

HOWARD COUNTY
PERMIT APPLICATION
PERMIT NUMBER
 B00145303

Building Address 120945

Property Owner's Name Williamson, Sean

Suite/Apt. #: 120945

Address 5985 Harper's Farm Pkwy

SDP/WP/Petition #: 120945

City Collierville State TN Zip Code 38017

Census Tract 040002 Subdivision Keller Property

Home Phone (414) 977-9800

Section Area Lot 111 Grid 22

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

Tax Map 111 Parcel 22 Grid 22

Contractor Company Winters Repair

Zoning RCOR Map Coordinates Lot size

Contract Person Ron

Existing Use M

Address 18 W D. Dr. Collierville, TN

Proposed Use Sixth family with 10 track

City Collierville State TN Zip Code 38017

Estimated Construction Cost \$ 7500

License No. 301-829-2828 Fax 301-829-5594

Description of Work 1-1000 sqm garage

Phone 301-829-2828

Occupant or Tenant

Engineer or Architect Company

Contact Name

Contact Person

Address

Address

City State Zip Code

City State Zip Code

Phone Fax

Phone Fax

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Building Characteristics

Water Supply: Public Private

Water Supply: Public Private

Sewage Disposal: Public Private

Sewage Disposal: Public Private

Electric Yes No

Electric Yes No

Gas Yes No

Gas Yes No

Heating System: Electric Oil

Heating System: Electric Oil

Natural Gas

Natural Gas

Propane Gas

Propane Gas

Construction type: Reinforced Concrete

Construction type: Masonry

Structural Steel

Structural Steel

Sprinkler system: N/A

NFPA #13D

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**

B07004687
PERMIT NUMBER

Building Address 16645 ED WARFIELD RD
Woodbine, MD 21797

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name ROBERT V. COFFMAN
 Address 16645 ED WARFIELD RD
 City Woodbine State MD Zip Code 21797
 Phone 410-489-6077 Phone 301-905-8466 (cell)
 Applicant's Name & Mailing Address, (if other than stated herein):

Phone 410-489-6077 Fax 410-489-6079

Existing Use S.F. Home
 Proposed Use _____
 Estimated Construction Cost \$ 8,000

Description of Work Finished Basement,
656 sq. ft TOTAL; Uses include
Rec Room, Hallway, and future bath.

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contractor Company SELF. (Homeowner)
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 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 _____ 1 st floor: <u>53' x 55'</u> 2 nd floor: <u>42' x 55'</u> Basement: <u>36' x 55'</u>	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
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 <u>4</u>	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
_____ State Certified Modular Manufactured Home	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.

Robert V. Coffman
 Applicant's Signature

Robert V. Coffman
 Print Name

 Title/Company

19 Nov. 2007
 Date

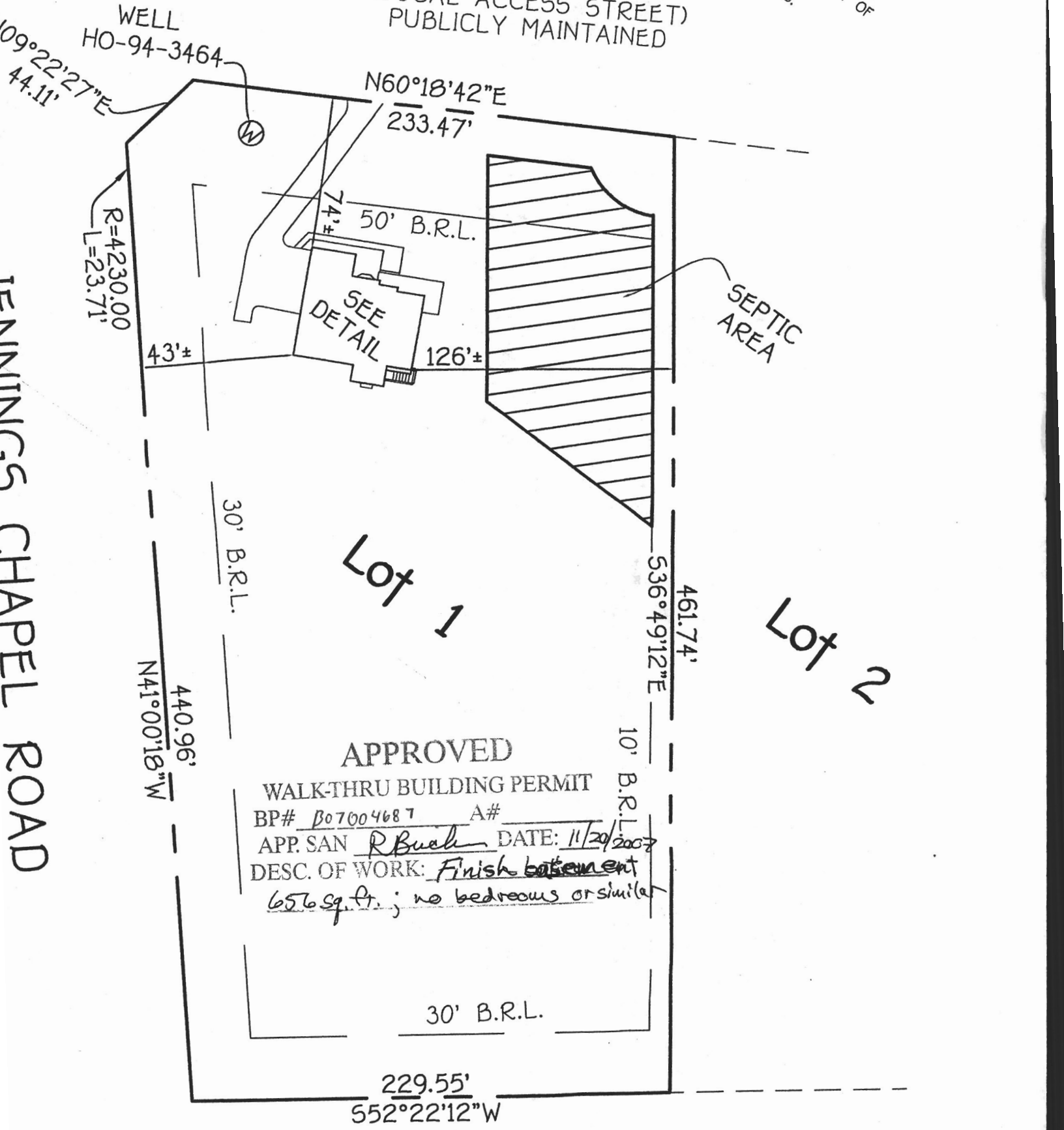
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 PLEASE WRITE NEATLY AND LEGIBLY.
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ				Front: _____	Filing fee \$
State Highways				Rear: _____	Permit fee \$
Building Officials				Side: _____	Excise tax \$
Dev. Engineering, DPZ				Side St: _____	Add'l per fee \$
Health <u>11/20/2007</u>		<u>R. Bush</u>		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?				YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$
				YES <input type="checkbox"/> NO <input type="checkbox"/>	Check #
				Historic District?	Validation #
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION START <input type="checkbox"/>				Lot Coverage for New Town Zone	
ONE STOP SHOP <input type="checkbox"/>				SDP/Red-line approval date	Accepted by _____

ON SURVEY
AGENTS IN
ESTABLISHMENT
AS A RESULT,
RE-FINANCING RATE
INSURANCE RATE
DEC. 4, 1986.
TO AN ACCURACY OF
RECORD.

ED WARFIELD ROAD

(LOCAL ACCESS STREET)
PUBLICLY MAINTAINED



JENNINGS CHAPEL ROAD

APPROVED

WALK-THRU BUILDING PERMIT
BP# B07004687 A# _____
APP. SAN R. Buck DATE: 11/20/2007
DESC. OF WORK: Finish basement
656 sq. ft.; no bedrooms or similar

30' B.R.L.

FINISHED BASEMENT ATTAVATION

COFFMAN

16645 ED WARFIELD RD
WOODBINE 21797

CEILING HT. = 104"

