

Building Address 1715 HENRY RD
MARIETTAVILLE MD 21104

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 12

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name CLAYTON M. COLLIER
Address 1715 HENRY RD
City MARIETTAVILLE State MD Zip Code 21104
Home Phone 410-412-5738 Work Phone 410-365-9124
Applicant's Name & Mailing Address, (if other than stated herein):

Phone _____ Fax _____

Existing Use Porch
Proposed Use Porch
Estimated Construction Cost \$ 7,500.00
Description of Work Add 4 FT To existing porch

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

Occupant or Tenant OWNER
Contact Name OWNER
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: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement Crawl space Slab on Grade
No. of Bedrooms 3
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

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.

Applicant's Signature Clayton M. Collier Print Name CLAYTON M. COLLIER

Email Address _____

Title/Company _____ Date 4-28-10

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

AGENCY <u>Land Development, DPZ</u>	DATE <u>4/28/10</u>	SIGNATURE APPROVAL <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: _____ Rear: _____ Side: _____ Side St.: _____	PROPERTY ID # \$ _____
State Highways _____			All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Building Officials _____			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Permit fee \$ _____
Dev. Engineering, DPZ _____			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Excise tax \$ _____
Health <u>4/28/10 [Signature]</u>			Lot Coverage for New Town Zone _____	Add'l per fee \$ _____
Fire Protection _____			SDP/Red-line approval date _____	TOTAL FEES \$ _____
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Accepted by _____	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/>				Balance due \$ _____
				Check # _____
				Validation # _____

Land Dedicated to Howard County Maryland for Purpose of Public Road.

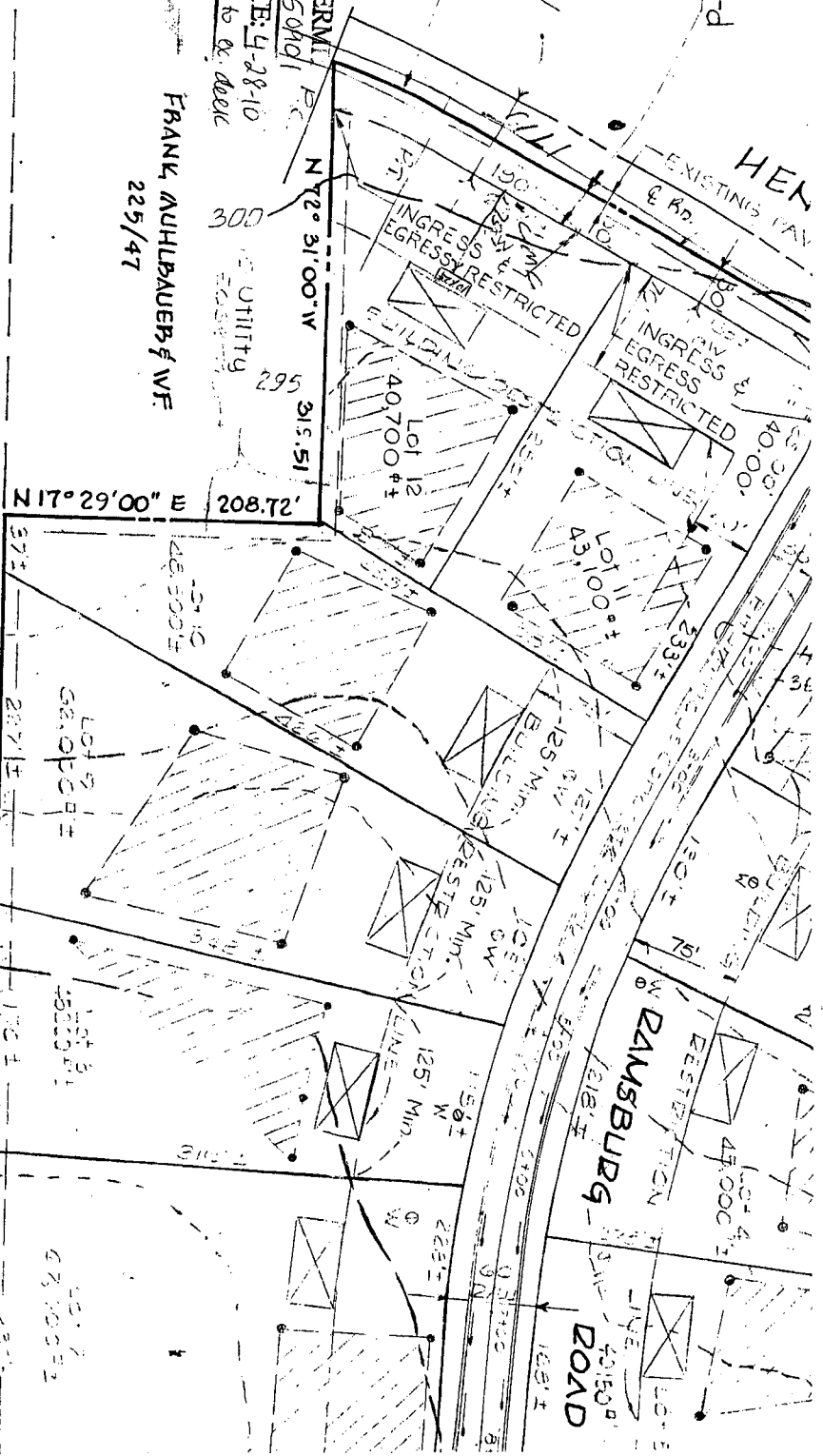
Future 60' R/W

R=525.00'
L=95.38'

APPROVED

Area designated private sewage treatment & disposal system. Estimated 10,000 square feet as required by the Health Department for individual sewage disposal. Utility nature in this area are restricted until public utility and servicing any residential structure constructed hereafter. This agreement shall become null and void upon the public sewer system.

WALKER RU BUILDING PERMIT
 BP# _____
 APPLICANT: FRANK AULBAUER & WIFE
 DATE: 4-28-10
 # 050401
 ADD 4' to E. SIDE



GENERAL NOTES:

1. Total Area Tract..... 15 AC. ±
2. Number Of Lots..... 13
3. Present Zoning..... R-40
4. Roads..... 60' R/W 30' PAVEMENT
5. ALL LOTS 40,000 SQ. FT. MINIMUM
6. PRIVATE WATER AND PRIVATE SEWAGE SYSTEM TO BE UTILIZED FOR DEVELOPMENT.
7. ACCESS TO LOTS NUMBERED 1 AND 11 SHALL BE RESTRICTED TO DRIVEWAY ROAD
8. Precast Test Symbols:
 • Precast Test Hole
 ◻ Preliminary Dewatering Conditions

