

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

B00137590

Building Address 3330 ROSEMARY LAKE
WEST FRIENDSHIP MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 10-30 Subdivision _____
Section _____ Area _____ Lot PCE 4
Tax Map 22 Parcel 292 Grid 4
Zoning RR-DEP Map Coordinates 10B511 Lot size 3.15 AC.

Property Owner's Name JAMES MARY ALICE FEY
Address 3330 ROSEMARY LAKE
City W. FRIENDSHIP State MD Zip Code 21794
Home Phone 301-254-3700 Work Phone 443-535-9200
Applicant's Name & Mailing Address, (if other than stated hereon):
10144 443-935-9204
Phone _____ (11) Fax 410-221-4524

Existing Use SINGLE FAMILY RESIDENTIAL
Proposed Use _____
Estimated Construction Cost \$ 80,000
Description of Work CONSTRUCT TWO (2)
GARAGES 1 attached garage
1 detached

Contractor Company SELF
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ Fax _____

Occupant or Tenant N/A
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company BUILD TOWN CONSULT
Contact Person WILLIAM CHAP
Address 401 DEW STREET SUITE 300
City ALEXANDRIA State VA Zip Code 22314
Phone 703-926-9915 Fax 703-926-9923

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: <u>1 1/2</u>	Sewage Disposal: <u>N/A</u> Public _____ Private _____
Gross area, sq. ft. per floor: <u>9000</u>	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: _____ Reinforced Concrete _____ Structural Steel _____ <input checked="" type="checkbox"/> Masonry _____ <input checked="" type="checkbox"/> Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth Width 1st floor: <u>31</u> <u>36</u> 2nd floor: <u>1</u> <u>36</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>2</u>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: <u>N/A</u> Public _____ Private _____ Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Other Structure: <u>Garage</u> Dimensions: _____ Footings: _____ Roof: <u>Shingle</u> State Certified Modular _____ Manufactured Home _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____

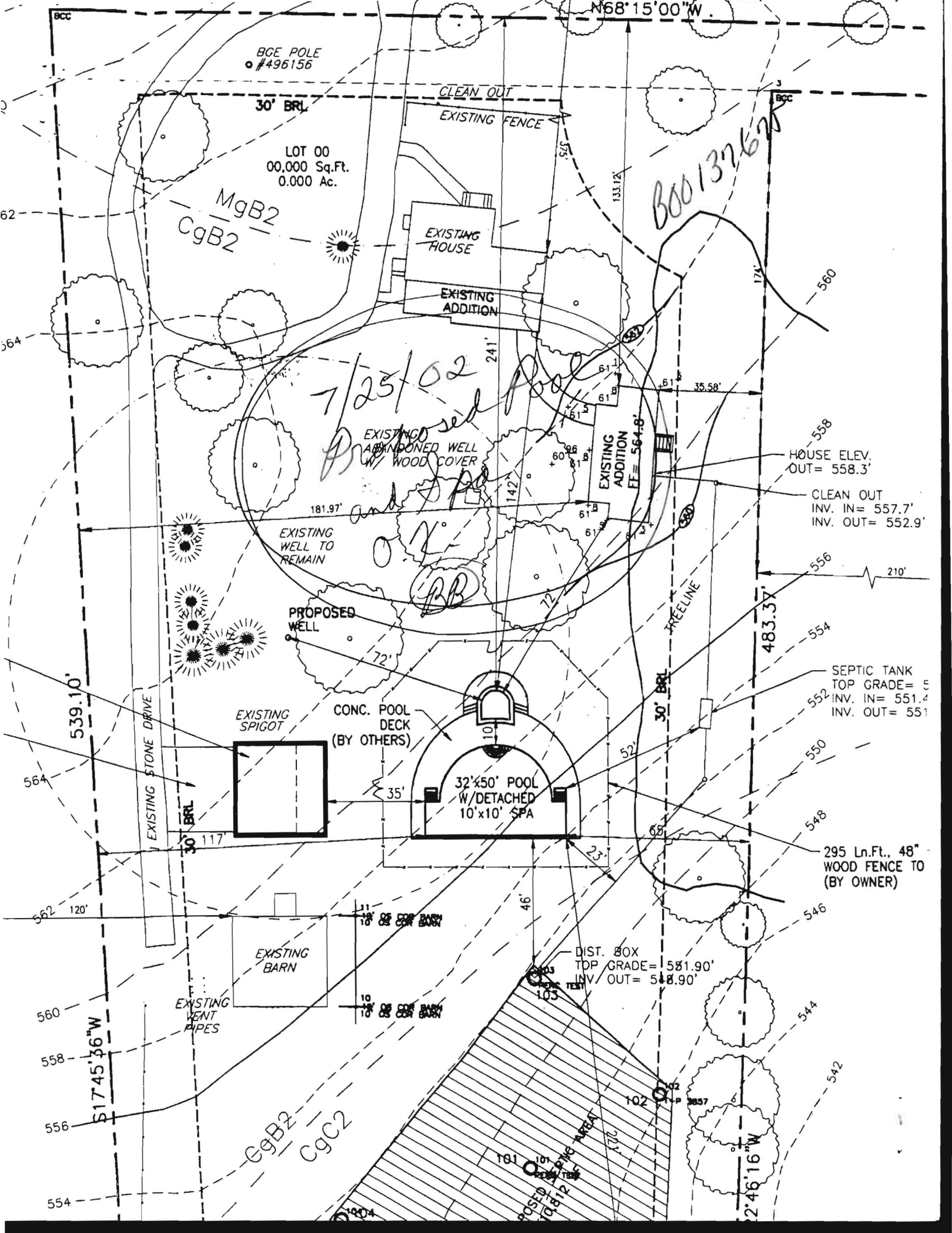
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 THE WORK PERMITTED AND POSTING NOTICES

Applicant's Signature JAMES M. FEY
Title/Company _____

Print Name JAMES M. FEY
Date 8/14/02

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: _____	52929
State Highways			Rear: _____	Filing fee \$ <u>25</u>
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>8/14/02</u>	<u>JM</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for NewTown Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>9509</u>
				Validation # _____
				Accepted by <u>[Signature]</u>



BGE POLE
#496156

LOT 00
00,000 Sq.Ft.
0.000 Ac.

MgB2
CgB2

EXISTING HOUSE
EXISTING ADDITION

7/25/02
Proposed Pool
and SPA

EXISTING ABANDONED WELL
W/ WOOD COVER

EXISTING WELL TO
REMAIN

PROPOSED WELL

EXISTING SPIGOT

CONC. POOL DECK
(BY OTHERS)

32' x 50' POOL
W/ DETACHED
10' x 10' SPA

EXISTING BARN

EXISTING VENT
PIPES

DIST. BOX
TOP GRADE = 581.90'
INV. IN/OUT = 588.90'

HOUSE ELEV.
OUT = 558.3'

CLEAN OUT
INV. IN = 557.7'
INV. OUT = 552.9'

SEPTIC TANK
TOP GRADE = 5
INV. IN = 551.4
INV. OUT = 551

295 Ln.Ft., 48"
WOOD FENCE TO
(BY OWNER)

EgB2
CgC2

B0013767

BB

CALL OWNER W/FF

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410)313-2455 INSPECTIONS (410)313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER **BB**
B0033415

Building Address **3334 ROSEMARY LANE**
WEST FRIENDSHIP MD 21794
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract **103010** Subdivision **Rosemary Estates**
Section _____ Area _____ Lot **8-A**
Tax Map **83** Parcel **292** Grid **4**
Zoning **RR-D10** Map Coordinates **10B58** Lot size _____

Property Owner's Name **JAMES AND MARY ANNE JOST**
Address **3330 ROSEMARY LANE**
City **FRIENDSHIP** State **MD** Zip Code **21794**
Home Phone **301-854-3730** Work Phone **443-535-9200**
Applicant's Name & Mailing Address, (if other than stated hereon):
HOME FAX 410-531-4824 **WORK FAX 443-535-9204**
Phone _____ Fax _____

Existing Use **SINGLE FAMILY HOME**
Proposed Use **SAME W/ GUEST HOUSE**
Estimated Construction Cost \$ **100,000.00**
Description of Work **ADD SMALL ATTACHED**
GUEST HOUSE (IN-LAWS) BEDROOM, KITCHEN/
DINING AREA, ENLARGING EXISTING KITCHEN

Contractor Company **OWNER**
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____ Phone _____ Fax _____

Occupant or Tenant **OWNER AND PARENT**
Contact Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Fax _____

Engineer or Architect Company **GEIER, BROUN, DENRO**
Contact Person **WILLIAM GEIER**
Address **901 PITT ST., STE. 330**
City **ALEXANDRIA** State **VA** Zip Code **22314**
Phone **703-836-9775** Fax **703-83**

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
No. of Bedrooms _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFA #13D _____ NFA #13R _____ Other: _____
Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	_____ State Certified Modular Manufactured Home _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

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Applicant's Signature **JAMES M. JOST**
Title/Company **OWNER**

Print Name **JAMES M. JOST**
Date **11/28/01**

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development DPZ			Front: _____	52929
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ _____
Dev. Engineering DPZ	3/13/02	Mark R. [Signature]	Side St. _____	Excise tax \$ _____
Health			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
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"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Check # 140
				Validation # 42800
				Accepted by _____

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