

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER

200149196

Building Address 14000 CASTLE BAR DR
GLENWOOD MD 21738
Slit/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision Burntwood
Section 3 Area Block B Lot 7
Tax Map 22 Parcel 110 Grid 1
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name BILL + ROBIN VANLE
Address 14000 CASTLE BAR DR
City GLENWOOD State MD Zip Code 21738
Home Phone 410-489-7533 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
DELPH CUSTOM CONSTRUCTION, INC
2357 GILLIS RD
MT. AIRY MD 21771
Phone 410-635-8100 Fax 410-635-8139

Existing Use BASMENT
Proposed Use GARAGE ADD FAMILY ROOM
Estimated Construction Cost \$ 5000
Description of Work FINISH BASEMENT
Garage & Family Room

Contractor Company DELPH CUSTOM CONST
Contact Person TERRY DELPH
Address 2357 GILLIS RD
City MT. AIRY State MD Zip Code 21771
License No. 8496
Phone 410-635-8100 Fax 410-635-8139

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

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/>
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 <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input checked="" type="checkbox"/> 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 <input type="checkbox"/>
1st floor: _____ 2nd floor: _____ Basement: <u>24</u> <u>44</u>	Sewage Disposal: _____ Public <input type="checkbox"/> Private <input checked="" type="checkbox"/>
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>2</u>	Electric Yes <input checked="" 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: _____ Other Structure: <u>0 2 S 4 P</u>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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 HERETO; (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 Terry L Delph
OWNER, DELPH CUSTOM CONST.
Title/Company OK

Print Name TERRY L DELPH
6/30/04
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	<u>6/30/04</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>6/30/04</u>	<u>Race Norman</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 NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for New Town Zone _____

SDP/Red-line approval date _____

PROPERTY ID#: 35913

Filing fee \$ 25

Permit fee \$ 41

Excise tax \$ _____

Add'l per. fee \$ 5

TOTAL FEES \$ 72.00

Sub-total paid \$ _____

Balance due \$ _____

Check # 2442

Validation # _____

Accepted by _____

ng the property

S 80-09-00 E 135.62'
S 22-45-11 E 100.00'
UTILITY EASEMENT

LOT AREA
1.2A AC±
LOT 7 BLOCK "B"
SECTION 04 3
PART ONE
BURET WOOD
HOWARD CO.
P.B. WWH 10/20

339.86'

LOT 8

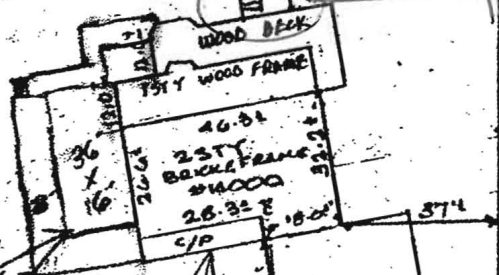
49.615

Approx location
40' width

FRAME SHED 10' x 10'

5/19/04
PROPOSED

B00148303
HOT TUB DECK



75' BLDG RESTRICTION LINE
K 56'
125'
MAC DRIVE
449-09-24E
R=275.00
A 54.33

CASTLEBAR DRIVE
50' R/W
20.5± MACADAM