

GRADING PERMIT # G00009011

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLSWORTH CITY, MD 21043
PERMITS (410) 313-2465 INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3000

**HOWARD COUNTY
PERMIT APPLICATION**

PERMIT NUMBER
B-159389

Building Address 13691 OLD ROVER ROAD
W. FRIENDSHIP MD 21794
Suite/Apt. #: 03-342079 SDP/WP/Petition #: GPD498
Census Tract 60300 Subdivision FOX MEADOW
Section _____ Area _____ Lot 2
Tax Map 15 Parcel 167 Grid 19
Zoning RR Map Coordinates 94> Lot size 42102sf

Property Owner's Name NORTHRIIDGE DEV. LLC
Address 4781 TEN OAKS RD
City DAYTON State MD Zip Code 21036
Home Phone 410-992-5631 Work Phone 410-531-8930
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use VACANT LOT
Proposed Use CUSTOM SFD
Estimated Construction Cost \$ 800,000
Description of Work 4BR, 5-1/2 BA, 1FP,
3 CAR GARAGE, FRONT PORCH,
1000 SF FINISHED BASEMENT

Contractor Company JAMES H. SEFRIDGE BLDGS.
Contact Person SUE CONKLIN
Address 4781 TEN OAKS RD
City DAYTON State MD Zip Code 21036
License No. 329
Phone 410-531-8930 Fax 410-531-8939

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: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ Private _____
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>48'</u> Depth <u>68'6"</u> Width <u>68'6"</u>	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
2nd floor: <u>43'</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: <u>43'</u>	Gas Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>4</u>	
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 _____	

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 THEREUNTO; (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.

Sue Conklin
Applicant's Signature
PROJECT MANAGER
Title/Company

SUE CONKLIN
Print Name
5/31/06
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>6/19/06</u>	<u>[Signature]</u>
Fire Protection		

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

DEPT SETBACK INFORMATION

Front: _____
Rear: _____
Side: _____
Side St.: _____
All minimum setbacks met? YES NO

Is Entrance Permit required? YES NO

Historic District? YES NO

Lot Coverage for New Town Zone _____
SDP/Red-line approval date _____

PROPERTY ID# 69741

Filing fee \$ 1000
Permit fee \$ _____
Excise tax \$ _____
Add'l per. fee \$ _____
TOTAL FEES \$ _____
Sub-total paid \$ _____
Balance due \$ _____
Check # 311
Validation # 114076

Accepted by [Signature]

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

APPROVED

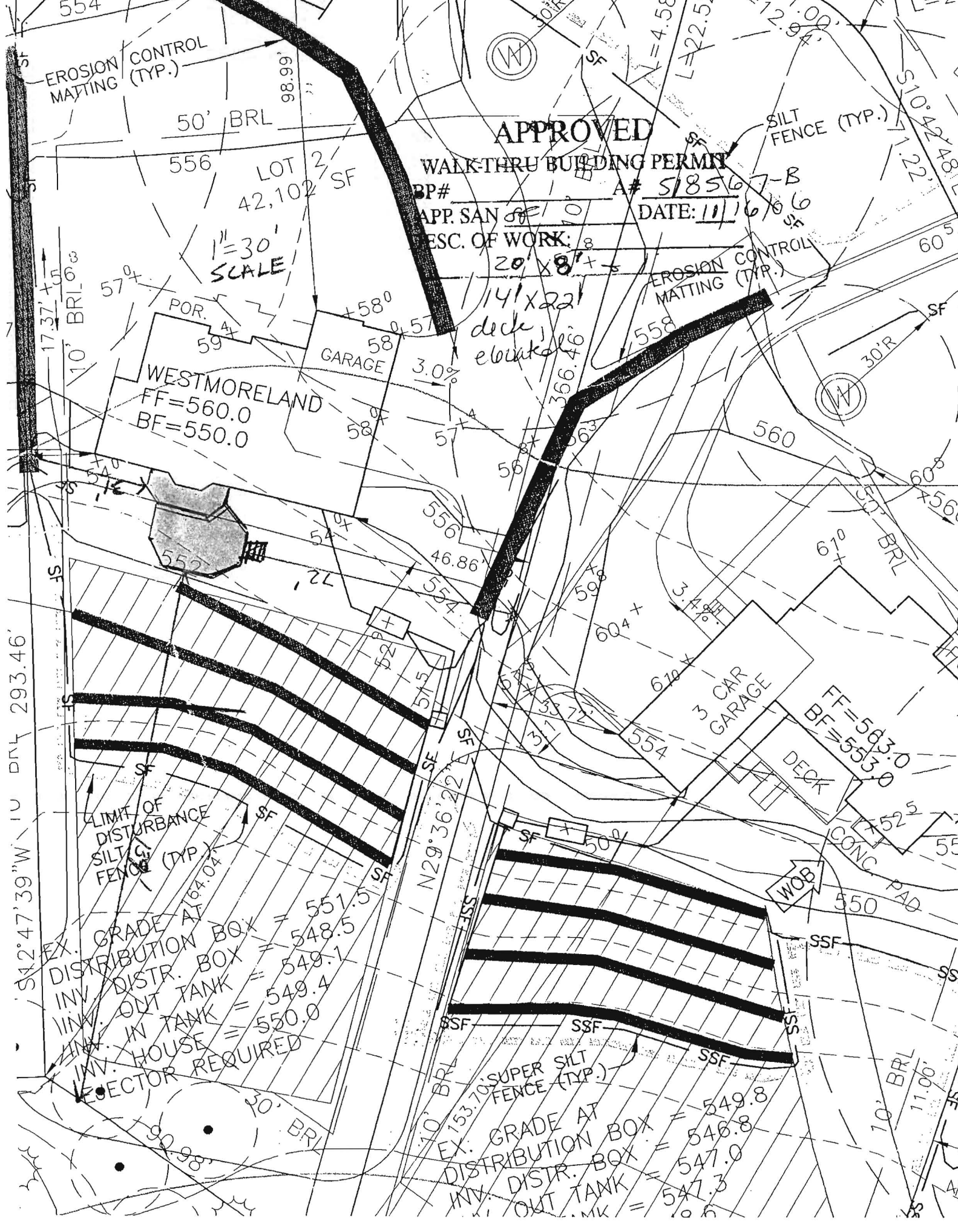
WALK-THRU BUILDING PERMIT

BP# _____ A# 518567-B

APP. SAN _____ DATE: 11/16/06

DESC. OF WORK: 20' x 8' +

141' x 22' deck, elevated



LOT 2
42,102 SF

WESTMORELAND
FF=560.0
BF=550.0

3 CAR GARAGE

FF=583.0
BF=553.0

LIMIT OF DISTURBANCE
SILT FENCE (TYP.)

EX. GRADE AT 164.04
 DISTRIBUTION BOX = 551.0
 INV. DISTR. BOX = 548.5
 INV. OUT TANK = 549.1
 INV. IN TANK = 549.4
 INV. HOUSE = 550.0
 EJECTOR REQUIRED

EX. GRADE AT 153.10
 DISTRIBUTION BOX = 549.8
 DISTR. BOX = 546.8
 INV. DISTR. BOX = 547.0
 INV. OUT TANK = 547.3

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

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WEST FRIENDSHIP MD 21794

Suite/Apt. #: _____ SDP/W/P/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 2

Tax Map 15 Parcel 167 Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MEL + STERYL AFFRIME

Address 13691 OLD ROVER ROAD

City Westfriendship State MD Zip Code 21794

Home Phone 410 489 4245 Work Phone _____

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

Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME

Proposed Use SFH w/DECK + STAIRS TO GRADE

Estimated Construction Cost \$ 15K

Description of Work construct Irregular deck
Approx 20'x8' + 14'x22' w stairs
to grade

Contractor Company Bidding Branch Landscape

Contact Person Rob Boswell

Address 14900 TRIA Delphia Rd

City Glendy State MD Zip Code 21737

License No. 171532

Phone 410 442 8208 Fax 410 489 0269

Occupant or Tenant N/A

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person N/A

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
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No. of efficiency units: _____	
No. of 1 BR units: _____	
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Dimensions: _____	
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State Certified Modular _____	
Manufactured Home _____	

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[Signature] pres.
Applicant's Signature
[Signature] Building Branch pres.
Title/Company

Robert C Boswell Jr
Print Name
11/2/06
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>11/16/06</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- White: Building Official			Lot Coverage for NewTown Zone _____	
Green: LDD, DPZ			SDP/Red-line approval date _____	Accepted by _____
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				