

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER

B06008802

Building Address 3219 HUNTERS WORTH WAY  
GLENWOOD MD. 21738

Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Existing Use SPD

Proposed Use Deck

Estimated Construction Cost \$ 16,000.

Description of Work 20'x16' Deck WITH STAIRS

Property Owner's Name PHINE LANDSCAPING  
GORMAN'S RESIDENCE  
Address 3219 HUNTERS WORTH WAY

City GLENWOOD State MD Zip Code 21738

Home Phone (410) 442 2445 Work Phone \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contractor Company OUTDOOR GALLERY of DESIGN

Contact Person LOUIS BALDERRAMA

Address 17292 SCAGESVILLE RD

City LAUREL State MD Zip Code 20723

License No. 83116

Phone (301) 6170808 Fax (301) 6170909

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: \_\_\_\_\_

No. of stories: \_\_\_\_\_

Gross area, sq. ft. per floor: \_\_\_\_\_

Use group: \_\_\_\_\_

Construction type:

\_\_\_\_ Reinforced Concrete

\_\_\_\_ Structural Steel

\_\_\_\_ Masonry

\_\_\_\_ Wood Frame

\_\_\_\_ State Certified Modular

Water Supply:

\_\_\_\_ Public

\_\_\_\_ Private

Sewage Disposal:

\_\_\_\_ Public

\_\_\_\_ Private

Electric Yes  No

Gas Yes  No

Heating System:

Electric  Oil

Natural Gas

Propane Gas

Sprinkler system: N/A

\_\_\_\_ Full

\_\_\_\_ Partial

\_\_\_\_ Other Suppression

\_\_\_\_ # of Heads

Building Characteristics

Utilities

SF Dwelling  SF Townhouse

Depth \_\_\_\_\_ Width \_\_\_\_\_

1st floor: \_\_\_\_\_

2nd floor: \_\_\_\_\_

Basement: \_\_\_\_\_

Finished Basement  Unfinished Basement

Crawl space  Slab on Grade

No. of Bedrooms \_\_\_\_\_

Height: \_\_\_\_\_

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

\_\_\_\_ Private

Sewage Disposal:

\_\_\_\_ Public

\_\_\_\_ Private

Electric Yes  No

Gas Yes  No

Heating System:

Electric  Oil

Natural Gas

Propane Gas

Sprinkler system: N/A

\_\_\_\_ 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.

[Signature]  
Applicant's Signature

\_\_\_\_\_  
Title/Company

LOUIS BALDERRAMA  
Print Name

12/13/06  
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>12/13/06</u>	<u>[Signature]</u>	
Fire Protection			

Is Sediment Control approval required prior to issuance?

YES  NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

Distribution of Copies -  
T:\Norma\PERMIT.FRM

White: Building Official

Green: LDD, DPZ

Yellow: DED, DPZ

Pink: Health

Gold: SHA

DPZ 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 NewTown Zone \_\_\_\_\_

SDP/Red-line approval date \_\_\_\_\_

Accepted by \_\_\_\_\_

Filing fee \$ \_\_\_\_\_

Permit fee \$ \_\_\_\_\_

Excise tax \$ \_\_\_\_\_

Add'l per. fee \$ \_\_\_\_\_

TOTAL FEES \$ \_\_\_\_\_

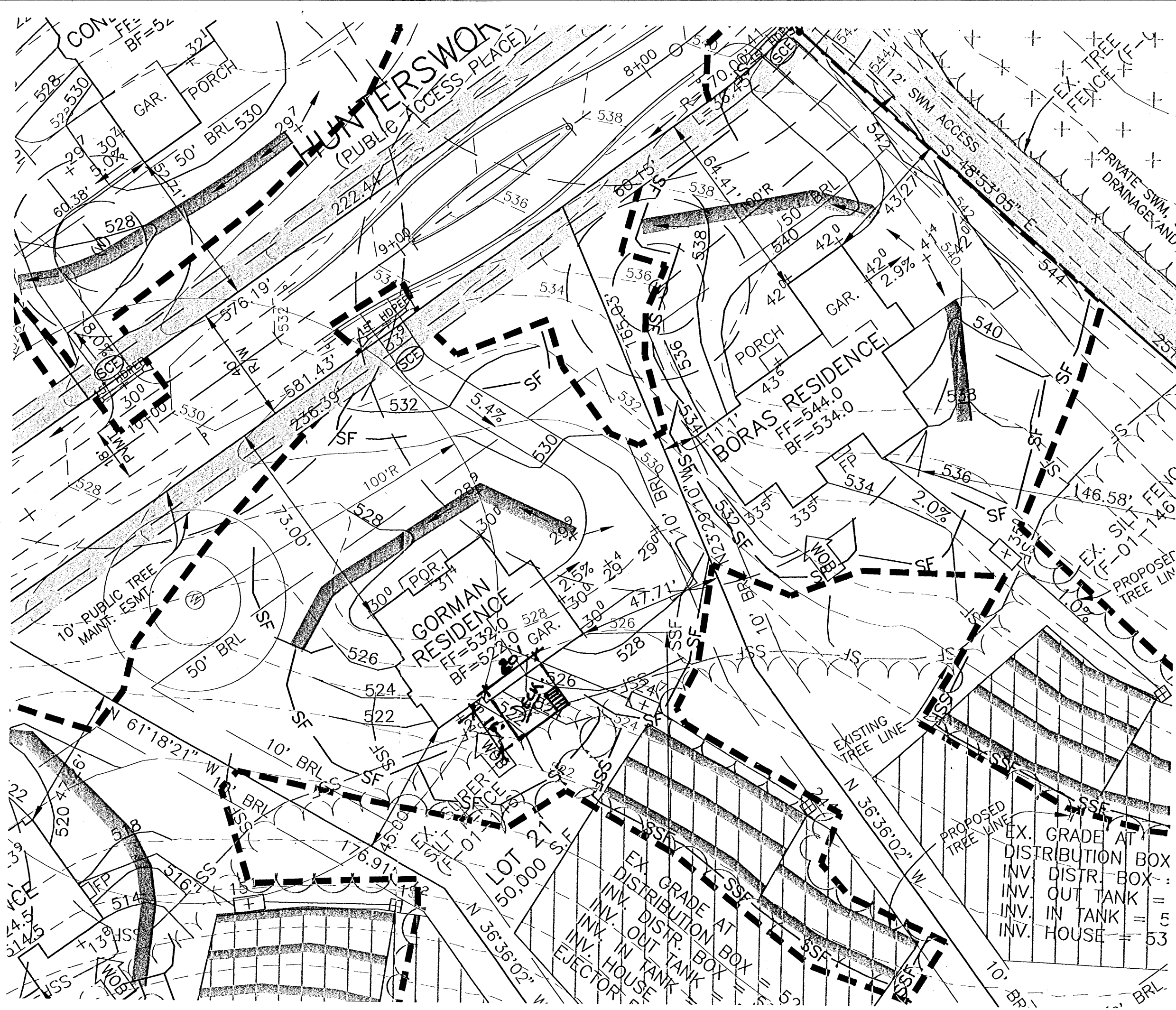
Sub-total paid \$ \_\_\_\_\_

Balance due \$ \_\_\_\_\_

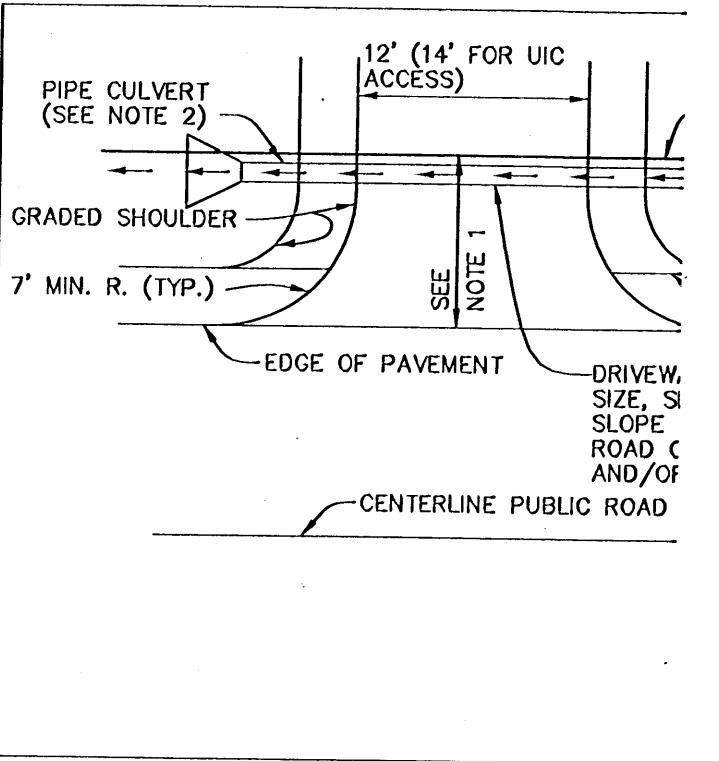
Check # \_\_\_\_\_

Validation # \_\_\_\_\_

PROPERTY ID#



- NOTES:**
1. THE LOT SHOW FOR LOT DIMEN
  2. THIS AS REQUIRED & DISPOSAL. IMF IS AVAILABLE. SEWERAGE SYS VARIANCES FOR MODIFIED SEWE SEDIMENT AND UNDER GP-01.
  3. TOPOGRAPHY & EXACT LENGTH TIME OF TRENCH SPOIL FROM THE EXCAVATION ALL SEDIMENT 1994 MARYLAN WITH THE APPF THE EXISTING BENCHMARK EN



**APPROVED**

WALKERHUR BUILDING PERMIT  
 BP# 506008801 A# S11939-T  
 APP SAN GAC for ATTORNEY: 12-13-06  
 DISC OF WORK Deck as Shown  
 3219 Huntersworth Way

EX. GRADE AT DISTRIBUTION BOX = 52  
 INV. IN TANK = 52  
 INV. HOUSE = 53

EX. GRADE AT DISTRIBUTION BOX = 53  
 INV. DIST. BOX = 53  
 INV. OUT TANK = 53  
 INV. IN TANK = 53  
 INV. HOUSE = 53

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B00145413MPS

Building Address <u>3219 Huntersdortch</u> Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>604002</u> Subdivision <u>Box 1 of 1000000</u> Section _____ Area _____ Lot <u>01</u> Tax Map <u>X21</u> Parcel <u>244C 264</u> Gnd <u>X2</u> Zoning <u>C-DC</u> Map Coordinates _____ Lot size <u>1.14 ac.</u>	Property Owner's Name <u>James H. Selfridge Blgrs</u> Address <u>1445 G... ..</u> City _____ State _____ Zip Code _____ Home Phone _____ Work Phone <u>410-313-8939</u> Applicant's Name & Mailing Address, (if other than stated hereon): _____ Phone _____ Fax _____
Existing Use <u>VACANT LOT</u> Proposed Use <u>4 BR 4 SUIT</u> Estimated Construction Cost \$ <u>450,000</u> Description of Work <u>4 BR 4 SUIT ON 1.14 AC</u> Occupant or Tenant _____	Contractor Company <u>...</u> Contact Person _____ Address <u>1445 G... ..</u> City _____ State _____ Zip Code _____ License No. <u>337</u> Phone <u>410-313-8939</u> Fax <u>410-313-8939</u> Engineer or Architect Company _____ <u>531-8939</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____
Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____

BUILDING DESCRIPTION - <u>COMMERCIAL</u>		BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <input checked="" type="checkbox"/> Depth <input type="checkbox"/> Width 1st floor: _____ 2nd floor: _____ 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 <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: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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 type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other

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Applicant's Signature _____ Title/Company _____ Date <u>12/18/03</u>	Print Name _____ Date <u>12/18/03</u>
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**\*\* PLEASE WRITE NEATLY AND LEGIBLY \*\***