

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER
B 07 003238

Building Address 3805 HEADPLAY CT
GLENELEB, MD 21738
 Suite/Apt #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MARY ROBIDEAU
 Address 3805 HEADPLAY CT
 City GLENELEB State MD Zip Code 21738
 Home Phone 410 489 8971 Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SF HOUS
 Proposed Use SEMS W/ DECK
 Estimated Construction Cost \$ 25,000
 Description of Work BUILD 12X24 COVERED
POORCH AND 16X24 DECK W/
STAIRS

Contractor Company MARK S. MCWHORTER INC
 Contact Person RYAN MCWHORTER
 Address 6851 REDBERRY RD
 City CLARKSVILLE State MD Zip Code 21029
 License No. 9807
 Phone 410 984 5813 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
 Height: _____
 No. of stories: _____
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular

Utilities
 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

Building Characteristics
 SF Dwelling SF Townhouse
 Depth Width
 1st floor: 5
 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

Utilities
 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.

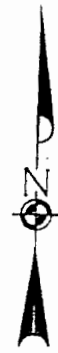
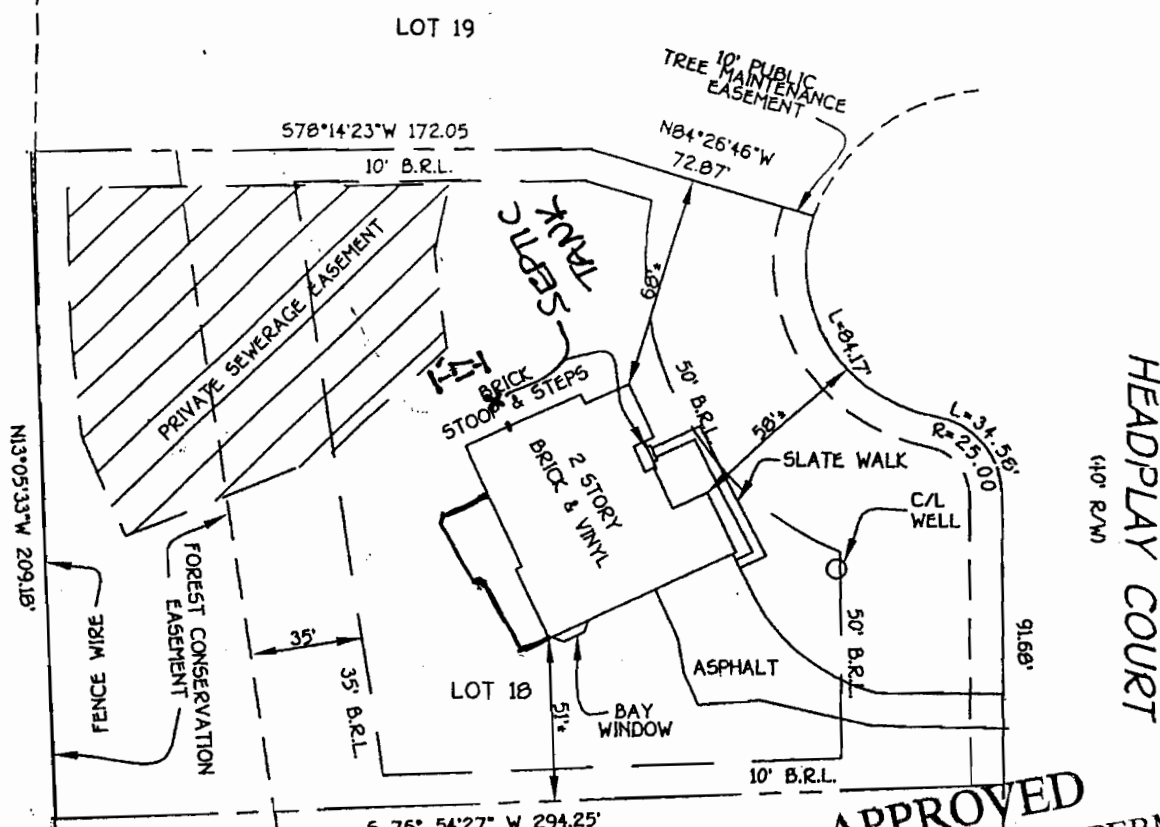
Ryan McWhorter
 Applicant's Signature
 Title/Company _____

RYAN MCWHORTER
 Print Name
8/2/07
 Date

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

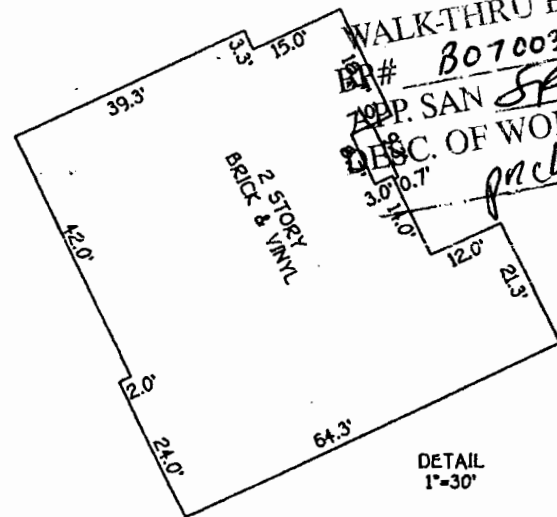
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE/INITIALS	DFZ SETBACK INFORMATION	PROF FEE
Land Development DPZ			Front _____	_____
State Dept of Transportation			Rear _____	_____
Building Official			Side _____	_____
City Engineer DPZ			Side SA _____	_____
Health	<u>8/2/07</u>	<u>[Signature]</u>	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 Backyard Control approved (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"/>			LD Coverage for New Town Zone _____	Check _____
ONE STOP SHOP <input type="checkbox"/>			SDP/Red line approval date _____	Valuation _____
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SPA			Accepted by _____	



HEADPLAY COURT
(10' R/W)

APPROVED
 WALK-THRU BUILDING PERMIT
 PERM# 807003238 A# 59868-00
 APP. SAN SP DATE: 8/2/07
 DESC. OF WORK: 12x24 covered
 porch with 2x4 deck
 w/ stairs



LOT 18
 THE PADDOCKS
 LOTS 1 THRU 33 & PRESERVATION
 PARCELS 'A' THRU 'B'
 3RD ELECTION DISTRICT
 HOWARD COUNTY, MARYLAND
 PLAT REF. 14493

B.R.L.= BUILDING RESTRICTION LINE
 TOP OF FOUNDATION ELEV. 622.3'±

FISHER, COLLINS & CARTER, INC.
 CIVIL ENGINEERING CONSULTANTS & LAND SURVEYORS
 CENTENNIAL SQUARE OFFICE PARK - 10272 BALTIMORE NATIONAL PIKE
 ELLICOTT CITY, MARYLAND 21042
 410 461 - 2855



PROFESSIONAL LAND SURVEYOR DATE 10/31/07
 REG. 582

**HOUSE LOCATION
 DRAWING**

FOUNDATION LOCATION: 8/16/01
 FINAL LOCATION: 10/30/01
 BOUNDARY SURVEY: _____

SCALE: 1"=60'
 DATE: 10/31/01
 DRAWN BY: D.B.
 CHECKED BY: S.R.P.
 PROJECT No.: 30664