

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B-149063

Building Address 1242 Moogan Station Rd
Woodbine MD 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 604001 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map _____ Parcel _____ Grid _____
 Zoning _____ Map Coordinates 3510 Lot size _____

Property Owner's Name Chris Trade
 Address 1727 Saint Michael's Rd
 City Woodbine State MD Zip Code 21797
 Home Phone 410 454 2242 Work Phone 410-222-2000
 Applicant's Name & Mailing Address, (if other than stated hereon):
CALL 410-377-9970
 Phone _____ Fax _____

Existing Use Single Family Home
 Proposed Use Summer tent addition
 Estimated Construction Cost \$ 35,000
 Description of Work 1 story on a front space
Family addition front porch 8x12
15x18

Contractor Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 License No. 122360
 Phone _____ Fax _____

Occupant or Tenant Owner
 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	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: <u>300</u>	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: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: _____ 2nd floor: <u>324</u> 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 _____ 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: _____ State Certified Modular _____ Manufactured Home _____	Water Supply: _____ Public _____ Private _____ Sewage Disposal: _____ Public _____ Private _____ Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input 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 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 _____
 Title/Company _____

Print Name Cristina P. Trade
 Date 6/27/24

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>6/23/24</u>	<u>[Signature]</u>
Dev. Engineering, DPZ	<u>6/23/24</u>	<u>[Signature]</u>
Health	<u>7/6/24</u>	<u>[Signature]</u>
Fire Protection		

DPZ SETBACK INFORMATION

From: _____
 Rear: _____
 Side: _____
 Side St.: _____
 All minimum setbacks met? YES NO
 Is Entrance Permit required? YES NO
 Historic District? YES NO
 Lot Coverage for NewTown Zone _____
 SDP/Red-line approval date _____

PROPERTY ID#: 62202

Filing fee \$	<u>25</u>
Permit fee	\$ <u>30</u>
Excise tax	\$ <u>259</u>
Add'l per. fee	\$ <u>8</u>
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	<u>1992</u>
Validation #	<u>71527</u>

Is Sediment Control approval required prior to issuance?
 YES NO

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by [Signature]

Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B-00150074 *KJB*

Building Address 1242 Morgan Station Rd
Woodlawn 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 604001 Subdivision _____
Section 8 Area _____ Lot _____
Tax Map 8 Parcel 12 Grid 8
Zoning RL Map Coordinates 3510 Lot size _____

Property Owner's Name Chris Tiede
Address 1722 Saint Michaels Rd
City Woodlawn State MD Zip Code 21797
Home Phone 410-429-2413 Work Phone 442-272-2070
Applicant's Name & Mailing Address, (if other than stated herein):
Phone _____ Fax _____

Existing Use Single Family Dwelling
Proposed Use Single Family Dwelling
Estimated Construction Cost \$ 125,000.00
Description of Work Add Second Floor
to Existing Structure - Two
Bedrms 30 x 47 Bedroom

Contractor Company CT Contracting
Contact Person Chris Tiede
Address 1722 Saint Michaels Rd
City Woodlawn State MD Zip Code 21797
License No. 87154
Phone 410-222-1777 Fax 410-429-5227

Occupant or Tenant Chris Tiede
Contact Name _____
Address 1722 Saint Michaels Rd
City Woodlawn State MD Zip Code 21797
Phone 442-272-2977 Fax _____

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

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>4</u>	Heating System: _____ Electric <input type="checkbox"/> Oil <input checked="" 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: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	
State Certified Modular _____ 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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]
Title/Company President (CT Contracting)

Print Name Christina P. Tiede
Date August 22, 2024

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 Highway		
Building Official		
Dev. Engineering, DPZ		
Health		
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SEYBALK 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: 62200
Filing fee \$ 25
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check [Amount]
Validation [Amount]
Accepted by [Signature]

N19°44'E 99.59'

443.21'

431.57'

284'±

Proposed 600150074
Future addition
Repair area of house
KSB

Well

PROPOSED GREAT ROOM

EXISTING S.P.D.

PROPOSED COVERED PORCH

PROPOSED ADDITION 30x44 Second Floor

Septic Tank

Dry Well

80'±

N70°16'W

S70°16'E

40'

S13°03'W 100.00'

MORGAN STATION ROAD

ELECTION DIST: 4
SCALE: 1"=50'

APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 00149063 A# 500437
 APP. SAN KJB
 DATE: 7/6/04
 DESC. OF WORK: family room
 Porch

6/26/04

NO Records found

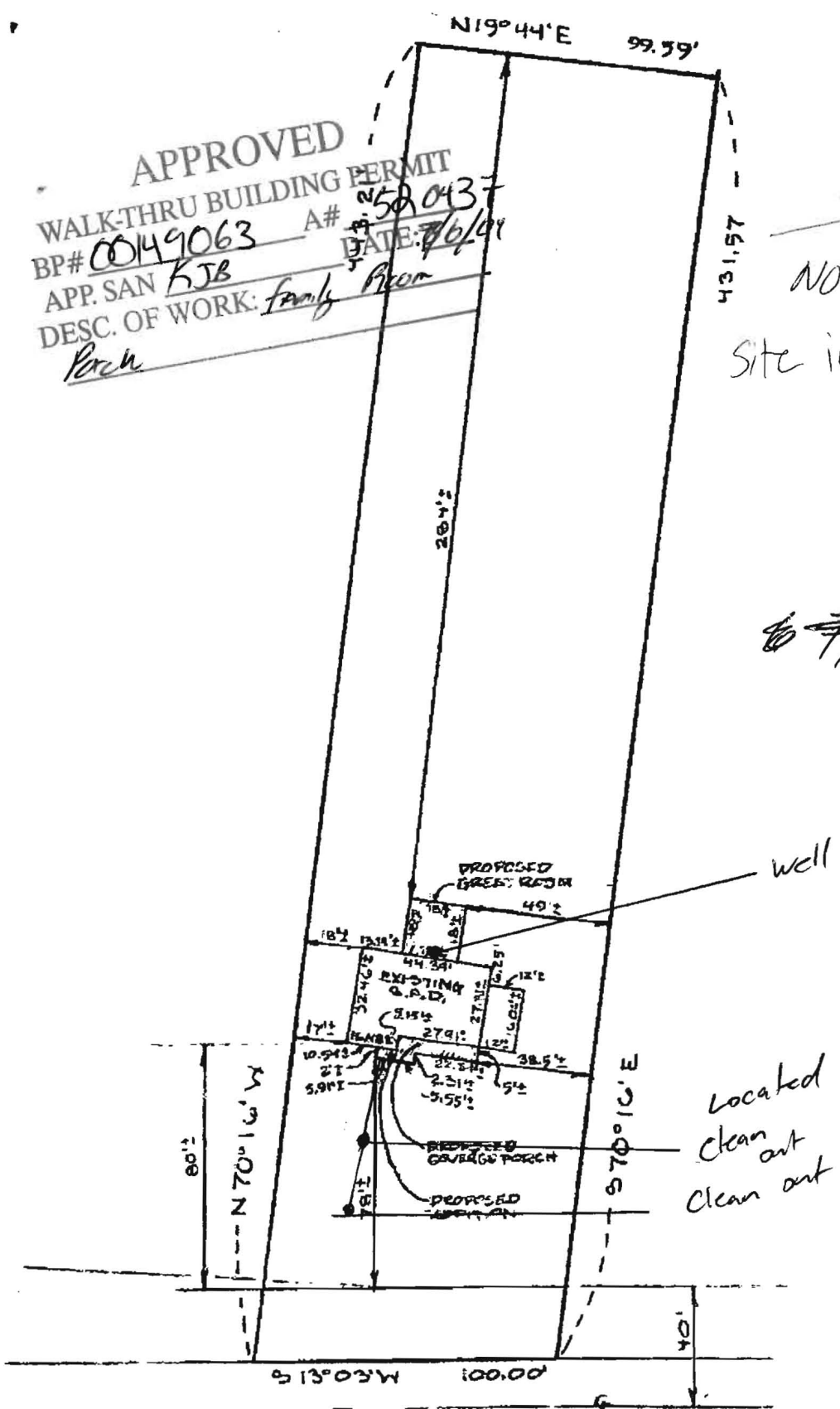
Site inspection

7/1/04

8:30 AM

KJB

~~7/6/04~~



Located
 Clean out
 Clean out

MORGAN STATION ROAD

ELECTION DIST: 4
 SCALE: 1"=50'

FRONT & E00155586

John W

443-226-5745
410-715-4500 ext 115

115

NOTES:

- 1) B.R.L. information, if shown, was obtained from existing record plot or local agencies and is not guaranteed by NTT, Inc.
- 2) Building line and/or Flood Zone information is subject to the interpretation of the engineer.
- 3) NTT, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers NOT found, or guaranteed by this location.
- 5) Setback distance accuracy: 1' ±
- 6) Some ground-level objects obscured due to snowfall.

IPF
POB
L:5514
F:23

E00155586

9/6/05

Proposed

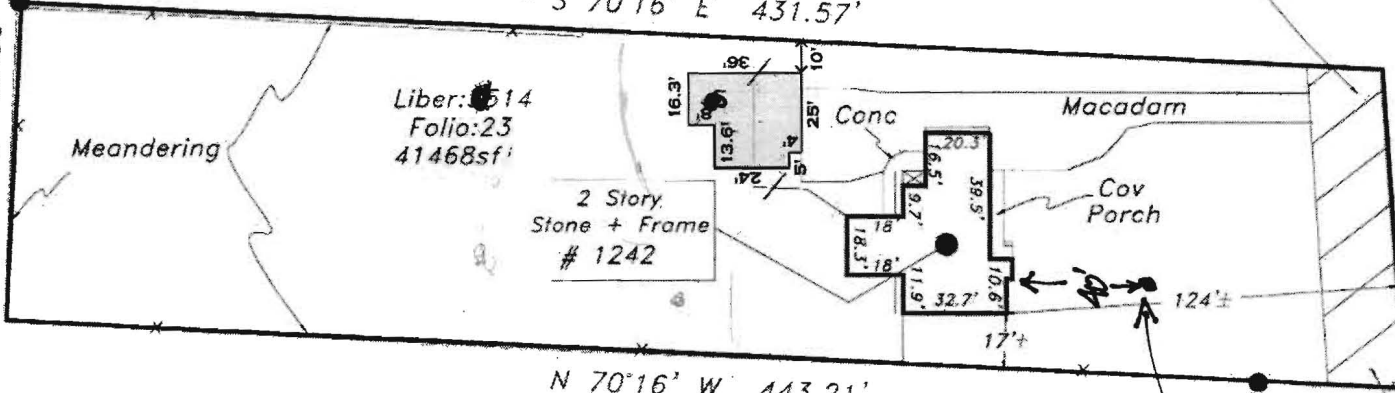
Garage location
NO impact on water

Septic

KJB

Saving & Excepting as per
SRC 42243
0.048 ac.±

REAR
N 19°44' E 99.59'



Liber: 514
Folio: 23
41468sf

2 Story
Stone + Frame
1242

Conc
Macadam
Cov Porch

SEPTIC TANK

Macadam Road

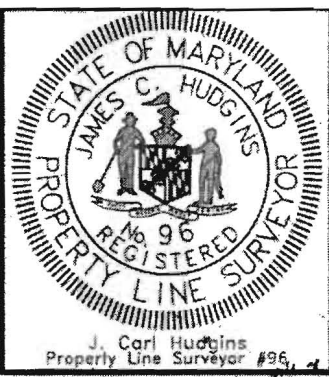


Subject property is shown in Zone C
on the FIRM Map of Howard County,
Maryland on Community Panel #
240044 0008B Effective 17-4-86

This is to certify that I have surveyed the property shown hereon,
being known as 1242 Morgan Station Road

and recorded among the land records of Howard County,
Maryland in Liber 5514 folio 25
for the purpose of locating the improvements thereon.

- * This plat is of benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing purposes.
- * This plat is not to be relied upon for the establishment of location of fences, garages, buildings, or other existing or future structures.
- * This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.



J. Carl Hudgins
Property Line Surveyor #96

LOCATION DRAWING
1242 Morgan Station Road
Howard County, Maryland

Election District No. 04

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Ph. (410)442-2031
Fax No. (410)442-1315

Scale:	1" = 60'
Date:	1-28-05
Field By:	Don
Drawn By:	Don
Drawing #	050031HOC

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

B06007030

Building Address 1242 Morgan Station Rd
Woodsboro Md 21797
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 500001 Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 9 Parcel 12 Grid 8
 Zoning IC Map Coordinates _____ Lot size 0.452

Property Owner's Name John Rivera
 Address 1242 Morgan Station Road
 City Woodsboro State Md Zip Code 21797
 Home Phone (410) 226-5775 Work Phone (410) 715-4500
 Applicant's Name & Mailing Address, (if other than stated hereon):
 Phone _____ Fax _____

Existing Use Auto Wash
 Proposed Use Auto Wash w/ 4000G LP Tank
 Estimated Construction Cost \$ 1800
 Description of Work Install (1) 4000G LP Tank
1 Year to start on project

Contractor Company Arzo Energy
 Contact Person Peter Jurek
 Address 80330 Liberty Road
 City Ferndale State Md Zip Code 21771
 License No. Gas 62296
 Phone (301) 671-4592 Fax (301) 662-0719

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	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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input 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 _____ Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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[Signature]
 Applicant's Signature

 Title/Company

Rivera
 Print Name
11/3/06
 Date

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

- FOR OFFICE USE ONLY -

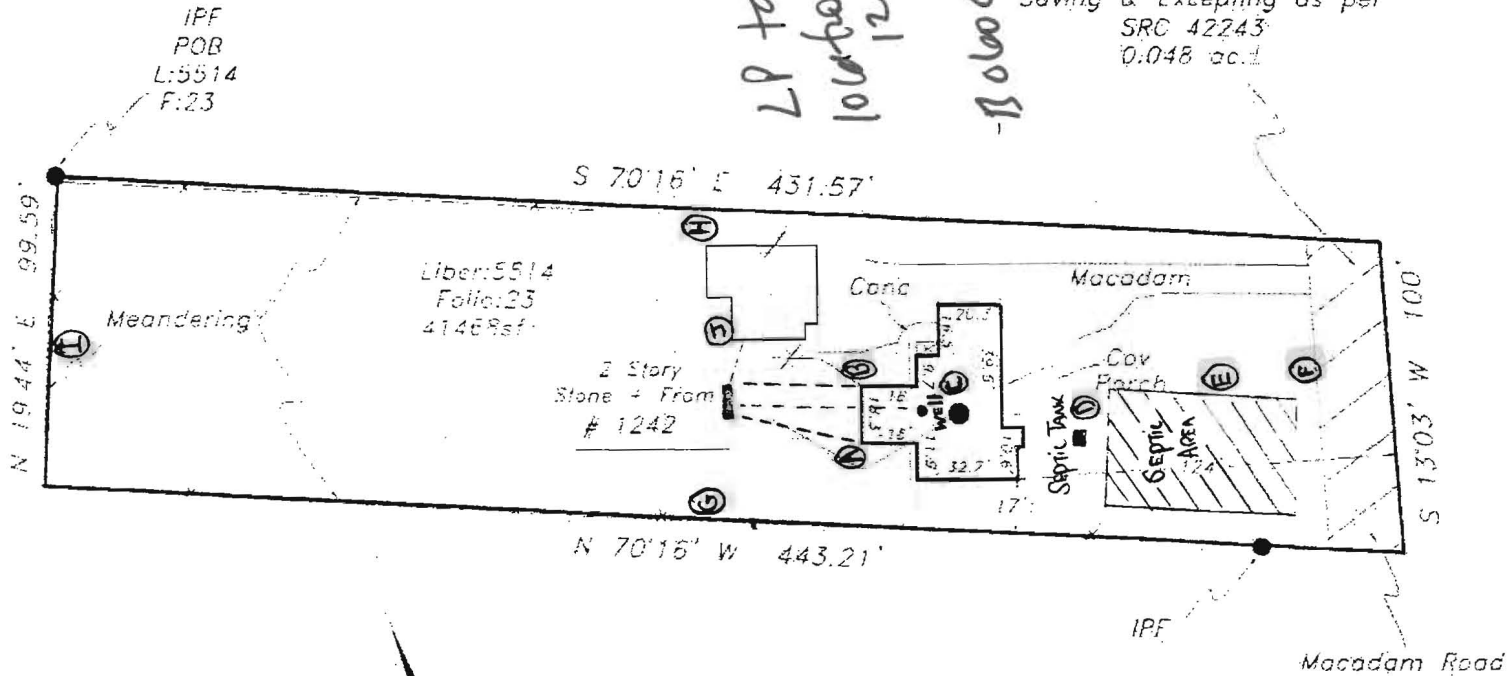
AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ	<u>12/8/06</u>	<u>[Signature]</u>	Side St: _____	Add'l per. fee \$ _____
Health			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?			Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>Cash</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Historic District?	Validation # _____
ONE STOP SHOP: <input type="checkbox"/>			YES <input type="checkbox"/> NO <input type="checkbox"/>	
Distribution of Copies -			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

NOTES:

- 1) B.R.L. information, if shown, was obtained from existing record plat of local agencies and is not guaranteed by NTL, Inc.
- 2) Building Line and/or Flood Zone information is subject to the interpretation of the originator.
- 3) NTL, Inc. does not certify to unshown or unrecorded encroachments or overlaps.
- 4) Property markers NOT found, or guaranteed by this location.
- 5) S setback distance accuracy ± 2'
- 6) Some ground-line details obscured due to separability.

*LP tank
location ok
12/31/06
-B06007030*

*Saving & Excepting as per
SRC 42243
0.048 ac.±*



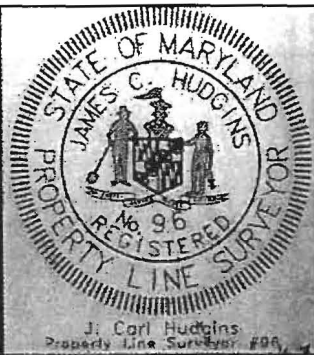
1242 Morgan Station Road

Subject property is shown in Zone C on the FIRM Map of Howard County, Maryland on Community Panel # 240044 0008R, Effective 7-4-86

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LOCATION DRAWING
1242 Morgan Station Road
Howard County, Maryland
Election District No. 04

NTT Associates, Inc.
16205 Old Frederick Road
Mt. Airy, Maryland 21771
Ph. (410)442-2031
Fax No. (410)442-1315

Scale: 1" = 60'
Date: 1-28-05
Field By: Don
Drawn By: Don
Drawing # 050031HOC