

DEPT. OF INSPECTIONS, LICENSES AND PERMITS
3430 COURT HOUSE DRIVE
ELLCOTT CITY, MD 21043
PERMITS (410) 313-2455
INSPECTIONS (410) 313-1810
AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY
PERMIT APPLICATION

309002011
PERMIT NUMBER

Building Address 1204 Adgate Ct
Woodbine, MD 21797
Suite/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision LISBON ACRES
Section _____ Area _____ Lot 1
Tax Map 3586 Parcel _____ Grid _____
Zoning _____ Map Coordinates _____ Lot Size 1 acre

Property Owner's Name ALAN D. SIEGFRIED
Address 1204 ADGATE CT.
City WOODBINE State MD Zip Code 21797
Home Phone 4104897749 Work Phone 4433864019
Applicant's Name & Mailing Address, (if other than stated herein):
same
Phone _____ Fax _____

Existing Use SF Dwelling
Proposed Use SF Dwelling
Estimated Construction Cost \$ 54,000

Contractor Company AMERICRAFT
Contact Person KENNY GARUFI
Address 2800 Glenwood Springs Dr
City Glenwood State Md. Zip Code 21738
License No. MHC# 26449
Phone _____ Fax _____
410 489 0090

Description of Work Addition of family room and office to existing house.

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

Occupant or Tenant Alan D. Siegfried
Contact Name Alan D. Siegfried
Address 1204 Adgate Ct
City Woodbine State Md Zip Code 21797
Phone 4104897749 Fax cell 4433864019

BUILDING DESCRIPTION - COMMERCIAL
Building Characteristics
Height: _____
No. of stories: _____
Gross area, sq. ft. per floor: _____
Use group: _____
Construction type:
 Reinforced Concrete
 Structural Steel
 Masonry
 Wood Frame
 State Certified Modular
Utilities
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 DESCRIPTION - RESIDENTIAL
Building Characteristics
SF Dwelling SF Townhouse
Depth _____ Width _____
1st floor: 26' x 46'
2nd floor: _____
Basement: same
Finished Basement Unfinished Basement Crawlspace Slab on Grade
No. of Bedrooms 3
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: _____
 State Certified Modular
 Manufactured Home
Utilities
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.

Applicant's Signature Alan D. Siegfried 8/5/09
Owner
Title/Company _____

Print Name ALAN D. SIEGFRIED
Date 8/5/09

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY
PLEASE WRITE NEATLY AND LEGIBLY
- FOR OFFICE USE ONLY -

AGENCY DATE SIGNATURE APPROVAL
and Development, DPZ
State Highways
Building Officials
Dev. Engineering, DPZ
Health 8/5/09
Fire Protection
Is Sediment Control approval required prior to issuance?
YES NO
CONTINGENCY CONSTRUCTION START:
ONE STOP SHOP:

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 # _____
Accepted by _____

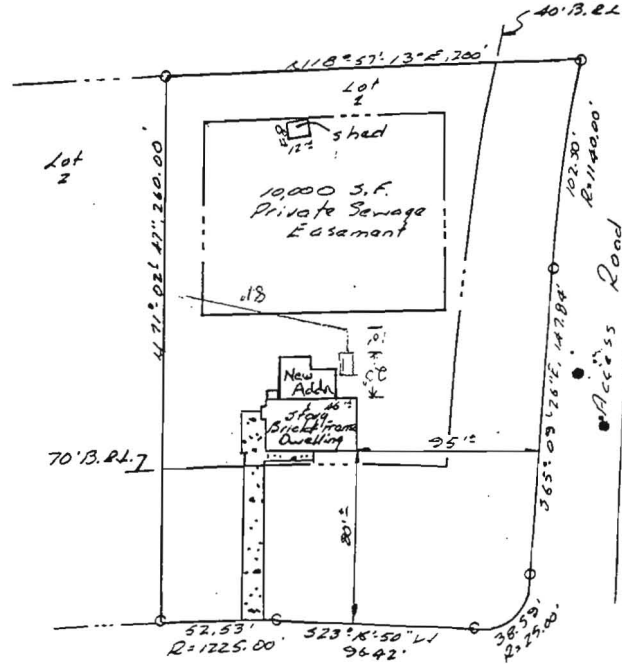


Lot Number: 1
 Block/Section: -
 Plat Reference: No. 3586
 Title of Plat: Lisbon Acres



I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS ON THE PROPERTY SITUATED IN HOWARD COUNTY, MARYLAND AND KNOWN AS 1204 Adgate Court AND THE IMPROVEMENTS ARE LOCATED AS SHOWN. THIS PLAT IS NOT TO BE USED FOR THE PURPOSE OF ESTABLISHING PROPERTY LINES.

Richard W. Benker 5/5/07



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# _____ A# 20206
 APP. SAN SS DATE: 8/5/09
 DESC. OF WORK: 21' X 26' addition
 8/6/09

TEMPLAR ENGINEERING, INC.
 8235 RUXTON CROSSING CT.
 RUXTON, MARYLAND 21204

SCALE: 1" = 60' PHONE: 823-3567

7303

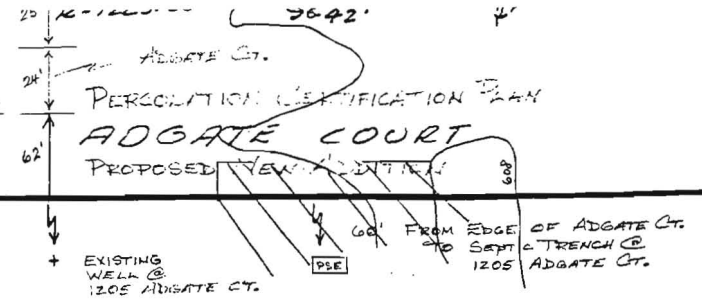
ADGATE COURT

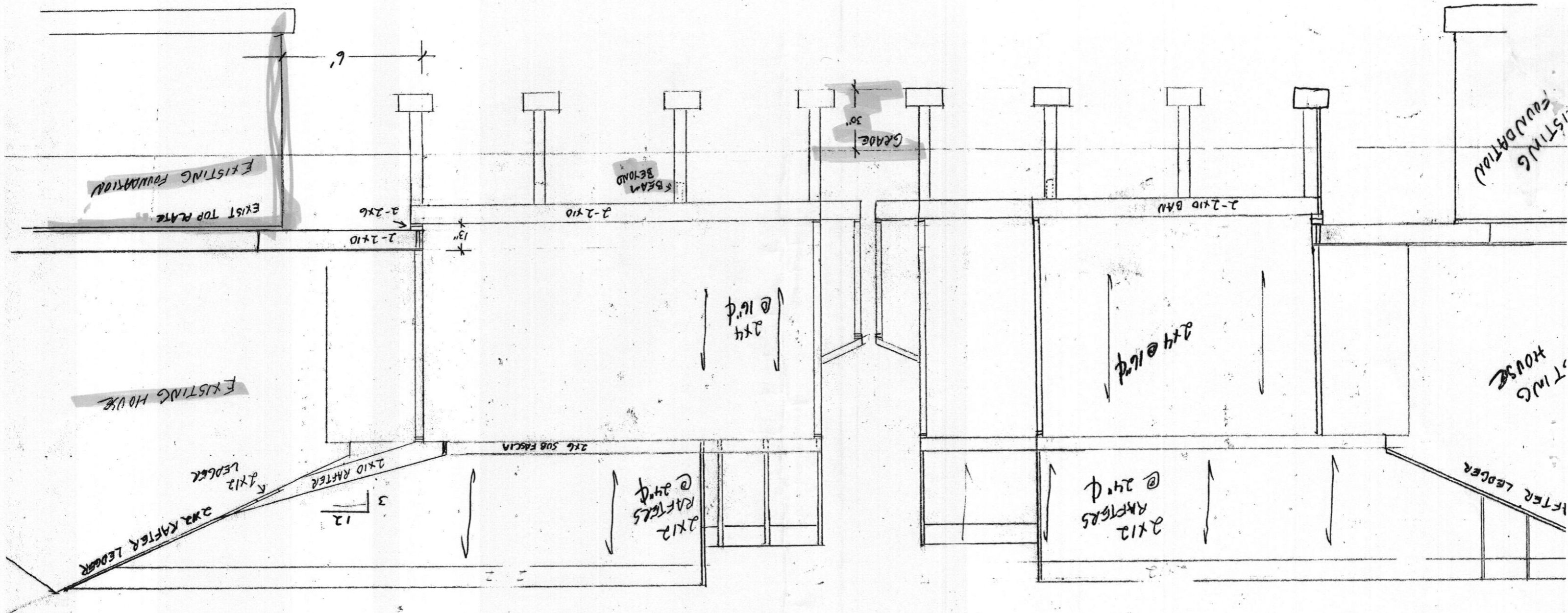
TEMPLAR ENGINEERING, INC.
 8235 RUXTON CROSSING CT.
 RUXTON, MARYLAND 21204

SCALE: 1" = ~~30'~~ 30' (REV) PHONE: 823-3567

PLAN UPDATES
 PREPARED 9/1/09
 BY OWNER:
 ALAN D. SILVERFIELD

Alan D. Silverfield
 7303





RIGHT SIDE

LEFT SIDE

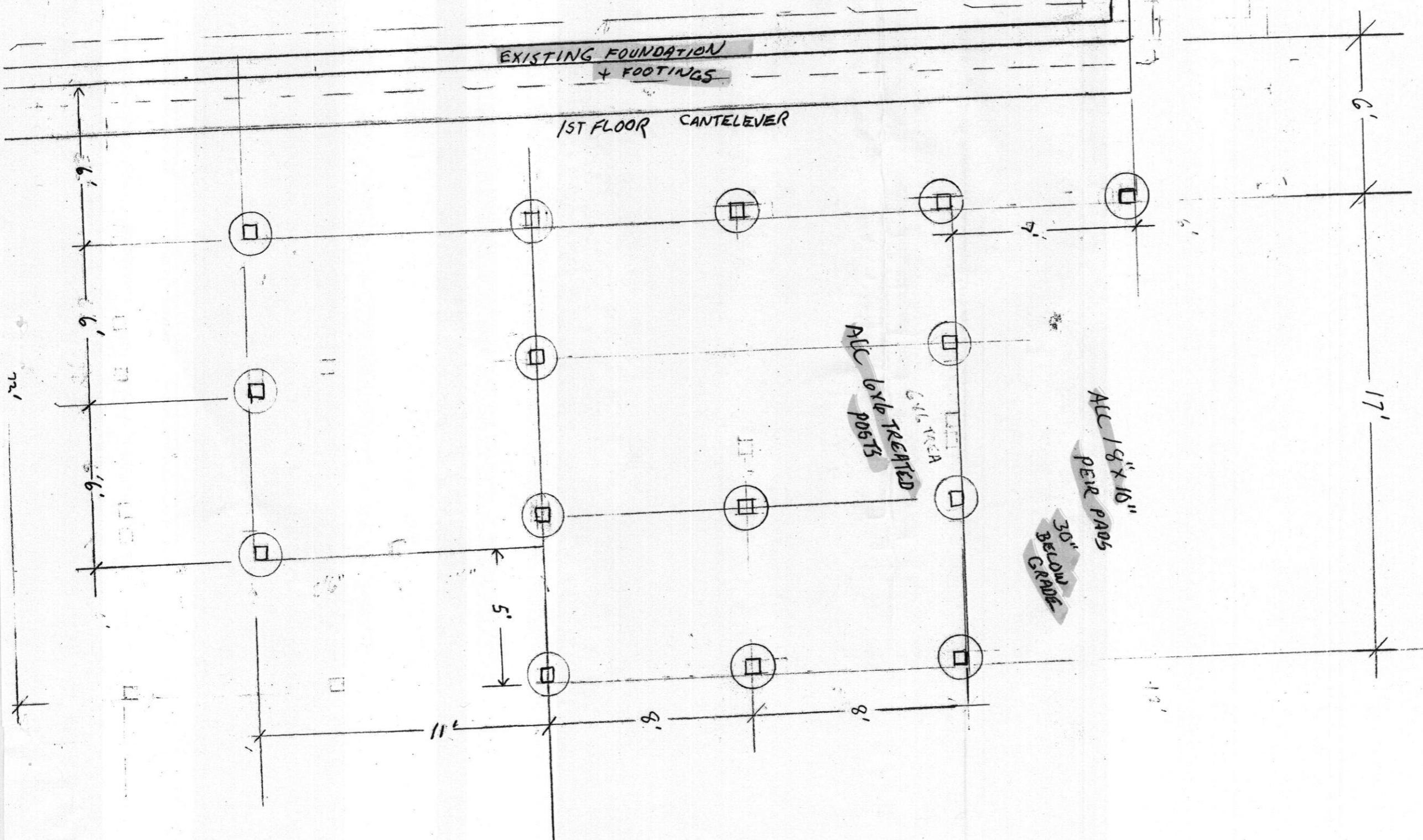
1/4" = 1'

1/4" = 1' FOUNDATION LAYOUT

EXISTING HOUSE

EXISTING FOUNDATION + FOOTINGS

1ST FLOOR CANTELEVER



ALL 6x6 POSTS TREATED

6x6 AREA

ALL 18" x 18" PIER PADS

30" BELOW GRADE

6'

17'

7'

6'

6'

6'

5'

8'

8'

11'

17'

17'

1/4" = 1' FLOOR JOIST LAYOUT



EXISTING FOUNDATION WALL

EXISTING

EXISTING HOUSE

EXISTING 2x10 16" FLOOR JOIST CANTILEVER ENTIRE LENGTH OF HOUSE

EXISTING

ALL EXISTING FLOOR LEVEL

2x10 16" JOIST

ALL BEARING ON FOUNDATION ENTIRE LENGTH EXISTING JOISTS SISTERED TO EXISTING JOISTS

TREATED BEAMS

2x10 JOISTS @ 16"

SUNKEN OFFICE

2x10 JOISTS @ 16"

SUNKEN FAMILY ROOM

TREATED 2x2x8 BEAM

2-2x10 BAN BOARD PERIMETER ALL AROUND

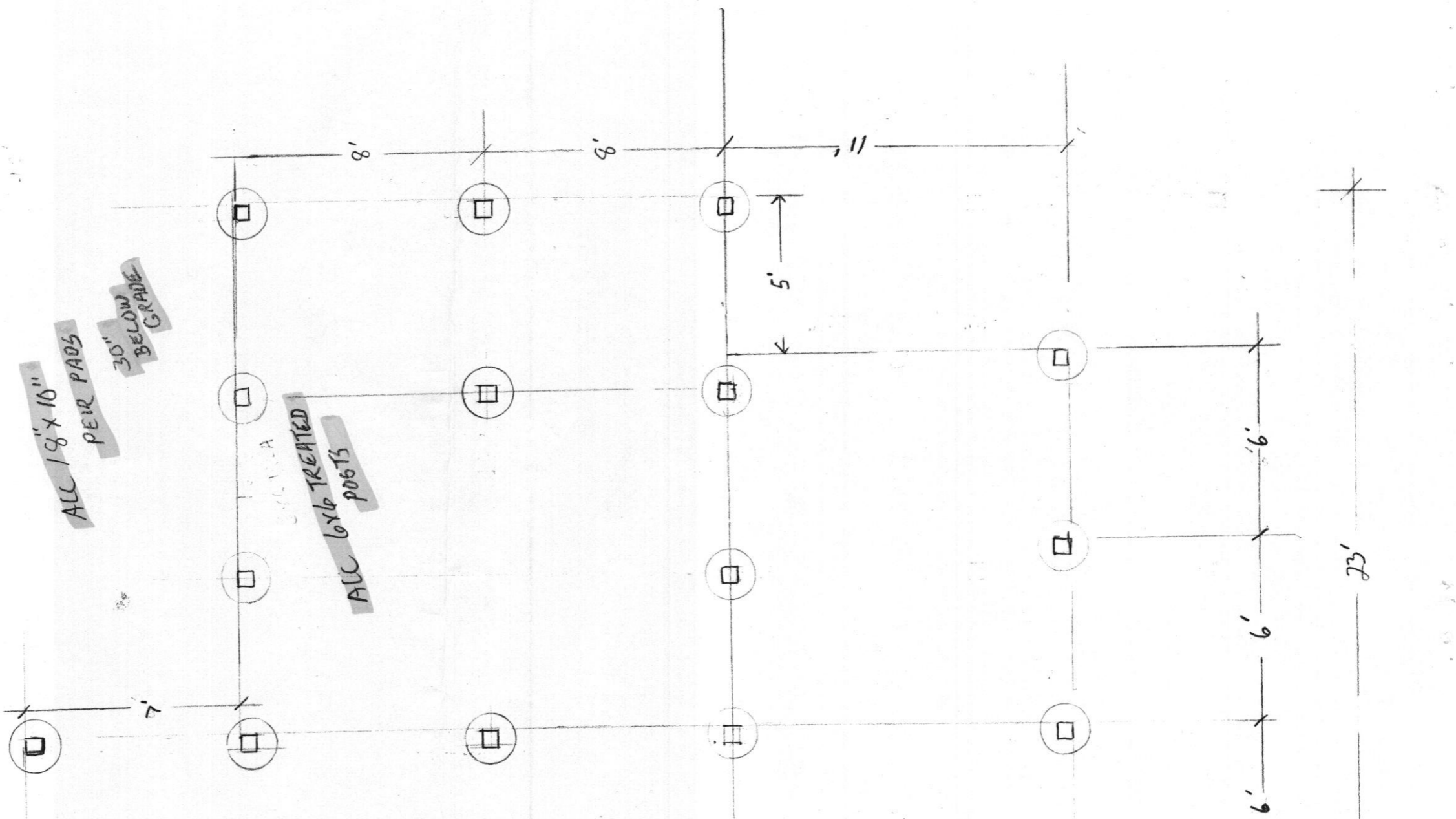
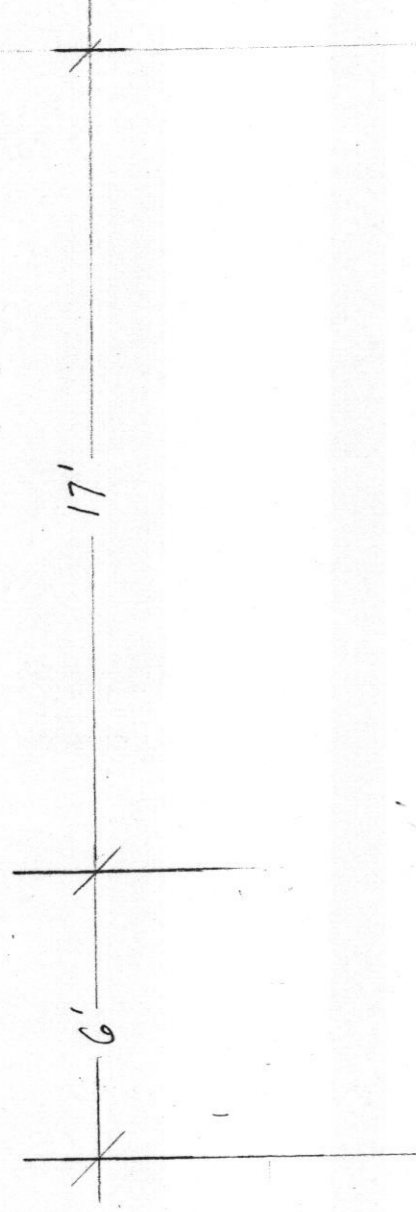
TECO JOIST HANGER AT ALL BAND ENDS

1/4" = 1' FOUNDATION LAYOUT

EXISTING HOUSE

EXISTING FOUNDATION + FOOTINGS

1ST FLOOR CANTEEN



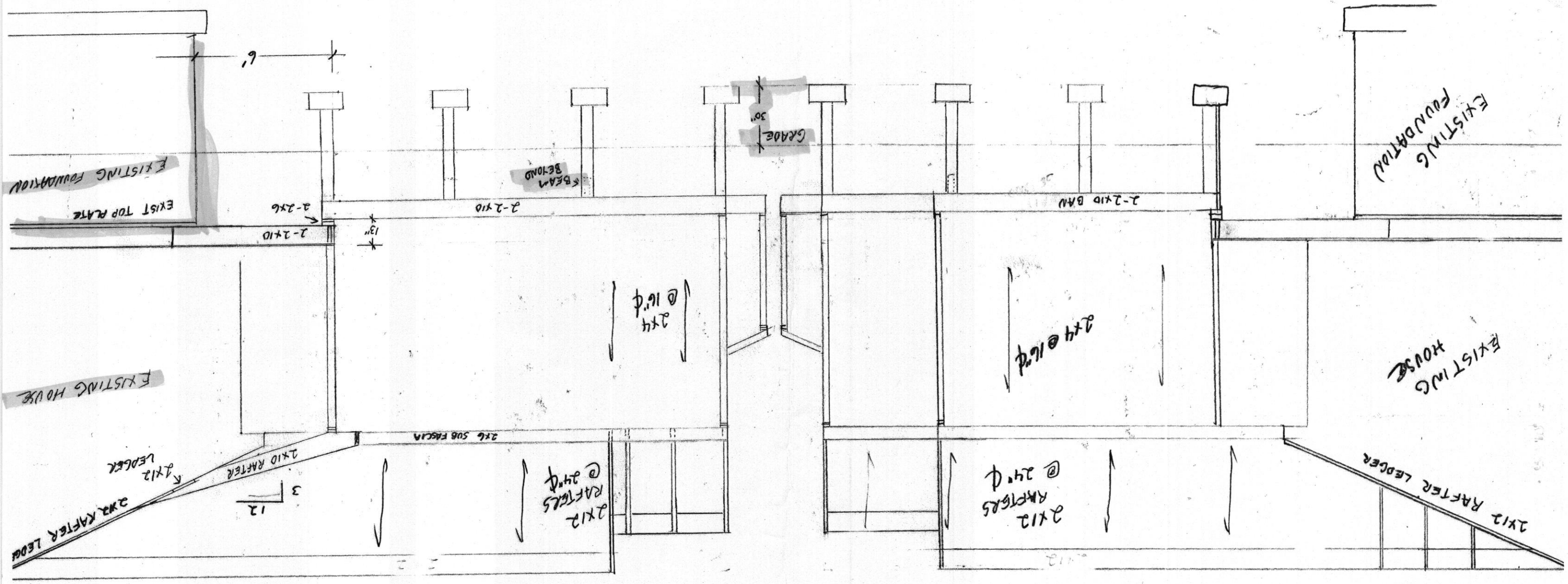
ALL 18" x 16" PEIR PADS
30" BELOW GRADE

ALL 6x6 TREATED POSTS

1/4" = 1' FRAME DETAIL

RIGHT SIDE

LEFT SIDE



HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
13004624

Building Address 1204 Adgate Ct.
Woodbine, MD 21797

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

Census Tract 604001 Subdivision Libon Acres

Section _____ Area _____ Lot 1

Tax Map 8 Parcel 351 Grid 9

Zoning RC Map Coordinates 3K9 Lot size _____

Property Owner's Name Alan Siegfried

Address 1204 Adgate Ct.

City Woodbine State MD Zip Code 21797

Home Phone 4104897149 Work Phone 3013809503

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

Phone _____ Fax _____

Existing Use _____

Proposed Use garage

Estimated Construction Cost \$ 7500

Description of Work addition of 22' x 24' structure by CAROL KINSLEY

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

Occupant or Tenant Alan Siegfried

Contact Name _____

Address 1204 Adgate Ct.

City Woodbine State MD Zip Code 21797

Phone 3013809503 Fax 3013804285

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: <u>1</u>	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: <u>575</u>	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	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"/>
Construction type: <input type="checkbox"/> Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input checked="" type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> <u>Depth</u> <u>Width</u>	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <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"/>
No. of Bedrooms: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <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: _____	
Dimensions: _____	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED CERTIFY AND AGREE 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 THEREON; (4) THAT HE/SHE WILL REFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS HOWARD COUNTY OFFICIALS THE RIGHT TO ENTER ONTO THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PREPARED AND POSTING NOTICES.

Applicant's Signature: [Signature]

Title/Company: _____

Print Name: ALAN D. SIEGFRIED

Date: 5/1/03

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL	PROPERTY ID#
Land Development, DPZ			<u>24</u>
Building Official	<u>5/1/03</u>	<u>[Signature]</u>	
Dev. Engineering, DPZ			
Health	<u>5/1/03</u>	<u>Steven R. King</u>	
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: _____	Front fee \$ _____
Rear: _____	Permit fee \$ <u>25</u>
Side: _____	Escrow fee \$ _____
Side St.: _____	Adm'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ <u>225</u>
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for New Town Zone _____	Check <u>1650</u>
SDP/Red-line approval date _____	Validation <u>2254</u>
	Accepted by _____

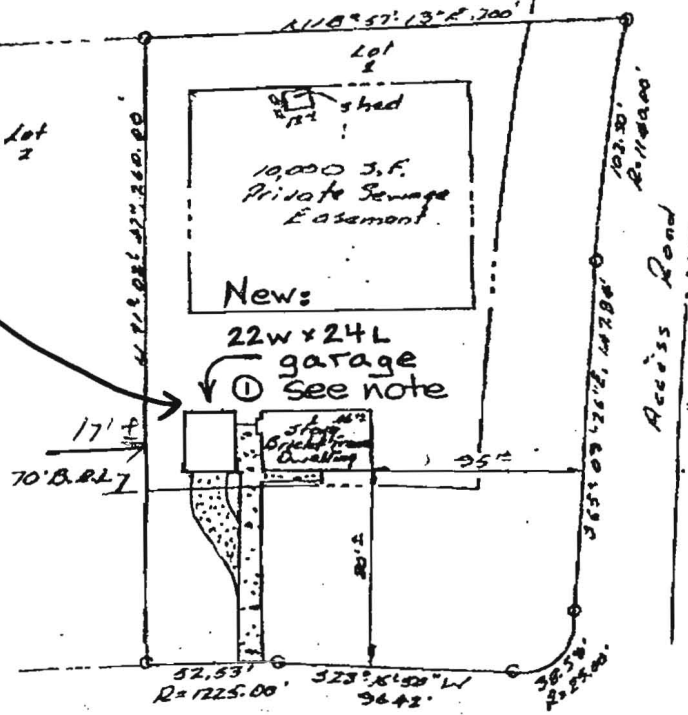


Land Preserve
- verify.

Lot Number: 1
Block/Section: -
Plat Reference: No. 3586
Title of Plat: Lisbon Acres



5/1/03
proposed
garage
OK (SRK)



5/1/03
B00141624

I HEREBY CERTIFY THAT I HAVE LOCATED THE IMPROVEMENTS ON THE PROPERTY SITUATED IN HOWARD COUNTY, MARYLAND AND KNOWN AS 1209 Adgate Court AND THE IMPROVEMENTS ARE LOCATED AS SHOWN. THIS PLAT IS NOT TO BE USED FOR THE PURPOSE OF ESTABLISHING PROPERTY LINES.

Richard W. Benker 5/15/07

TEMPLAR ENGINEERING, INC.
8235 RUXTON CROSSING CT.
RUXTON, MARYLAND 21204

SCALE: 1" = 40' PHONE: 823-3567

7303

ADGATE COURT

NOTE: ① EXISTING OPEN 1-CAR PORT TO REMAIN OPEN (AS IS) TO FUNCTION AS BREEZEWAY.

Alan Siegfried 4/30/03
ALAN SIEGFRIED



