

PARCEL A

90.72'
509°26'34"E

LOT 10
44,663 # ±
30' BRL

411.57'
101' BRL

50.95'

LOT 9

LOT 11

20' Public Drs
Utility Easement

#15525

Gravel
Driveway

Private Sewerage
Assessment

582°19'18"W
14.68'

OAKS

N 50°36'10"E
N 88°50'17"E

106.45' R = 35.00'
L = 44.14'
50' R/W

Tree

CATTAIL

APPROVED

WALK-THRU BUILDING PERMIT

BP# B00157980 A#

APP. SAN MOI DATE: 2/1/06

DESC. OF WORK: Finish basement

Building Address 15525 CATTAIL OAKS
GLENNWOOD, 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 JAY+SARA CRONK

Address 15525 CATTAIL OAKS

City GLENNWOOD State MD Zip Code 21738

Home Phone 410 489-2414 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use DECK

Estimated Construction Cost \$ 6000.00

Description of Work 14x20, 8x10 DECK
W/STEP AND SHED
BELOW

Contractor Company MD. DECKWORKS INC.

Contact Person PATTY

Address 6114 RACE RD.

City ELK RIDGE State MD Zip Code 21045

License No. 30686

Phone 410-796-7033 Fax _____

Occupant or Tenant _____

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Engineer or Architect Company _____

Contact Person SAME

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

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"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
<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 DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____ Depth _____ Width _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input 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"/>
No. of Bedrooms _____	<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: <u>DECK</u>	
Dimensions: _____	
Footings: <u>RED/RED</u>	
Roof: _____	
<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 ON THE PREMISES FOR THE PURPOSE OF SEEING TO THAT THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature [Signature]

Title/Company MD. DECKWORKS INC.

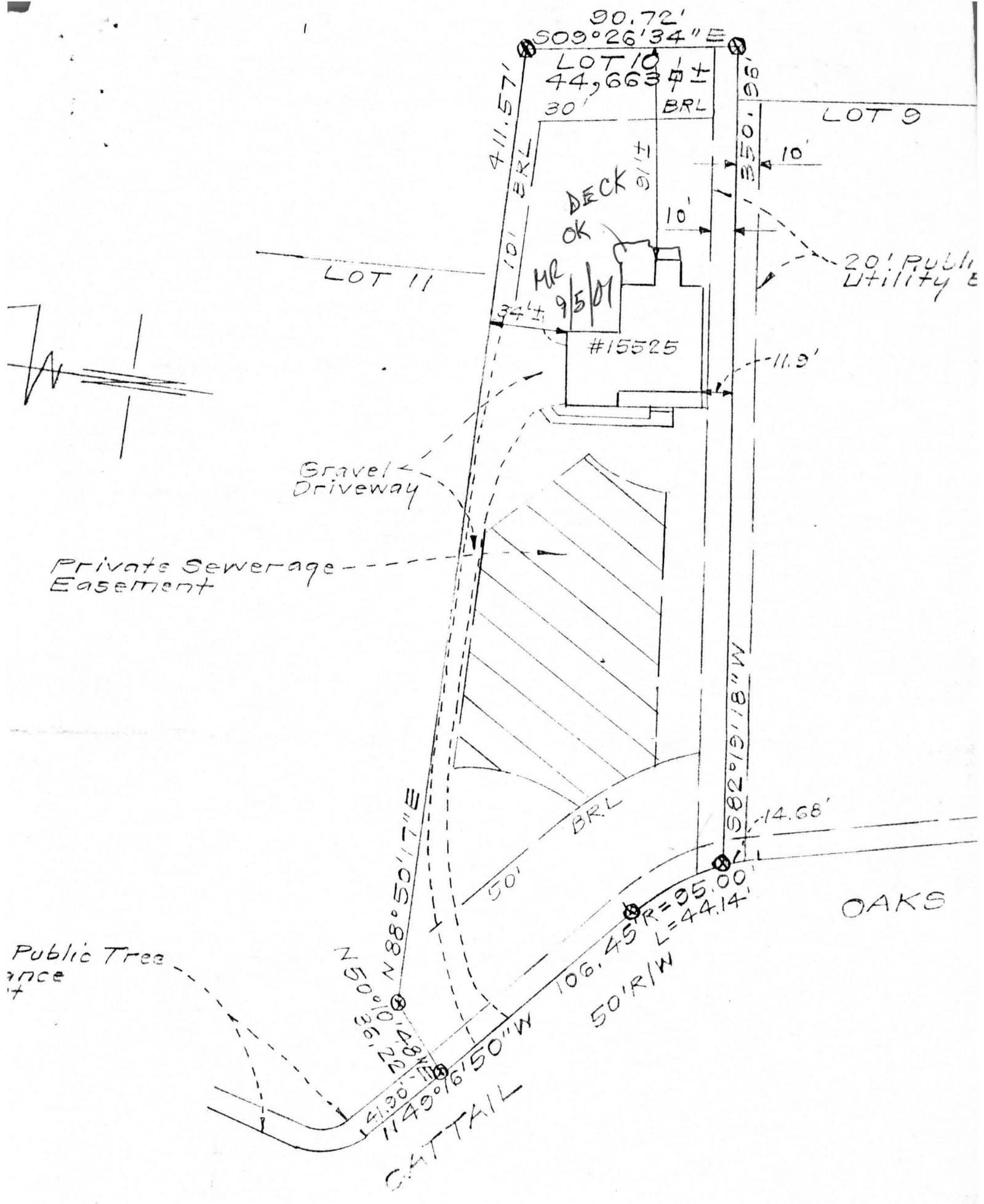
Print Name DELWYN FERREL

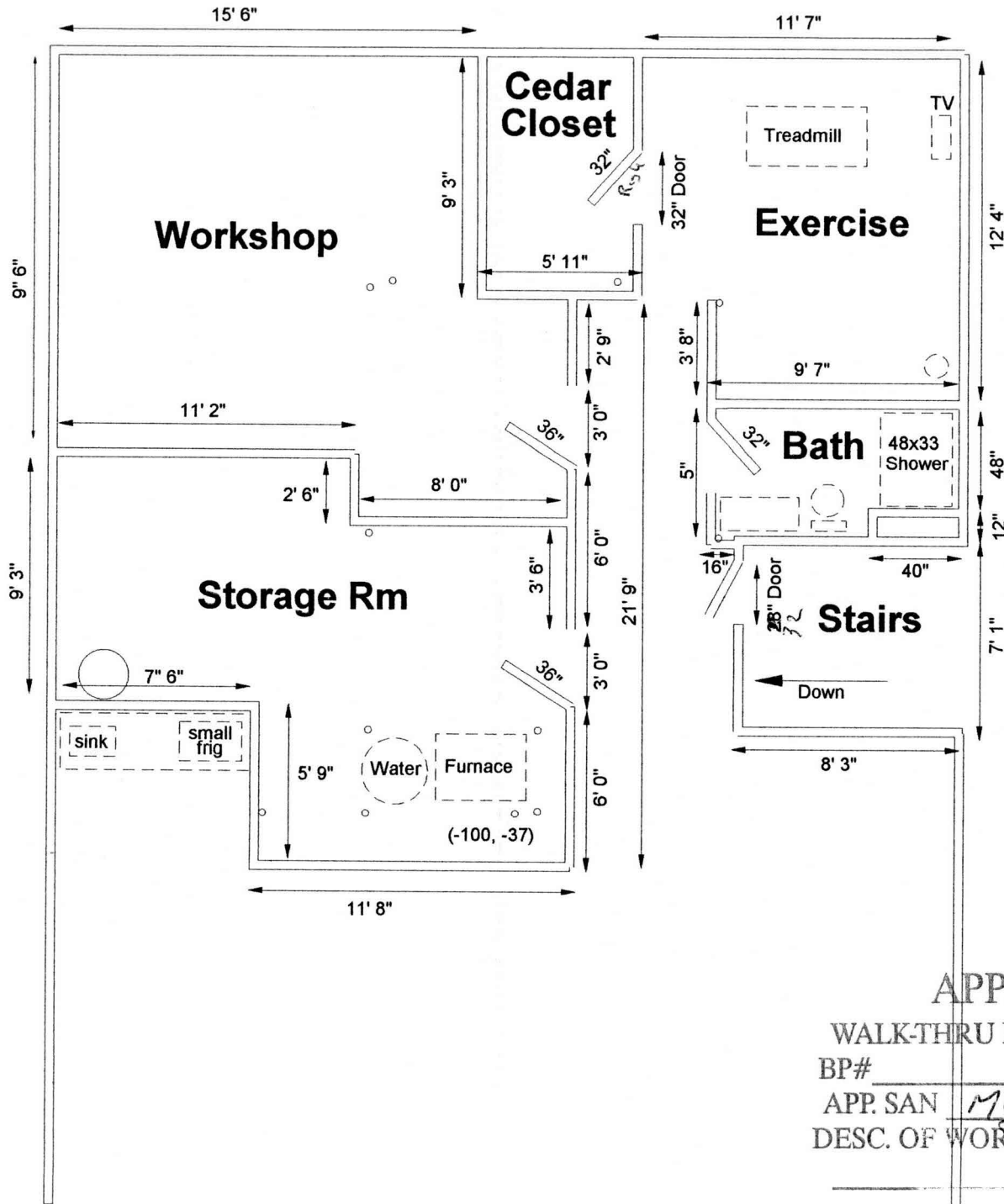
Date 9/5/01

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	<u>9/5/01</u>	<u>mark rftk</u>
Health		
Fire Protection		
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"/>		

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 # _____
Historic District?	Validation # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____





APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
 APP. SAN MGD DATE: 2/1/06
 DESC. OF WORK: Finish basement

USE 8" WIRE TO SECURE FENCE BOTTOM.



ANCHOR POSTS MUST BE INSTALLED TO A DEPTH OF NO LESS THAN 1/3 OF THE TOTAL HEIGHT OF THE POST.

NOTES:

1. Forest protection device only.
2. Retention area will be set as part of the review process.
3. Boundaries of retention area should be staked and flagged prior to installing device.
4. Root damage should be avoided.
5. Protection signage should be used.
6. Device should be maintained throughout construction.

BLAZE ORANGE PLASTIC MESH
TYPICAL TREE PROTECTION FENCE DETAIL
 NO SCALE

This is to maximize use of area during 1st installation

Total linear feet of trench required 330 feet
 Width of trench(es) 3.0 feet
 Depth of trench(es) 5.0 feet
 Depth of stone required below distribution pipe 2.0 feet

Approved Septic System Plan
 toward County Health Department

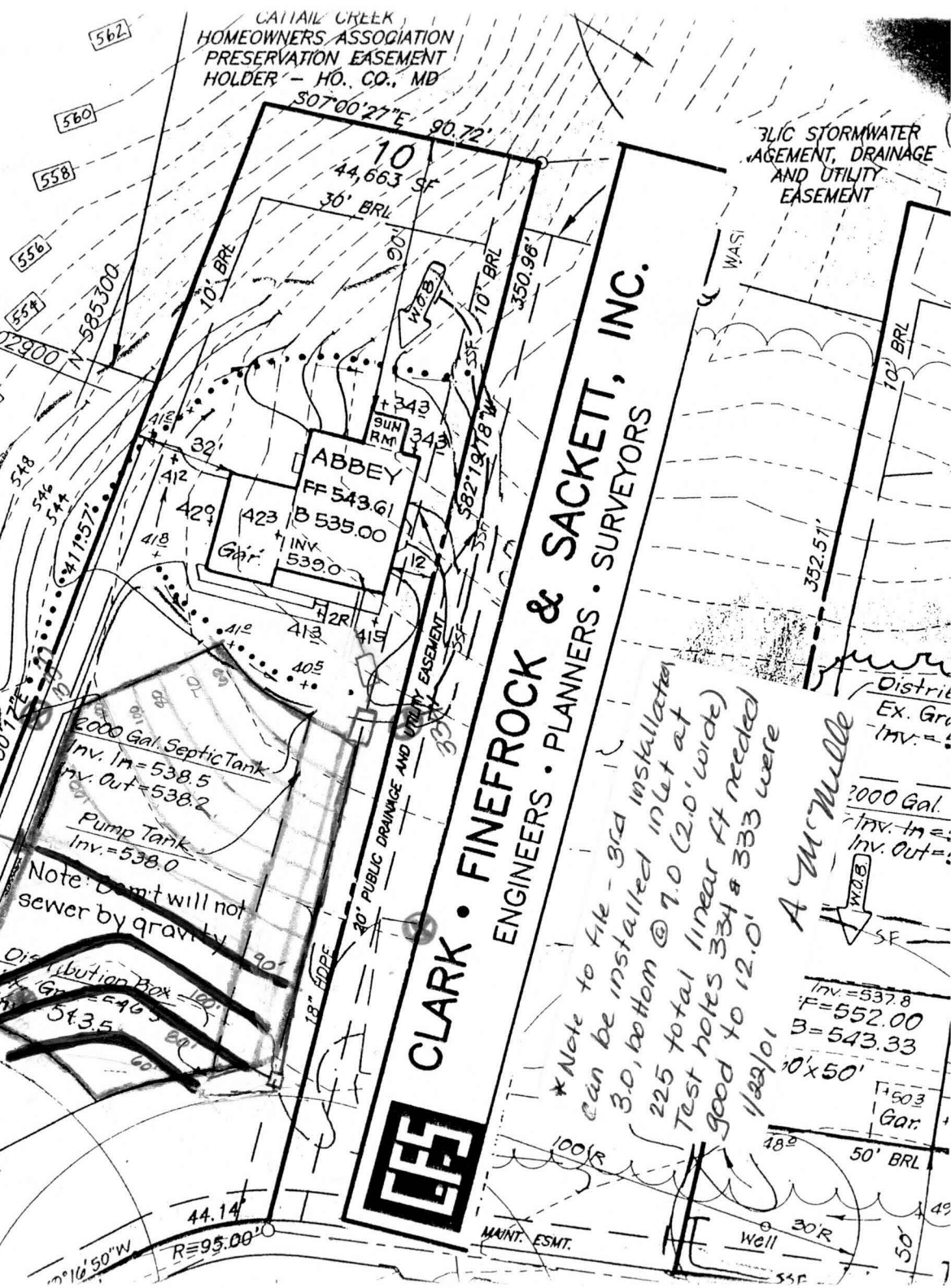
Amey McMill
 Signature Date 1/18/01

*Install trenches as shown
 12.00' Start trenches 100' outside the stake*

Adjusted SDA

Existing SDA

** Existing SDA will be staked in the field*

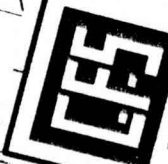


CLARK • FINEFROCK & SACKETT, INC.
 ENGINEERS • PLANNERS • SURVEYORS

** Note to file - 3rd installation can be installed in let at 3.0, bottom @ 7.0 (2.0' wide) Test holes 334 & 333 were good to 12.0' 1/18/01*

A McMill
 2000 Gal. Inv. In = 537.8
 Inv. Out = 552.00
 B = 543.33
 10' x 50' Gar.
 1503

30' PUBLIC DRAINAGE AND UTILITY EASEMENT



MAINT. ESMT.