

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

207000926

Building Address 3641 POINT HITCH ROAD
GLENWOOD, MD 21738

Property Owner's Name JOSEPH + SANDY BOYD
Address 6 SUMMERFIELD ROAD

Suite/Apt. #: _____ SDP/W/P/Petition #: COUNTRYSIDE

City WOODLAWN State MD Zip Code 21207

Census Tract 611 Subdivision COUNTRYSIDE

Home Phone 410-265-6962 Work Phone _____

Section _____ Area _____ Lot 15

Applicant's Name & Mailing Address, (if other than stated hereon):
943 102 2 2 2

Tax Map _____ Parcel 63 Grid _____

Phone _____ Fax _____

Zoning R Map Coordinates 21 Lot size 3.25 AC

Contractor Company SAME (OWNER)

Existing Use _____

Contact Person _____

Proposed Use SFD

Address _____

Estimated Construction Cost \$ 220,000

City _____ State _____ Zip Code _____

Description of Work 1 STORY, FULL BASEMENT

License No. _____

BACK FILL, FIRE PLACE FRAMING

Phone _____ Fax _____

PROF
ORIGINAL # E 71748

Occupant or Tenant SAME

Engineer or Architect Company SAME

Contact Name SAME

Contact Person _____

Address SAME

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone 410-265-6962 Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____
No. of stories: <u>ONE</u>	Public <input type="checkbox"/>
Gross area, sq. ft. per floor: _____	Private <input checked="" type="checkbox"/>
Use group: _____	Sewage Disposal: _____
Construction type: _____	Public <input type="checkbox"/>
Reinforced Concrete _____	Private <input checked="" type="checkbox"/>
Structural Steel _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Masonry <input checked="" type="checkbox"/>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Wood Frame <input checked="" type="checkbox"/>	Heating System: _____
State Certified Modular _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
	Natural Gas <input type="checkbox"/>
	Propane Gas <input type="checkbox"/>
	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
	Full _____
	Partial _____
	Other Suppression _____
	# of Heads _____

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: _____
Depth _____ Width _____	Public <input type="checkbox"/>
1st floor: _____	Private <input checked="" type="checkbox"/>
2nd floor: _____	Sewage Disposal: _____
Basement: _____	Public <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input checked="" type="checkbox"/>	Private <input checked="" type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
No. of Bedrooms <u>3</u>	Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Height: <u>10</u>	Heating System: _____
Multi-family dwellings: _____	Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/>
No. of efficiency units: _____	Natural Gas <input type="checkbox"/>
No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
No. of 2 BR units: _____	Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/>
No. of 3 BR units: _____	NFPA #13D _____
Other Structure: _____	NFPA #13R _____
Dimensions: _____	Other: _____
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.

Joseph Boyd
Applicant's Signature

JOSEPH BOYD
Print Name

Title/Company

MARCH 26, 2006
Date

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

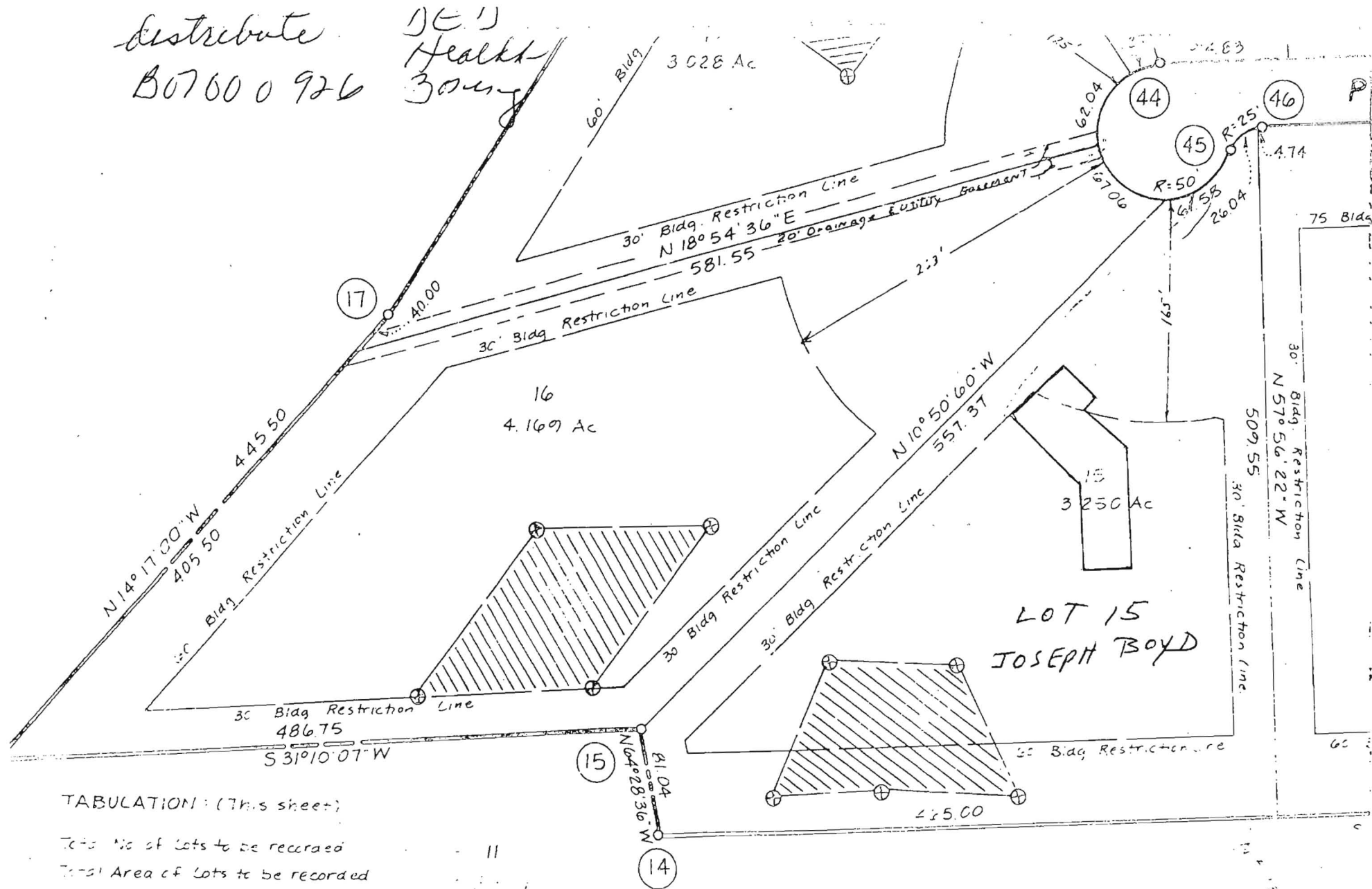
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE APPROVAL
Land Development, DPZ		
State Highways		
Building Official		
Dev. Engineering, DPZ		
Health	<u>6/24/08</u>	<u>R. Buckner</u>
Fire Protection		
Is Sediment Control approval required prior to issuance?		
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>		
ONE STOP SHOP: <input type="checkbox"/>		
Distribution of Copies: _____	White: Building Official	Green: LDD, DPZ
T:\Forms\PERMIT.FRM		

DPZ SETBACK INFORMATION	PROPERTY ID#:
Front: _____	Filing fee \$ <u>100.00</u>
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 # <u>1115</u>
Historic District?	Valkistion # _____
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Lot Coverage for NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

distribute
B07600926

DEED
Health
30m



TABULATION: (This sheet)

Total No of Lots to be recorded	11
Total Area of Lots to be recorded	31.127
Total Area of R.O.W. (incl road widening to be recorded)	1.227
Total Area of Subdivision to be recorded	32.354

OWNER'S DEDICATION

I, (We) Bernard M Rome and James Diem, of the County of Howard, State of Maryland, do hereby dedicate, for the use and consideration of the approval of this party, the County of Howard, State of Maryland, to establish the minimum Building Restriction Lines and grant to the County of Howard, Md. its successors and assigns (1) the right to lay, construct and maintain sewers, drains, water pipes and other municipal utilities and services.

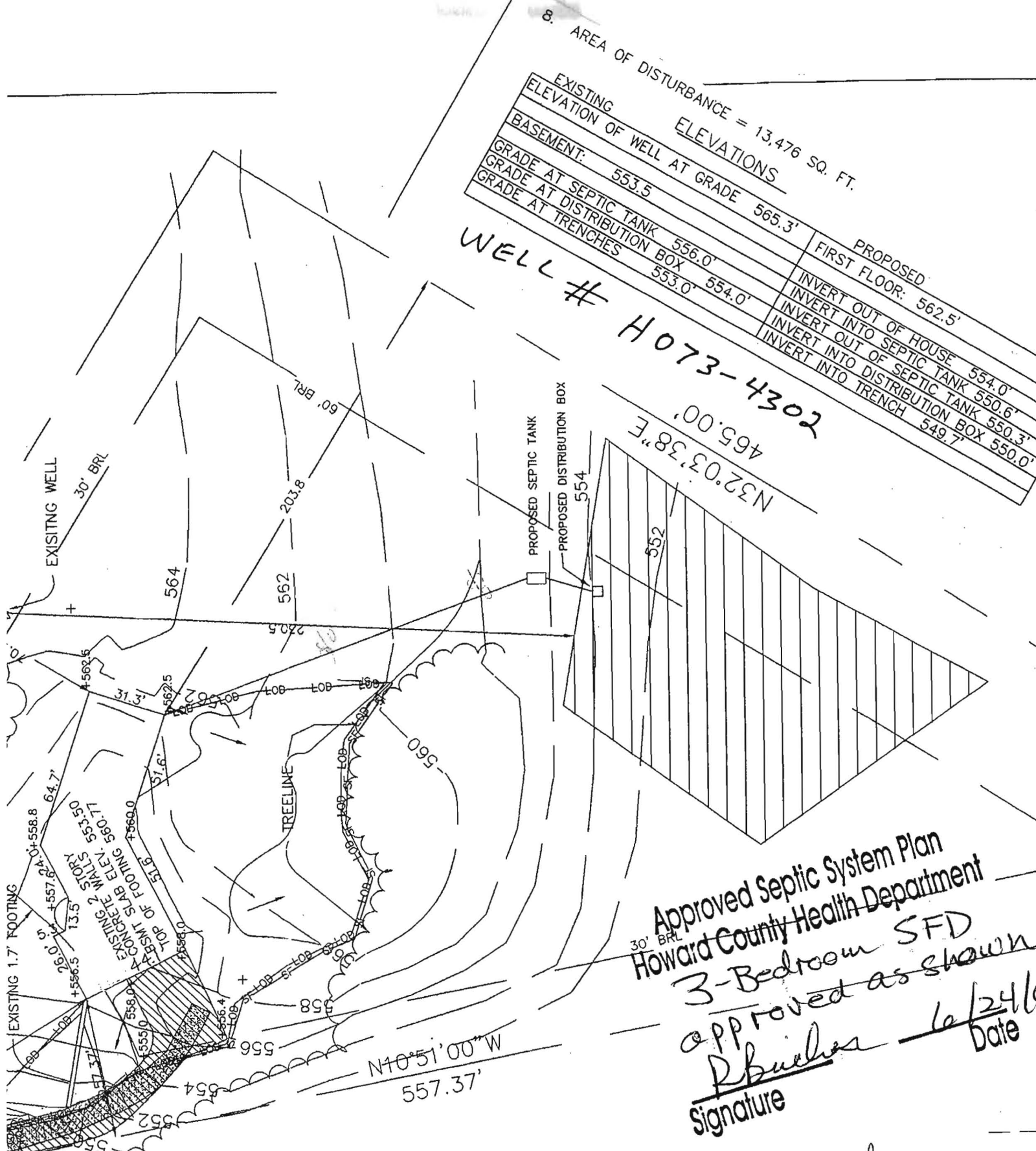
APPROVED: For Private Water and Private Sewerage Service, Howard County Health Department.
 Bernard M. Rome, James Diem
 12-22-80

8. AREA OF DISTURBANCE = 13,476 SQ. FT.

EXISTING ELEVATIONS		PROPOSED ELEVATIONS	
BASEMENT:	553.5	GRADE AT SEPTIC TANK	556.0'
GRADE AT SEPTIC TANK	556.0'	GRADE AT DISTRIBUTION BOX	553.0'
GRADE AT DISTRIBUTION BOX	553.0'	GRADE AT TRENCHES	549.7'
GRADE AT TRENCHES	549.7'	FIRST FLOOR:	562.5'
		INVERT OUT OF HOUSE	554.0'
		INVERT INTO SEPTIC TANK	550.6'
		INVERT OUT OF SEPTIC TANK	550.3'
		INVERT INTO DISTRIBUTION BOX	550.0'
		INVERT INTO TRENCH	549.7'

WELL # H073-4302

465.00'
N32°03'38"E



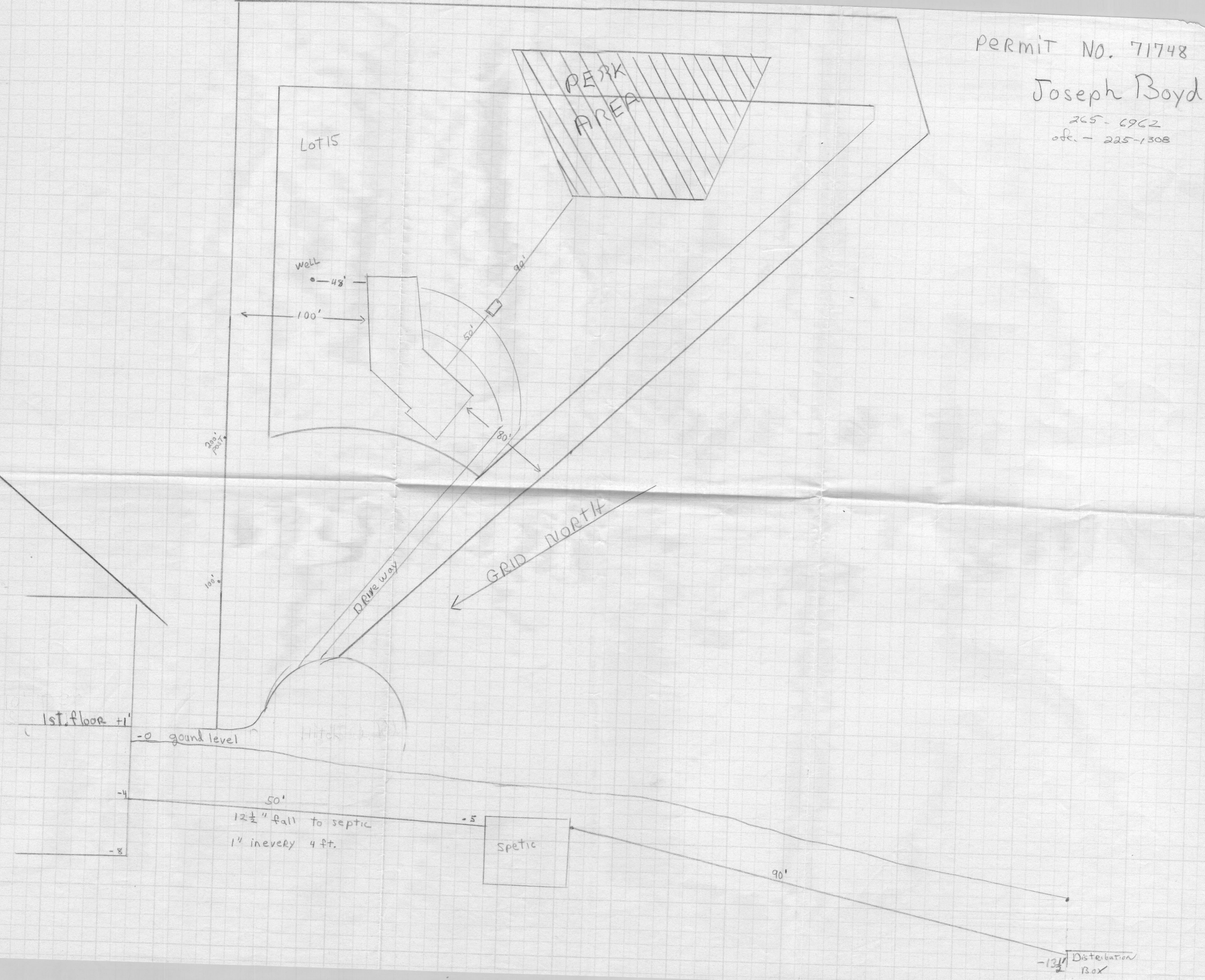
Approved Septic System Plan
 Howard County Health Department
 3-Bedroom SFD
 approved as shown
 R. Bucher
 Signature
 6/24/6
 Date



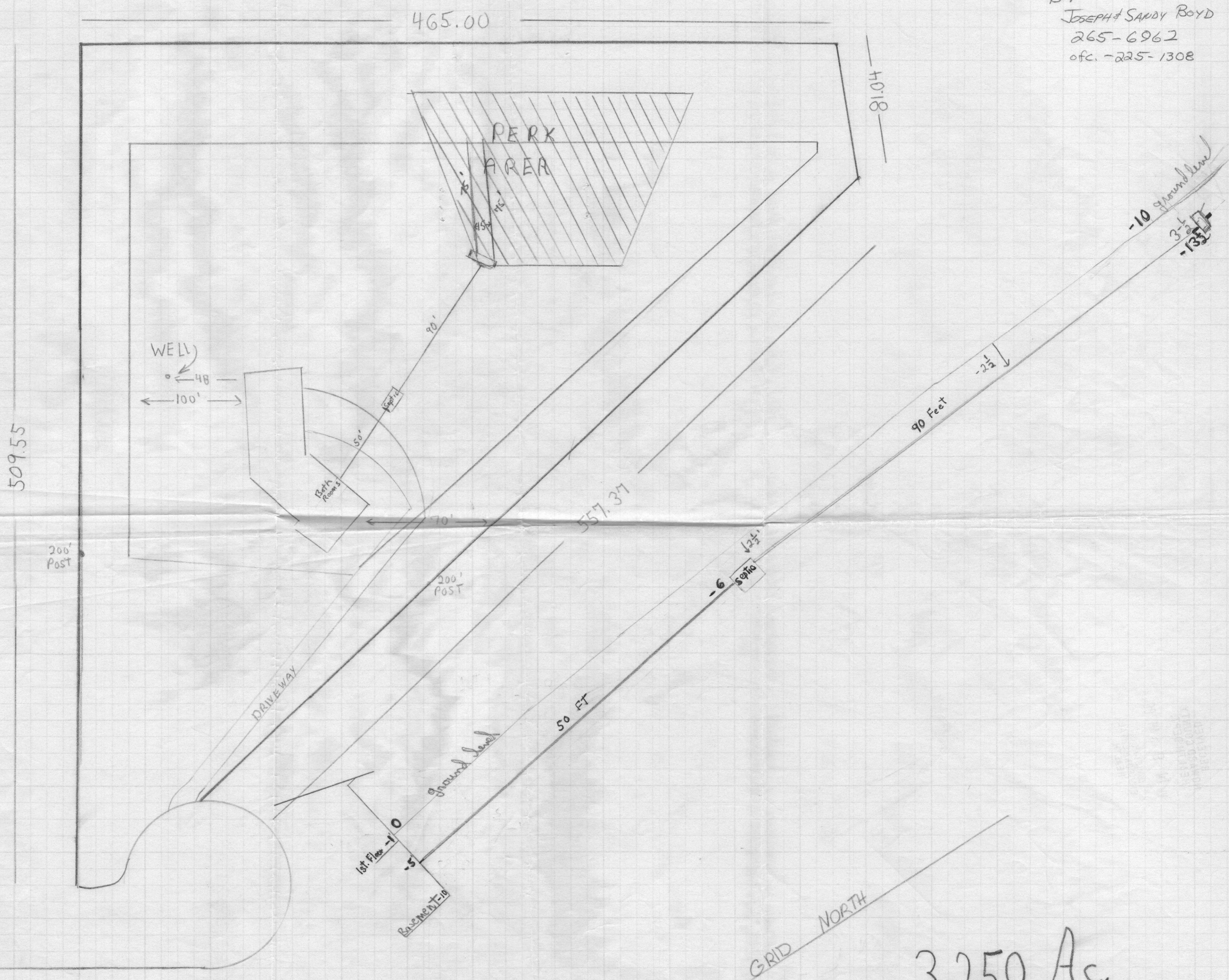
PERMIT NO. 71748

Joseph Boyd

265-6962
off. - 225-1308



BP #71748
JOSEPH & SANDY BOYD
265-6962
ofc. -225-1308



1 Ft. Per Square

3.250 Ac.