

4.3

B00122⁴
 215
 FOR
 ROOM ADD'n
 SIGNED
 BY ALM
 1/25/07

Building Address 5337 Fallbrook Broadwater Property Owner's Name Brad Boyce
Charlottesville Md 22909 Lane Address 5337 Fallbrook Ln

Suite/Apt. #: _____ SDP/WP/Petition #: _____ City Charlottesville State VA Zip Code 22909

Census Tract 1001.01 Subdivision _____ Home Phone 413-335-0121 Work Phone 301-386-1141
 Applicant's Name & Mailing Address, (if other than stated hereon):
Frank Ambrosio
3410 Woodrow Wilson Dr
Springfield VA 22154

Section _____ Area _____ Lot 14 Phone 413-385-1246 Fax _____

Tax Map 28 Parcel 179 Grid 15 Contractor Company Russo Construction

Zoning RDEE Map Coordinates 11A1 Lot size _____ Contact Person Frank Ambrosio

Existing Use Single Family Dwelling Proposed Use Screen porch Estimated Construction Cost \$ 15,000 Address 3410 Woodrow Wilson Dr

Description of Work Live screen porch with City VA State VA Zip Code 22154
stairs and open porch License No. 111747 Phone 410-335-1262 Fax _____

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	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u>	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	2nd floor: _____	Basement: _____
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Finished Basement <input type="checkbox"/> Unfinished Basement <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"/>	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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
		State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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 THIS WORK PERMITTED AND POSTING NOTICES.

Frank Ambrosio
 Applicant's Signature
Russo Construction
 Title/Company

Frank Ambrosio
 Print Name
2-15-07
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
<input checked="" type="checkbox"/> Land Development, DPZ	<u>2/15/07</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> State Highways		
<input checked="" type="checkbox"/> Building Official	<u>2/15/07</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Dev. Engineering, DPZ		
<input checked="" type="checkbox"/> Health	<u>2/15/07</u>	<u>[Signature]</u>
<input checked="" type="checkbox"/> Fire Protection		

DPZ SETBACK INFORMATION

Front: 60'
 Rear: 30'
 Side: 20'
 Side St: _____

All minimum setbacks met?
 YES NO

Is Entrance Permit required?
 YES NO

Historic District?
 YES NO

Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____ Accepted by [Signature]

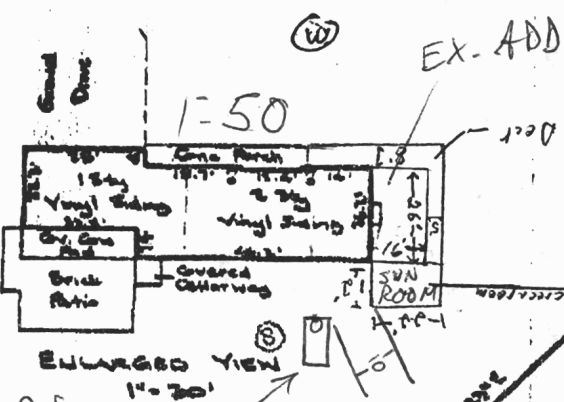
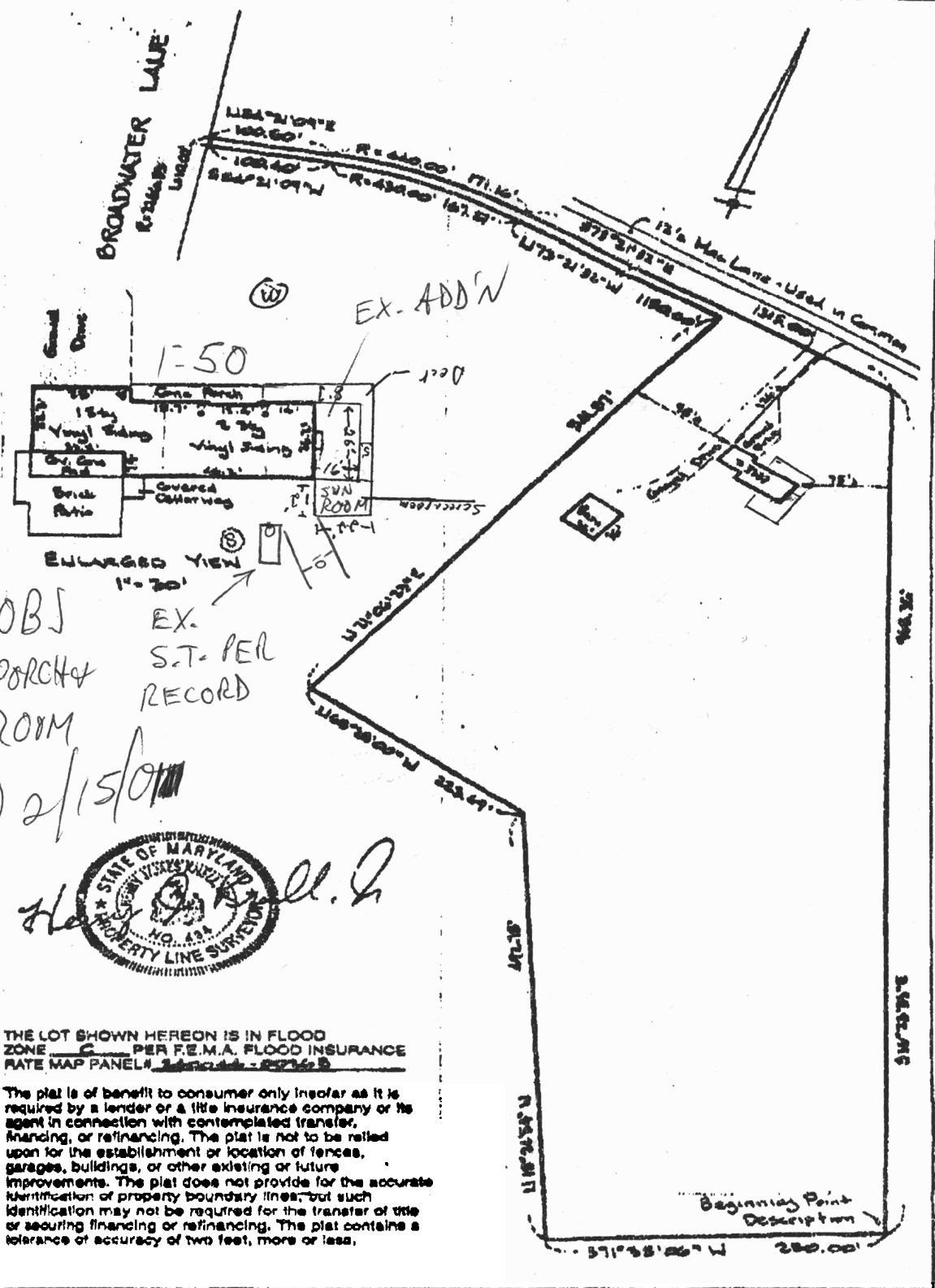
PROPERTY ID# 41137

Filing fee	\$ _____
Permit fee	\$ <u>25</u>
Excise tax	\$ _____
Sub-total paid	\$ _____
Add'l permit fee	\$ _____
TOTAL FEES	\$ _____
Balance due	\$ _____
Check	# <u>1114</u>
Validation	# <u>360116</u>

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

Boyce Residence



NO OBJ
TO PORCH &
SUN ROOM

EX.
S.T. PER
RECORD

MR 2/15/01

Heather L. L.



THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL# 240044-0276B

The plat is of benefit to consumer only insofar as it is required by a lender or a life insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat 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. The plat contains a tolerance of accuracy of two feet, more or less.

<p>Ertel Associates, Inc. 3109 Cleveland Avenue Baltimore, Maryland 21234 Phone: 410-882-0989 • Fax: 410-882-0842</p>	<p>LOCATION DRAWING 8537 BROADWATER 1128, TOWNSHIP 217 HOWARD COUNTY, MD. DATE: 11/15/99 SCALE: 1"=100' FILE:</p>
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