

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B07000035

Building Address 15205 Bushy Park Road
Woodbine, MD 21797

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

Census Tract 604001 Subdivision Rippon Property

Section 0 Area 1 Lot 2

Tax Map 8 Parcel 356 Grid 20

Zoning R200 Map Coordinates 3513 Lot size 21,301.165

Property Owner's Name Lance ~~Sullivan~~

Address 3670 Ivory Road

City Glenely State MD Zip Code 21731

Home Phone 410-449-5341 Work Phone _____

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

Phone _____ Fax _____

Existing Use Farm

Proposed Use Farm w/ 900 sq ft house

Estimated Construction Cost \$ 250,000

Description of Work construct 900 sq ft house
on 1/4 acre of farm property

Contractor Company _____

Contact Person _____

Address _____

City _____ State _____ Zip Code _____

License No. _____

Phone _____ Fax _____

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: _____ | Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> |
| No. of stories: _____ | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> |
| 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: _____ Reinforced Concrete <input type="checkbox"/> Structural Steel <input type="checkbox"/> Masonry <input type="checkbox"/> Wood Frame <input type="checkbox"/> State Certified Modular <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: N/A <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"/> | Water Supply: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> |
| 1st floor: <u>29169</u> 2nd floor: <u>1590</u> Basement: <u>2035</u> | Sewage Disposal: _____ Public <input type="checkbox"/> Private <input type="checkbox"/> |
| Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| No. of Bedrooms: _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| Height: _____ | Sprinkler system: N/A <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 Height: _____ | |
| State Certified Modular <input type="checkbox"/> | |
| Manufactured Home <input type="checkbox"/> | |

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 _____
Title/Company _____

Print Name _____
Date _____

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
** PLEASE WRITE NEATLY AND LEGIBLY. **

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID#: |
|---|---------------|--------------------|---|-----------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ <u>100.00</u> |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | <u>2/1/07</u> | <u>[Signature]</u> | All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/> | TOTAL FEES \$ _____ |
| Fire Protection | | | Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/> | Balance due \$ _____ |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Lot Coverage for NewTown Zone _____ | Check # <u>13820</u> |
| ONE STOP SHOP: <input type="checkbox"/> | | | SDP/Red-line approval date _____ | Validation # <u>6443</u> |
| Distribution of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | Accepted by <u>[Signature]</u> | |

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B070-2174

Building Address 15205 Bushy Pond Rd
Clarks Md Woodbine

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot 2

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Howard & Patricia Sullivan

Address 3620 Ivory Road

City Clarks State Md Zip Code 21737

Home Phone (410) 489-5311 Work Phone _____

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

Phone _____ Fax _____

Existing Use single family

Proposed Use single family w/ 32506 tank

Estimated Construction Cost \$ 1500

Description of Work TYPICAL (1) 32506 TANK AND
PIPE FOR LINE TO STUMP OUT A HOUSE

Contractor Company ARON FURSEY

Contact Person RON

Address 3038B LIBERTY ROAD

City FERRIS State Md Zip Code 21701

License No. 107607

Phone (410) 781-1492 Fax (301) 662-0719

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: _____ | 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 <input type="checkbox"/> State Certified Modular | 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"/> |
| | 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 checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | 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"/> |
| 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: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____ |
| 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: _____ | |
| <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home | |

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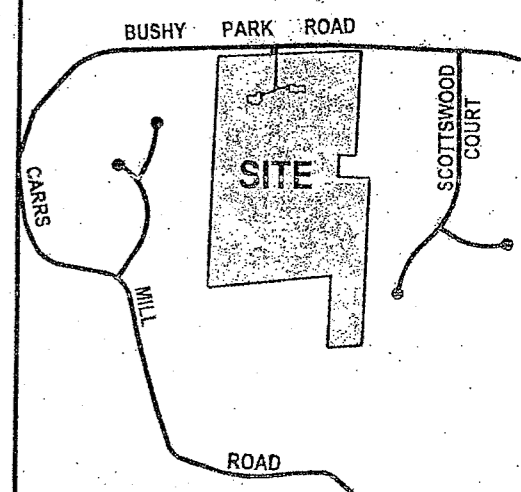
Applicant's Signature _____
 Title/Company _____

Print Name Patricia Sullivan
 Date 6/22/07

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

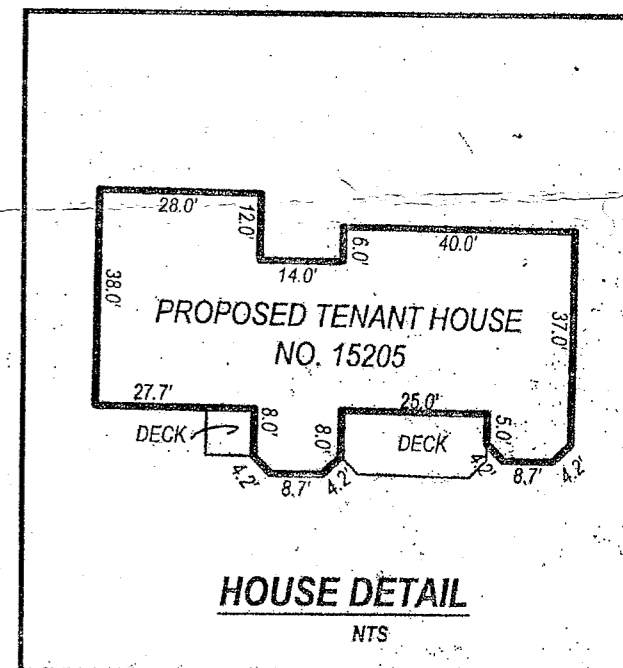
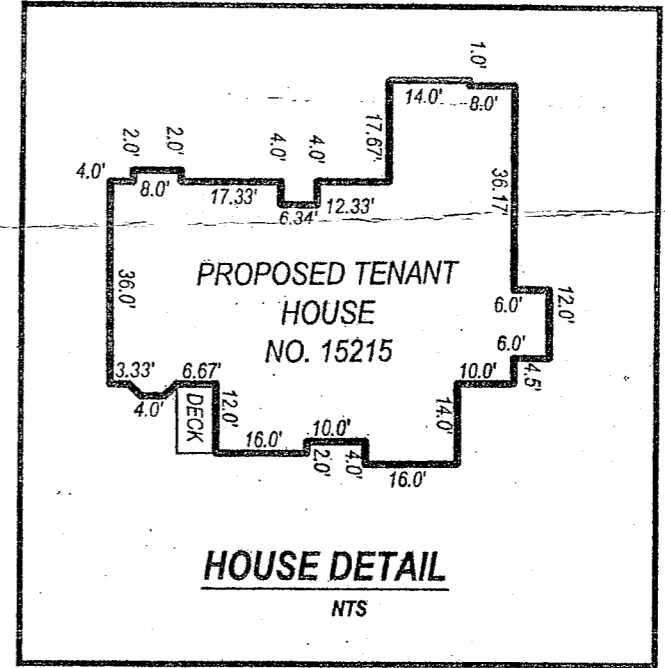
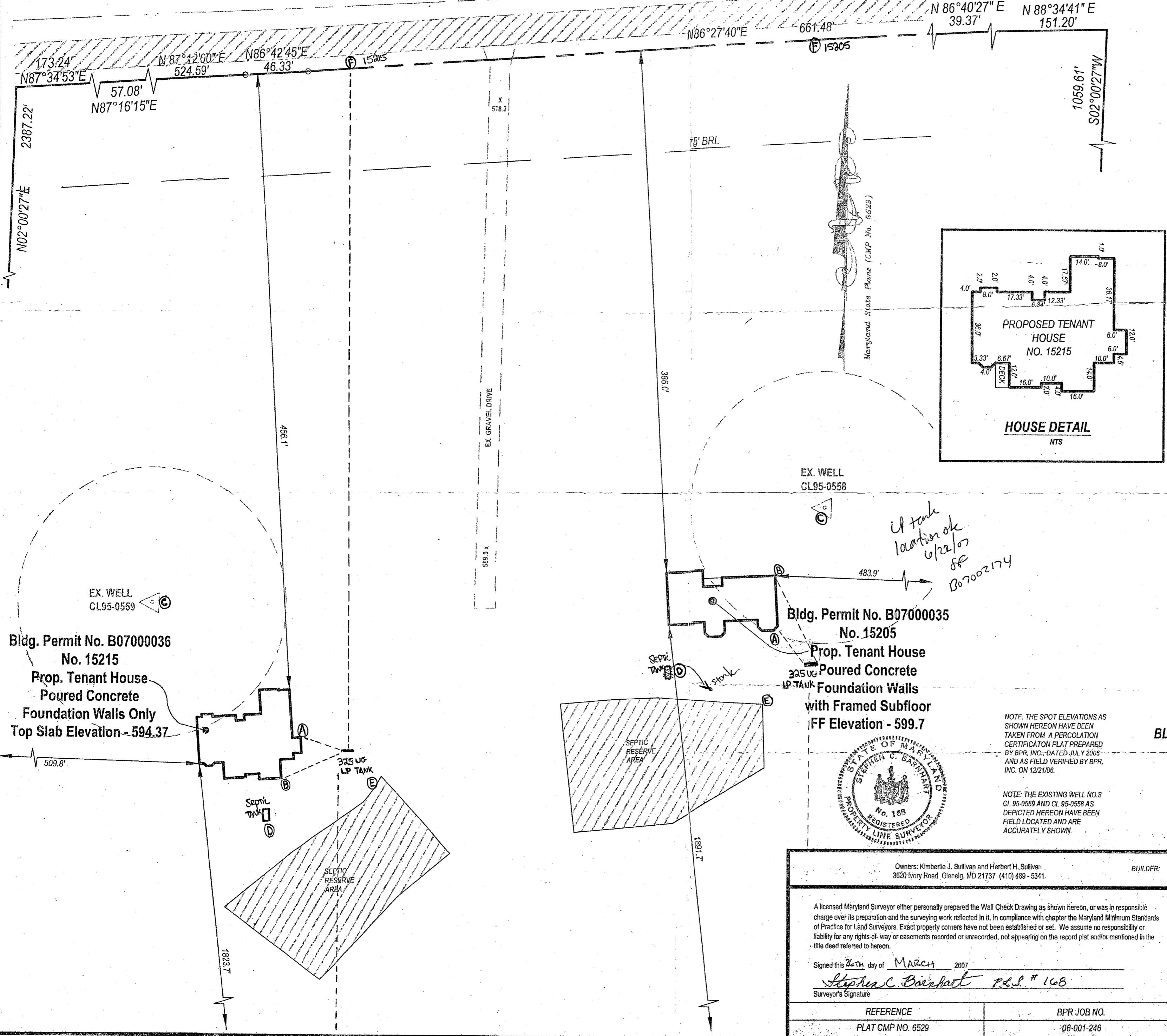
| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|--------------------------|--------------------|--|--------------------------------|
| Land Development DPZ | | | Front: _____ | Filing fee \$ _____ |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | <u>6/22/07</u> | <u>[Signature]</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 # <u>2007-2174</u> |
| 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 | Lot Coverage for NewTown Zone _____ | Accepted by <u>[Signature]</u> |
| T:Norma@PERMIT.FRM | | | SDP/Red-line approval date _____ | |
| | | | Yellow: DED, DPZ | Pink: Health |
| | | | | Gold: SHA |

BUSHY PARK ROAD



VICINITY MAP

SCALE: 1 inch = 2,000 feet
 COPYRIGHT ADC THE MAP PEOPLE
 PERMITTED USE # 21096447



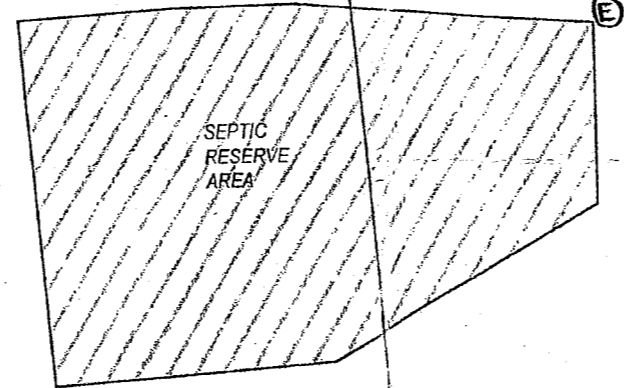
EX. WELL
CL95-0558

EX. WELL
CL95-0559

Bldg. Permit No. B07000036
No. 15215
Prop. Tenant House
Poured Concrete
Foundation Walls Only
Top Slab Elevation - 594.37

Bldg. Permit No. B07000035
No. 15205
Prop. Tenant House
Poured Concrete
Foundation Walls
with Framed Subfloor
FF Elevation - 599.7

*LP tank location ok 6/22/07
 see B070002174*



WALL CHECK DRAWING OF PROPOSED TENANT HOUSES

BLDG. PERMITS #B07000035 & #B07000036

LOT 2
RIPPEON PROPERTY - LOTS 1 THRU 4

BUSHY PARK ROAD
 ELECTION DISTRICT #4
 HOWARD COUNTY, MARYLAND
 SCALE: 1" = 50' MARCH 22, 2007

NOTE: THE SPOT ELEVATIONS AS SHOWN HEREON HAVE BEEN TAKEN FROM A PERCOLATION CERTIFICATION PLAT PREPARED BY BPR, INC., DATED JULY 2006 AND AS FIELD VERIFIED BY BPR, INC. ON 12/21/06.

NOTE: THE EXISTING WELL NOS. CL 95-0559 AND CL 95-0558 AS DEPICTED HEREON HAVE BEEN FIELD LOCATED AND ARE ACCURATELY SHOWN.



Owners: Kimberlie J. Sullivan and Herbert H. Sullivan
 3620 Ivory Road, Glenelg, MD 21737 (410) 489-5341

BUILDER: BARNARD BROTHERS CONSTRUCTION COMPANY, INC.
 PHONE: 410-489-7621

A licensed Maryland Surveyor either personally prepared the Wall Check Drawing as shown hereon, or was in responsible charge over its preparation and the surveying work reflected in it, in compliance with chapter the Maryland Minimum Standards of Practice for Land Surveyors. Exact property corners have not been established or set. We assume no responsibility or liability for any rights-of-way or easements recorded or unrecorded, not appearing on the record plat and/or mentioned in the title deed referred to hereon.

Signed this 26th day of MARCH 2007
Stephen C. Barnhart P.L.S. # 168
 Surveyor's Signature

| | |
|--------------------------------|---------------------------|
| REFERENCE PLAT CMP NO. 6529 | BPR JOB NO. 06-001-246 |
|--------------------------------|---------------------------|

BPR INC
 SURVEYORS - LAND PLANNER
 150 Airport Drive
 Suite 4
 Westminster, Maryland 21157
 Phone: (410)-857-9030 (410)-876-0333
 Fax: (410)876-1532