

**HOWARD COUNTY  
PERMIT APPLICATION**

PERMIT NUMBER

**B00139004**

Building Address 7113 Deer Valley Rd  
Hilland MD 20777  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 605101 Subdivision CIS FARM  
Section - Area - Lot 31  
Tax Map 40 Parcel 235 Grid 2  
Zoning RR Map Coordinates 13K13 Lot size \_\_\_\_\_

Property Owner's Name MICHAEL & JINDY FLESTER  
Address 7113 Deer Valley Rd  
City Hilland State MD Zip Code 20777  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
Michael Flester  
7113 Deer Valley Rd  
Hilland, MD 20777  
Phone 410-711-4541 Fax 410-549-6492

Existing Use S.F.D.  
Proposed Use S.F.D.  
Estimated Construction Cost \$ 75,000  
Description of Work Final Amendment / permit  
Final lower level

Contractor Company \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State MD Zip Code 21714  
License No. \_\_\_\_\_  
Phone 410-711-4411 Fax 410-549-6492

Occupant or Tenant \_\_\_\_\_  
Contact Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
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: _____ Public _____ Private _____
No. of stories: <u>1</u>	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 _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input checked="" 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: _____ Dimensions: _____ Footings: _____ Roof: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" 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.

[Signature]  
Applicant's Signature  
Pres. Steven R. Kueg  
Title/Company

[Signature]  
Print Name  
10/23/02  
Date

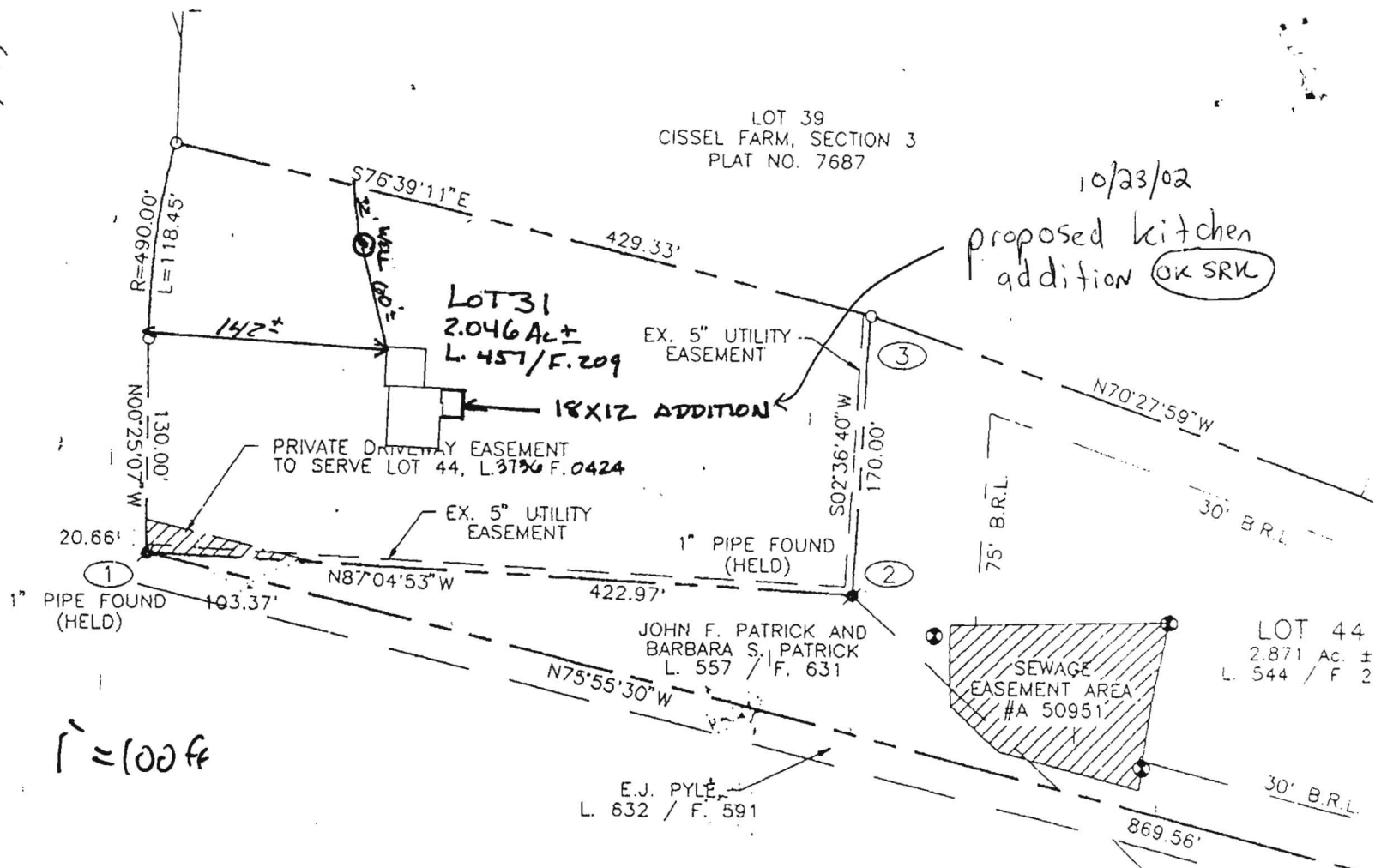
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*

- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	516533
State Highways	<u>10/23/02</u>	<u>[Signature]</u>	Rear: _____	Filing fee \$ <u>21</u>
Building Official			Side: _____	Permit fee \$ <u>18</u>
Dev. Engineering, DPZ			Side St. <u>75</u>	Excise tax \$ <u>142</u>
Health	<u>10/23/02</u>	<u>Steven R. Kueg</u>	All minimum setbacks met? <input checked="" type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? <input checked="" type="checkbox"/>	TOTAL FEES \$ <u>411</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? <input checked="" 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>41668</u>
				Validation # <u>14666</u>

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

**DEER VALLEY ROAL**  
(PUBLIC ROAD, EXISTING 50' R/W)



THE REQUIREMENTS § 3-108, THE REAL PROPERTY ARTICLE, ANNOTATED CODE OF MARYLAND, 1988 REPLACEMENT VOLUME, (AS SUPPLEMENT) AS FAR AS THEY RELATE TO THE MAKING OF THIS PLAT AND THE SETTING OF MARKERS HAVE BEEN COMPLIED WITH.

*Erik C. Marks* 5/27/96  
ERIK C MARKS, R.P.L.S. #607 DATE

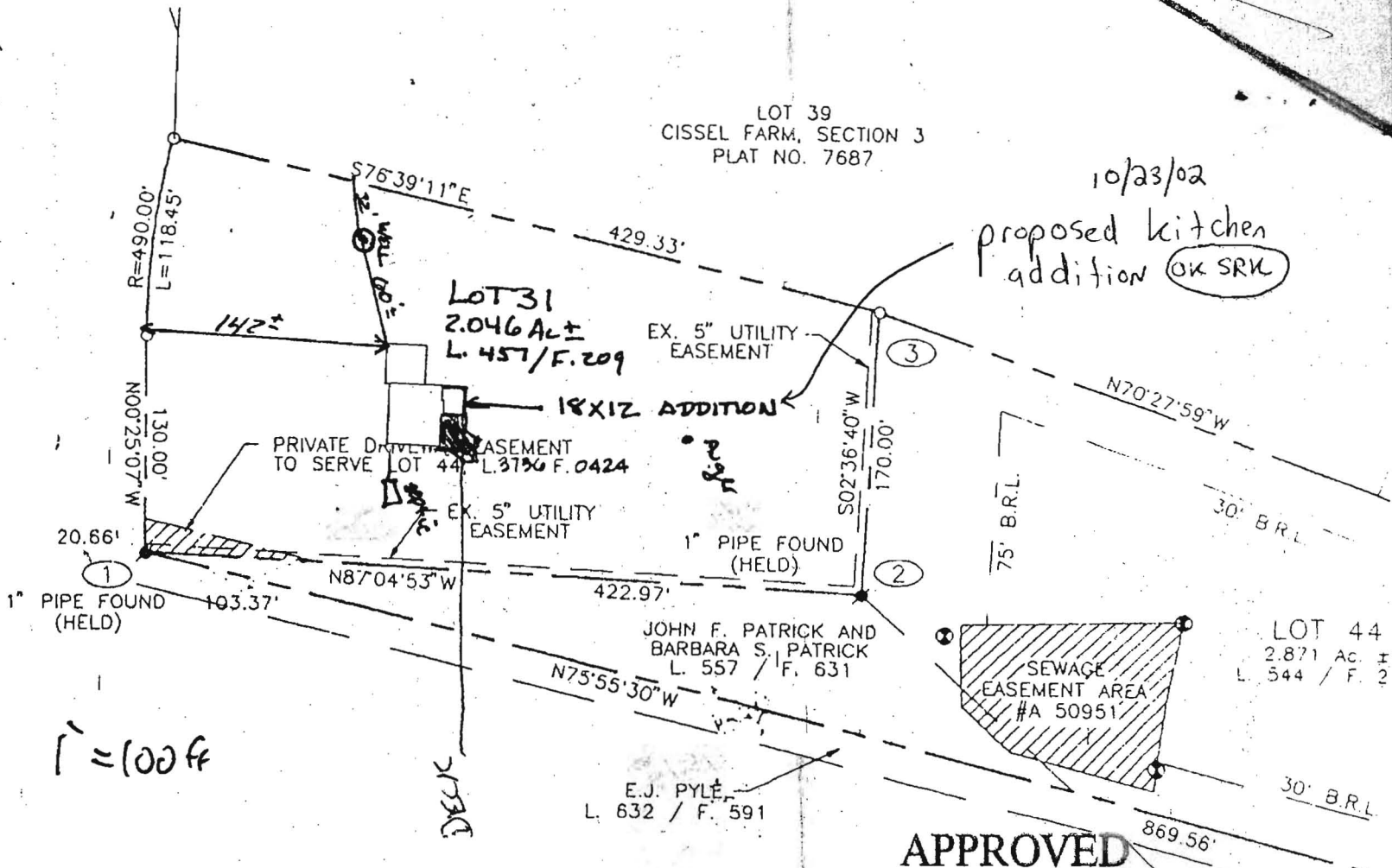
*John Patrick* May 29 1996  
JOHN F. PATRICK DATE

*Barbara S. Patrick* 5/28/96  
BARBARA S. PATRICK DATE

E. 8067.250  
N 488,500

800139004

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(PUBLIC ROAD, EXISTING 50' R/W)



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*Erik C Marks* 5/27/96  
ERIK C MARKS, R.P.L.S. #607 DATE

*John F. Patrick* May 20, 1996  
JOHN F. PATRICK DATE

*Barbara S. Patrick* 5/28/96  
BARBARA S. PATRICK DATE

600139004