

Building Address 5504 Edenton Rd
Fulton MD 20759

Property Owner's Name Victoria Downing/Pill Street
 Address 5504 Edenton Rd
 City Fulton State MD Zip Code 20759

Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 605102 Subdivision Beaumont Park
 Home Phone 3014981659 Work Phone 3014905620
 Applicant's Name & Mailing Address, (if other than stated hereon): _____

Section _____ Area _____ Lot 60
 Tax Map 45 Parcel 35 Grid 12
 Zoning MD'DCO Map Coordinates 10E7 Lot size _____
 Phone _____ Fax _____

Existing Use Residential SFD
 Proposed Use Residential
 Estimated Construction Cost \$ 15,000

Description of Work Front Stone Porch
18 steps 3'7 1/2" high
14'x10'

Contractor Company D.G. Lui
 Contact Person Jerry Lui
 Address 25400 Old Hundred Rd
 City Dickerson State MD Zip Code 22842
 License No. _____ Phone 3018318776 Fax _____

Occupant or Tenant Victoria Downing/Pill Street
 Contact Name Victoria Downing
 Address 5504 Edenton Rd
 City Fulton State MD Zip Code 20759
 Phone 3014981659 Fax 3014986869

Engineer or Architect Company Inner Dimensions
 Contact Person Sharon Poole
 Address 3127 Dastard
 City Frederick State MD Zip Code 21703
 Phone 3018745853 Fax _____

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: <u>10'2"</u>	Water Supply: Public _____ Private _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: Public _____ Private _____	1st floor: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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 _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input checked="" 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"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input checked="" type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: _____ Dimensions: _____ Footings: _____ Roof: <u>Asph/Flt</u> State Certified Modular _____ Manufactured Home _____	Sprinkler system: N/A <input type="checkbox"/> 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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Victoria Downing Print Name Victoria Downing
 Title/Company _____ Date 1/29/03

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: _____	4-1183
State Highways			Rear: _____	Filing fee \$ _____
Building Official	<u>1/29/03</u>	<u>Mark Ryles</u>	Side: _____	Permit fee \$ _____
Dev. Engineering, DPZ			Side St: _____	Excise tax \$ _____
Health	<u>1/29/03</u>	<u>Mark Ryles</u>	All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	Add'l per. fee \$ _____
Fire Protection			Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>50</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: YES <input type="checkbox"/> NO <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Balance due \$ _____
ONE STOP SHOP: YES <input type="checkbox"/> NO <input type="checkbox"/>			SDP/Red-line approval date _____	Check # <u>1524</u>
Distribution of Copies: White: Building Official Green: EDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA				Validation # _____
				Accepted by <u>ll</u>

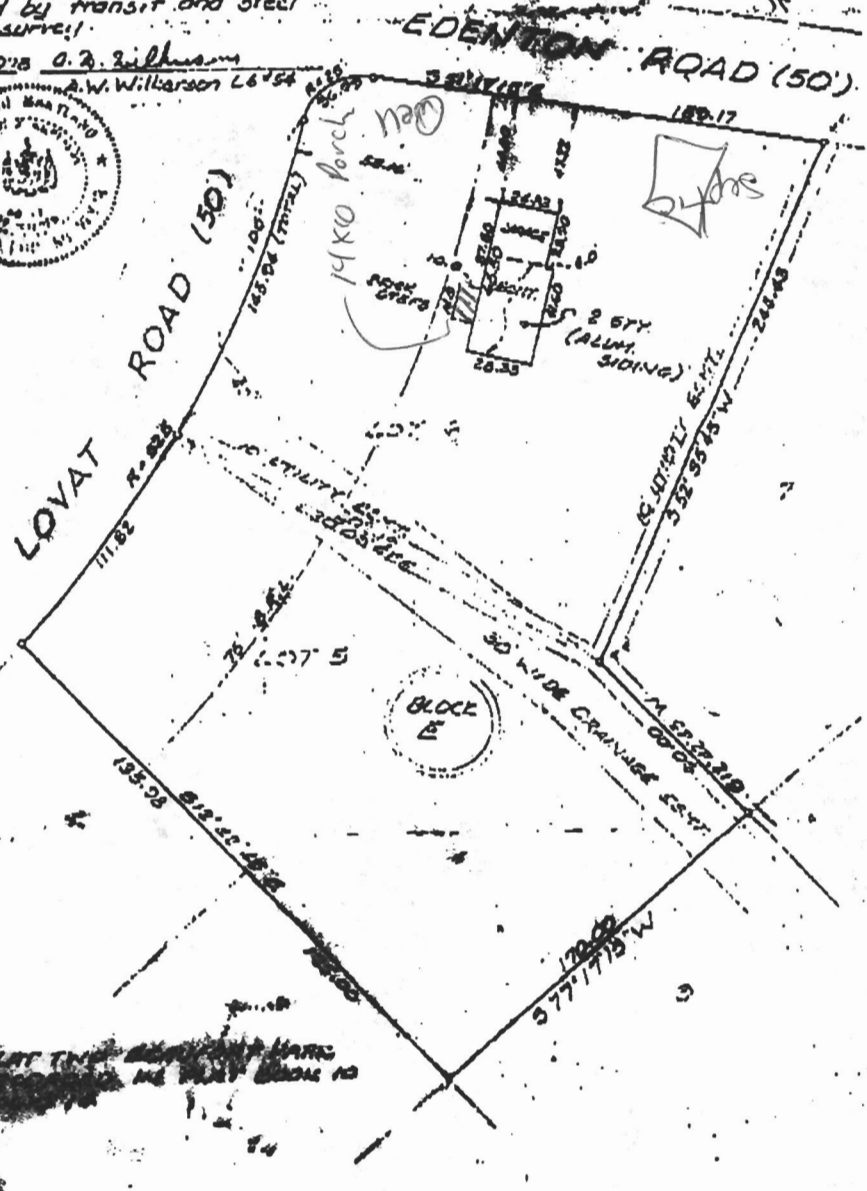
LOCATION SURVEY
LOTS 5 & 6 - PLANNING - BEAUFORT PARK
5TH ELECTION DISTRICT, HOWARD CO, MD.
SCALE: 1" = 50'

HUGH W. WILKERSON & ASSOC.
Civil Engineers & Land Surveyors
1100 N. Dundalk, MD 21221
281-2357 452-9272

I certify that the improvements shown herein have been accurately located by transit and steel tape survey.

7 Oct. 1978 O. Z. Williams

Date A.W. Wilkerson L&S



LOT 5
1.8 ACRES

**HOWARD COUNTY
 PERMIT APPLICATION**

PERMIT NUMBER

307004825

Building Address 8504 EDENTON RD
FULTON MD 20759
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract 6051.02 Subdivision BEAUFORT PARK
 Section B/E Area P 2 Lot 546
 Tax Map 45 Parcel 27 Grid 12
 Zoning RRD69 Map Coordinates 18F7 Lot size 81,935 sq ft

Property Owner's Name WILLIAM + VICTORIA STREK
 Address 8504
8504 EDENTON RD

City FULTON State MD Zip Code 20759
 Home Phone 301-486-6869 Work Phone 301-486-5620
 Applicant's Name & Mailing Address, (if other than stated hereon):

Phone _____ Fax _____

Existing Use SINGLE FAMILY
 Proposed Use SAME
 Estimated Construction Cost \$ 2,000.00

Contractor Company D.G. LHM CONTRACTOR INC
 Contact Person TERRY ENSOR

Description of Work WOOD FRAMED DECK & STAIR
5x8 Deck w/steps

Address 25400 OLD HUNDRED RD
 City DICKERSON State MD Zip Code 20842
 License No. MHC6812
 Phone 301-831-8776 Fax 301-831-8865

Occupant or Tenant WILLIAM + VICTORIA STREK
 Contact Name TERRY ENSOR
 Address 25400 OLD HUNDRED RD
 City DICKERSON State MD Zip Code 20842
 Phone 301-831-8776 Fax 301-831-8865

Engineer or Architect Company N/A
 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"/> 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: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> _____ Full _____ Partial _____ Other Suppression _____ # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>28</u> Width <u>65.8</u> 1st floor: _____ 2nd floor: _____ Basement: <u>28</u> <u>41.8</u> Finished Basement <input checked="" type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>4</u> Height: <u>23</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 Height: _____ _____ State Certified Modular _____ Manufactured Home	Water Supply: _____ _____ Public <input checked="" type="checkbox"/> Private Sewage Disposal: _____ _____ Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> _____ 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 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 PRESIDENT, D.G. LHM CONTRACTOR INC.

Print Name DELBERT G. LHM
 Date 12/3/07

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 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>12/6/2007</u>	<u>[Signature]</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input type="checkbox"/>		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St.: _____	Add'l per. fee \$ _____
All minimum setbacks met?	TOTAL FEES \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Is Entrance Permit required?	Balance due \$ _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>10773</u>
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

CONTINGENCY CONSTRUCTION START:
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