

Building Address 12390 Hull Shop Rd. Fulton, MD 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 285 Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name Daniel Espenshude
 Address 12390 Hull Shop Rd
 City Fulton State MD Zip Code 20759
 Home Phone 410-916-4747 Work Phone same
 Applicant's Name & Mailing Address, (if other than stated herein): _____

Phone _____ Fax _____

Existing Use _____
 Proposed Use _____
 Estimated Construction Cost \$ _____

Description of Work Install approx. 580 sq. feet of deck with steps

Occupant or Tenant _____

Contact Name Daniel Espenshude
 Address 12390 Hull Shop Rd
 City Fulton State MD Zip Code 20759
 Phone 410-916-4747 Fax 509-695-2151

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. _____
 Phone _____ Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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 DESCRIPTION - RESIDENTIAL

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

D. J. Espenshude
 Applicant's Signature

 Title/Company

Daniel Espenshude
 Print Name

6/24/09
 Date

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

AGENCY	DATE	SIGNATURE	APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID #
Land Development, DPZ				Front: _____	Filing fee \$ _____
State Highways				Rear: _____	Permit fee \$ _____
Building Officials				Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ				Side St.: _____	Add'l per fee \$ _____
Health <u>6-24-09</u>		<u>Dana Burard</u>		All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection				YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? Y/S <input type="checkbox"/> NO <input type="checkbox"/>				Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
				Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # _____
				Lot Coverage for New Town Zone SDP/Red-line approval date _____	Validation # _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>					Accepted by _____
ONE STOP SHOP: <input type="checkbox"/>					



PREVIOUSLY APPROVED SEPTIC AREA

15' SCENIC BUFFER EASEMENT

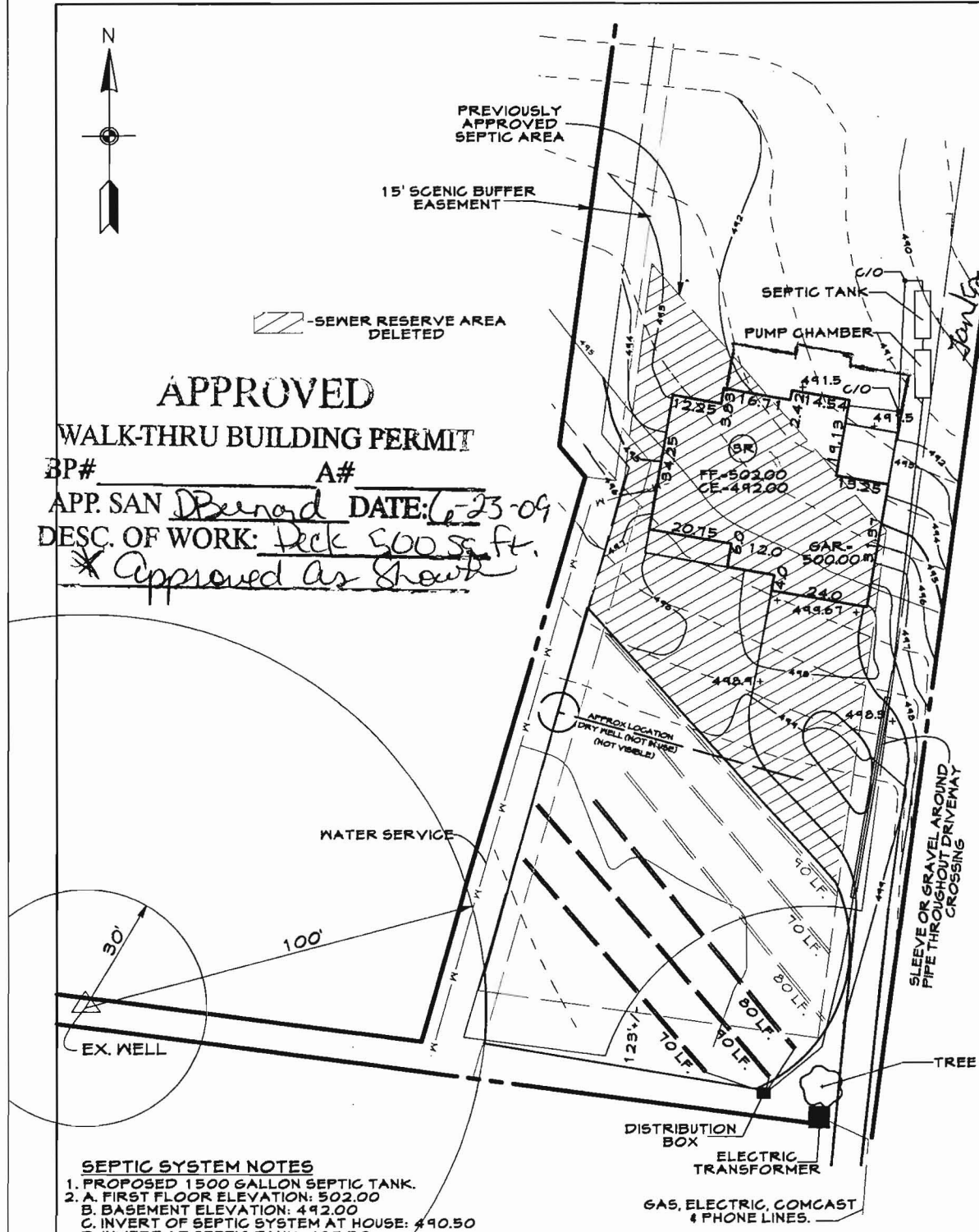
 -SEWER RESERVE AREA DELETED

APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN DBernard DATE: 6-23-09
 DESC. OF WORK: Deck 500 sq. ft.
 * Approved as shown

*Stake
have been
moved further
back
per Stuart Ostry*



SEPTIC SYSTEM NOTES

1. PROPOSED 1500 GALLON SEPTIC TANK.
2. A. FIRST FLOOR ELEVATION: 502.00
3. B. BASEMENT ELEVATION: 492.00
4. C. INVERT OF SEPTIC SYSTEM AT HOUSE: 490.50
5. D. INVERT AT SEPTIC TANK: 487.50
6. E. INVERT OUT AT SEPTIC TANK: 487.10
7. F. PROPOSED GRADE OVER SEPTIC TANK: 490.50
8. G. INVERT AT DISTRIBUTION BOX: 497.80
9. H. EXISTING GROUND OVER DISTRIBUTION BOX: 499.80
10. 4. SEE SEPTIC AREA FOR LENGTH OF TRENCHES
11. 5. CONTRACTOR/BUILDER TO VERIFY ELEVATIONS IN FIELD BEFORE BEGINNING ANY CONSTRUCTION.
12. INVERT IN PUMP CHAMBER-486.8
13. PROPOSED GRADE OVER PUMP CHAMBER-491.0

PLOT PLAN
PROPERTY OF

DANIEL J. ESPENSHADE

5th ELECTION DISTRICT HOWARD COUNTY, MD.
DEED REF. 5712/449

EXISTING GRADES SHOULD BE FIELD VERIFIED WHEN HOUSE STAKEOUT IS DONE.

DATE	REVISIONS	
9-26-03	REVISE UTILITY LINE LOCATION	CDD
9-05-04	REVISED HOUSE TYPE & LOCATION	CDD
4-06-04	REV. SEPTIC TANK LOCATION	CDD

CLSI

Carroll Land Services
Incorporated
Engineers * Surveyors * Land Development Consultants
Landscape Architects * Environmental Specialists
435 East Main Street, Washington, MD 21157-5139
(410) 876-2017 FAX (410) 876-0009

DRAWN BY:	CDD
DESIGN BY:	
REVIEW BY:	DEM
DATE:	12-2-02
SCALE:	1"=30'
JOB NO:	2002203
SHEET:	2 OF 2

CAD Drawing File Name: