

Health Dept

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLICOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800		<b>HOWARD COUNTY</b> <b>PERMIT APPLICATION</b>	<b>B07004523</b> <b>PERMIT NUMBER</b>
Building Address <u>1060 GAITHER FARM RD</u> <u>ELLICOTT CITY MD 21042</u>		Property Owner's Name <u>ROBERT W ROGERS</u> Address <u>PO BOX 6366</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> Phone <u>410-750-1599</u> Phone <u>410-750-3822-C</u> Applicant's Name & Mailing Address, (if other than stated herein): Applicant's Name & Mailing Address, (if other than stated herein): Phone <u>410-740-0053-HOME</u> Fax <u>410/740-0669</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: <u>6611</u> Census Tract <u>60300</u> Subdivision <u>Gaither Farm</u>		Contractor Company <u>ROBS JOBS LLC</u> Contact Person <u>ROB ROGERS</u> Address <u>PO BOX 6366</u> City <u>ELLICOTT CITY</u> State <u>MD</u> Zip Code <u>21042</u> License No. <u>51669</u> Phone <u>410-750-1599</u> Fax <u>410-740-0669</u>	
Section _____ Area _____ Lot <u>17</u> Tax Map <u>29</u> Parcel <u>1</u> Grid <u>10</u> Zoning <u>RC</u> Map Coordinates _____ Lot Size <u>3.88A</u>		Engineer or Architect Company <u>LETKE DESIGN</u> Contact Person <u>TONY LETKE</u> Address <u>2500 LAUREL BROOK RD</u> City <u>FALLS VIEW</u> State <u>MD</u> Zip Code <u>21047</u> Phone <u>410-977-2200</u> Fax _____	
Existing Use <u>RESIDENTIAL SFD</u> Proposed Use <u>RES SFD-DET GARAGE</u> Estimated Construction Cost \$ <u>60,000</u>		Description of Work <u>3 CAR DET GARAGE</u> <u>30x38</u> <u>WITH UPSIDE DOWN GARAGE</u> <u>POWDER ROOM</u> <u>3x7</u>	
Occupant or Tenant _____ Contact Name _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____		Building Description - COMMERCIAL	

of

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
<b>Building Characteristics</b> Height: _____ No. of stories: _____ Gross area, sq. ft. per floor: _____ Use group: _____ 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <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"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads	<b>Building Characteristics</b> SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 <sup>st</sup> floor: <u>36x38-6x2466</u> 2 <sup>nd</sup> floor: <u>14x34-97716</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms <u>0</u> 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	<b>Utilities</b> Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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.

Robert W Rogers  
 Applicant's Signature  
PREP, ROBS JOBS LLC  
 Title/Company  
ROBERT W ROGERS  
 Print Name  
 \_\_\_\_\_  
 Date

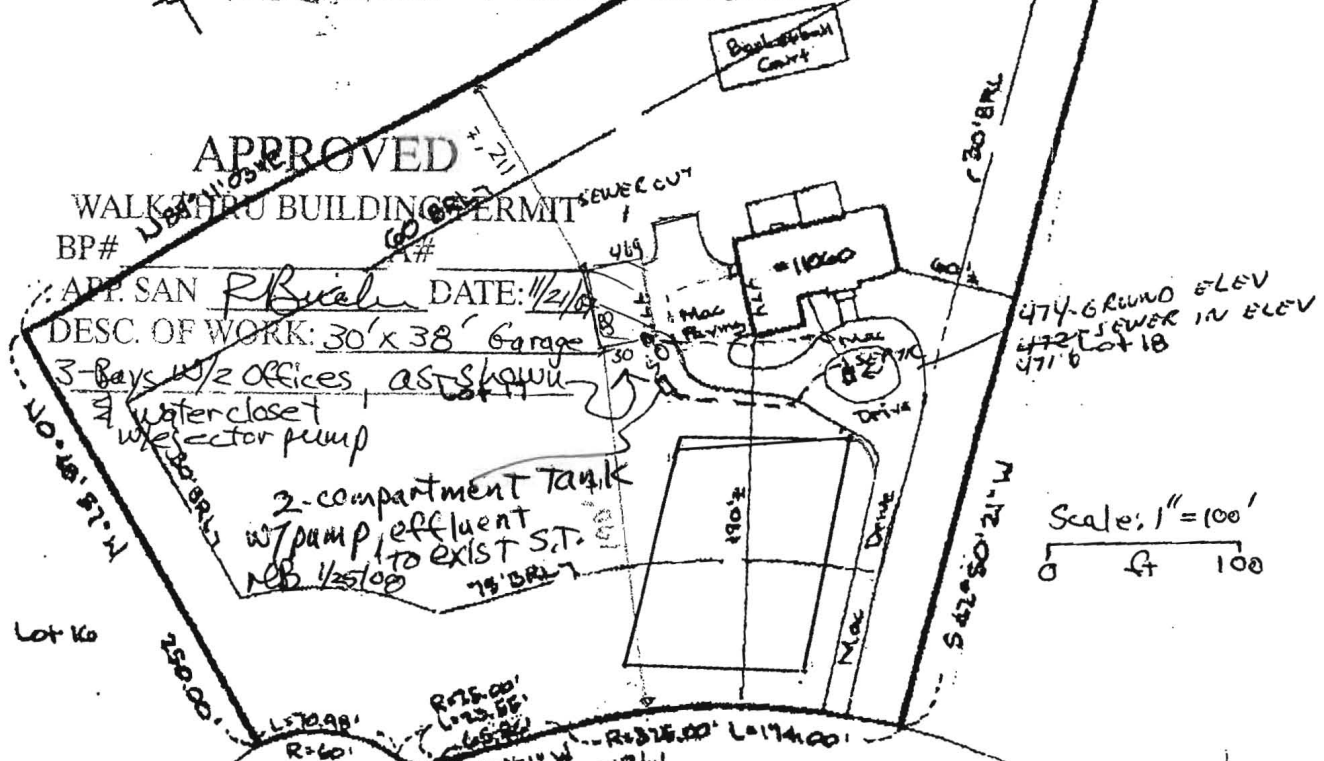
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\*PLEASE WRITE NEATLY AND LEGIBLY.\*\*  
 - FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL	DEPT. SETBACK INFORMATION	PROPERTY ID #
Land Development DPZ				Front	Filing fee \$
State Highway				Rear	Permit fee \$
Building Official				Side	Excise tax \$
Dev. Engineering DPZ				Side St	Add'l per. fee \$
Health				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 # _____
				Historic District	Validation # _____
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
CONTINGENCY CONSTRUCTION STAKES				Is Coverage for New Town Zone	
ONE STOP SHOP: <input type="checkbox"/>				SDP/Red-line approval date	Accepted by _____
Distribution of Copies: White: Building Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA					
at forms/buildingpermitsapplication					

REV 10/28/04

**SITE PLAN FOR GARAGE ADDITION**

**ROGERS RESIDENCE**

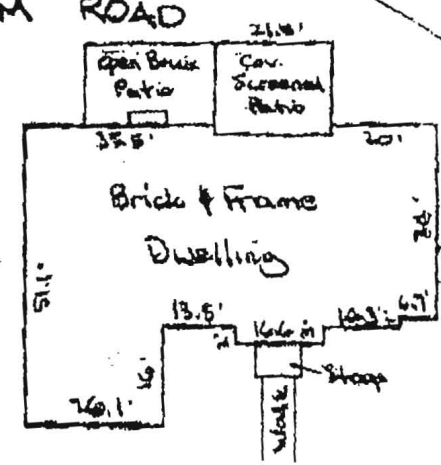


**APPROVED**  
 WALK-UP BUILDING PERMIT  
 BP# [blank] DATE: 11/21/06

DESC. OF WORK: 30' x 38' Garage  
 3-Bays 1/2 offices, water closet, water pump

2-compartment Tank w/ pump effluent to exist S.T.  
 NB 1/2 stop

Scale: 1" = 100'  
 0 100



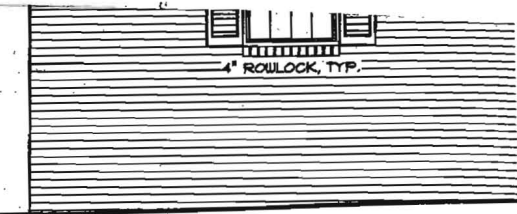
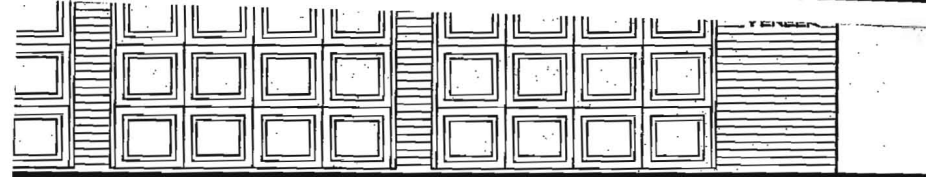
**ENLARGED VIEW**

THE LOT SHOWN HEREON IS IN FLOOD ZONE C PER F.E.M.A. FLOOD INSURANCE RATE MAP PANEL 240044-0027B

The plat is of benefit to consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing, or refinancing. The plat is not to be relied upon for the establishment or location of fences.

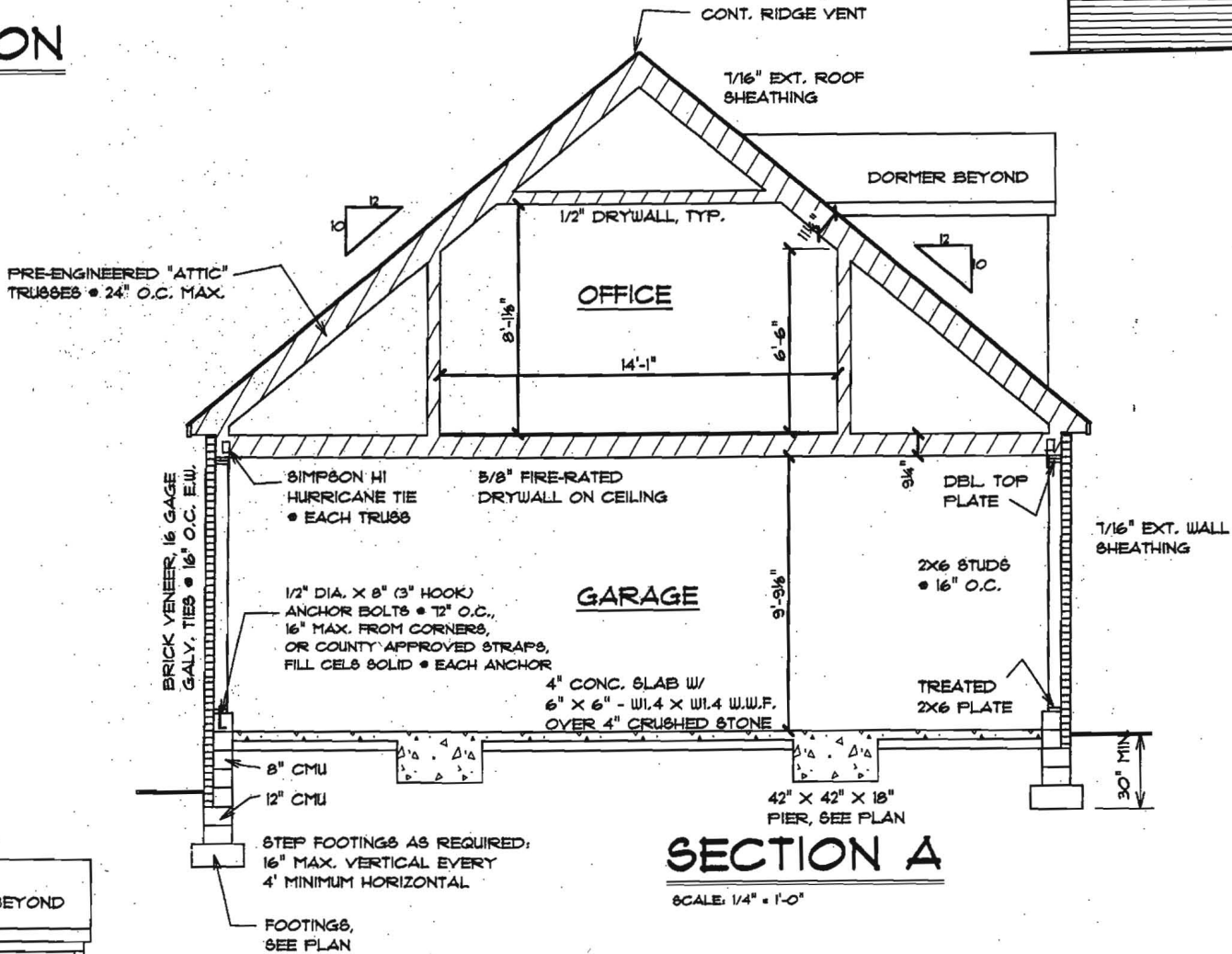
# FRONT ELEVATION

SCALE: 1/4" = 1'-0"



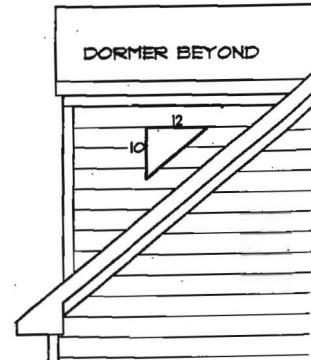
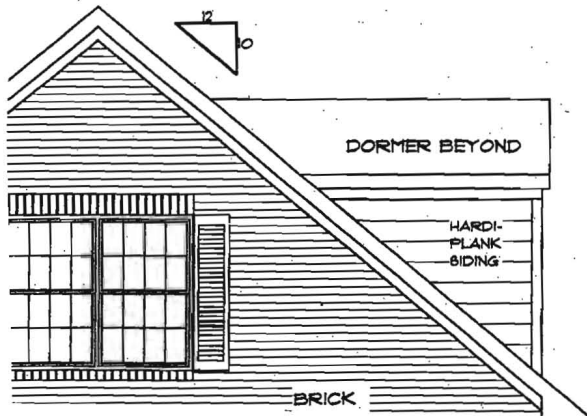
# REAR

SCALE: 1/4" = 1'-0"

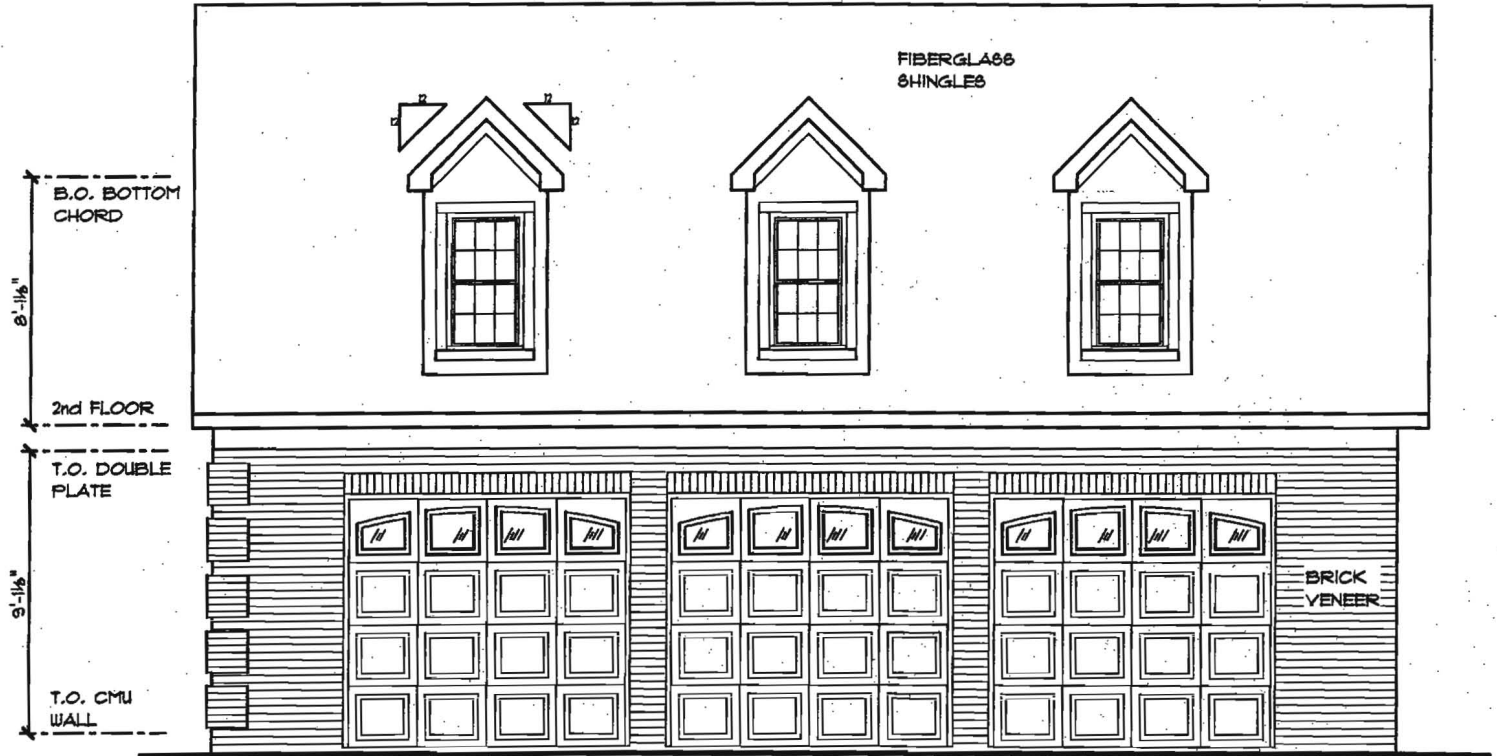


## SECTION A

SCALE: 1/4" = 1'-0"



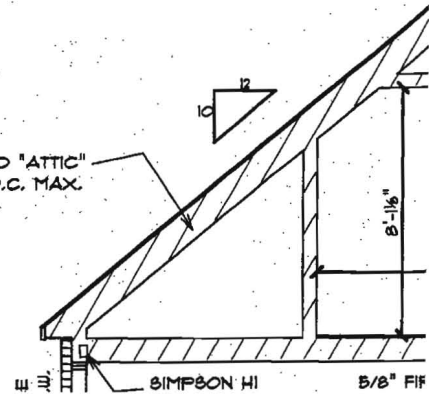
CONT. RIDGE VENT, TYP.

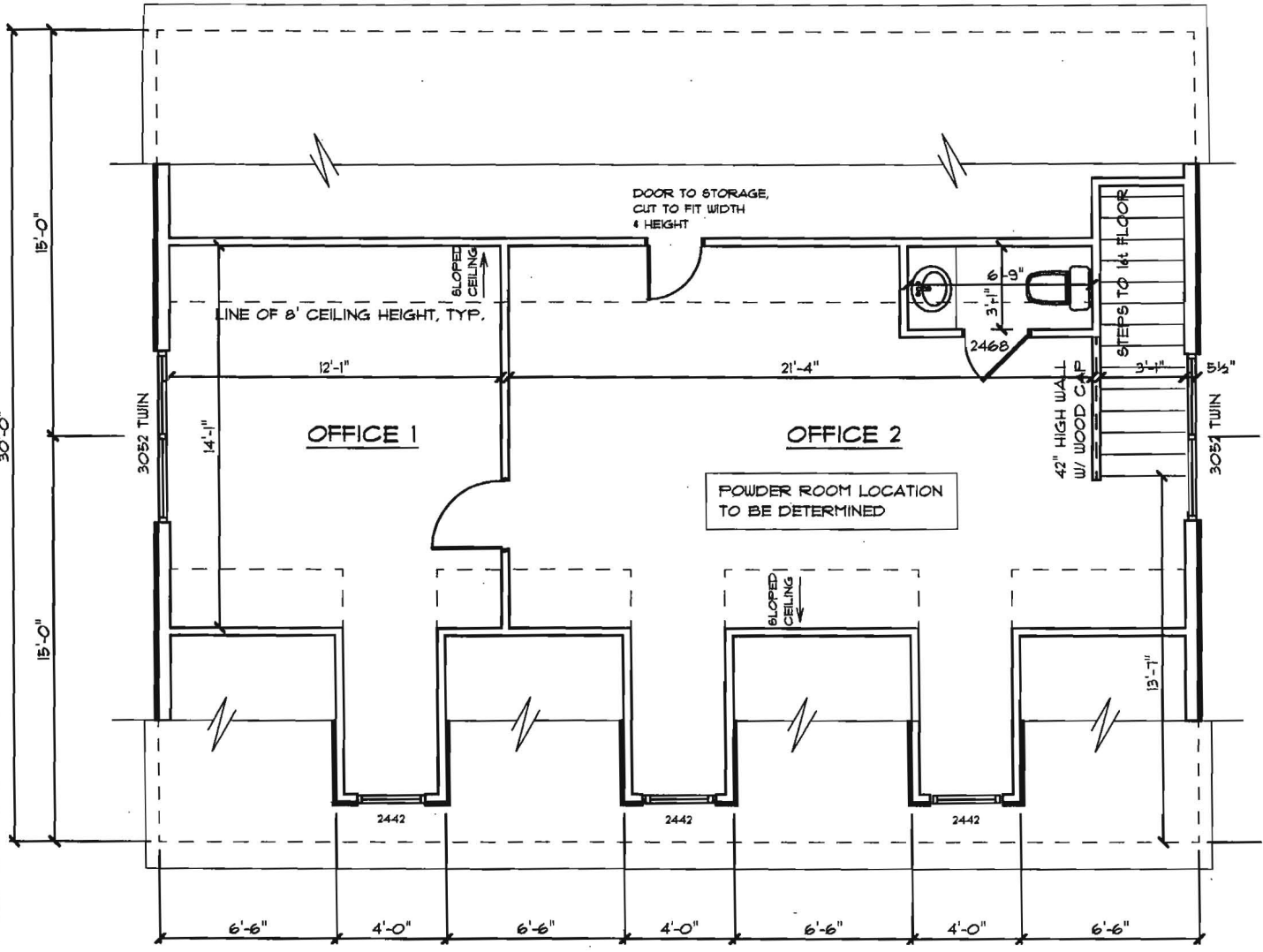


# FRONT ELEVATION

SCALE: 1/4" = 1'-0"

PRE-ENGINEERED "ATTIC"  
TRUSSES @ 24" O.C. MAX.





## SECOND FLOOR PLAN

SCALE: 1/4" = 1'-0"

### SECOND FLOOR PLAN NOTES:

1. HOLD WINDOW HEAD HEIGHT @ 6'-10 1/8" A.F.F., UNLESS NOTED OTHERWISE.
2. CEILING HEIGHT = 8'-1 1/8", UNLESS NOTED OTHERWISE.
3. ANDERSEN WINDOW SIZES SHOWN, VERIFY PRIOR TO CONSTRUCTION.

