

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

808002215

Building Address 14557 Mustang Path
Glenwood md 21738
 Suite/Apt. #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision Glenwood Est
 Section _____ Area 2 Lot 37
 Tax Map 21 Parcel 179 Grid 5
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Margaret Spindler
 Address 14557 Mustang Path
 City Glenwood State md Zip Code 21738
 Phone 443 2778706 Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon):
Wes Lawson
 Phone 443 2778706 Fax _____

Existing Use Single Family
 Proposed Use Garage
 Estimated Construction Cost \$ 30,000
 Description of Work 28'x36' Detached
Garage wood frame vinyl siding
Asph Shingles

Contractor Company Wesley Thomas Lawson
L.C.H.
 Contact Person Wes Lawson
 Address 7237 Talbot Run Rd
 City Mt Airy State md Zip Code 21771
 License No. 080160 75193
 Phone 443 277 8706 Fax _____

Occupant or Tenant Margaret Spindler
 Contact Name Margaret
 Address 14557 Mustang Path
 City Glenwood State md Zip Code 21738
 Phone 443 2778706 Fax _____

Engineer or Architect Company _____
 Contact Person _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics
 Height: 18'
 No. of stories: X
 Gross area, sq. ft. per floor: _____
 Use group: _____
 Construction type:
 _____ Reinforced Concrete
 _____ Structural Steel
 _____ Masonry
X Wood Frame
 _____ State Certified Modular

Utilities
 Water Supply: _____ Public
X Private
 Sewage Disposal: _____ Public
X 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
 SF Dwelling SF Townhouse
 1st floor: _____ Depth _____ Width _____
 2nd floor: 28' NO 36'
 Basement: NO
 Finished Basement Unfinished Basement
 Crawl space Slab on Grade
 No. of Bedrooms _____
 Height: 18'
 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

Utilities
 Water Supply: _____ Public
X Private
 Sewage Disposal: _____ Public
X Private
 Electric Yes No
 Gas Yes No
 Heating System:
 Electric Oil
 Natural Gas
 Propane Gas
 Sprinkler system: N/A
 _____ NFPA #13D
 _____ NFPA #13R
 _____ Other:

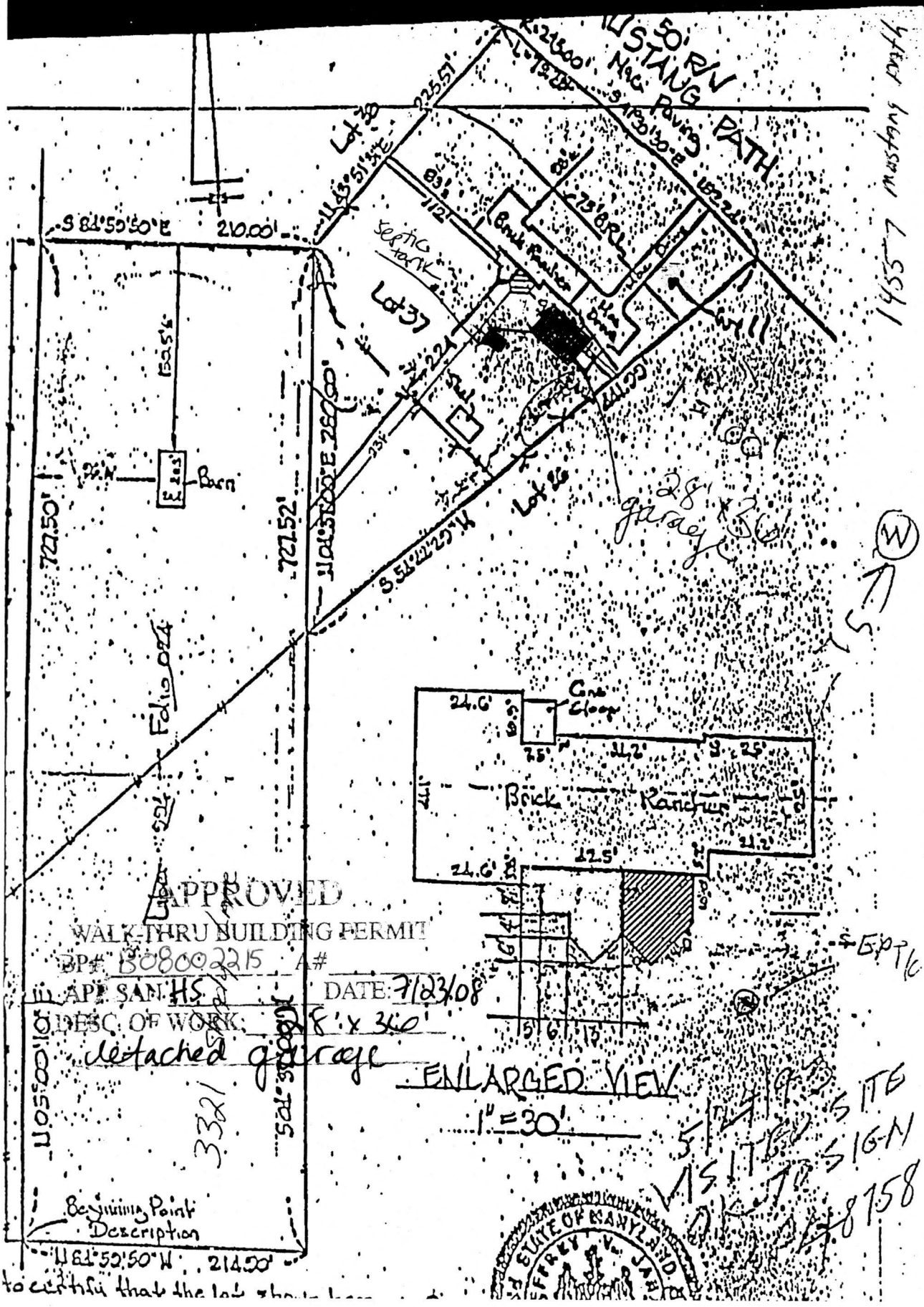
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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.

Wes Lawson
 Applicant's Signature
Lawson Custom Homes
 Title/Company

Wes Lawson
 Print Name
7-23-08
 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>7/23/08</u>	<u>Wes Lawson</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 Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA			Lot Coverage for NewTown Zone _____	Accepted by _____
T:\norms\PERMIT.FRM			SDP/Red-line approval date _____	



14557 Mustang Path



APPROVED

WALK-THRU BUILDING PERMIT

BP# 1808002215 A#

APPLICANT: HS

DATE: 7/23/08

DESC. OF WORK:

detached garage

ENLARGED VIEW

1" = 30'

3321

Beginning Point Description



SITE SIGN
8758

to certify that the lot...