

1300198702

Building Address 16822 FREDERICK ROAD
MT. AIRY MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6040 Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning RC Map Coordinates 3A8 Lot size _____

Property Owner's Name MIKE + DEBBIE RODERS
Address 16822 FREDERICK ROAD
City Mt. Airy State MD Zip Code 21771
Home Phone 910 489 4317 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon): _____
Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
Proposed Use SAME
Estimated Construction Cost \$ 9000
Description of Work 20'x20' DECK w/ steps
stage w/ steps

Contractor Company Hauptmann Builders
Contact Person BILL HAUPTMANN
Address 2945 LONESOME DRIVE ROAD
City Mt. Airy State MD Zip Code 21771
License No. MHC 26524
Phone 301 851 0711 Fax 301 829 3149

Occupant or Tenant MIKE + DEBBIE RODERS
Contact Name BILL HAUPTMANN
Address 2945 LONESOME DRIVE ROAD
City Mt. Airy State MD Zip Code 21771
Phone 301 851 0711 Fax 301 829 3149

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"/> 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 _____ Masonry _____ Wood Frame _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____
State Certified Modular _____	

Building Characteristics	Utilities
SF Dwelling <input checked="" 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"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ 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 _____	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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
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.

Bill Hauptmann
Applicant's Signature
Hauptmann Builders
Title/Company

Bill Hauptmann
Print Name
10/2/02
Date

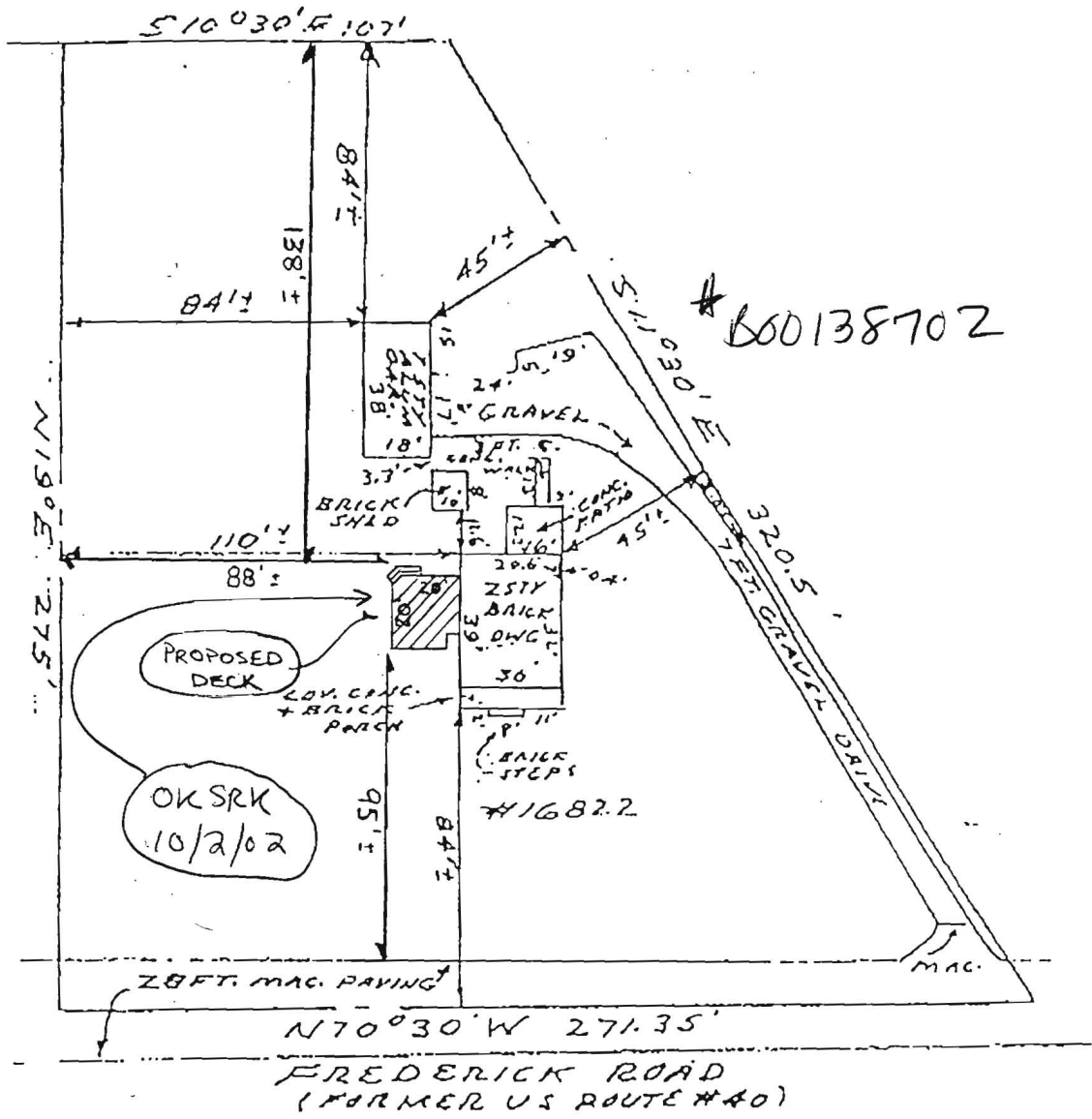
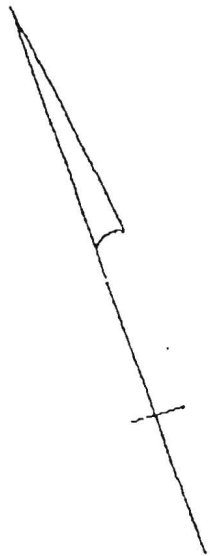
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	56339
State Highways			Rear: _____	Filing fee \$ _____
Building Official			Side: _____	Permit fee \$ <u>50</u>
Dev. Engineering, DPZ			Side St.: _____	Excise tax \$ _____
Health	<u>10/2/02</u>	<u>Steven R. Kuey</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 \$ <u>50</u>
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>3506</u>
				Validation # <u>13070</u>
				Accepted by <u>[Signature]</u>

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

REVISD 11/17/96



Robert E. Spellicy

The plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or re-financing;
 The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements; and
 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.

DON LYNCH ASSOC., INC.
 4907 HARFORD ROAD
 BALTIMORE, MD. 21214

Scale: 1" = 50' Date: 9/11/96
 REVISION: 9/17/96

DON LYNCH ASSOC., INC.

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

3 00150546

Building Address <u>16822 Frederick Rd</u> <u>Mount Airy MD</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>604001</u> Subdivision <u>Woodline</u> Section _____ Area _____ Lot _____ Tax Map <u>7</u> Parcel <u>42</u> Grid <u>3</u> Zoning <u>R-20</u> Map Coordinates _____ Lot size _____	Property Owner's Name <u>Michael Rogers</u> Address <u>16822 Frederick Rd</u> City <u>Mount Airy</u> State <u>MD</u> Zip Code <u>21771</u> Home Phone <u>410-489-4317</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): <u>Same</u> Phone _____ Fax _____
--	---

Existing Use <u>Single Family Dwelling</u> Proposed Use <u>Same w pool</u> Estimated Construction Cost \$ <u>21,000.00</u> Description of Work <u>reinforced concrete inground</u> <u>pool w/DE filter 23'0" x 41'11"</u> <u>3'-8" deep</u>	Contractor Company <u>Anthony Silvan Pools</u> Contact Person <u>Jane Kestler</u> Address <u>10840 Guilford Rd Ste. 407</u> <u>Mount Airy MD</u> State <u>MD</u> Zip Code <u>21701</u> License No. <u>19347</u> Phone <u>301-490-1930</u> Fax _____
--	--

Occupant or Tenant <u>Same as owner</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
--	--

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Utilities Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____	Building Characteristics SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>inground pool</u> Dimensions: _____ Footings: _____ Roof: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Utilities Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> 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"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 <u>Jane Kestler (agent for contractor)</u>	Print Name <u>Jane Kestler</u> Date <u>29 Sept. 04</u>
--	---

Title/Company (115 011) Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
**** PLEASE WRITE NEATLY AND LEGIBLY. ****

FOR OFFICE USE ONLY			PROPERTY ID# <u>56339</u>	
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ <u>250</u>
<input checked="" type="checkbox"/> Building Official	<u>10-7-04</u>	<u>Race Noonan</u>	Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ <u>25</u>
<input type="checkbox"/> Health			All minimum setbacks met?	TOTAL FEES \$ <u>275</u>
<input type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>1110</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # <u>75376</u>
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by <u>A</u>

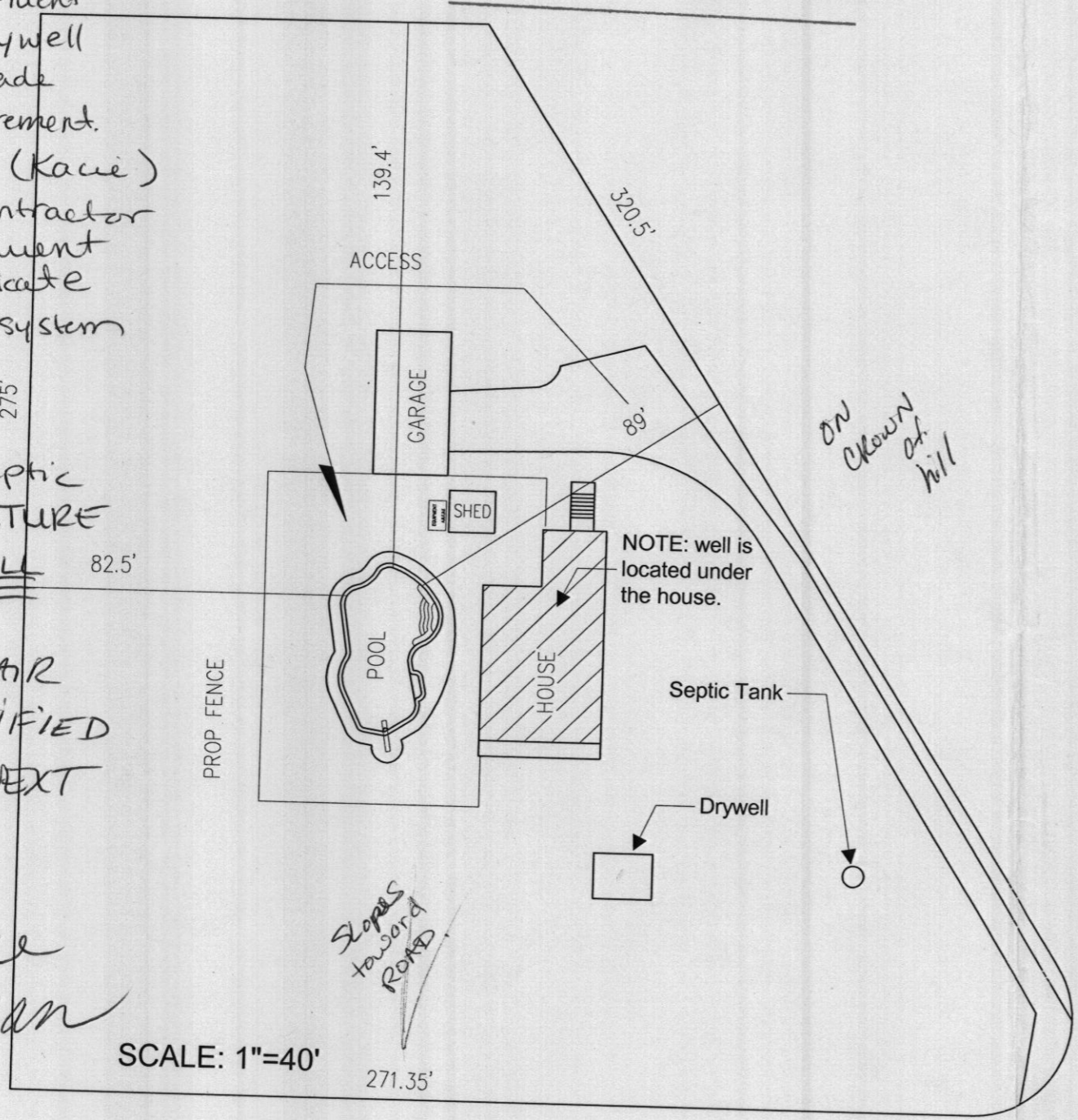
Distribution of Copies - White: Building Official - Green: LDD, DPZ - Yellow: DED, DPZ - Pink: Health - Gold: SHA

ACCOUNT NUMBER 03-032-311-3

10-1-04
 Septic system v. old
 & should fail soon.
 NEED Homeowner
 to measure effluent^{107'}
 level in the drywell
 from below grade
 & call in measurement.
 @ 410-313-1775 (Kacie)
 Discussed w/ contractor
 what diff. effluent
 levels may indicate
 & what "failing" system
 looks like. PRY
 SENT CONTRACTOR
 AWAY w/out
 noting the septic
 age. ANY FUTURE
 PERMITS WILL
 REQUIRE
 SEPTIC REPAIR
 AREA IDENTIFIED
 PRIOR TO NEXT
 PERMIT!

APPROVED
WALK-THRU BUILDING PERMIT
 APP# 517962-B ~~APP#~~ BPA# 150546
 APP. SAN KN DATE: 10-1-04
 DESC. OF WORK: pod-inground

SITE PLAN



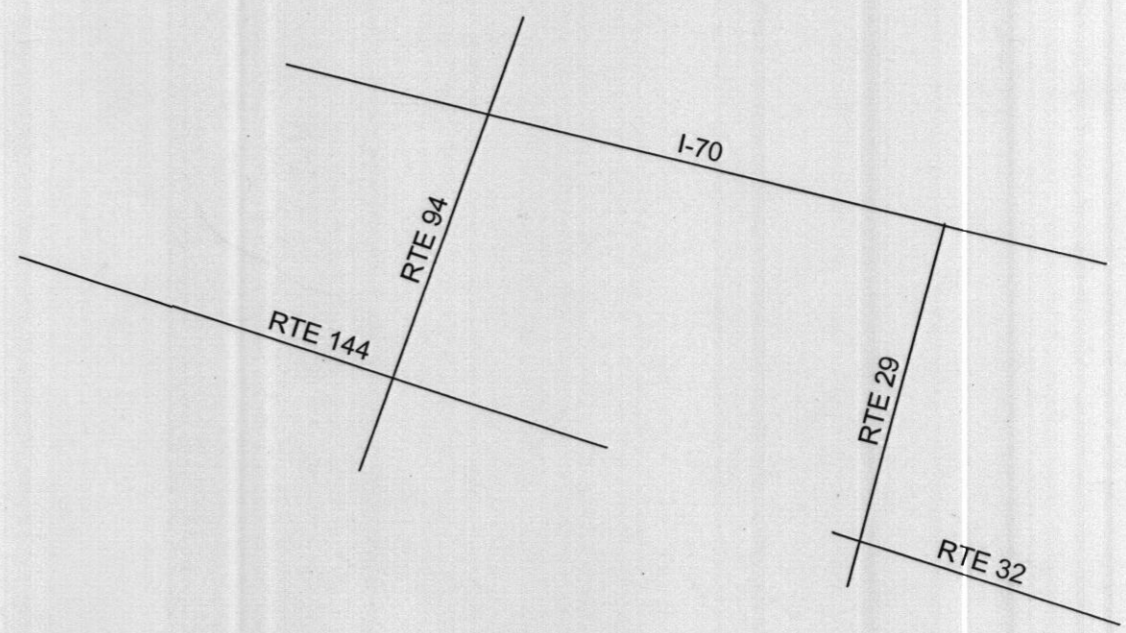
Kacie Noonan

SCALE: 1"=40'

Slopes toward ROAD



VICINITY MAP



HOWARD COUNTY
 MAP PG 3 GRID A-8

DIRECTIONS: FROM LAUREL
 RTE 32 TO
 RTE 29 NORTH TO
 I-70 WEST TO
 RTE 94 SOUTH - WOODBINE ROAD TO
 (R) RTE 144 FREDERICK ROAD
 PASS WATERSVILLE RD - SITE ON RIGHT

16822 Frederick Rd