

Health Dept

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

HOWARD COUNTY  
PERMIT APPLICATION

PERMIT NUMBER  
B00159419

Building Address 16015 FREDERICK RD  
LISBON, MD, 21765  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 609001 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_  
Tax Map 7 Parcel 192 Grid 12  
Zoning B-2 Map Coordinates 3F10 Lot size 21,780<sup>sq</sup>

Property Owner's Name JANICE COMPTON  
Address 16015 FREDERICK RD.  
City LISBON State MD Zip Code 21765  
Home Phone 410-489-4060 Work Phone \_\_\_\_\_  
Applicant's Name & Mailing Address, (if other than stated hereon):  
ROBERT L. KNIGHT  
PO BOX 279 WOODBINE MD. 21797  
Phone 410-442-1888 Fax 410-848-7818

Existing Use SF DWELLING  
Proposed Use SF DWELLING  
Estimated Construction Cost \$ 85,000.00  
Description of Work ONE STORY ADDITION ATTACHED  
TO SIDE + REAR OF HOME FOR  
AN IN-LAW APARTMENT WITH KITCHEN

Contractor Company R/K VINYL REMODELING  
Contact Person ROBERT KNIGHT  
Address P.O. BOX 279  
City WOODBINE State MD. Zip Code 21797  
License No. 7925  
Phone 410-442-1888 Fax 410-848-7818

Occupant or Tenant \_\_\_\_\_  
Contact Name MS. JANICE COMPTON  
Address 16015 FREDERICK RD.  
City LISBON State MD. Zip Code 21765  
Phone 410-489-4060 Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_  
Contact Person N/A  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ Public _____ Private _____
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	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 _____ Partial _____ Other Suppression _____ # of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/>
Depth _____ Width _____	Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/>
1st floor: <u>25</u> 2nd floor: <u>11</u>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input checked="" type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
No. of Bedrooms <u>1</u>	
Height: <u>SINGLE STORY</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: _____	
State Certified Modular _____	
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.

Applicant's Signature \_\_\_\_\_  
Title/Company PRES. R/K VINYL REMODELING

Print Name ROBERT L. KNIGHT  
Date 05/05/06

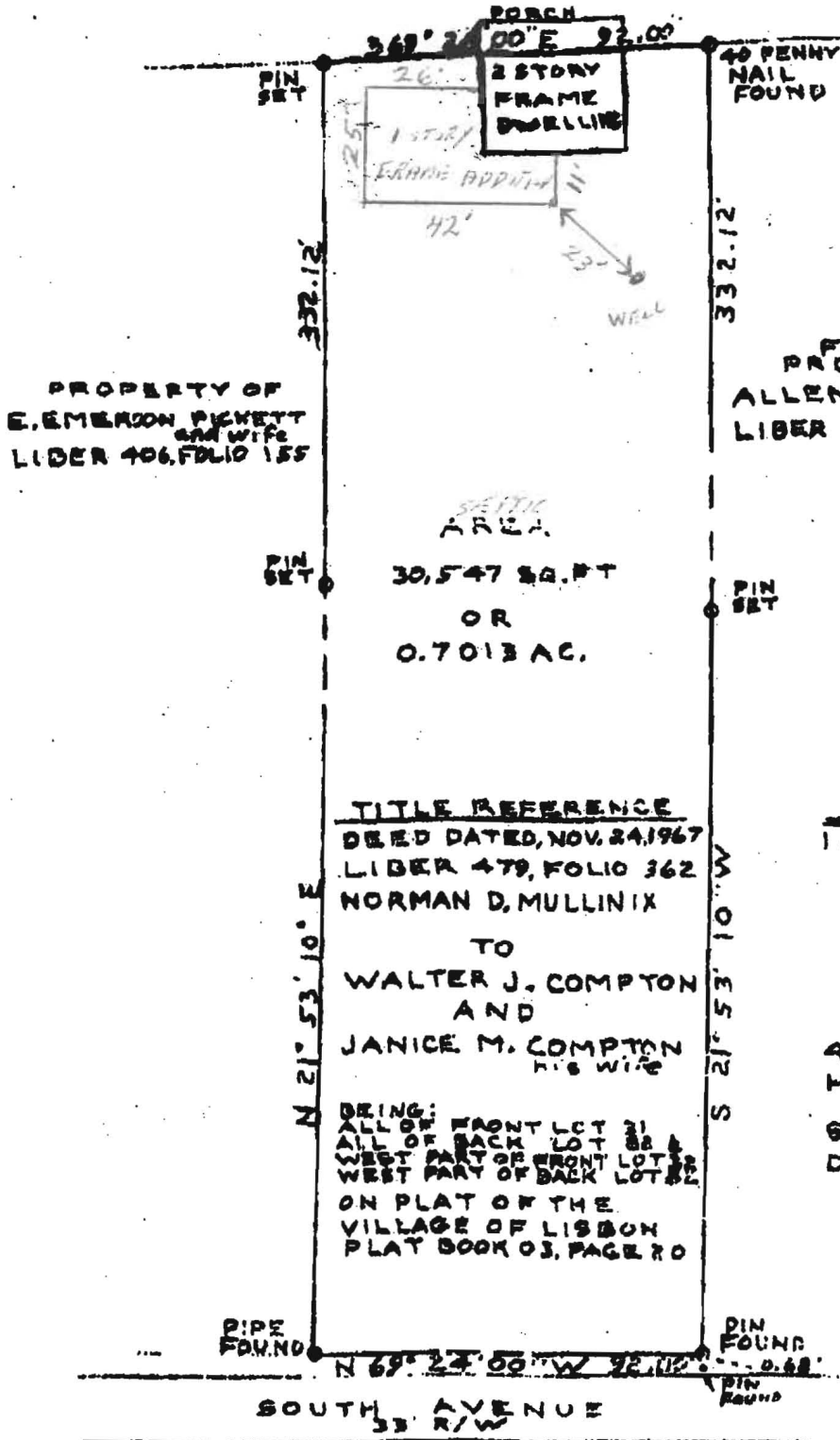
Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
\*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
FOR OFFICE USE ONLY

AGENCY	DATE	SIGNATURE APPROVAL
Land Development DPZ	<u>5/5/06</u>	<u>[Signature]</u>
State Highways		
Building Official		
Dev. Engineering DPZ		
Health	<u>1/17/07</u>	<u>[Signature]</u>
Fire Protection		
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: <u>NA</u>	Filing fee \$ <u>25</u>
Rear: <u>30 FT</u>	Permit fee \$ _____
Side: <u>NA</u>	Excise tax \$ _____
Side St.: <u>NA</u>	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 checked="" type="checkbox"/>	Check # <u>13515</u>
Historic District?	Validation # <u>110432</u>
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	

Distribution of Copies - White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

FREDERICK ROAD (MD. ROUTE 144)  
66' RIGHT OF WAY



PROPERTY OF  
E. EMERSON PICKETT  
and wife  
LIBER 406, FOLIO 155

FORMERLY  
PROPERTY OF  
ALLEN J. COMPTON  
and wife  
LIBER 1138, FOLIO 423

TITLE REFERENCE  
DEED DATED, NOV. 24, 1967  
LIBER 479, FOLIO 362  
NORMAN D. MULLINIX  
TO  
WALTER J. COMPTON  
AND  
JANICE M. COMPTON  
his wife

LOT SURVEY  
16015 FREDERICK ROAD  
PROPERTY OF  
WALTER J. COMPTON  
AND  
JANICE M. COMPTON  
TOWN OF LISBON  
4TH ELECTION DISTRICT  
HOWARD COUNTY, M. D.

BEING:  
ALL OF FRONT LOT 21  
ALL OF BACK LOT 22  
WEST PART OF FRONT LOT 22  
WEST PART OF BACK LOT 22  
ON PLAT OF THE  
VILLAGE OF LISBON  
PLAT BOOK 03, PAGE 20

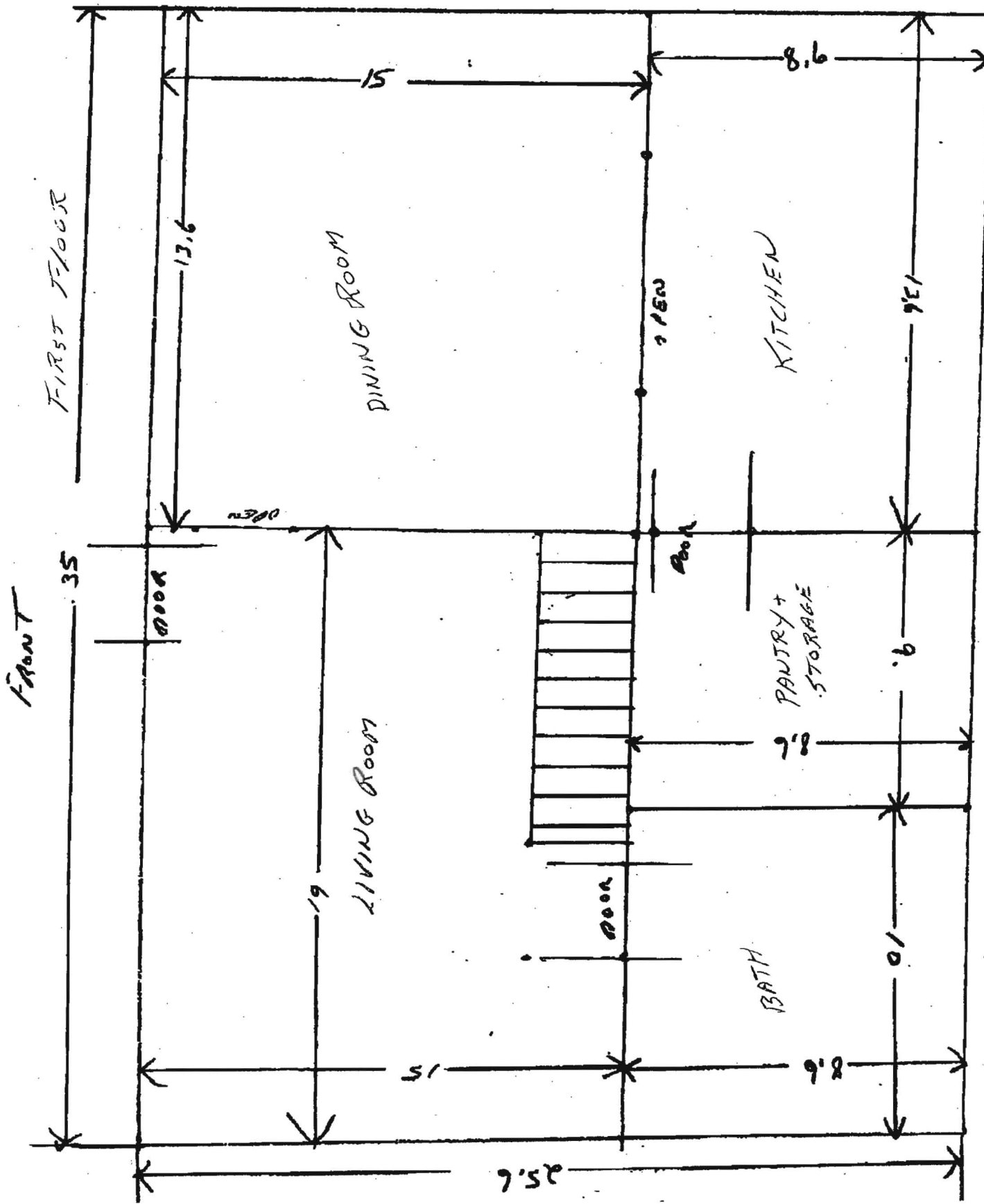
SCALE: 1" = 40'  
DRAWN: DECEMBER 31, 1998



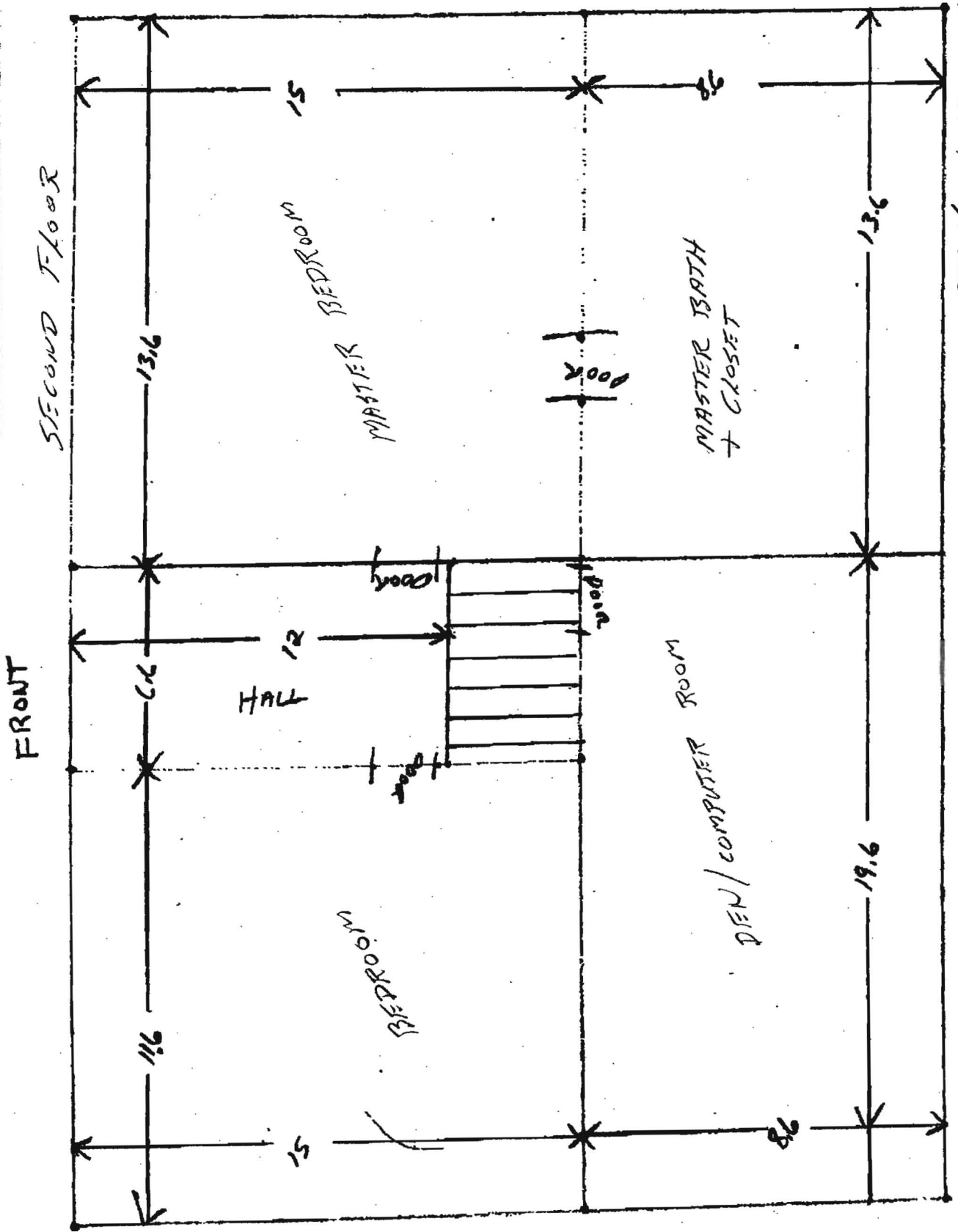
*William E. Doyle*

*Need to scale drawings w/ steps  
and floorplans  
5/17/06 SF  
OK for BP  
11/7/07. GAC*

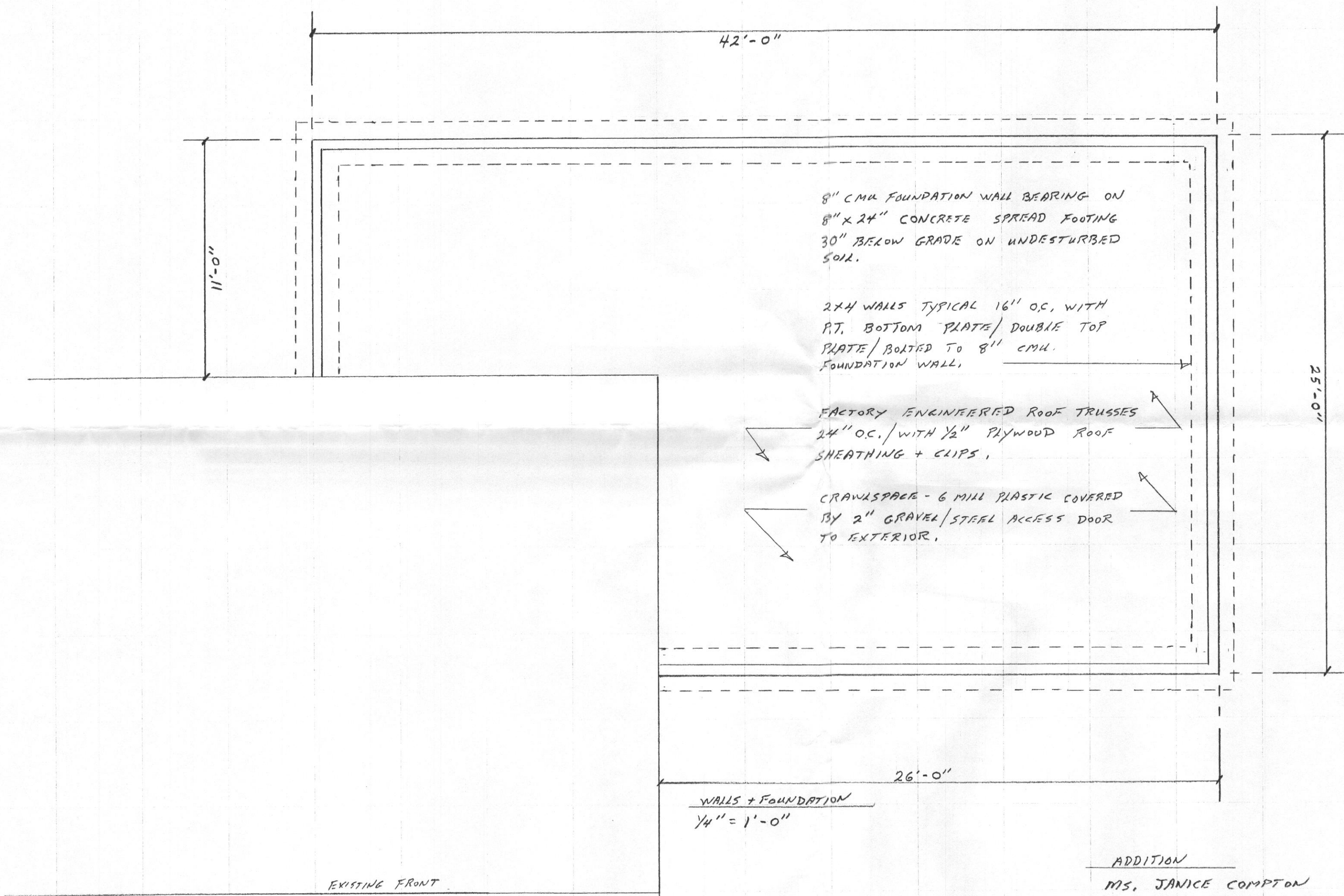
MS, JANICE COMPTON FILE NO. 522  
R/K VINYL REMODELING  
410-442-1888



COMPTON - 115 Box RD.  
 R/K VINYL REMOD.



COMPTON - LISBON, MD.  
R/K VINYL REMO'D



8" CMU FOUNDATION WALL BEARING ON  
8" X 24" CONCRETE SPREAD FOOTING  
30" BELOW GRADE ON UNDESTRUCTURED  
SOIL.

2x4 WALLS TYPICAL 16" O.C. WITH  
PT. BOTTOM PLATE/ DOUBLE TOP  
PLATE/ BOLTED TO 8" CMU.  
FOUNDATION WALL.

FACTORY ENGINEERED ROOF TRUSSES  
24" O.C. WITH 1/2" PLYWOOD ROOF  
SHEATHING + CLIPS.

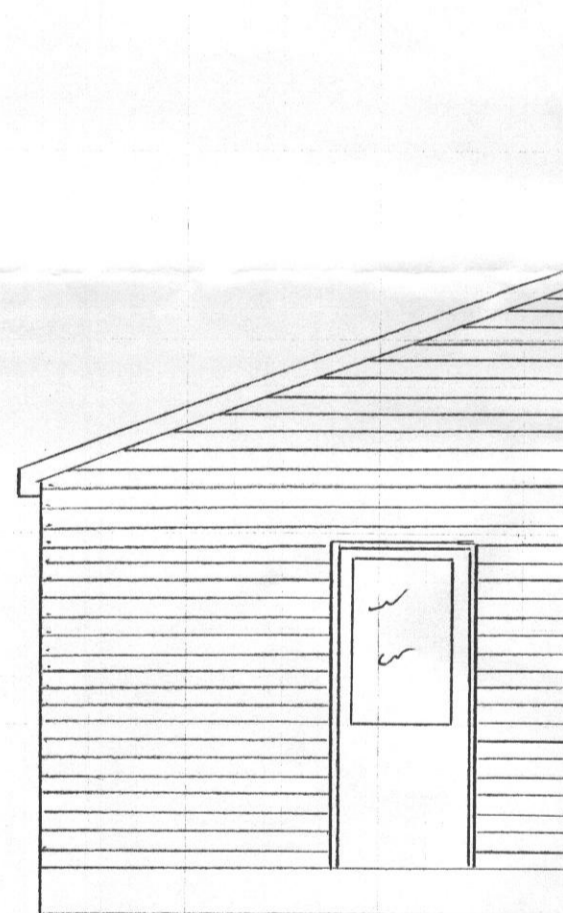
CRAWLSPACE - 6 MILL PLASTIC COVERED  
BY 2" GRAVEL/STEEL ACCESS DOOR  
TO EXTERIOR.

26'-0"

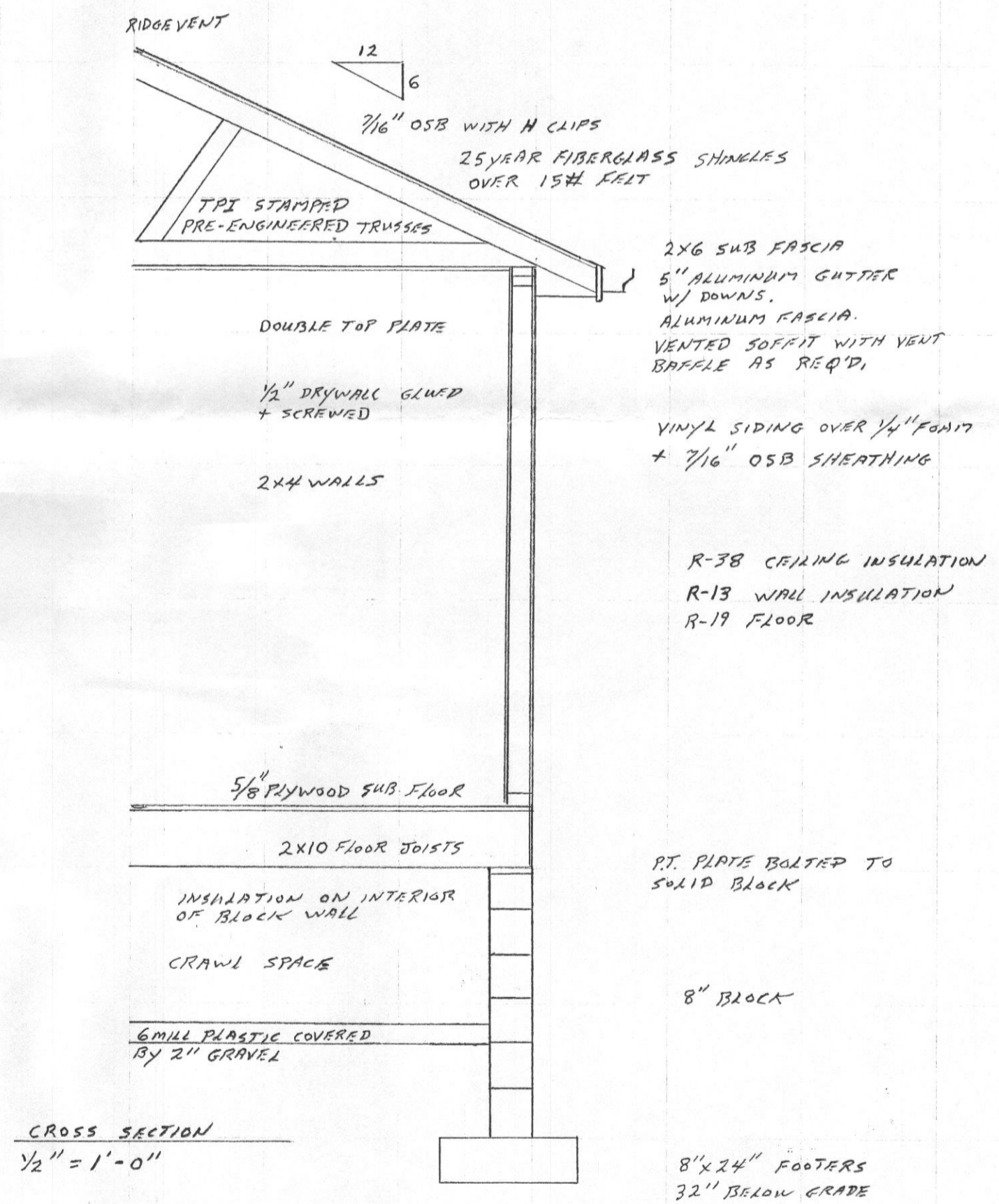
WALLS + FOUNDATION  
1/4" = 1'-0"

EXISTING FRONT

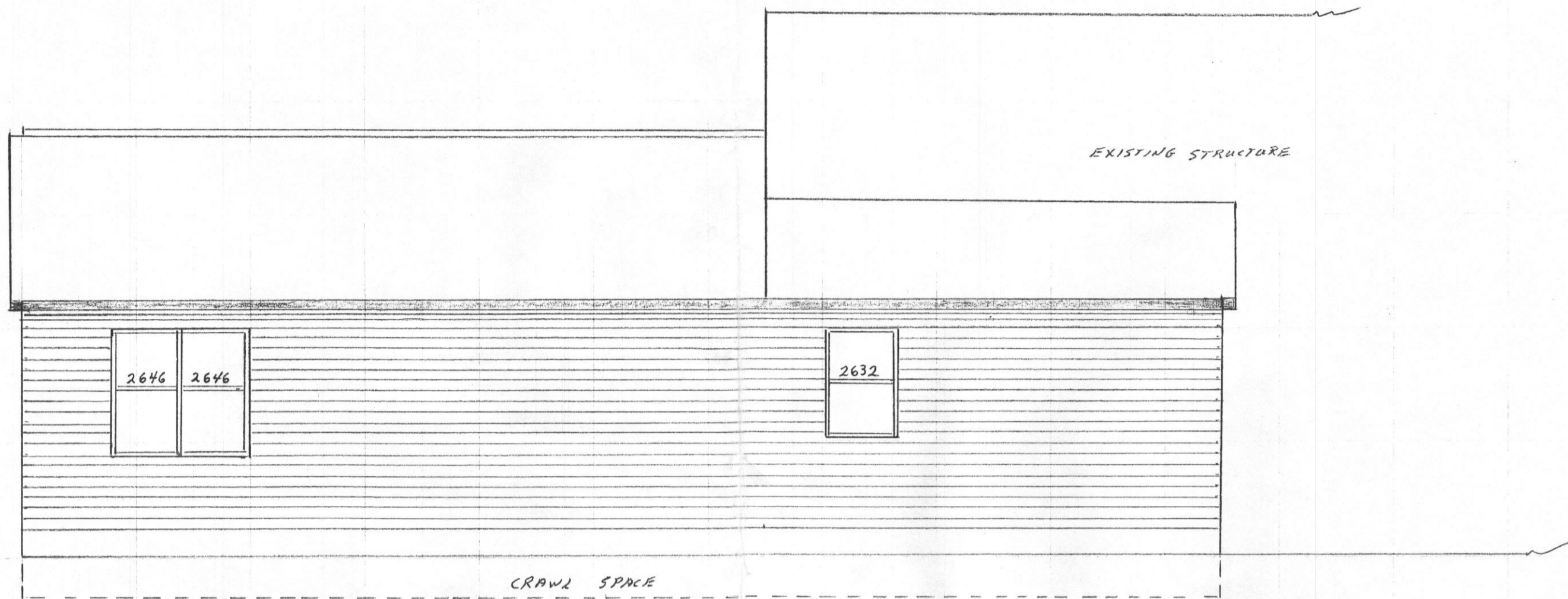
ADDITION  
MS. JANICE COMPTON  
16015 FREDERICK RD,  
LISBON, MD. 21765



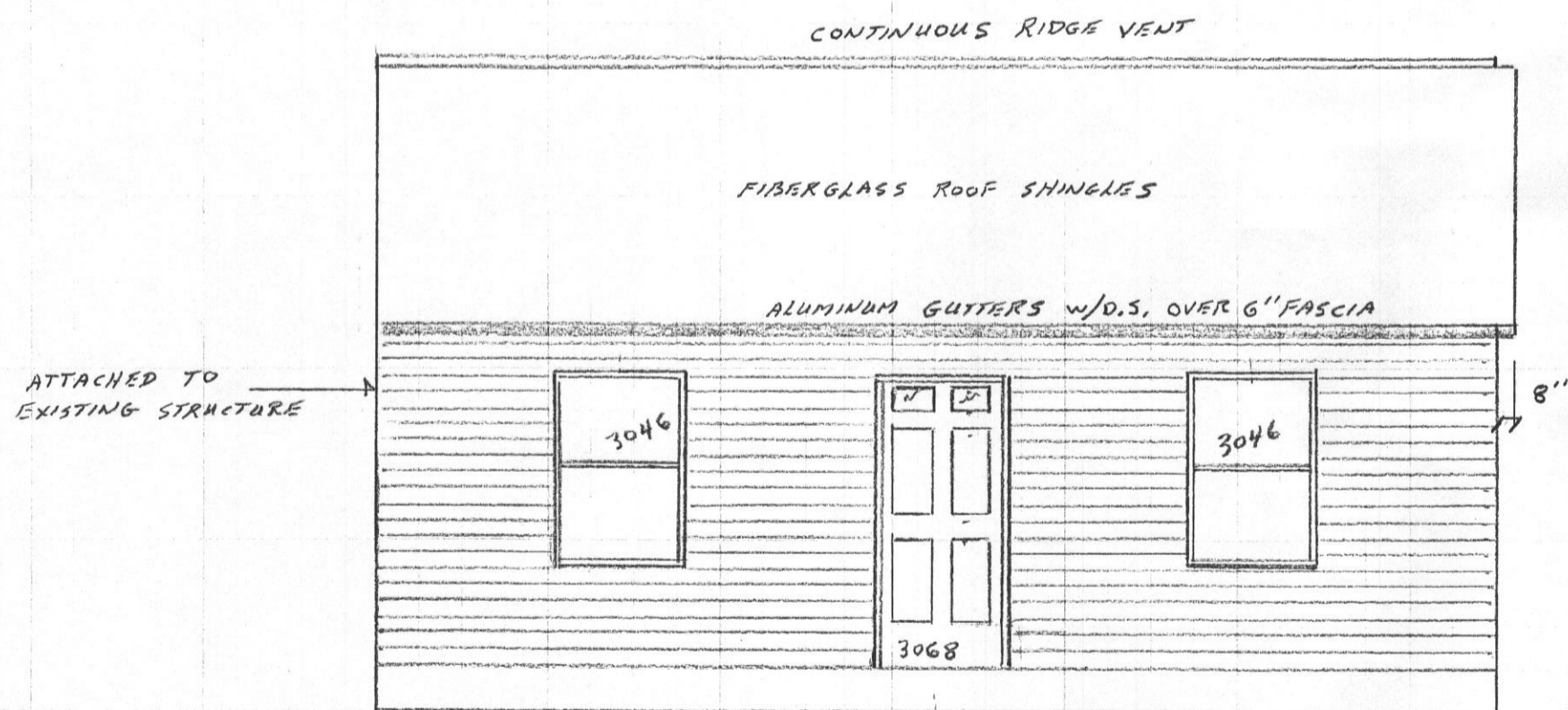
EAST ELEVATION  
 $\frac{1}{4}'' = 1'-0''$



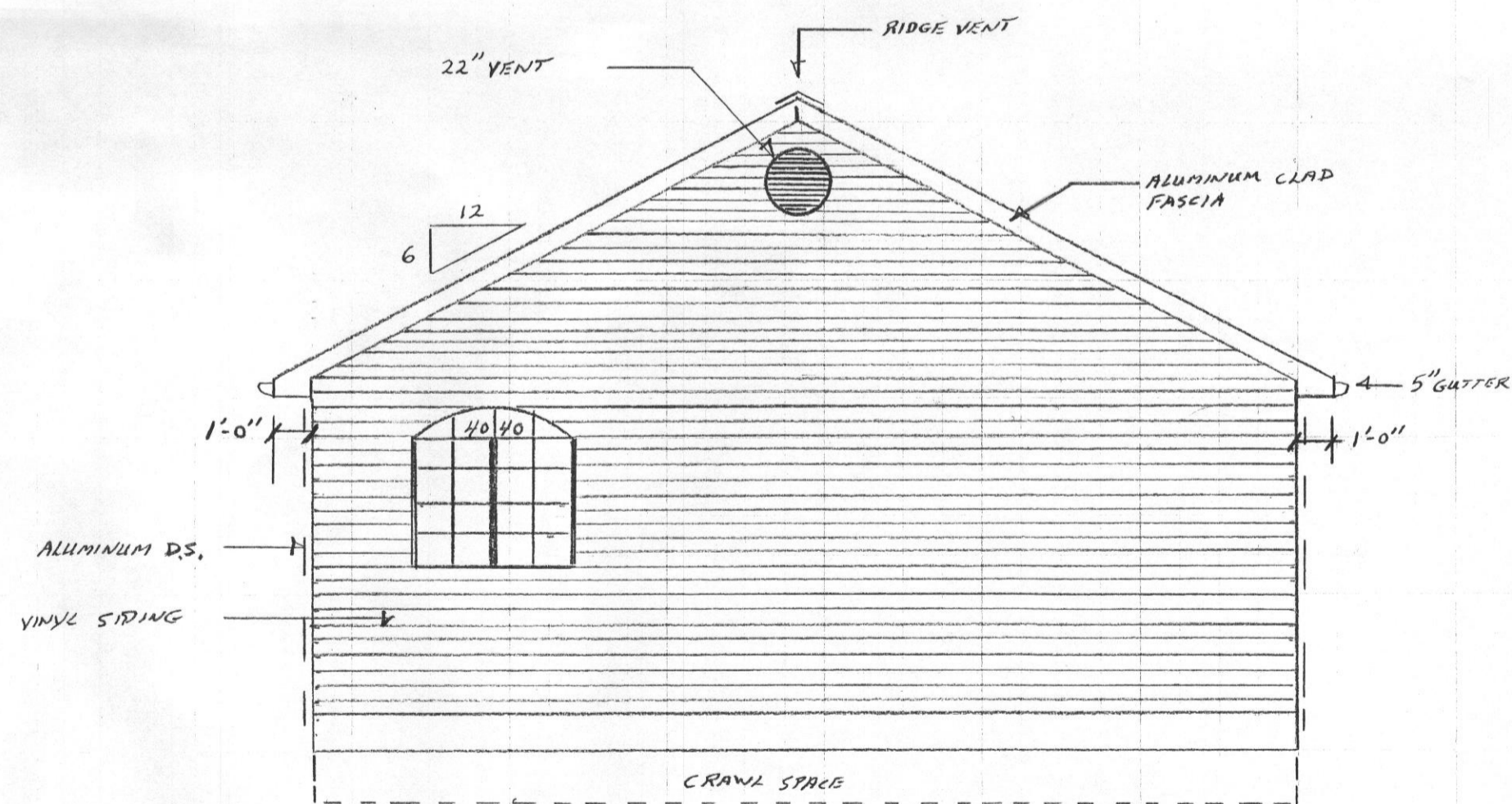
MS. JANICE COMPTON  
 16015 FREDERICK RD.  
 LISBON, MD. 21765



REAR ELEVATION  
 $\frac{1}{4}'' = 1'-0''$

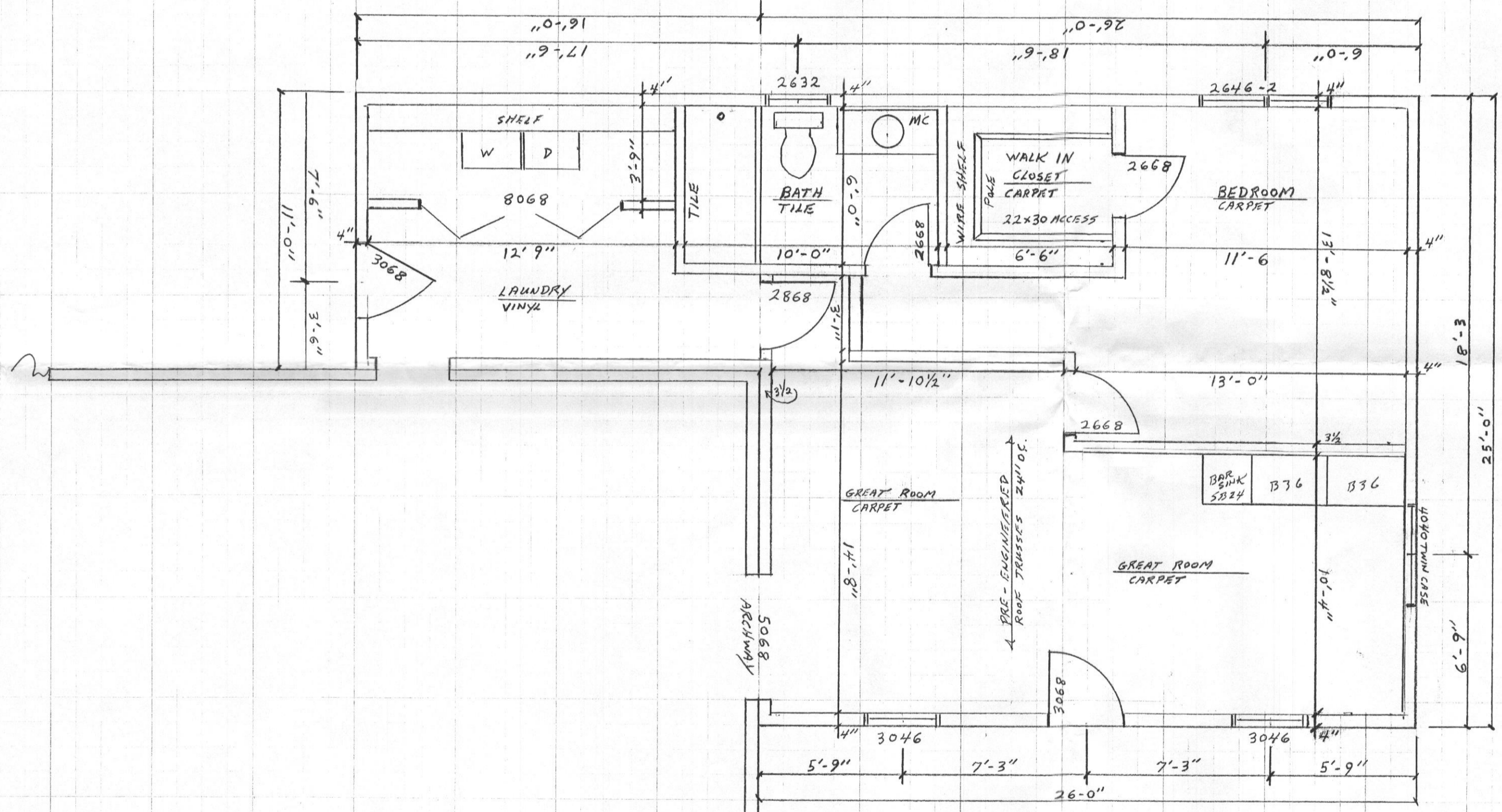


FRONT ELEVATION  
 $\frac{1}{4}'' = 1'-0''$



WEST ELEVATION  
 $\frac{1}{4}'' = 1'-0''$

MS. JANICE COMPTON  
 16015 FREDERICK RD.  
 LISBON, MD. 21765  
 R/K VINYL REMODELING CO., INC.  
 410-442-1888 MHIC 7925



FLOOR PLAN  
 1/4" = 1'-0"  
 ALL EXTERIOR DIMENSIONS TO STUDS / SHTG (4")  
 ALL DIMENSIONS TO ROUGH STUDS (3 1/2")  
 WINDOW + DOOR HEADER SCHEDULE  
 2-2x6 MAXIMUM SPAN 3'-0"  
 2-2x8 MAXIMUM SPAN 5'-0"

ADDITION  
 MS, JANICE COMPTON  
 16015 FREDERICK RD,  
 LISBON, MD. 21765

EXISTING FRONT