

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER BB
P00039783

Building Address 116539 OLD FREDERICK ROAD
MT. AIRY MD 21771
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 60401 Subdivision -
Section - Area - Lot 5B
Tax Map 7 Parcel 443 Grid 4
Zoning RC Map Coordinates 308 Lot size _____

Property Owner's Name Peter & Lori Churchyard
Address 116539 Old Frederick Rd
City MT AIRY State MD Zip Code 21771
Home Phone 301-881-4950 Work Phone (301) 827-4463
Applicant's Name & Mailing Address, (if other than stated hereon):
301-947-7111
Peter
Phone _____ Fax _____

Existing Use Single Family Home
Proposed Use same with addition
Estimated Construction Cost \$ 200,000+
Description of Work 2 story addition - rebedding
kitchen, 2 bathrooms, hot tub area, deck
media room, family room
relocating laundry

Contractor Company C. Rosen Homes
Contact Person Don Croser
Address 3785 Shady Lane
City Glenwood State MD Zip Code 21738
License No. 13706207 Call # 1313570
Phone 410-442-8262 Fax _____

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

Engineer or Architect Company Dale Thompson Builders
Contact Person Robert Keyser
Address _____
City Columbia State MD Zip Code _____
Phone _____ Fax _____

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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" 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 <u>4 Total</u>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
Owner
Title/Company _____

Print Name Lori So Churchyard
12/20/02
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 _____	25820
State Highways			Rear _____	Filing fee \$ _____
Building Official			Side _____	Permit fee \$ _____
Dev. Engineering DPZ			Side St. _____	Excise tax \$ _____
Health	<u>9/8/03</u>	<u>Brian Baker</u>	All minimum setbacks met?	Add'l per. fee \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance?			Is Entrance Permit required?	Sub-total paid \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Check # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Validation # _____
			Lot Coverage for New Town Zone _____	
			SDP/Red-line approval date _____	Accepted by _____

Health

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 3430 COURT HOUSE DRIVE
 ELICOTT CITY, MD 21043
 PERMITS (410) 313-2456 INSPECTIONS (410) 313-1810
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B00046280 KN

Building Address 16539 Old Frederick Rd.
Mt. Airy, MD 21771

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

Census Tract 60400 Subdivision MIDDLE TRAIL

Section _____ Area _____ Lot 5B

Tax Map 7 Parcel 443 Grid 4

Zoning R000 Map Coordinates 308 Lot size _____

Property Owner's Name Peter Churchyard
 Address 16539 Old Frederick Road
 City Mt. Airy State MD Zip Code 21771
 Home Phone 301-854-4950 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use _____
 Proposed Use Heat, cooking
 Estimated Construction Cost \$ 1299.00

Description of Work 500 gal underground LP tank to supply fuel for CH, cooking, + fireplaces.

Contractor Company Amerigas LP
 Contact Person Glenn King
 Address 1573 Tilo Drive #2
 City Frederick State MD Zip Code 21704
 License No. GAS 09073
 Phone 301-620-9046 Fax 301-620-7923

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

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

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____	1st floor: _____	2nd floor: _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <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"/>	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 checked="" 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 _____	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.

Applicant's Signature [Signature] Account Manager, Amerigas LP
 Title/Company _____

Print Name Glenn E. King
 Date 3/15/04

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#: <u>25820</u>
Land Development, DPZ	_____	_____	Front: _____	Filing fee \$ _____
<input checked="" type="checkbox"/> State Highways	_____	_____	Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official	_____	_____	Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ	_____	_____	Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	_____	_____	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection _____	_____	_____	Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	_____	_____	Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>	_____	_____	Lot Coverage for NewTown Zone _____	Check # <u>870838</u>
ONE STOP SHOP: <input type="checkbox"/>	_____	_____	SDP/Red-line approval date _____	Validation # <u>41282</u>

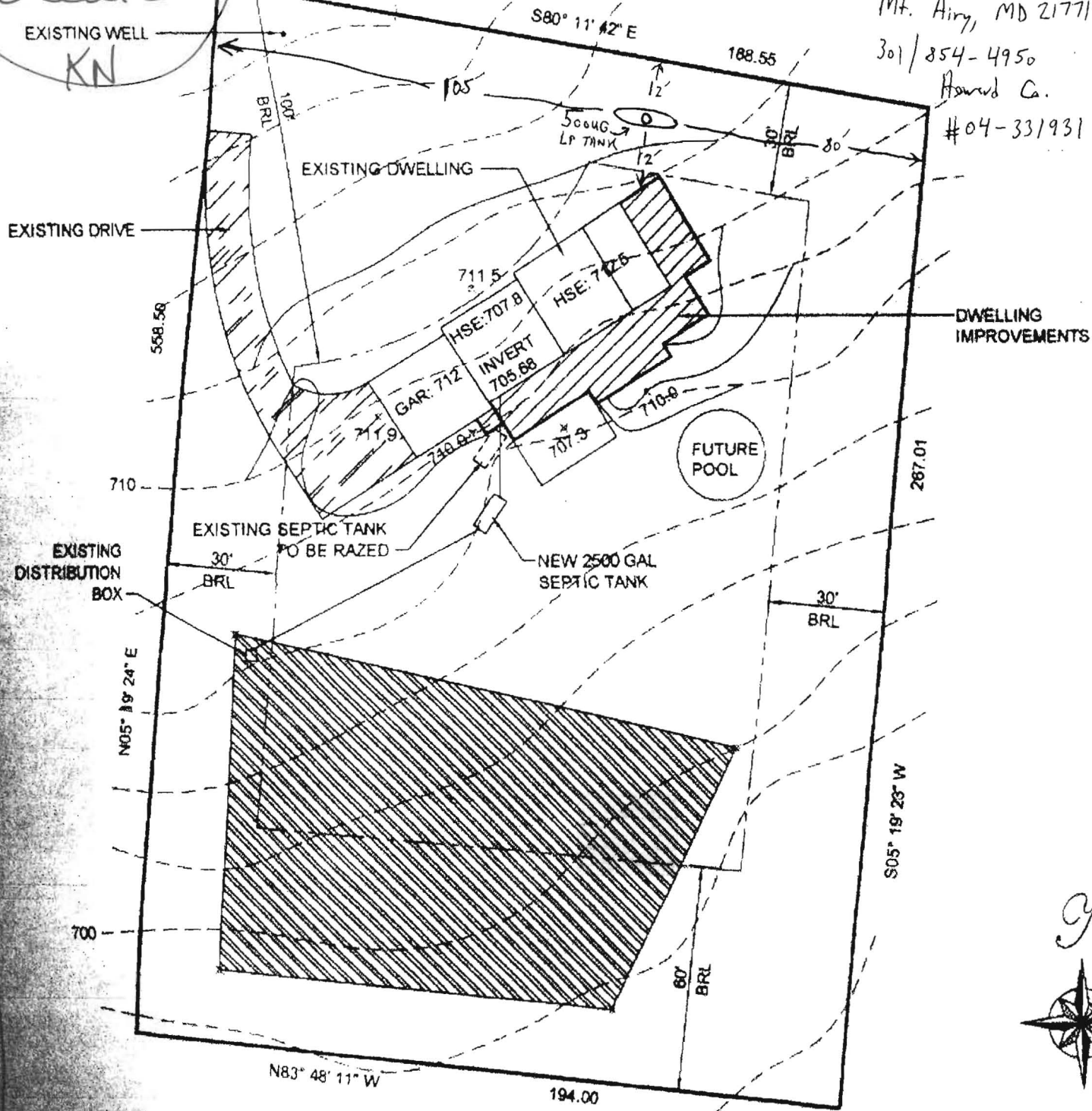
Accepted by [Signature]

NOT
APPROVED

3-17-04
 Plan not
 to scale

BP# 800 W 6780

Peter Churchyard
 16539 Old Frederick Rd.
 Mt. Airy, MD 21771
 301/854-4950
 Howard Co.
 #04-331931



PLOT PLAN
 SINGLE FAMILY DWELLING
 CHURCHYARD RESIDENCE
 LOT 5B

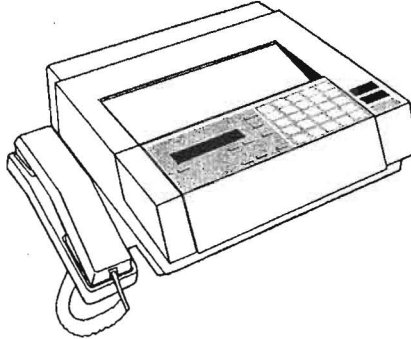
DATE: DEC 18, 2002
 SCALE: 1" = 50'

OWNER:
 PETER & LORI CHURCHYARD

PROPOSED ELEVATIONS:	
LOWER BASEMENT:	707.1
UPPER BASEMENT:	712.1
INVERT OUT OF HOUSE:	705.1
INVERT INTO TANK:	703.1
INVERT INTO DISTRIBUTION BOX:	701.1
INVERT INTO TRENCHES:	701.1
GRADE AT SEPTIC TANK:	706.1

Penny E. Borenstein, M.D., M.P.H., Health Officer

F A X



Date 3/17/04
To GLEN KING
Department AMERICAS LP
FAX # 301-620-7923

From Stephanie
Telephone 410-313-2641 FAX (410) 313-2648
Of Pages 5 (including cover page)

Comments THESE 2 BUILDING PERMITS ARE ON HOLD - WE
NEED A SCALED DRAWING WITH PROPER SETBACKS
+ DISTANCES TO WELLS + SEPTIC TANKS + SEPTIC FIELDS

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