

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 13747 BARBERLY WAY
SYKESVILLE MD 21784

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

Census Tract _____ Subdivision WESTCLIFFE
MANOR

Section 11 Area _____ Lot 22

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name STRICKLANDS

Address 13747 BARBERLY WAY

City SYKESVILLE State MD Zip Code 21771
410

Home Phone 489-6017 Work Phone 301-5282
301

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

Phone _____ Fax _____

Existing Use DECK

Proposed Use SCREENED PORCH & DECK

Estimated Construction Cost \$ 25,000

Description of Work 16X20 SCREENED IN
PORCH & 16X12 DECK

Contractor Company MUEHL'S CONSTRUCTION INC.

Contact Person RICHIE MUEHL

Address 4341 ADAM ST.

City MT. AIRY State MD Zip Code 21771

License No. 43071

Phone 301 831 6360 Fax 301 831 - 6360

Occupant or Tenant TOM & DEB STRICKLANDS

Contact Name _____

Address 13747 BARBERLY WAY

City SYKESVILLE State MD Zip Code 21784

Phone 410 489 6017 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: <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 _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input 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: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 _____
Title/Company _____

Print Name _____
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>7/20/05</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

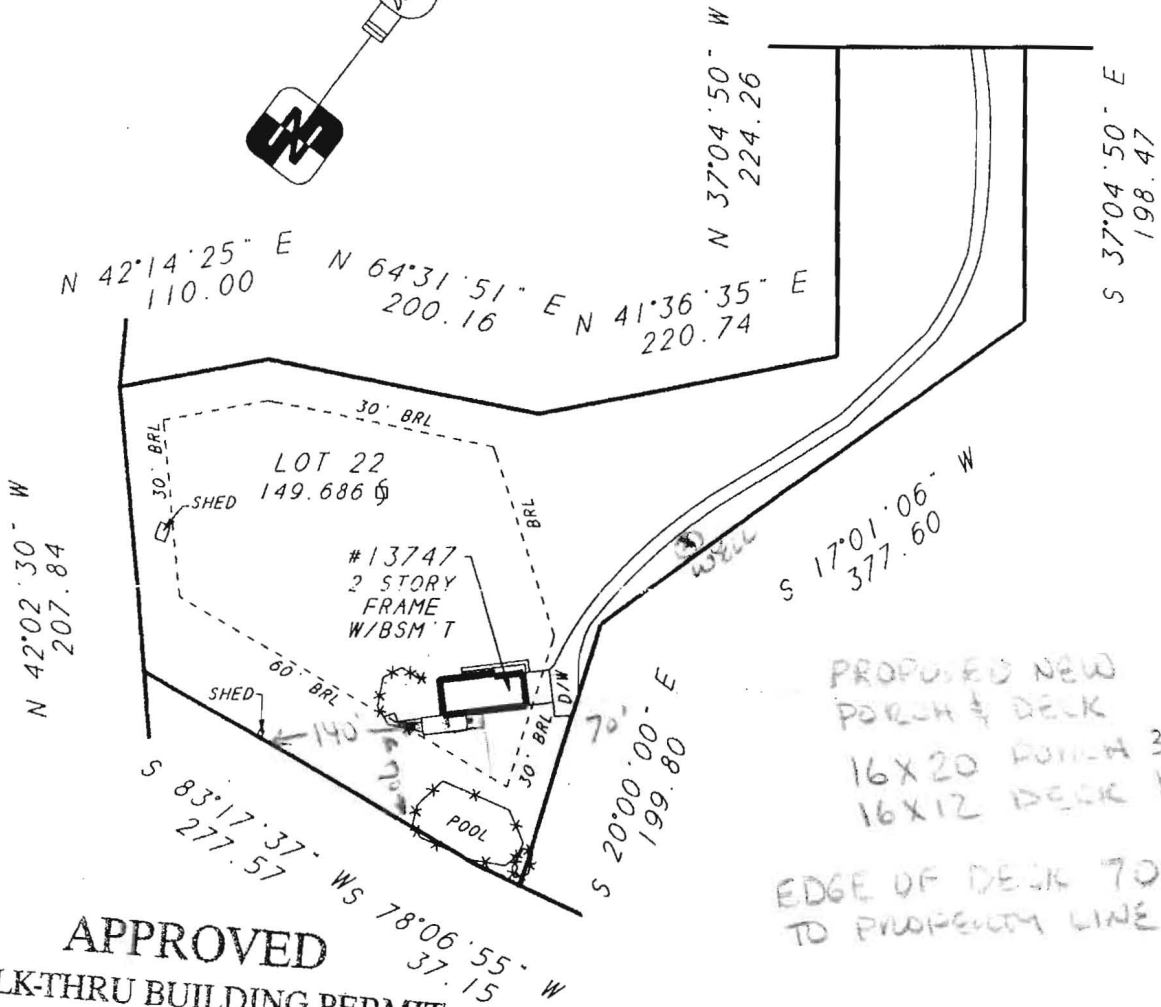
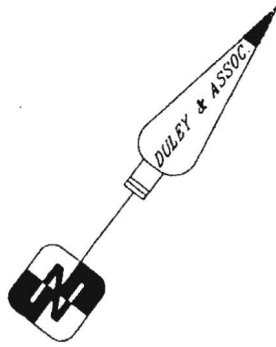
ONE STOP SHOP:

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check # _____
SDP/Red-line approval date _____	Validation # _____
	Accepted by _____

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

13 147
BARBERRY WAY

N 52°55'10" E
 135.00



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN RAY DATE: 4/20/05
 DESC. OF WORK: 16x20 Screened in Porch

LOCATION DRAWING OF:
#13747 BARBERRY WAY
 LOT 22
 SECTION 11
WESTCLIFFE MANOR
 PLAT BOOK NO. 4044
 HOWARD COUNTY, MD

SCALE: 1"=140' DATE: 7-22-04

A LAND SURVEYING COMPANY



DULEY

AND
ASSOCIATES, INC.
 SERVING D.C. & M.D.



14604 ELM STREET
 UPPER MARLBORO, MD. 20772

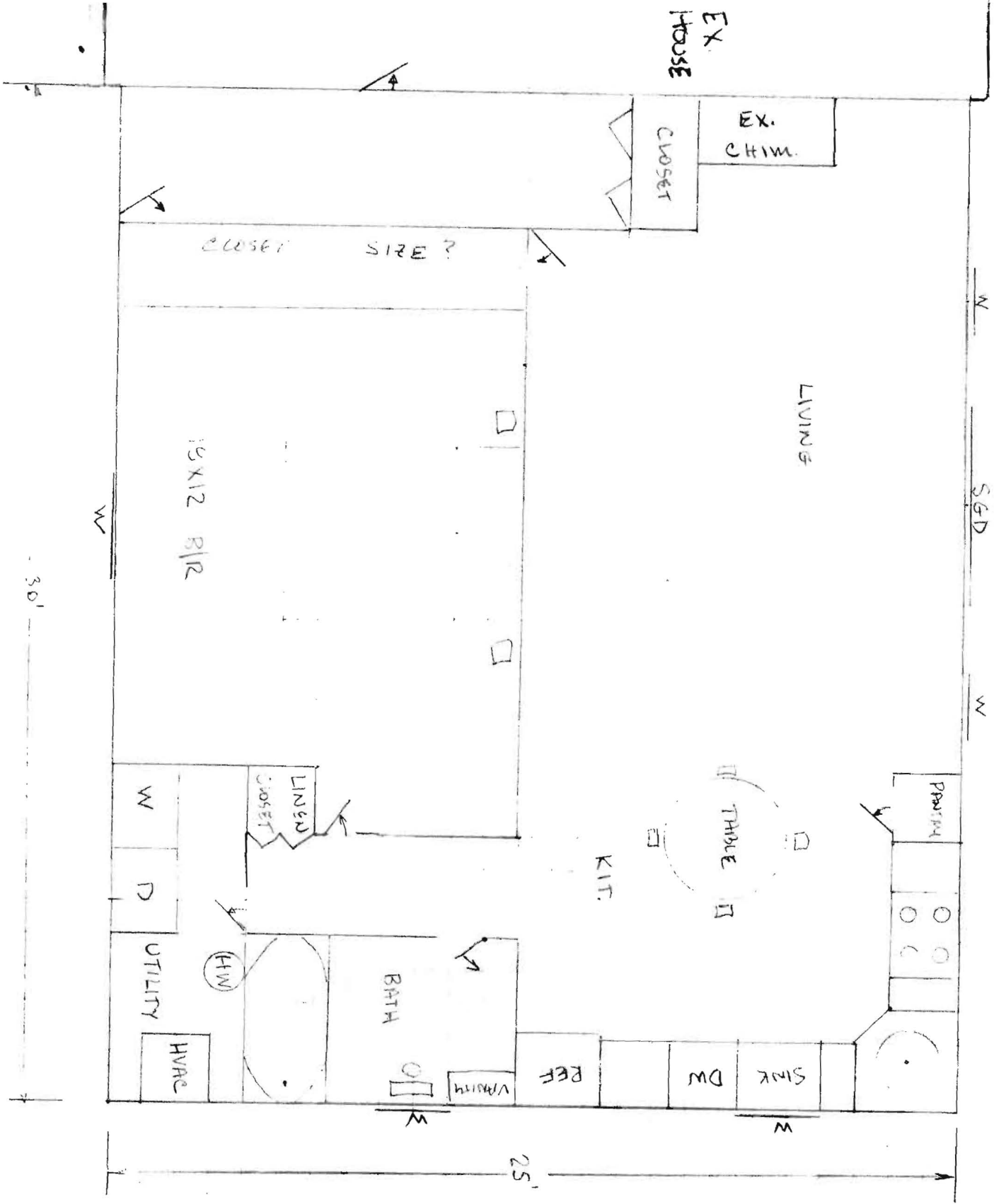
PHONE: 301-888-1111 FAX: 301-888-1114
 PHONE: 1-888-88-DULEY FAX: 1-888-55-DULEY



CASE # 04-07-0225R
 POPE
 FILE # 045090-018
 DRAWN BY: B.G.

SURVEYOR'S CERTIFICATE

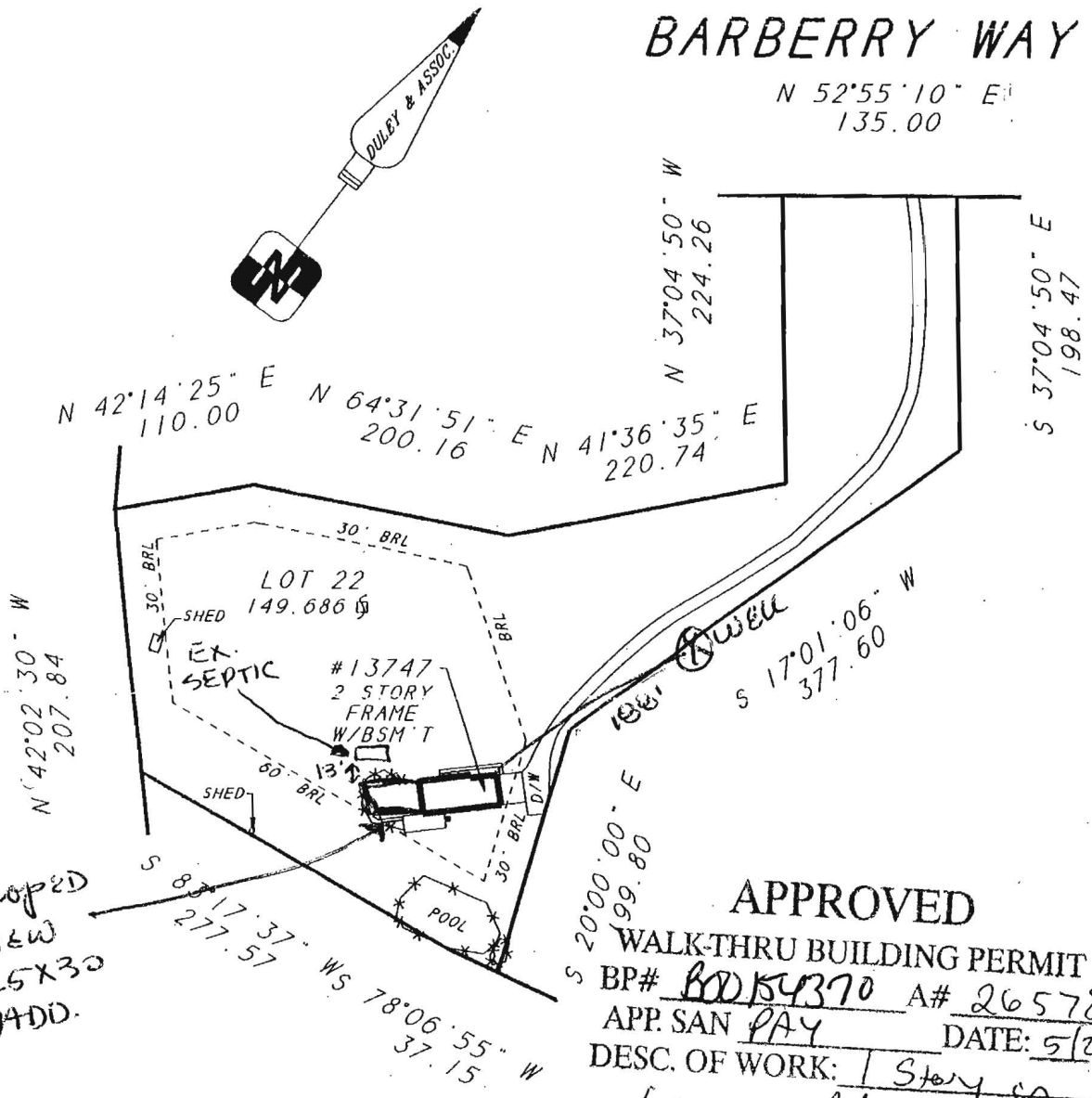
I HEREBY STATE THAT THE EXISTING VISIBLE IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY ACCEPTED METHODS AND THAT THE IMPROVEMENTS APPEAR TO LIE WITHIN FLOOD ZONE C. A FLOOD CERTIFICATION IS RECOMMENDED TO DETERMINE THE EXACT FLOOD ELEVATION AND FLOOD ZONE. THIS SURVEY IS NOT TO BE USED OR RELIED UPON FOR THE ESTABLISHMENT OF ANY FENCE, BUILDING, OR OTHER IMPROVEMENTS. 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 SECURING FINANCING OR REFINANCING. THIS PLAT IS OF BENEFIT TO A CONSUMER ONLY INsofar AS IT IS REQUIRED BY A LENDER OR A TITLE INSURANCE COMPANY OR ITS AGENT IN CONNECTION WITH THE CONTEMPLATED TRANSFER, FINANCING OR REFINANCING. THE LEVEL OF ACCURACY FOR THIS DRAWING IS 1". NO TITLE REPORT WAS FURNISHED TO NOR DONE BY THIS COMPANY. SAID PROPERTY SUBJECT TO ALL NOTES, RESTRICTIONS AND EASEMENTS OF RECORD. BUILDING RESTRICTION LINES AND EASEMENTS MAY NOT BE SHOWN ON THIS SURVEY. IMPROVEMENTS WHICH IN THE SURVEYORS OPINION APPEAR TO BE IN A STATE OF DISREPAIR OR MAY BE CONSIDERED "TEMPORARY" MAY NOT BE SHOWN



NOTE:
 * ENCROACHMENTS MAY EXIST *
 A BOUNDARY SURVEY IS RECOMMENDED
 TO DETERMINE THE EXACT LOCATION
 OF IMPROVEMENTS. PLEASE SIGN:

BARBERRY WAY

N 52°55'10" E
 135.00



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# BD0154370 A# 26578
 APP. SAN PAY DATE: 5/23/05
 DESC. OF WORK: 1 Story ca
Law add.

LOCATION DRAWING OF:
 #13747 BARBERRY WAY
 LOT 22
 SECTION 11
WESTCLIFFE MANOR
 PLAT BOOK NO. 4044
 HOWARD COUNTY, MD
 SCALE: 1" = 140' DATE: 7-22-04

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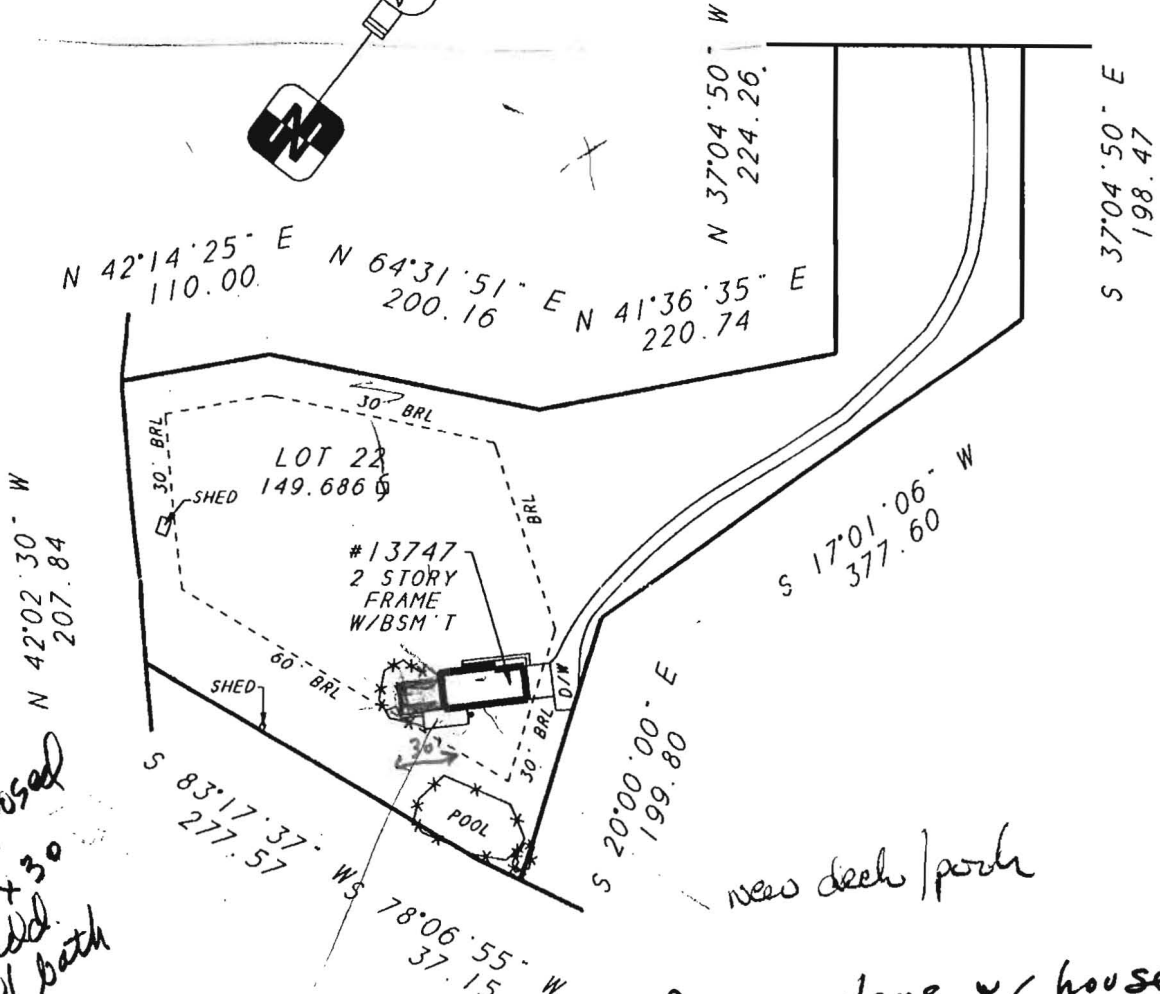
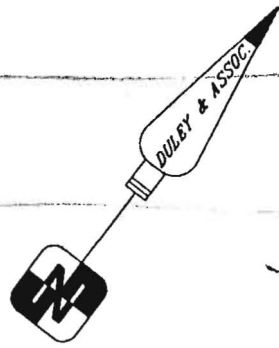
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BARBERRY WAY

N 52°55'10" E
 135.00



- ① Need sale of 20, 30, 40, 50, 60, area added.
- ② Show area deleted or relocation area

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MYERS CONSTRUCTION INC.
4391 ADAM CT.
MT. AIRY, MD.
21771

DEBBIE/TOMMY
STRICKLAND