

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	HOWARD COUNTY PERMIT APPLICATION	B08000211 PERMIT NUMBER
Building Address <u>14100 Big Branch Drive</u> <u>Dayton, MD 21036</u>	Property Owner's Name <u>Craig Ostrom</u> Address <u>14100 Big Branch Drive</u> City <u>Dayton</u> State <u>MD</u> Zip Code <u>21036</u> Phone <u>3017852023</u>	
Suite/Apt. #: _____ SDP/WP/Petition #: _____ Census Tract <u>605106</u> Subdivision <u>Big Branch Overlook</u> Section _____ Area _____ Lot <u>30</u> Tax Map <u>27</u> Parcel <u>141</u> Grid <u>6</u> Zoning <u>RC-DEOM</u> Map Coordinates _____ Lot Size <u>1.18A</u>	Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ _____ Phone _____ Fax _____	
Existing Use _____ Proposed Use _____ Estimated Construction Cost \$ _____ Description of Work <u>Open deck attached to poured concrete foundation</u> Occupant or Tenant <u>Craig Ostrom</u> Contact Name <u>Craig Ostrom</u> Address <u>14100 Big Branch Dr.</u> City <u>Dayton</u> State <u>MD</u> Zip Code <u>21036</u> Phone <u>3017852023</u> Fax <u>4435358533</u>	Contractor Company _____ Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ 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: <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	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
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ 1 st floor: _____ 2 nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____ Other Structure: <u>Deck</u> Dimensions: <u>50 x 12</u> Footings: <u>32" depth</u> Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	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"/> 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.

[Signature]
 Applicant's Signature
Homeowner
 Title/Company

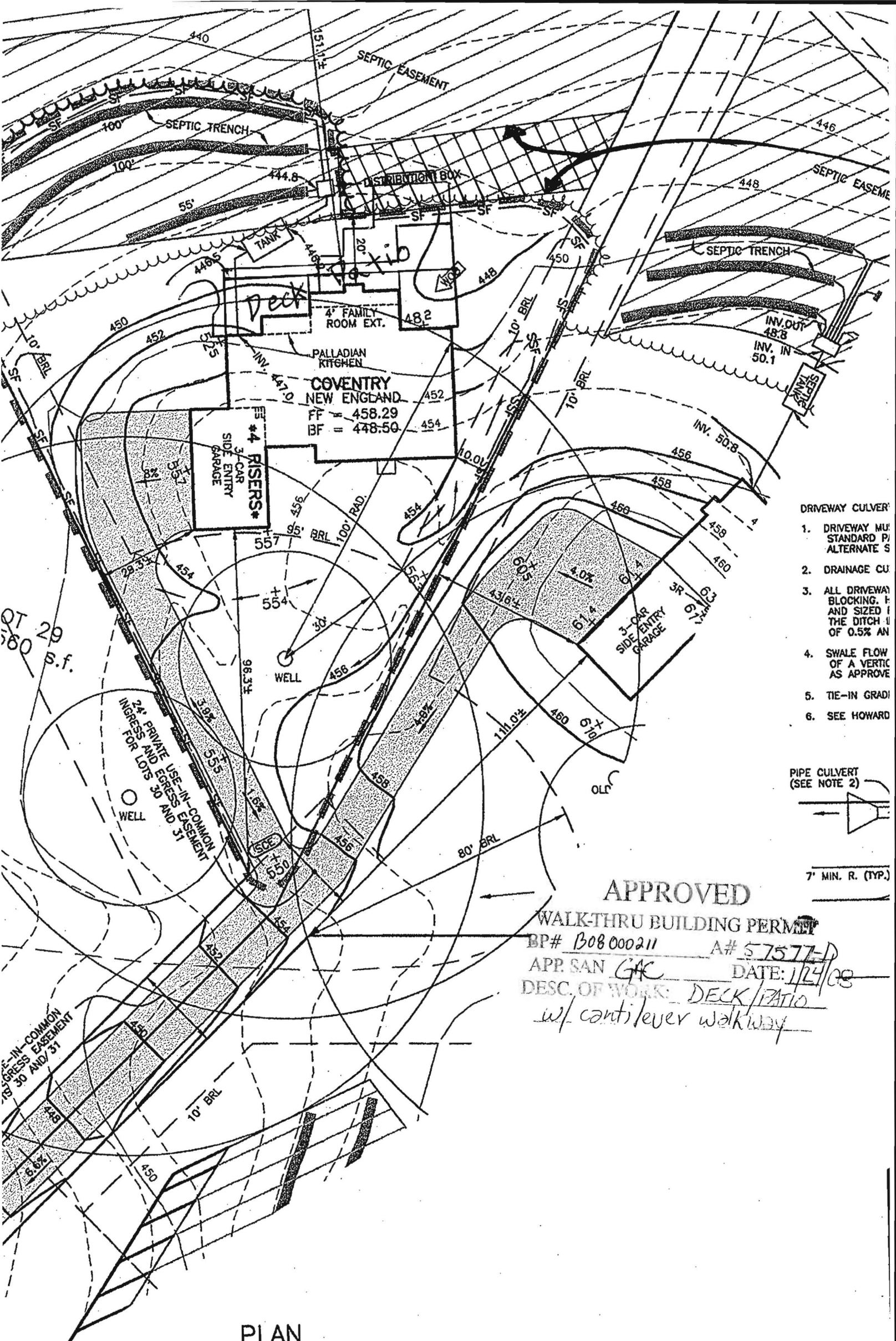
Craig Ostrom
 Print Name

 Date

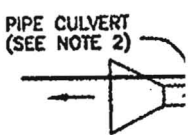
Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
****PLEASE WRITE NEATLY AND LEGIBLY.****
- FOR OFFICE USE ONLY -

AGENCY	DATE	SIGNATURE	APPROVAL
Land Development, DPZ			
State Highways			
Building Officials			
Dev. Engineering, DPZ			
Health	<u>1/21/2009</u>	<u>[Signature]</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 Officials Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA T:\forms\buildingpermitapplication			

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 _____



- DRIVEWAY CULVERT
1. DRIVEWAY MU: STANDARD P/ ALTERNATE S
 2. DRAINAGE CU
 3. ALL DRIVEWAY BLOCKING, F AND SIZED I THE DITCH I OF 0.5% AN
 4. SWALE FLOW OF A VERTIC AS APPROVE
 5. TIE-IN GRADI
 6. SEE HOWARD



7' MIN. R. (TYP.)

APPROVED

WALK-THRU BUILDING PERMIT
 BP# B08000211 A# 57577-D
 APP SAN GAC DATE: 1/24/08
 DESC. OF WORK: DECK/PATIO
 w/ cantilever walkway

PLAN

SCALE: 1" = 30'