

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

000156806

Building Address 15094 Bushy Park Rd
Cooksville MD 21797

Property Owner's Name JASON LOHMAN
 Address 15094 Bushy Park

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

Census Tract 624002 Subdivision Bushy Park

City WOODRIDGE State MD Zip Code 21797

Section _____ Area _____ Lot _____

Home Phone 410 990 9035 Work Phone N/A

Tax Map 8 Parcel 66 Grid 21

Applicant's Name & Mailing Address, (if other than stated hereon):

Zoning REDE Map Coordinates 9-A-13 Lot size _____

Phone _____ Fax _____

Existing Use SFD

Contractor Company Michel Welding & Mechanical

Proposed Use SAME WITH TANK

Contact Person Robert J Michel SO

Estimated Construction Cost \$ 1000.00

Address 2519 G... Rd

Description of Work Install 1-5000G
PROPANE TANK

City Baldwin State MD Zip Code 21013

Occupant or Tenant OWNER

License No. 73061

Contact Name _____

Phone 410 692 5416 Fax _____

Address _____

Engineer or Architect Company _____

City _____ State _____ Zip Code _____

Contact Person _____

Phone _____ Fax _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

Building Characteristics

Utilities

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

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 _____

SF Dwelling SF Townhouse
 Depth _____ Width _____
 1st floor: _____
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawlspace Slab on Grade
 No. of Bedrooms _____
 Height: _____
 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 Height: _____
 State Certified Modular
 Manufactured Home

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.

Applicant's Signature
Michel Welding & Mechanical Robert
 Title/Company
LT

Print Name
Robert J Michel SO
 Date
10/25/05

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

64790

CONFIRMATION OF CONSTRUCTION START:

ONE STOP SHOP:

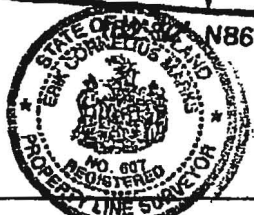
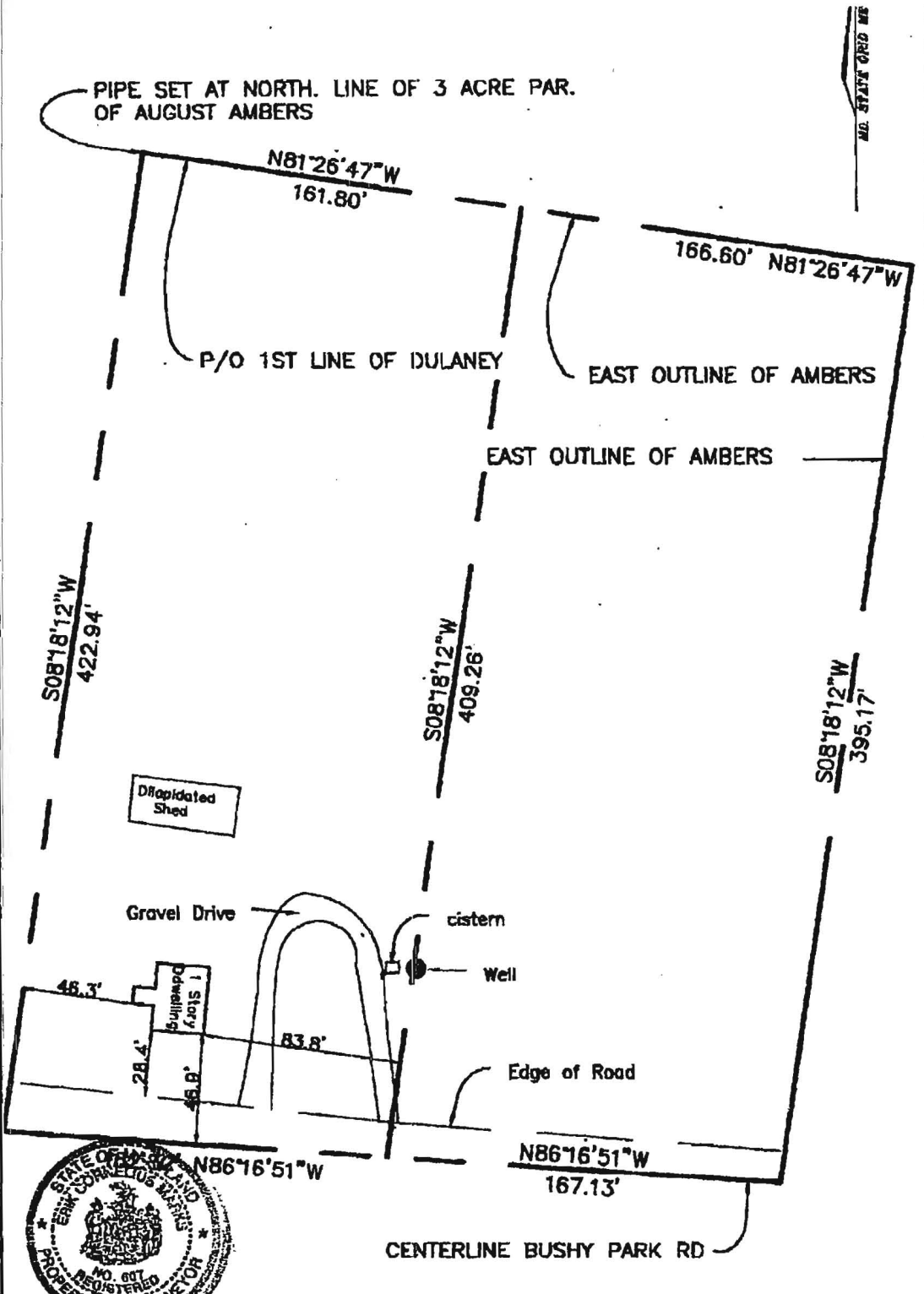
City Building Official _____

Health Department _____

Fire Department _____

Public Health _____

Code Enforcement _____



RECORD REFERENCES LIBER/FOLIO 180/202, 206/S21 PLAT BOOK PLAT NO./FOLIO SCALE 1"=50' DATE 06/06/03	Location Survey	MARKS & ASSOCIATES ENGINEERING-SURVEYING-LAND PLANNING 4331 COLLEGE AVENUE ELLICOTT CITY, MARYLAND TELEPHONE (410)747-8738 FAX (410)747-8739 I HEREBY CERTIFY THAT THE IMPROVEMENTS ARE LOCATED AS SHOWN HEREON AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, THERE ARE NO ENCROACHMENTS EXCEPT AS SHOWN. <i>Erik C. Marks</i> ERIC C. MARKS R.P.L.S. 0667
	15084 Bushy Park Road	
	HOWARD COUNTY	
	MARYLAND	

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

B00154134

Building Address 15044 Bushy Park Rd
Woodbine, MD 21797
 Suite/Apt. # Tax ID 04-308638 SDP/WP/Petition #:
 Census Tract 604001 Subdivision Oaks at Bushy Park
 Section _____ Area _____ Lot 1
 Tax Map 8 Parcel 66 Grid 21
 Zoning RCDP Map Coordinates 2851 Lot size 1.5 A

Property Owner's Name Susan & Heather Lohman
 Address 6605 Edgewood Rd
 City New Market State MD Zip Code 21774
 Home Phone 413-663-4173 Work Phone 410-560-9235
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Vacant lot
 Proposed Use single family home
 Estimated Construction Cost \$430,000
 Description of Work To build a 512 sq ft 4
bedroom & 3/4 bath, 3 car side entry
garage. Two story with compound arch
and finished basement

Contractor Company Brintnell Builders
 Contact Person Roy Brintnell
 Address 117 Old Padonia Rd
 City Croftsville State MD Zip Code 21030
 License No. 2911
 Phone 410-560-3057 Fax 410-560-9366

Occupant or Tenant Owner
 Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Engineer or Architect Company Mitchell & Assoc.
 Contact Person Jim Crommer
 Address 5 Shuman Rd
 City Croftsville State MD Zip Code 21030
 Phone 410-527-1555 Fax 410-527-1563

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> 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: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: _____ 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 Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private 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 type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> 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 THEREOF, (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.

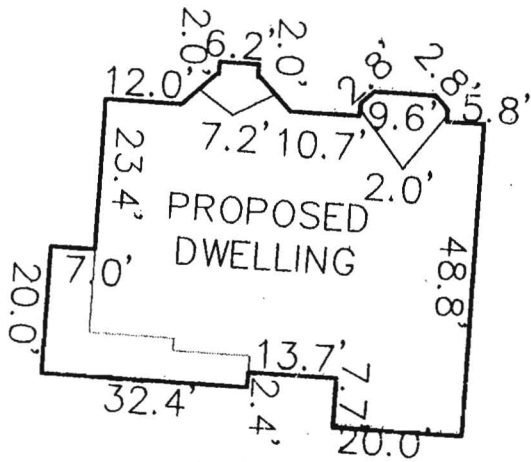
Applicant's Signature Richard B. King & Development
 Title/Company _____

Print Name Roy Brintnell
 Date 5/5/05

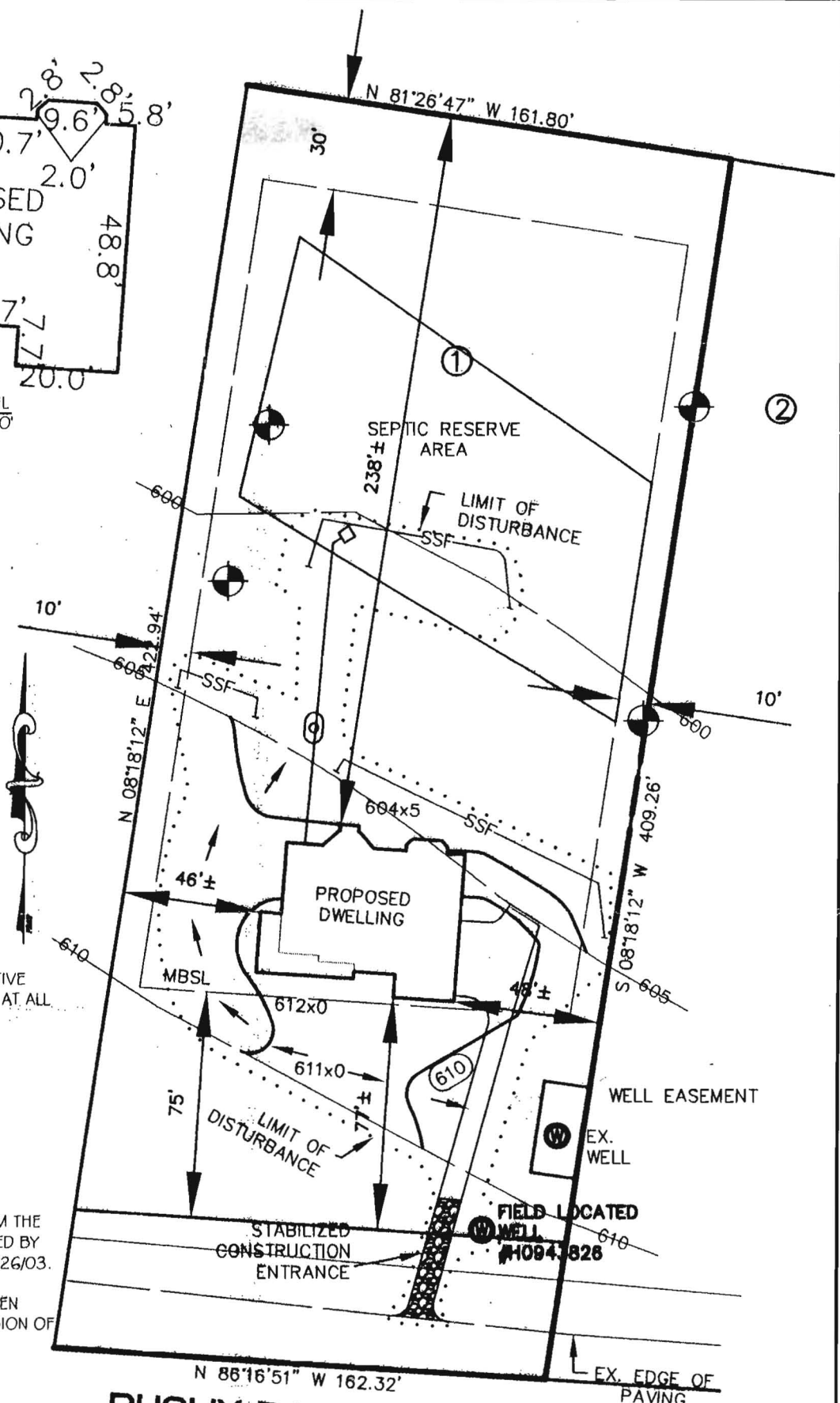
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
 ** PLEASE WRITE NEATLY AND LEGIBLY! **
 FOR OFFICE USE ONLY

64799

DATE	SIGNATURE APPROVAL	FEES/FEBACK INFORMATION	PROSPECTIVE ID#
		Filing fee _____ Permit fee _____ Additional fee \$ _____ TOTAL FEES \$ _____ Submittal fee \$ _____ Other _____ Validation _____	



HOUSE DETAIL
SCALE: 1"=30'



NOTES:

CONTRACTOR SHALL MAINTAIN POSITIVE DRAINAGE AWAY FROM FOUNDATION AT ALL TIMES.

DISTURBED AREA = 15,000 S.F.

PROPOSED ELEVATIONS:

- FIRST FLOOR = 614.0
- CELLAR FLOOR = 605.0
- GARAGE FLOOR = 612.7

TOPOGRAPHY SHOWN IS TAKEN FROM THE PERCOLATION TEST PLAN AS PREPARED BY MARKS & ASSOCIATES, L.L.C. ON 06/26/03.

THE WELLS SHOWN HEREON HAVE BEEN FIELD LOCATED UNDER THE SUPERVISION OF A LICENSED LAND SURVEYOR.

SEPTIC ELEVATIONS:

- PROP GRADE AT HOME: 605.50
- INV OUT OF DWELLING: 603.0
- INV IN TO SEPTIC TANK: 602.2
- INV OUT OF SEPTIC TANK: 602.1
- PROP GRADE OVER SEPTIC TANK: 604.2
- INV INTO DISTRIBUTION BOX: 598.0
- INV OUT OF DISTRIBUTION BOX: 597.9
- PROP GRADE AT DISTRIBUTION BOX: 600.2

BUSHY PARK ROAD

— SSF — PROPOSED SUPER SILT FENCE

REV. 5-2-05 TO ADD LOD & SED CONTROL MEASURES



Robert P. Grim
ROBERT P. GRIM DATE

MARYLAND REG. No. 354

DRAWN BY:
JSM

CHECKED BY:
[Signature]

**BUILDING PERMIT PLAN
#15094 BUSHY PARK ROAD**

TAX MAP 8, PARCEL 66, DEED REF. 7343/398

4th ELECTION DISTRICT HOWARD COUNTY, MD

McKEE & ASSOCIATES, INC.
Engineering - Surveying - Natural Resources Planning
Natural Resource Planning - Real Estate Development
SHAWAN PLACE, 5 SHAWAN ROAD COCKEYSVILLE, MARYLAND 21030
TELEPHONE: (410) 527-1555 FACSIMILE: (410) 527-1563

SCALE:
1"=50'

DATE:
4-19-2005

REVISION:
5-2-2005
6-20-2005

JOB No.:
RLB-020

2005 OCT 26 PM 4:34
E. ARCHER

As Requested

