

G-9077

DEPARTMENT OF BUILDINGS, LICENSES AND PERMITS
309 COURT HOUSE DRIVE
ELICOTT CITY, MD 21043
PERMITS (410) 313-2455 INSPECTIONS (410) 313-1910
AUTOMATED INFORMATION (410) 313-2900

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

300150925

Building Address 839 Bay Rd
 Suite/Apt. #: 21774 SDP/WP/Petition #: SYNOPSIS
 Census Tract 6030 Subdivision Talley Property
 Section _____ Area _____ Lot 5
 Tax Map 9 Parcel 310 Grid 4
 Zoning R000 Map Coordinates 508 Lot size _____

Property Owner's Name Robert + Theresa Bean
 Address 1009 Kinsdale Drive
 City Raleigh State NC Zip Code 27615
 Home Phone (919) 870-9663 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use vacant lot
 Proposed Use single family dwelling
 Estimated Construction Cost \$ 450,000.-
 Description of Work 2 story, 4 BR, 3 1/2
Baths, 1 gas FP, 3 car garage with
full walk up basement

Contractor Company Crosen Homes Inc
 Contact Person Don Crosen
 Address 3785 Shady Lane
 City Glenwood State MD Zip Code 21738
 License No. 868
 Phone (410) 442-8626 Fax (410) 489-5242

Occupant or Tenant _____
 Contact Name SAMIE
 Address AS OWNER
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company Fisher Collins + Carter
 Contact Person Brian Luckinbaugh
 Address 10272 Baltimore Nat'l Pike
 City Ellicott City State MD Zip Code 21042
 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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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"/> 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"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms: _____	Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: N/A <input type="checkbox"/>
No. of efficiency units: _____	NFPA #13D _____
No. of 1 BR units: _____	NFPA #13R _____
No. of 2 BR units: _____	Other: _____
No. of 3 BR units: <u>4</u>	
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 THEREON, (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.

Don Crosen
 Applicant's Signature
DRS. CROSEN HOMES INC.
 Title/Company

Don Crosen
 Print Name
10/26/04
 Date

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

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineers, DPZ	<u>10-5-04</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
Front: <u>35</u>
Rear: <u>35</u>
Side: <u>35</u>
Side St: _____
All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>
Lot Coverage for NewTown Zone _____
SDP/Red-line approval date _____

PROPERTY ID#	63812
Filing fee	\$ <u>100.00</u>
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per. fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>741</u>
Validation #	<u>77540</u>

Accepted by [Signature]

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

Addendum to contract of Sale:

Vincent J. Vecera
Dorothy Vecera, Seikas

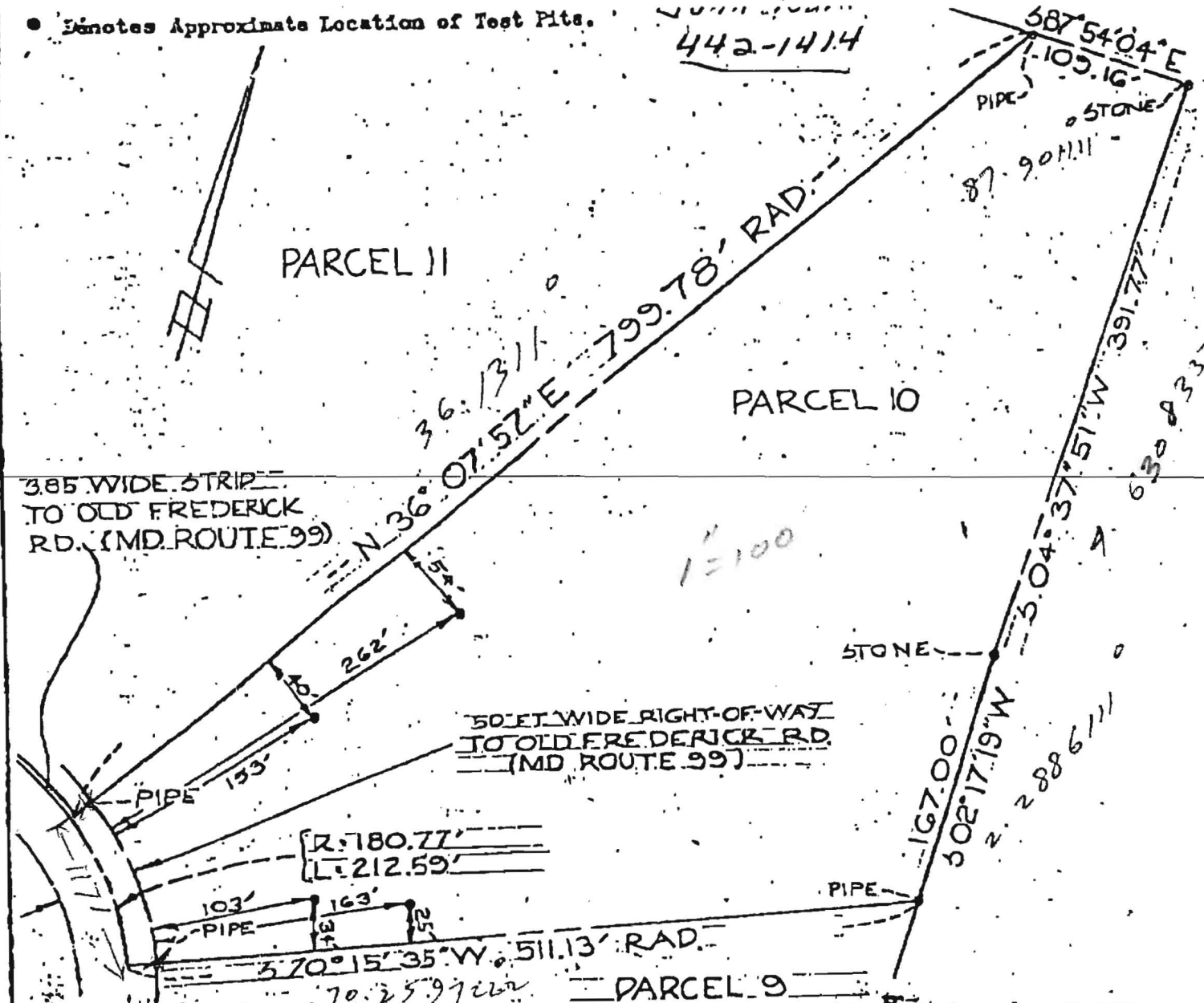
Richard M. Hoover, Buyer

Applicant: John Ewert
[Signature]
Surveyor: *[Signature]*
Map No: 1104-1532

11460 Old Frederick Rd. Harrodsville MD 21104-1532

LOT 10

• Denotes Approximate Location of Test Pits.



Notes: Being known and designated as Parcel 10 as shown on a Plat entitled "Plat Showing a Division of The Lands of Vincent J. Vecera, et al; 3rd Election District, Howard County, Maryland, which Plat is recorded among the Land Records of Howard County in Plat Book 25, folio 64.

I HEREBY CERTIFY THAT I HAVE MADE A SURVEY OF THIS LOT FOR THE PURPOSE OF LOCATING THE IMPROVEMENTS THEREON AND THAT THEY ARE LOCATED AS SHOWN.

The lot shown hereon complies with the minimum ownership and lot area as required by the Md. State Health Department.

Approved: Private Water & Private Sewer

By: *[Signature]* Date: 12/16

442-1414

1:100

PARCEL 11

PARCEL 10

PARCEL 9