

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**  
 B000147120

Building Address 10711 Harding Rd  
Laurel, MD 20723  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 600802 Subdivision \_\_\_\_\_  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1  
 Tax Map 46 Parcel 260 Grid 17  
 Zoning R20 Map Coordinates 1908 Lot size \_\_\_\_\_

Property Owner's Name Victoria Sessler  
 Address P.O. Box 229  
 City Fulton State MD Zip Code 20759  
 Home Phone (410) 988-8297 Work Phone 443745-6115  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax (410) 857-8650

Existing Use Garage SFP  
 Proposed Use Bathrooms / Bedroom SFP  
 Estimated Construction Cost \$ 15,000 @ Alter  
 Description of Work Installation of plumbing and electrical  
converting existing garage to 3 bedrooms and a full bath

Contractor Company Owner  
 Contact Person Eugene Valentine  
 Address P.O. Box 229  
 City Fulton State MD Zip Code 20759  
 License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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: _____	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: N/A <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 _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private _____
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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 _____	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: _____	_____
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.

Belinda Keen  
 Applicant's Signature

Belinda Keen  
 Print Name  
3-25-04  
 Date

Title/Company

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	<u>3/25/04</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>3/31/04</u>	<u>Mark Rife</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?  
 YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES <input 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#:	56636
Filing fee \$	<u>25</u>
Permit fee \$	<u>98</u>
Excise tax \$	
Add'l per. fee \$	<u>10</u>
TOTAL FEES \$	<u>133</u>
Sub-total paid \$	
Balance due \$	
Check #	<u>9124</u>
Validation #	<u>44878</u>

Accepted by [Signature]

Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA  
 T: forms/ PERMIT FRM WALK-THRU REVIEW w/B. KEEN (HOUSE MGR)  
EX. WELL INTACT, SUBJECT OF COMMENT TO F-03-120  
B. KEEN COMMITS TO PROPER W/S AB. MR 3/30/04  
 Rev 5/17/00

15" TREE

24" MAPLE

12" DOGWOOD

Breezway  
5x12

1-STY BRICK RANCHER  
FF = 341.4±

ASPH/ALT  
DRIVEWAY

CONC  
Breezway  
22x4

4/10/03  
Proposed breezeways OK  
SRW

TOP=340.64

BLOCK  
SHED

BLOCK  
GAR

PARCEL 260  
MICHAEL J. HEATH  
L3152 F.50  
1.477 ACRES



**MILDENBERG,  
BOENDER & ASSOC., INC.**

Engineers Planners Surveyors

5072 Dorsey Hall Drive, Suite 202, Ellicott City, Maryland 21042  
(410) 997-0296 Balt. (301) 621-5521 Wash. (410) 997-0298 Fax.

HARDING ROAD

SCALE 1"=20'  
DRAWN BY: MMP

MARCH 2003