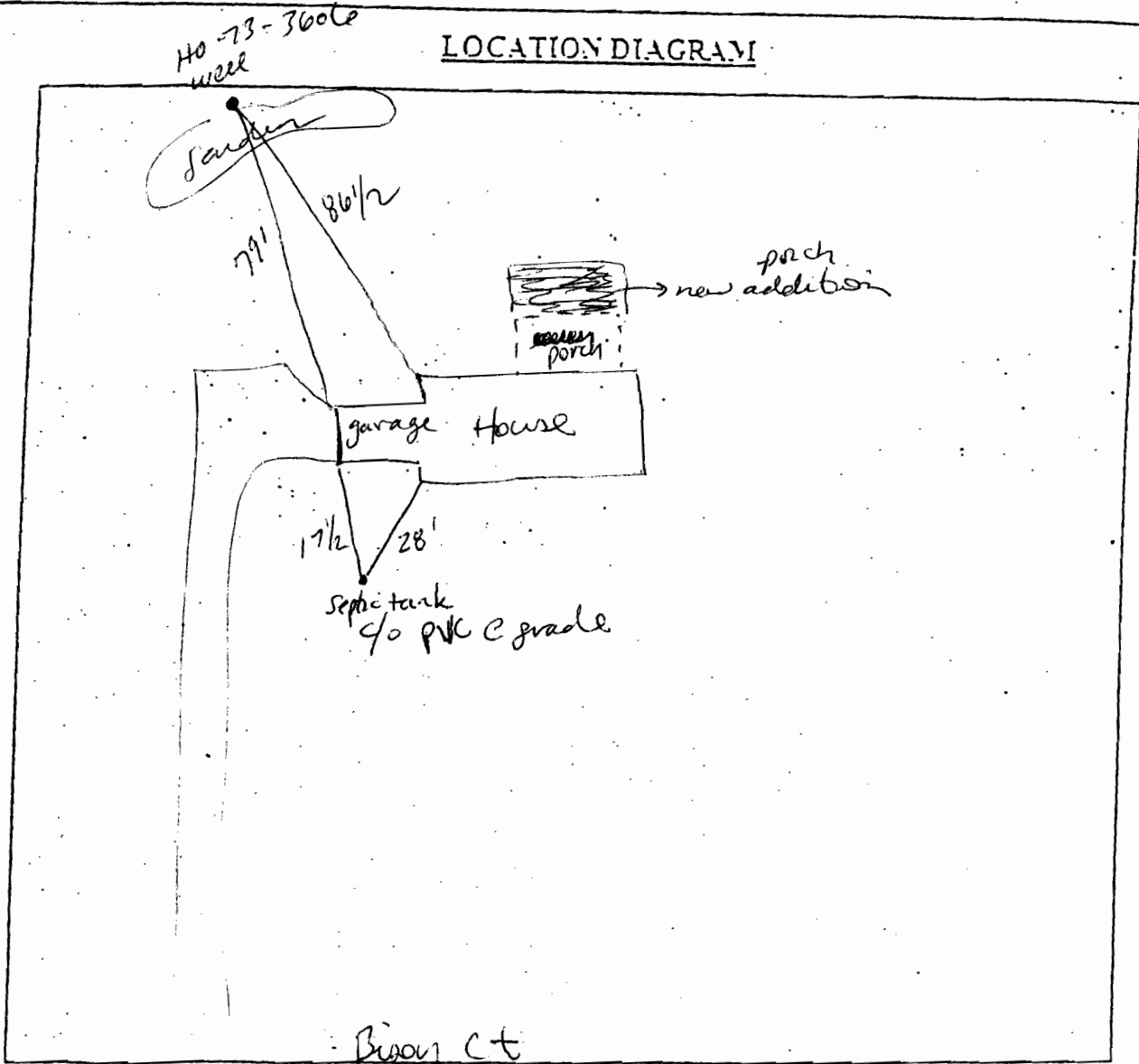
ADDRESS: 14101 Bison Ct CONTRACTOR: _____

_____ WELL TAG #: _____

SUBDIVISION: _____ LOT: _____ COUNTY #: _____

PROPOSAL: No file found - needed to locate well + septic

LOCATION DIAGRAM



COMMENTS: Septic in front yard, well in back corner, both ok
well modern well - one piece cap.

6/4/08 JS