

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B09000273

Building Address 1625 Hermiton Rd
Marriottsville Md 21104
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract 6030 Subdivision _____
Section _____ Area _____ Lot 121
Tax Map 10 Parcel 03-29659 Grid _____
Zoning R Map Coordinates _____ Lot size 4.45 ACR

Property Owner's Name Dennis R Fesgo
Address 1625 Hermiton Rd
City Marriottsville State MD Zip Code 21104
Phone 410-443-5623 Phone 410-984-5681
Applicant's Name & Mailing Address, (if other than stated hereon):
5681
Phone _____ Fax _____

Existing Use SFD
Proposed Use Office and Storage
Estimated Construction Cost \$ 80,000
Description of Work Addition to Garage for
Office and Storage
24x32 1.5 story w/ Basement

Contractor Company Home over to build
Contact Person _____
Address _____
City _____ State _____ Zip Code _____
License No. _____
Phone _____ 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	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 type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ Public <input checked="" type="checkbox"/> Private _____
1st floor: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Natural Gas <input type="checkbox"/>
No. of Bedrooms _____	Propane Gas <input checked="" type="checkbox"/>
Height: _____	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ 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 Height: _____	
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.

Dennis R Fesgo
Applicant's Signature
Title/Company _____

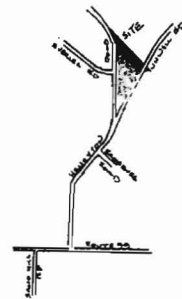
Dennis R Fesgo
Print Name
2/23/09
Date

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#
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ <u>25.00</u>
<input 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	<u>3/11/09</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
<input type="checkbox"/> 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>7520</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- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by <u>[Signature]</u>
T:\forms\PERMIT.FRM			SDP/Red-line approval date _____	



TAX MAP 10 PAGES 1104-111

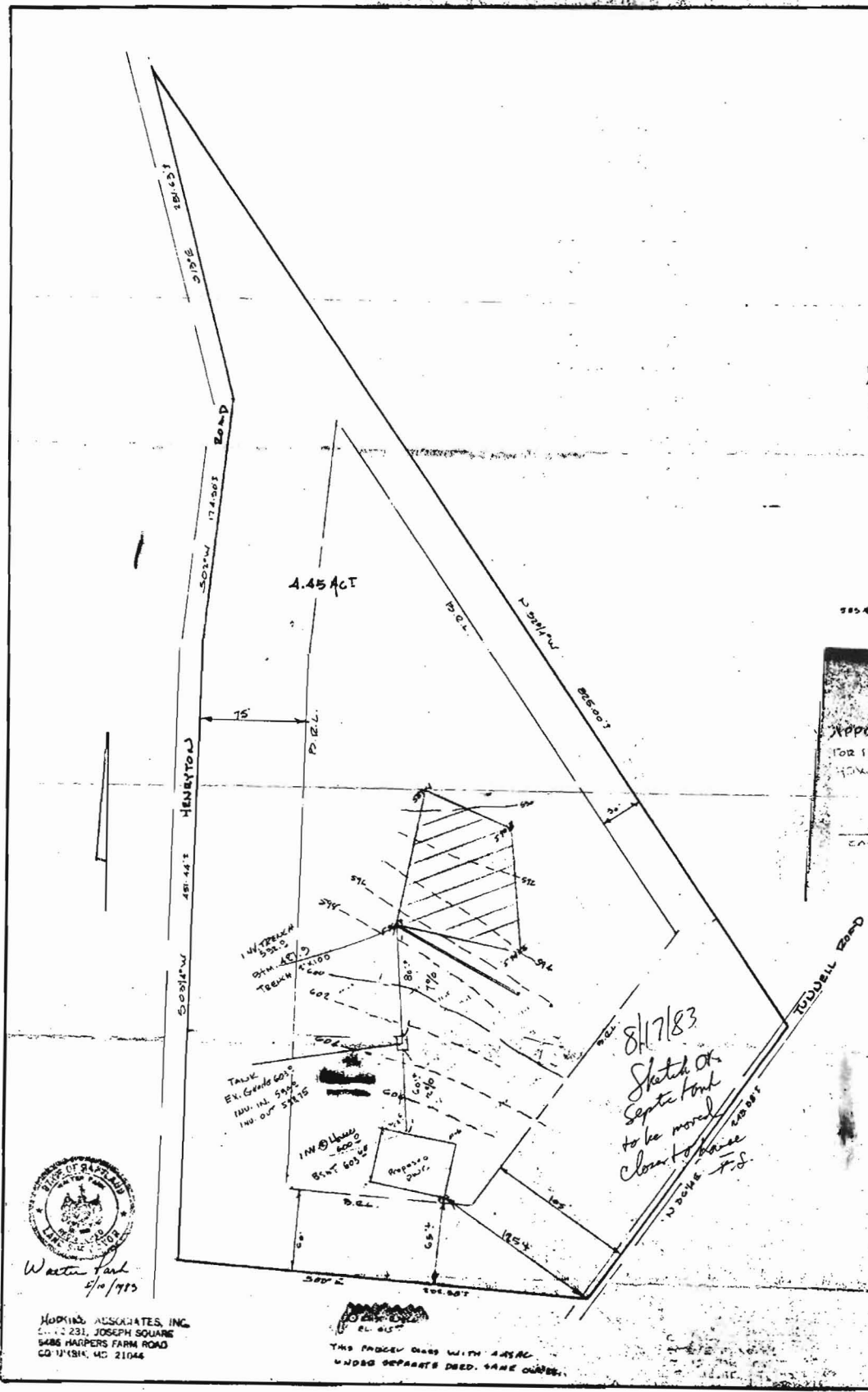
THIS DESIGNATES A PRIVATE SEWAGE EASEMENT OF APPROXIMATELY 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND STATE DEPARTMENT OF HEALTH & MENTAL HYGIENE FOR INDIVIDUAL SEWAGE DISPOSAL. IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED UNTIL PUBLIC SEWER IS AVAILABLE. THESE EASEMENTS SHALL BECOME NULL & VOID UPON CONNECTION TO A PUBLIC SEWAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT VARIANCES FOR ENCROACHMENTS INTO THE PRIVATE SEWAGE EASEMENT. RECONSTRUCTION OF A MODIFIED SEWAGE EASEMENT SHALL NOT BE NECESSARY.

THE LOT SHOWN HEREON COMPLIES WITH THE MINIMUM OWNERSHIP WIDTH & LOT AREA AS REQUIRED BY THE MARYLAND STATE DEPT. OF HEALTH AND MENTAL HYGIENE.

THIS DESIGNATES FIELD LOCATED PERC HOLES AND ELEVATIONS.

APPROVED:
 FOR SEWERAGE & PRIVATE SEWAGE SYSTEMS
 HOWARD COUNTY HEALTH DEPARTMENT

William J. ... 5-18-83
 COUNTY HEALTH OFFICER



Walter Park
 4/10/79

HOPKINS ASSOCIATES, INC.
 231 JOSEPH SQUARE
 5485 HARPERS FARM ROAD
 CO. 171814, MD. 21046

THIS PROPERTY DEED WITH 4.45 AC
 UNDER SEPARATE DEED. SAME OWNER.

DRAWN PROPERTY
 FIELD LOCATED PERC HOLES & ELEVATIONS
 S.D.S. ELECTION DIST. HOWARD CO. MD
 SCALE 1"=50'
 MAY 10, 1983
 AUG. 17, 1983

A# 32657

under 1635 Henryton Rd.

LY DWELLINGS 2003

FLOOR JOIST SPAN CHART

INTERNATIONAL RESIDENTIAL CODE FOR ONE AND TWO FAMILY DWELLINGS 2003
 ALL AREAS OTHER THAN SLEEPING AREAS
 40 PSF LIVE, 10 PSF DEAD

HEM FIR #2

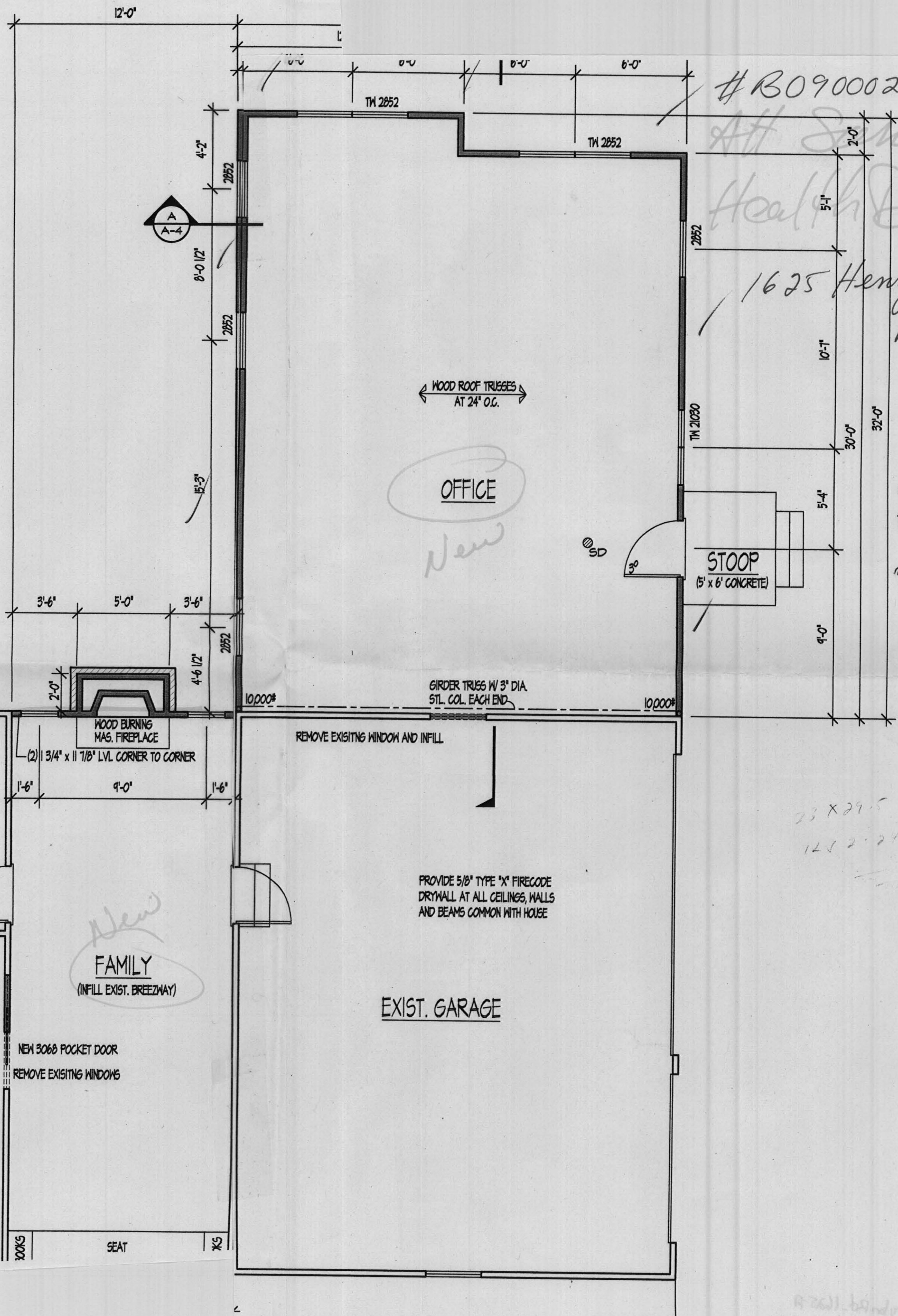
SPACING	2x10	2x12
12" O.C.	16'-10"	20'-4"
16" O.C.	15'-2"	17'-7"
19.2" O.C.	13'-0"	16'-1"
24" O.C.	12'-5"	14'-4"

SPF #2

SPACING	2x10
12" O.C.	17'-3"
16" O.C.	15'-5"
19.2" O.C.	14'-1"
24" O.C.	12'-7"

FRAMING NOTES

- FLOOR FRAMING TO BE 2x10 FLOOR JOISTS AT 16" O.C. TYPICAL. HEM FIR #2 [N]
- DOUBLE FLOOR JOISTS UNDER ALL WALLS LONGER THAN 4'-0"
- PROVIDE APPROVED STEEL JOIST HANGERS WHERE REQ'D. & NOTED.
- PROVIDE SOLID BLOCKING AT ALL BEARING POINTS IN THE FLOOR SYSTEM.
- OFFSET FLOOR JOISTS AT ALL W.C. LOCATIONS TO PROVIDE ADEQUATE CLEARANCE.
- PROVIDE DOUBLE HEADERS AND DOUBLE TRIMMERS AT ALL FLOOR OPENINGS.
- PROVIDE BRIDGING AT MIDPOINT OF SPANS.
- PROVIDE 3" MINIMUM BEARING.
- FOR ENGINEERED AND MANUFACTURED FLOOR SYSTEMS, FOLLOW MANUFACTURER'S SPECIFICATIONS.
- NAILS PROVIDED WITH JOIST HANGERS ARE TO BE USED EXCLUSIVELY.



#B09000273
 Att. Spec
 Health Dept.
 1625 Henryton Rd.

ok
 B09000273
 SS
 3/11/09

23 x 29.5 - 678.5
 125 2.21

1ST FLOOR

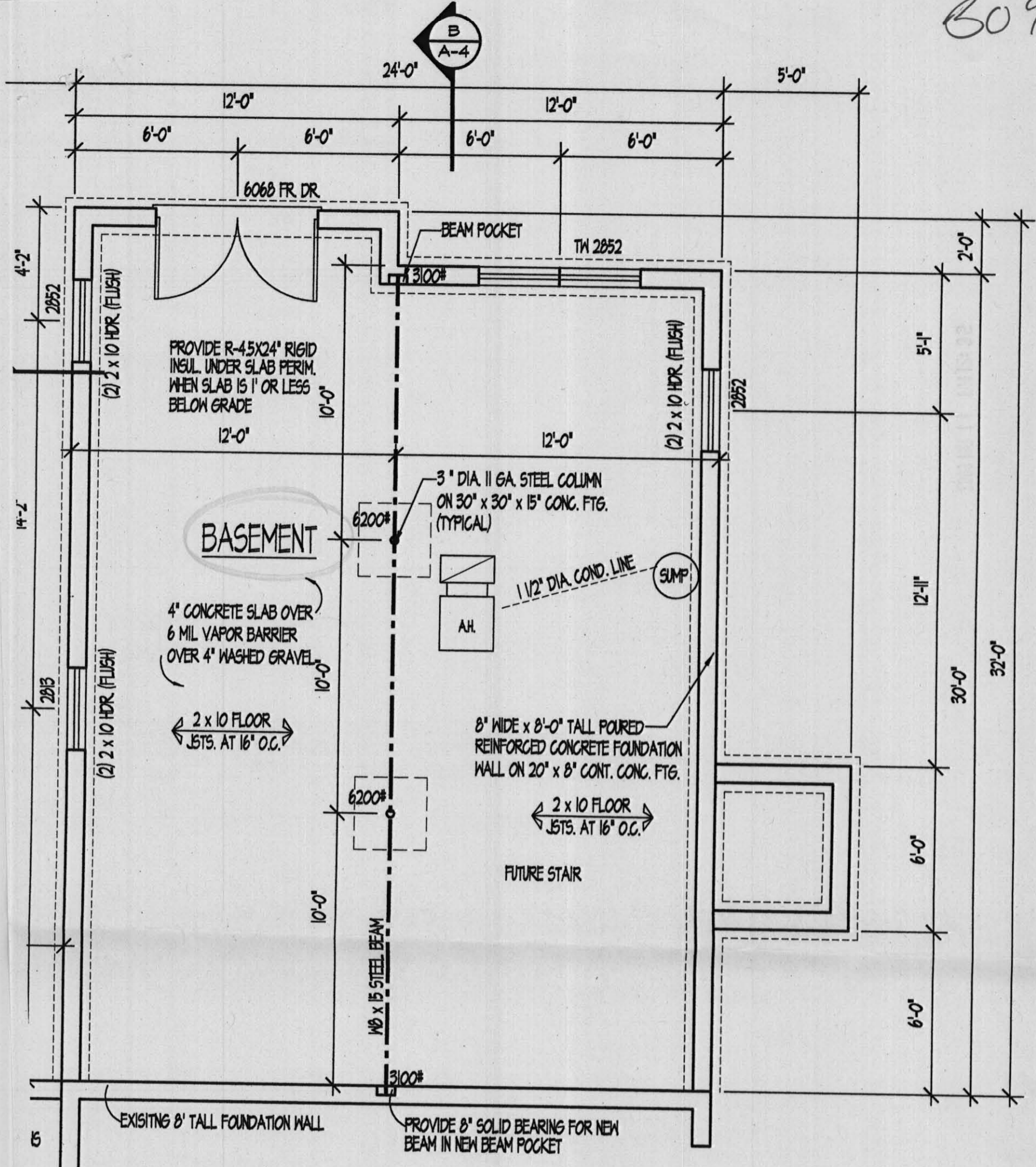
JB HOME DES.
 9416 CONCORD COURT

100

FIRST FLOOR PLAN

PRJ.T. NO. _____
 DRWN. _____
 DATE _____
 SCALE: 1/4" = 1'-0"

30 9000 273



FOUNDATION PLAN

02-20-1994 - 6/24/94 - 260