

Walk-Through

100092

Building Address 3421 Huntsman's Run
Ellicott City, MD 21094

Suite/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract _____ Subdivision Paddocks East

Section _____ Area _____ Lot 22

Tax Map _____ Parcel 7 Grid _____

Zoning _____ Map Coordinates _____ Lot Size _____

Property Owner's Name HANNAH SABA
 Address 3421 Huntsman's Run
 City Ellicott City State MD Zip Code 21094
 Home Phone _____ Work Phone _____

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

Phone _____ Fax _____

Existing Use SPH
 Proposed Use DECK 38x14
 Estimated Construction Cost \$ 13,000
 Description of Work
24x14 E 14x8 deck off
back of house

Occupant or Tenant _____

Contact Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Fax _____

Contractor Company TIMELESS CONST.
 Contact Person DAVID BENDER
 Address 5364 Hagers Dr
 City Columbia State MD Zip Code 21044
 License No. 95285
 Phone 301-674-3604 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: <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"/> 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: <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	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
No. of Bedrooms _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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 type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R Other: _____
<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 ONTO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature
dbender@hotmail.com
 Email Address
Owner / Timeless
 Title/Company

DAVID BENDER
 Print Name
4/29/10
 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 Officials		
Dev. Engineering, DPZ		
Health	<u>4-29-10</u>	<u>Dana Brumard</u>
Fire Protection		

DPZ SETBACK INFORMATION

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

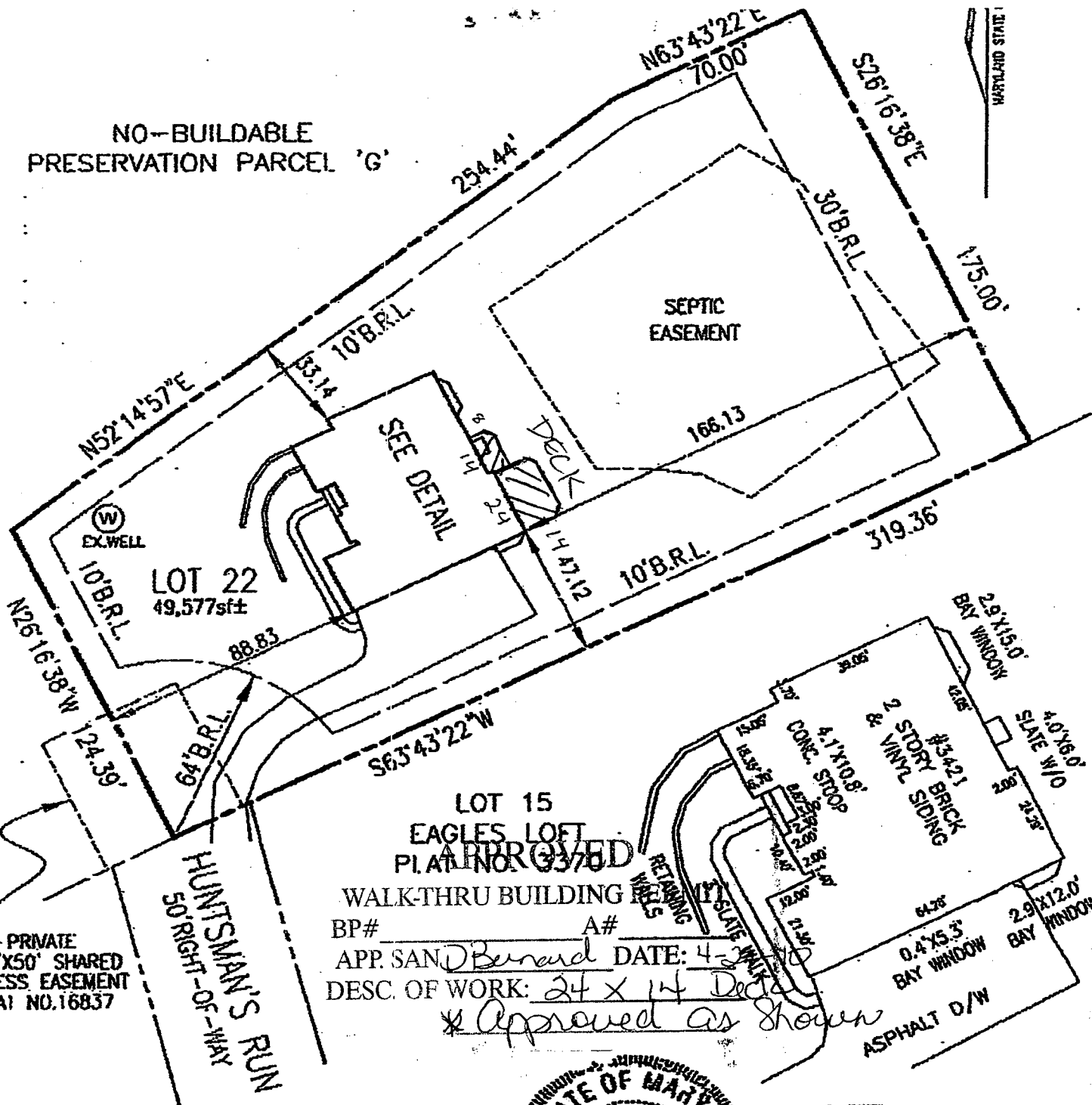
Is Entrance Permit Required?
 YES NO
 Historic District?
 YES NO
 Lot Coverage for New Town Zone _____
 SDP/Red-line approval date _____

	PROPERTY ID #
Filing fee	\$ _____
Permit fee	\$ _____
Excise tax	\$ _____
Add'l per fee	\$ _____
TOTAL FEES	\$ _____
Sub-total paid	\$ _____
Balance due	\$ _____
Check #	_____
Validation #	_____

CONTINGENCY CONSTRUCTION START:
 ONE STOP SHOP:

Accepted by _____

NO-BUILDABLE
PRESERVATION PARCEL 'G'



LOT 15
EAGLES LOFT
PLAT NO. 16837
WALK-THRU BUILDING
BP# _____ A# _____
APP. SAND Bureau DATE: 4-2-06
DESC. OF WORK: 24 x 14 Deck
** Approved as Shown*

PRIVATE
50'X50' SHARED
ACCESS EASEMENT
PLAT NO. 16837

HUNTSMAN'S RUN
50' RIGHT-OF-WAY

I HEREBY CERTIFY TO THE BEST OF MY KNOWLEDGE,
INFORMATION AND RELIEF THAT THE IMPROVEMENTS ARE
LOCATED AS SHOWN AND THERE ARE NO ENCROACHMENTS
EXCEPT AS SHOWN.



DETAIL
NOT TO SCALE

Mark C. Martin 5/10/06
MARK C. MARTIN, PROFESSIONAL LAND SURVEYOR #10884 DATE

SCALE 1"=50'	DATE 05/07/06
DRAWN BY BABBOTT	CHECKED BY M.C.M.
PLAT NUMBER 16834-16838	JOB NUMBER 04-98.00

ROBERT H. VOGEL ENGINEERING, INC.
ENGINEERS - SURVEYORS - PLANNERS
8407 MAIN STREET
ELICOTT CITY, MARYLAND 21043
TEL: 410-461-7666 FAX: 410-461-8961

FINAL LOCATION DRAWING
LOT 22
PADDOCKS EAST
PLAT NO. 16837
TAX MAP 22 PARCEL 7