

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

BO 04471083 MER

Building Address 10790 Old Frederick Rd.
Marietta Hills Md 21104

Property Owner's Name SCOTT ROBBINS
 Address 10790 Old Frederick Rd.

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6030 Subdivision Lucido-Vota Sub

City Marietta Hills State MD Zip Code 21104
 Home Phone 443 679 9270 Work Phone _____

Section _____ Area _____ Lot # 2
 Tax Map 10 Parcel 103 Grid 23

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

Zoning CDEO Map Coordinates 11F1 Lot size _____

Phone _____ Fax _____

Existing Use Residence SF Home
 Proposed Use Bedroom Suite with

Contractor Company Fulte Construction
 Contact Person Frank Fulte

Estimated Construction Cost \$ 18,000.00
 Description of Work Build Bedroom Addition
on to House w/ porch/covered
80x24

Address 15432 Woodbine Maryland
 City Woodbine State MD Zip Code 21797
 License No. 25491
 Phone 443 506 7219 Fax 410 442 0110

Occupant or Tenant SCOTT ROBBINS

Engineer or Architect Company _____

Contact Name Frank Fulte

Contact Person _____

Address 15432 Woodbine Maryland

Address _____

City Woodbine State MD Zip Code 21797

City _____ State _____ Zip Code _____

Phone 443 506 7219 Fax 410 442 0110

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: 480
 2nd floor: _____
 Basement: _____
 Finished Basement Unfinished Basement
 Crawlspace Slab on Grade
 No. of Bedrooms 1
 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: 30x30
 Footings: _____
 Roof: _____
 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 Frank Fulte
 Title/Company Fulte Construction

Print Name Frank Fulte
 Date 4/26/04

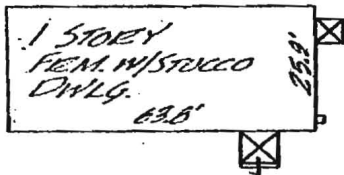
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **
 - FOR OFFICE USE ONLY -

TOLERANCES:

Structure dimensions have been shown to +/- 0.1 feet.

Setback distances have been shown to +/- 2.0 feet.

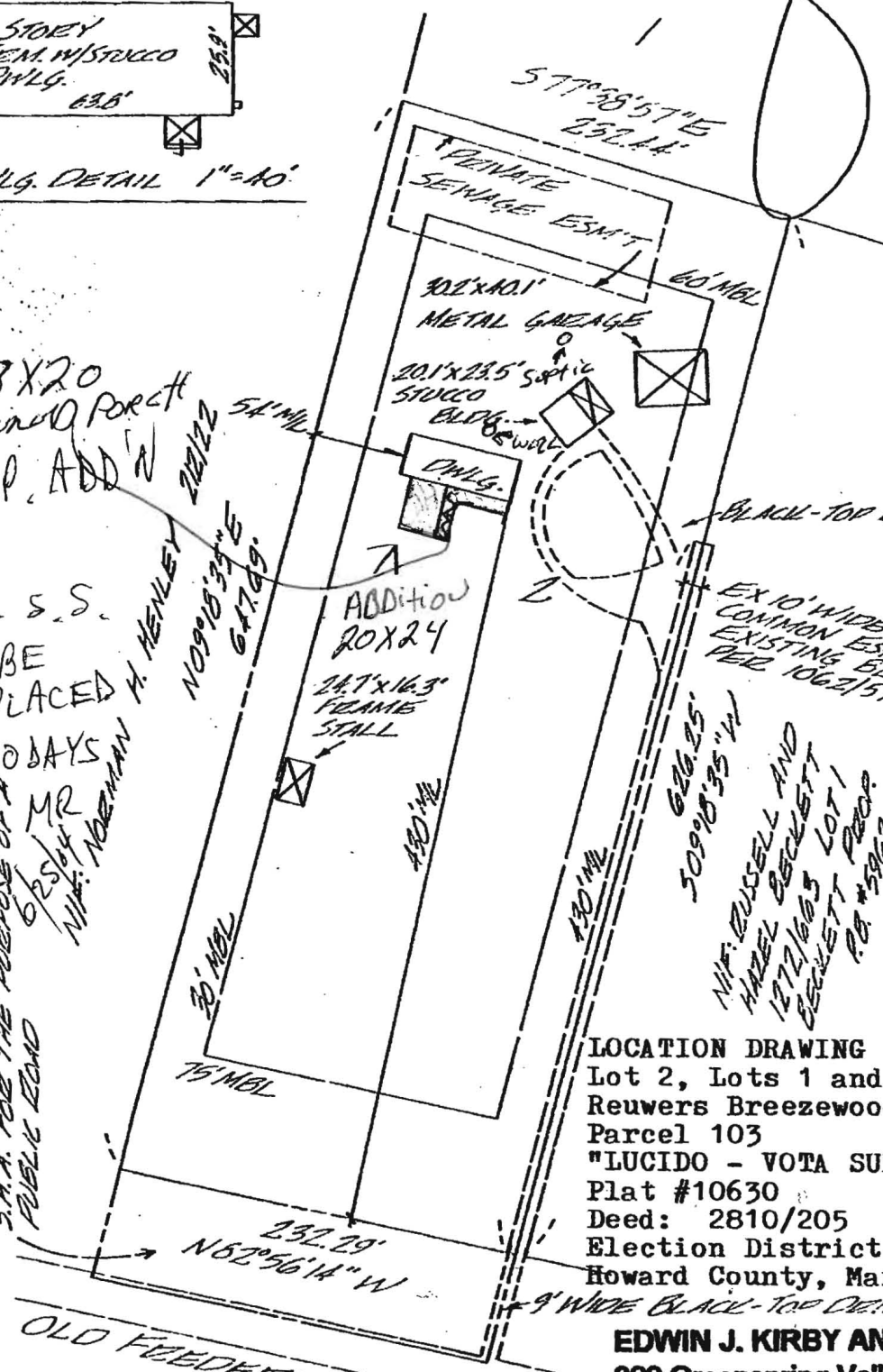
EDWIN J. KIRBY PROF. L.S. Reg. No. 5481



DWLG. DETAIL 1"=40'

8X20
Covered Porch
PROP. ADD'N
OK
EX. S.S.
TO BE
REPLACED
IN 30 DAYS

MR
G. S. O'NEILL
MR. NORMAN H. HENLEY
20112
NO 9°18'39"E
647.69'



LOCATION DRAWING
Lot 2, Lots 1 and 2, A Resub. of
Reuwers Breezewood Lot 6 and
Parcel 103
"LUCIDO - VOTA SUBDIVISION"
Plat #10630
Deed: 2810/205
Election District 2
Howard County, Maryland

EDWIN J. KIRBY AND ASSOCIATES
800 Greenspring Valley Road
Lutherville, MD 21093

#10790 Old Frederick Road
BTC 21043

(410) 337-7942

NO RECORDS ✓

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2466 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B00022555
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Building Address <u>10792 Woodstock RD</u> <u>Woodstock MD 21163</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>3030</u> Subdivision _____ Section _____ Area _____ Lot _____ Tax Map <u>10</u> Parcel _____ Grid <u>23</u> Zoning _____ Map Coordinates <u>11F1</u> Lot size _____	Property Owner's Name <u>SCOTT ROBBINS</u> Address <u>10792 Woodstock RD</u> City <u>Woodstock</u> State <u>MD</u> Zip Code <u>21163</u> Home Phone <u>410-418-8899</u> Work Phone _____ Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
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Existing Use <u>Residence</u> Proposed Use <u>Manufacture Building Garage</u> Estimated Construction Cost \$ <u>920,000.00</u> Description of Work <u>Construct 30x40</u> <u>Garage</u> <u>Manufacture Building no electric</u> <u>for instance use or water</u>	Contractor Company <u>Fultz Construction</u> Contact Person <u>FRANK FULTZ</u> Address <u>15432 WOODBINE MORGAN RD.</u> City <u>WOODBINE</u> State <u>MD</u> Zip Code <u>21797</u> License No. <u>25451 M.N.C.</u> Phone <u>410-442-9715</u> Fax <u>410-442-0110</u>
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Occupant or Tenant <u>OWNER</u> Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Engineer or Architect Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
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BUILDING DESCRIPTION - COMMERCIAL	BUILDING DESCRIPTION - RESIDENTIAL
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Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>30</u> Width <u>40</u> 1st floor: <u>30</u> <u>40</u> 2nd floor: <u>N/A</u> <u>N/A</u> Basement: <u>N/A</u> <u>N/A</u> 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>N/A</u> Multi-family dwellings: No. of efficiency units: <u>N/A</u> No. of 1 BR units: <u>N/A</u> No. of 2 BR units: <u>N/A</u> No. of 3 BR units: <u>N/A</u> Other Structure: <u>Manufacture Building</u> Dimensions: <u>30x40</u> Footings: <u>24x24</u> Roof: <u>5/12 gable</u> <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 type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <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 <input type="checkbox"/> 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 <u>Frank W Fultz</u> Date <u>1/04/00</u>
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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
<input checked="" type="checkbox"/> Land Development, DPZ <input checked="" type="checkbox"/> State Highways <input checked="" type="checkbox"/> Building Official <input checked="" type="checkbox"/> Dev. Engineering, DPZ <input checked="" type="checkbox"/> Health <input type="checkbox"/> Fire Protection Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>	<u>2/3/00</u>	<u>Mark E. Kiffin</u>	Front: _____ Rear: _____ Side: _____ Side St.: _____ All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> Lot Coverage for New Town Zone _____ SDP/Red-line approval date _____	Filing fee \$ _____ Permit fee \$ _____ Excise tax \$ _____ Sub-total paid \$ _____ Add'l permit fee \$ _____ TOTAL FEES \$ _____ Balance due \$ _____ Check # <u>1125 1673</u> Validation # <u>2771</u>
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				
Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				

3/3/00
anytime

SITE INSPECTION SHEET

OWNER: Robbins

DATE REQUESTED: _____

ADDRESS: 10790 Old Fred. Rd

DRILLER: _____

Frisky's Wildlife

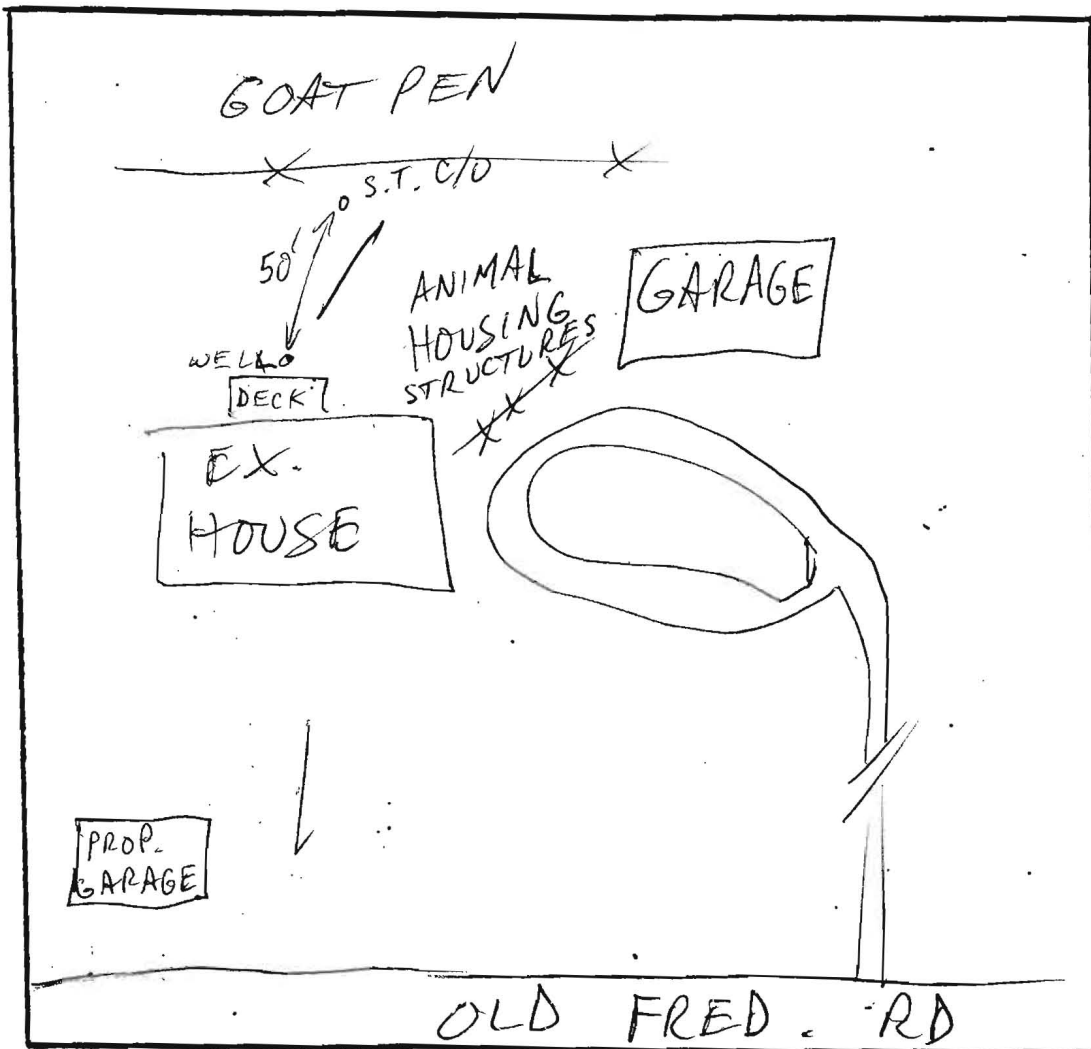
WELL TAG # _____

Sanctuary

COUNTY # _____

PROPOSAL: _____

LOCATION DIAGRAM



COMMENTS: 3/3/00 NO OBJ. TO BP FOR PROPOSED GARAGE (MR)

DATE: _____

INSPECTOR: _____