

call approval

JAB

DEPARTMENT 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**

**PERMIT NUMBER  
 B0013555**

Building Address 10826 Braeburn Rd  
Columbia MD 21044  
 Suite/Apt. #: 1 SDP/WP/Petition #: 01-0110  
 Census Tract 605601 Subdivision Braeburn  
 Section 1 Area - Lot 23  
 Tax Map 35 Parcel 228 Grid 17  
 Zoning R-20 Map Coordinates 15 C10 Lot size -  
 Existing Use Residence SFD  
 Proposed Use SFD  
 Estimated Construction Cost \$ 70,000  
 Description of Work Sunroom addition,  
Kitchen remodelation garage  
enclosure  
 Occupant or Tenant William Veater  
 Contact Name Same  
 Address See above  
 City - State - Zip Code -  
 Phone 410-531-3106 Fax -

Property Owner's Name William Veater  
 Address 10826 Braeburn Rd  
 City Columbia State MD Zip Code 21044  
 Home Phone 410-531-2110 Work Phone -  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
See contractor wife  
Ellen Hamilton  
 Phone 410-521-0013 Fax 443-535-9669  
 Contractor Company Gawthron Construction, Inc  
 Contact Person Gill Gawthron  
 Address 13334 Folly Quarter Rd.  
 City Ellicott City State MD Zip Code 21042  
 License No. 46967  
 Phone 410-977-5999 Fax 443-535-9669  
 Engineer or Architect Company Del Dine G  
 Contact Person Artis Designs  
 Address PO Box 466  
 City Harford State MD Zip Code -  
 Phone 410-701-3650 Fax -

**BUILDING DESCRIPTION - COMMERCIAL**

**BUILDING DESCRIPTION - RESIDENTIAL**

**Building Characteristics**

Height: \_\_\_\_\_  
 No. of stories: \_\_\_\_\_  
 Gross area, sq. ft. per floor: \_\_\_\_\_  
 Use group: \_\_\_\_\_  
 Construction type:  
 Reinforced Concrete  
 Structural Steel  
 Masonry  
 Wood Frame  
 State Certified Modular

**Utilities**

Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 Full  
 Partial  
 Other Suppression  
 # of Heads \_\_\_\_\_

**Building Characteristics**

SF Dwelling  SF Townhouse   
 Depth  Width  
 1st floor: \_\_\_\_\_  
 2nd floor: \_\_\_\_\_  
 Basement: \_\_\_\_\_  
 Finished Basement  Unfinished Basement  
 Crawlspace  Slab on Grade  
 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: \_\_\_\_\_  
 Dimensions: \_\_\_\_\_  
 Footings: \_\_\_\_\_  
 Roof: \_\_\_\_\_  
 State Certified Modular  
 Manufactured Home

**Utilities**

Water Supply:  
 Public  
 Private  
 Sewage Disposal:  
 Public  
 Private  
 Electric Yes  No   
 Gas Yes  No   
 Heating System:  
 Electric  Oil   
 Natural Gas   
 Propane Gas   
 Sprinkler system: N/A   
 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.

Gawthron  
 Applicant's Signature  
Gawthron Construction Inc  
 Title/Company

Ellen Hamilton  
 Print Name  
01/30/02  
 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: _____	5-6201
State Highways			Rear: _____	5-6201
Building Official			Side: _____	5-6201
Dev. Engineering, DPZ			Side St: _____	5-6201
Health	10/31/02	<u>Juan</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	5-6201
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	5-6201
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"/>	5-6201
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	5-6201
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	5-6201

Distribution of Copies: White: Building Official Green: EDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
 Accepted by CAC

N 00 1/8 00' E 167.29'

3' UTILITY EASEMENT

LOT 23  
1.00 AC

130'-7.8568"

EXISTING SEWAGE PUMP

RELOCATED SEPTIC TANK

PROPOSED STONE WALL

EXISTING STONE WALL

EXISTING STONE WALL

EXISTING DECK

18'-5.9792"

41'-3.5609"

67'-7.9501"

EX SHED REDUCED

EXIST'G WELL

CARPORT RENOVATED TO ENCLOSED GARAGE

EXISTING RESIDENCE

10'-8.0000"

EXIST'G WELL

77'-9.1012"

S 6 1/8 16'10" W 167.25'

