

G-9-53

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3401 SOUTH POULSON DRIVE  
BELLICANT CITY, MD 21033  
PERMITS (410) 313-2600 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B 00 15042 R JB

Building Address 2201 Duvall Rd  
Woodbine MD 21797

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract 604002 Subdivision AE Mullinix Rd  
TAX ID # 04-320247  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map 13 Parcel 103 Grid 4

Zoning RDD Map Coordinates \_\_\_\_\_ Lot size 214

Existing Use Vacant Lot

Proposed Use New SFH

Estimated Construction Cost \$ 300,000

Description of Work New SFD

Property Owner's Name Curtis Cumberland

Address 11455 A.E. Mullinix Rd

City Woodbine State MD Zip Code 21797

Home Phone 410 489 2839 Work Phone 301 252 1122

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

301-252-1122

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company Cumberland Corp

Contact Person Curtis Cumberland

Address 16391 A.E. Mullinix Rd

City Woodbine State MD Zip Code 21797

License No. \_\_\_\_\_

Phone 301 854 6438 Fax 301 854 6325

Occupant or Tenant \_\_\_\_\_

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company LDE

Contact Person Bruce Burton

Address \_\_\_\_\_

City Chicott City State MD Zip Code \_\_\_\_\_

Phone 301 546 3424 Fax \_\_\_\_\_

### BUILDING DESCRIPTION - COMMERCIAL

### BUILDING DESCRIPTION - RESIDENTIAL

#### Building Characteristics

#### Utilities

Height: 30'

No. of stories: 2

Gross area, sq. ft. per floor 1st 2622  
2nd 1001

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 \_\_\_\_\_

#### Building Characteristics

#### Utilities

SF Dwelling  SF Townhouse

Depth Width

1st floor: 33 30

2nd floor: 33 40

Basement: 33 40

Finished Basement  Unfinished Basement

Crawl space  Slab on Grade

No. of Bedrooms 5

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  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 THERE TO; (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.

Curtis Cumberland  
Applicant's Signature

Curtis Cumberland  
Print Name

\_\_\_\_\_  
Title/Company

9/20/04  
Date

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		
Dev. Engineering, DPZ		
Health	<u>10/14/04</u>	<u>Jeanne Kow Bell</u>
Fire Protection		
is Sediment Control approval required prior to issuance?		
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		

DPZ SETBACK INFORMATION
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 _____

PROPERTY ID#:	AMOUNT
<u>63462</u>	
Filing fee \$	_____
Permit fee \$	_____
Excise tax \$	_____
Add'l per. fee \$	_____
TOTAL FEES \$	_____
Sub-total paid \$	_____
Balance due \$	_____
Check #	_____
Validation #	_____

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

T. forms/ PERMIT FRM

Rev 5/17/00

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