

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
B07003056

Building Address 16070 AE Mullinix Rd
Woodbine, MD 21797

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Jesse & Betty Logan

Address 16070 AE Mullinix Road

City Woodbine State MD Zip Code 21797

Home Phone 410-489-4398 Work Phone 410-772-4785

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

Elizabeth Eppke
P.O. Box 84
Lockeville, MD 21030
Phone 443-465-9288 Fax 410-683-2570

Existing Use SFD

Proposed Use SFD+Deck

Estimated Construction Cost \$18408.00

Description of Work Install 30x16

Composite deck w/12 steps to

Rear of dwelling

Contractor Company Allied Remodeling

Contact Person Dean D'Eugenio

Address 1212 E Joppa Road

City Towson State MD Zip Code 21286

License No. 50888

Phone 410-769-9700 Fax 410-769-9702

Occupant or Tenant Owner

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

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 Characteristics

Utilities

SF Dwelling SF Townhouse
 Depth Width
1st floor: _____
2nd floor: _____
Basement: _____
Finished Basement Unfinished Basement
Crawl space Slab on Grade
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: 30x16
Footings: _____
Roof Height: _____
 State Certified Modular
 Manufactured Home

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.

Elizabeth E. Eppke
Applicant's Signature
President E³ Permit Services
Title/Company

Elizabeth E. Eppke
Print Name
7/18/07
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 Official | | |
| Dev. Engineering, DPZ | | |
| Health | <u>7/23/2007</u> | <u>R. Binkley</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"/> | | |
| Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | |

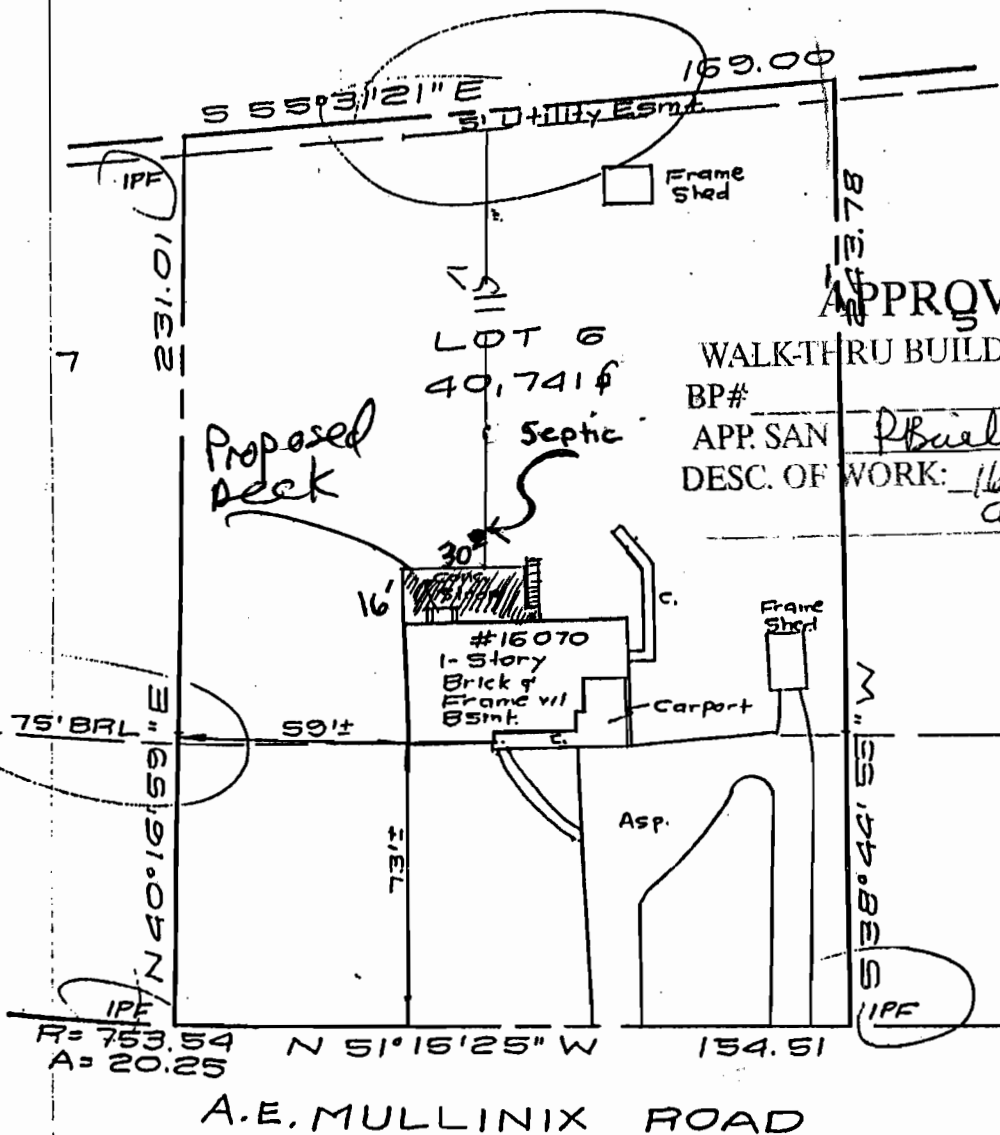
| DPZ SETBACK INFORMATION | PROPERTY ID# |
|--|-------------------------|
| Front: _____ | Filing fee \$ _____ |
| Rear: _____ | Permit fee \$ _____ |
| Side: _____ | Excise tax \$ _____ |
| Side St.: _____ | Add'l per. fee \$ _____ |
| All minimum setbacks met? | TOTAL FEES \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Entrance Permit required? | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # _____ |
| Historic District? | Validation # _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Lot Coverage for New Town Zone _____ | |
| SDP/Red-line approval date _____ | Accepted by _____ |

REV. 7/18/07

The plat is of benefit to a 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 re-financing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or re-financing.

NOTE: The lot shown hereon does not lie within the limits of the 100 year flood plain as shown on FIRM Panel No. 7
Date of Map: 12-4-86
Flood Zone: C.

NOTE: No property corners found or set unless otherwise noted.



APPROVED

WALK-THRU BUILDING PERMIT

BP# _____ A# _____
APP. SAN P. Bauer DATE: 7/23/2007
DESC. OF WORK: 16' x 30' Deck as shown

Betty L. Hogan



SURVEYOR'S CERTIFICATE

I hereby certify that the property delineated hereon is in accordance with the Plat of Subdivision and/or deed of record, that the improvements were located by accepted field practices and include permanent visible structures and apparent encroachments, if any. This Plat is not for determining property lines or for construction of improvements, but prepared for exclusive use of present owners of property and also those who purchase, mortgage, or guarantee the title thereto, within six months from date hereof, and as to them I warrant the accuracy of this Plat.

Michael J. Bazis
Michael J. Bazis RPLS # 10958

LOCATION DRAWING
LOT 6
EYRE VIEW
HOWARD COUNTY, MD.

THIS SURVEY IS FOR TITLE PURPOSES ONLY

| | | | |
|-------|----------|-----------|----------|
| JOB # | 95.09064 | DATE | 7-18-95 |
| FIELD | BC | DRAFT | DJD |
| | | P.B. 9 P# | 38 |
| | | SCALE: | 1" = 50' |

R. C. KELLY
LAND SURVEYORS
10111 COLESVILLE ROAD, SUITE 133
SILVER SPRING, MD 20901
301-593-8005
& ASSOC., INC.