

**HOWARD COUNTY  
 PERMIT APPLICATION**

**PERMIT NUMBER**

B00158839

Building Address 1392 Open Space Ct  
Hickory Md  
 Suite/Apt #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract 605101 Subdivision ALLNUT FARM  
 Section 4 Area \_\_\_\_\_ Lot 14  
 Tax Map 3A Parcel 375 Grid 19  
 Zoning R1-DEP Map Coordinates 1449 Lot size 3.82

Property Owner's Name STEVE BILSON  
 Address 305 National Drive  
8517 Traylor  
Fleetville Cr, Md  
 City BOONVILLE State Md Zip Code 20866  
 Home Phone \_\_\_\_\_ Work Phone (410) 411-3333  
 Applicant's Name & Mailing Address, (if other than stated person):  
STEVE WALZ  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Family Home  
 Proposed Use Single Family w/ Tank  
 Estimated Construction Cost \$ 3,500  
 Description of Work Install (1) 1000G LP Tank  
AND RUN GAS LINE

Contractor Company ADCO FURNACE  
 Contact Person STEVE WALZ  
 Address 20383 Liberty Rd  
 City FREDERICK State Md Zip Code 21701  
 License No. G-63376  
 Phone (301) 662-4101 Fax (301) 662-0769

Occupant or Tenant Owner  
 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: <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 checked="" 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 checked="" 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 checked="" 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 _____ Height: _____	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 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.

Applicant's Signature \_\_\_\_\_  
 Title/Company \_\_\_\_\_

Print Name Steve Walz  
 Date 03/12/06

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 \$ <u>111</u>
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dist. Engineering DPZ			Side St: _____	Add'l per. fee \$ _____
Health <u>Michelle J...</u>	<u>4/12/06</u>		All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Setback Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Teen Zone _____	Check \$ _____
ONE STOP SHOP: <input type="checkbox"/>			SDP filed for approval date _____	Validator \$ <u>11,301</u>
Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: SED, DPZ Pink: Health Gold: SHA			Accepted by _____	

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

000154503 KJB

Building Address 13492 OPEN SPACE COURT  
HIGHLAND MD 20777  
 Suite/Apt. #: TAXED 05-384710  
 SDP/WP/Petition #:  
 Census Tract 605101 Subdivision ALBERT FRANK ESQUIRES  
 Section 4 Area \_\_\_\_\_ Lot 14  
 Tax Map 34 Parcel 375 Grid 10  
 Zoning RR Map Coordinates 14A9 Lot size 3.817

Property Owner's Name STEVE AND MELISSA ALMUTT  
 Address 8517 TIMBER VALLEY COURT  
 City ELICOTT CITY State MD Zip Code 21044  
 Home Phone 410 336 7187 Work Phone \_\_\_\_\_  
 Applicant's Name & Mailing Address, (if other than stated hereon):  
STEVENS BUILDERS INC  
3905 NATIONAL DR. S-100 BURTNSVILLE MD  
 Phone 301 421 1700 Fax 301 421 9051 20866

Existing Use VACANT LOT  
 Proposed Use NEW SINGLE FAMILY HOME  
 Estimated Construction Cost \$ 750,000  
 Description of Work 2 STORY 5 BEDROOM 6 1/2 BATH  
2 CAR GARAGE, 2 CAR DETACH FIN BENCH  
FRONT PORCH, 7 SERV BALCONY

Contractor Company STEVENS BUILDERS  
 Contact Person MARK STEVENS  
 Address 3905 NATIONAL DR. S-100  
 City BURTNSVILLE State MD Zip Code 20866  
 License No. MAY 12 76  
 Phone 301 421 1700 Fax 301 421 9051

Occupant or Tenant N/A  
 Contact Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company DAV BOLL & ASSOCIATES  
 Contact Person DAV BOLL  
 Address 5513 TWIN KNOLLS RD S-216  
 City COLUMBIA State MD Zip Code 21045  
 Phone 410 715 0407 Fax 410 715 0969

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 # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1st floor: <u>61'</u> 2nd floor: <u>87'</u> Basement: <u>87'</u> Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>5</u> Height: _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/> Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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 [Signature]  
V.P. STEVENS BUILDERS  
 Title/Company

Print Name MARK STEVENS  
 Date 6/17/05

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#
DPZ	6/17/05	[Signature]	Front: <u>120</u> Rear: <u>100</u> Side: <u>20</u> 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 NewTown Zone _____ SDP/Red-line approval date _____	Filing fee \$ <u>100</u> Permit fee \$ _____ Excise tax \$ _____ Add'l per. fee \$ _____ TOTAL FEES \$ _____ Sub-total paid \$ _____ Balance due \$ _____ Check # <u>357</u> Validation # <u>72621</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>		CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> ONE STOP SHOP: <input type="checkbox"/> Accepted by: <u>[Signature]</u>		

409  
442  
444  
446  
448  
450  
452  
454  
456  
458  
460  
462  
464  
466  
468  
470  
472  
474  
476  
478  
480  
482  
484  
486

S 37°22'29" W  
587.56"

LOT 12  
"AMENDED PLAT SECTION IV"  
ALLIOTT FARMS ESTATES  
LOT 13  
"AMENDED PLAT SECTION IV"  
ALLIOTT FARMS ESTATES  
TRANSFORMED

PROPOSED  
10,027 S.F.  
SEPTIC AREA

LIMIT OF  
DISTURBANCE  
21,000 Sq. Ft.

PROP.  
DIST. BOX

PROP.  
SEPTIC  
TANK

EX.  
SEPTIC AREA  
PER  
PLAT C.M.P. No.

PROPOSED  
2 STORY HOUSE  
W/BSMT.  
FF=480.5  
BSMT.=470.5

GARAGE  
=479.83

GARAGE  
=477.83

AREA FOR  
PROPOSED TANK

PROP. WELL

PROP. WELL

PROP. WELL

APPROVED

WALKTHRU BUILDING PERMIT

BP# \_\_\_\_\_ A# \_\_\_\_\_  
APP. SAN P. J. Dan DATE: 4/12/06  
DESC. OF WORK: \_\_\_\_\_

