

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

08002720

Building Address 3020 HOBBS RD
LEWENWOOD MD 21738
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot _____
Tax Map _____ Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Chris Blueste
Address 3020 Hobbs Rd
City LEWENWOOD State MD Zip Code 21738
Home Phone _____ Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone 410 489012 Fax _____

Existing Use SFD
Proposed Use SAME W/ COVERED DECK
Estimated Construction Cost \$ 20,000
Description of Work ADD ROOF TO EXISTING
DECK, EXTEND DECK 6' TO
SIDE.

Contractor Company MARK S. MCWHORTER
Contact Person RYAN
Address 6857 REDBERRY RD
City CLARKSVILLE State MD Zip Code 21029
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: <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____ |

| Building Characteristics | Utilities |
|---|---|
| SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 1st floor: _____ | Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private |
| 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____ | Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ | Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: |
| Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | |

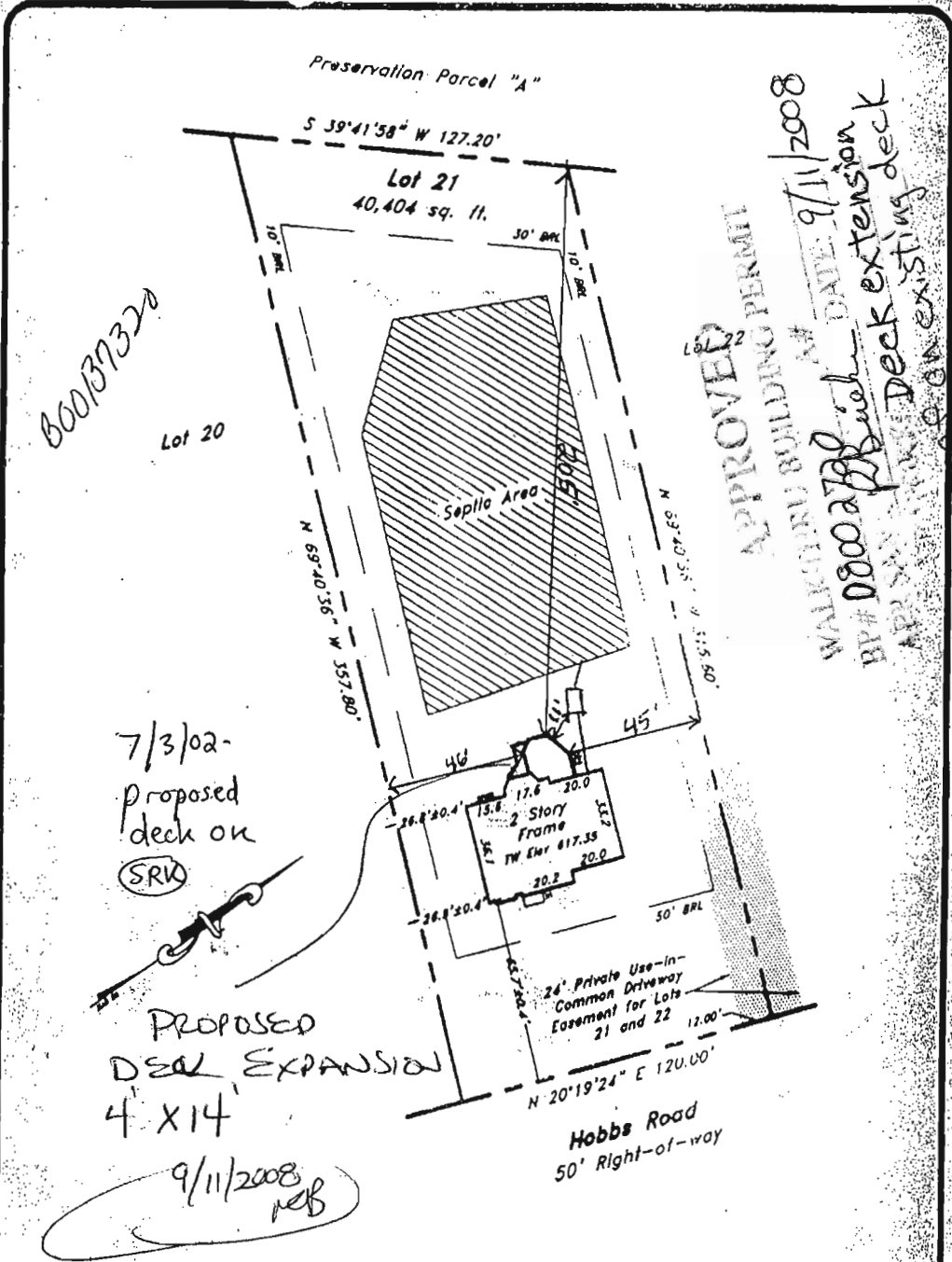
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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

[Signature]
Applicant's Signature
Title/Company _____

RYAN MCWHORTER
Print Name
9/11/08
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# |
|--|------|--------------------|--|-------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health <u>9/11/2008</u> | | <u>[Signature]</u> | All minimum setbacks met? | TOTAL FEES \$ _____ |
| 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 # _____ |
| 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 - | | | Lot Coverage for New Town Zone _____ | |
| White: Building Official | | | SDP/Red-line approval date _____ | Accepted by _____ |
| Green: LDD, DPZ | | | Yellow: DED, DPZ | Pink: Health |
| T:\forms\PERMIT.FRM | | | | Gold: SHA |



600137320

7/3/02-
Proposed
deck on
(SRK)

PROPOSED
DECK EXPANSION
4' X 14'

9/11/2008
ref

APPROVED
WALKER BUILDING PERMIT
DATE: 9/11/2008
BY: [Signature]
Deck extension
APPX 4' x 14' ON EXISTING DECK

Lot 21
Rosebar Property
Plat No. 14033
Election District No. 4
Howard County, Maryland

Address No.: 3020 Hobbs Road

THE INFORMATION SHOWN HAS BEEN ESTABLISHED BY CURRENT ACCEPTABLE SURVEY PROCEDURES AND FROM AVAILABLE RECORD INFORMATION. THIS DRAWING IS TO BE USED FOR TITLE TRANSFER FINANCING, OR REFINANCING ONLY AND IS NOT TO BE USED FOR THE ESTABLISHMENT OF PROPERTY LINES, LOCATION OF FENCES, GARAGES, BUILDINGS, OR OTHER EXISTING OR FUTURE IMPROVEMENTS. FLOOD INSURANCE RATE MAP (FIRM) FLOOD ZONE "C" AREA OF MINIMUM FLOODING PER COMMUNITY PANEL NUMBER 240044-0014, 8 DECEMBER, 1988

**MILDENBERG
BOENDER, & ASSOC., INC.**

Engineers Planners Surveyors
5078 Dorey Hall Drive, Suite 202, Ellicott City, Maryland 21042
(410) 997-0296 Balt. (301) 621-6621 Wash. (410) 997-0298 Fax

| | | | |
|------------------------|--------------------|-------|-------|
| FOUNDATION | DATE: 01/31/02 | FINAL | DATE: |
| DRAWN BY: JLM | SCALE: 1" = 50' | | |
| PROJECT NO.: 98-004 | LOCATION DRAWING | | |

