

KN

Signed 5/10/04 Kaeu Norman

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

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B-147428

Building Address 10870 BRAEBURN RD
COLLIERIA MD 21044

Property Owner's Name MURRAY PEGGY VICKERS

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

Address 10870 BRAEBURN RD

City COLLIERIA State MD Zip Code 21044

Census Tract 6056-1 Subdivision Braeburn

Home Phone 410461116 Work Phone 3016889959

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

Section 1 Area Lot 17

Tax Map 35 Parcel 228 Grid 19

3pm 410-531-2629

Zoning Map Coordinates 15B Lot size 2.20 Acres

Phone Fax

Existing Use SINGLE FAMILY

Contractor Company GARDNER CONSTRUCTION

Proposed Use SINGLE FAMILY

Contact Person JILL GARDNER

Estimated Construction Cost \$ 20,000

Address 10304 FULL QUARTER RD

Description of Work ONE STORY KITCHEN

City ELLICOTT CITY State MD Zip Code 21042

ADDITION WITH FULL BASEMENT

License No. 40907 Phone 410 531 6413 Fax 443 505 7669

Occupant or Tenant

Engineer or Architect Company ARTHUR IONICA

Contact Name

Contact Person WILSON

Address

Address 1308 SOUTH BAYLOR ST

City State Zip Code

City BLUMERSBURG State MD Zip Code 21017

Phone Fax

Phone 410 505 4151 Fax 410 505 4151

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics

Utilities

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

SF Dwelling SF Townhouse
Depth Width
1st floor:
2nd floor:
Basement:
Finished Basement Unfinished Basement
Crawl space Slab on Grade
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:
Dimensions:
Footings:
Roof:
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 ON TO THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature
Title/Company

Print Name
Date

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

BPON HOLD SITE INSP FOR 4/16/04 KN

Health

DEPT. OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 313-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B10001395
Building Address <u>10870 Braeburn Rd</u> <u>Columbia, MD 21044</u>	Property Owner's Name <u>Murray Vickers</u> Address <u>10870 Braeburn Rd</u> City <u>Columbia</u> State <u>MD</u> Zip Code <u>21044</u> Home Phone _____ Work Phone _____ Applicant's Name & Mailing Address, (if other than stated herein): _____ _____ _____	
Suite/Apt. #: _____ SDP/WP/Petition #: _____	Phone _____ Fax _____	
Census Tract _____ Subdivision <u>Braeburn</u>	Contractor Company <u>Home over to complete</u> Contact Person _____ Address _____ City _____ State _____ Zip Code _____ License No. _____ Phone _____ Fax _____	
Section _____ Area _____ Lot <u>17</u>	Engineer or Architect Company _____	
Tax Map <u>35</u> Parcel <u>228</u> Grid <u>17</u>	Contact Person _____ Address _____ City _____ State _____ Zip Code _____ Phone _____ Fax _____	
Zoning _____ Map Coordinates _____ Lot Size _____		
Existing Use <u>SFO</u>		
Proposed Use <u>same as application</u>		
Estimated Construction Cost <u>\$25,000</u>		
Description of Work <u>20'11" x 40' shape addition</u>		
Occupant or Tenant _____		
Contact Name <u>Barbara Schaeffer</u>		
Address <u>7905 Solley Rd</u>		
City <u>Clerburne</u> State <u>MD</u> Zip Code <u>21060</u>		
Phone <u>410 7830433</u> Fax _____		

BUILDING DESCRIPTION - COMMERCIAL		BUILDING DESCRIPTION - RESIDENTIAL	
Building Characteristics	Utilities	Building Characteristics	Utilities
Height: _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private	1 st floor: _____	1 st floor: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public
Gross area, sq. ft. per floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2 nd floor: _____	2 nd floor: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement: _____	Basement: <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public
Construction type: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlspace <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Reinforced Concrete _____	Natural Gas <input type="checkbox"/>	No. of Bedrooms _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Structural Steel _____	Propane Gas <input type="checkbox"/>	Multi-family dwellings: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Masonry _____	Sprinkler system: N/A <input type="checkbox"/>	No. of efficiency units: _____	Natural Gas <input type="checkbox"/>
Wood Frame _____	Full _____	No. of 1 BR units: _____	Propane Gas <input type="checkbox"/>
State Certified Modular _____	Partial _____	No. of 2 BR units: _____	Sprinkler system: N/A <input type="checkbox"/>
	Other Suppression _____	No. of 3 BR units: _____	Other Structure: _____
	# of Heads _____	Other Structure: _____	Dimensions: _____
		Footings: _____	Roof: _____
		State Certified Modular _____	State Certified Modular _____
		Manufactured Home _____	Manufactured Home _____

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Applicant's Signature: Barbara Schaeffer Print Name: Barbara Schaeffer
 Email Address: allaboutpermits@hotmail.com
 Title/Company: All About Permits Date: 5/24/10

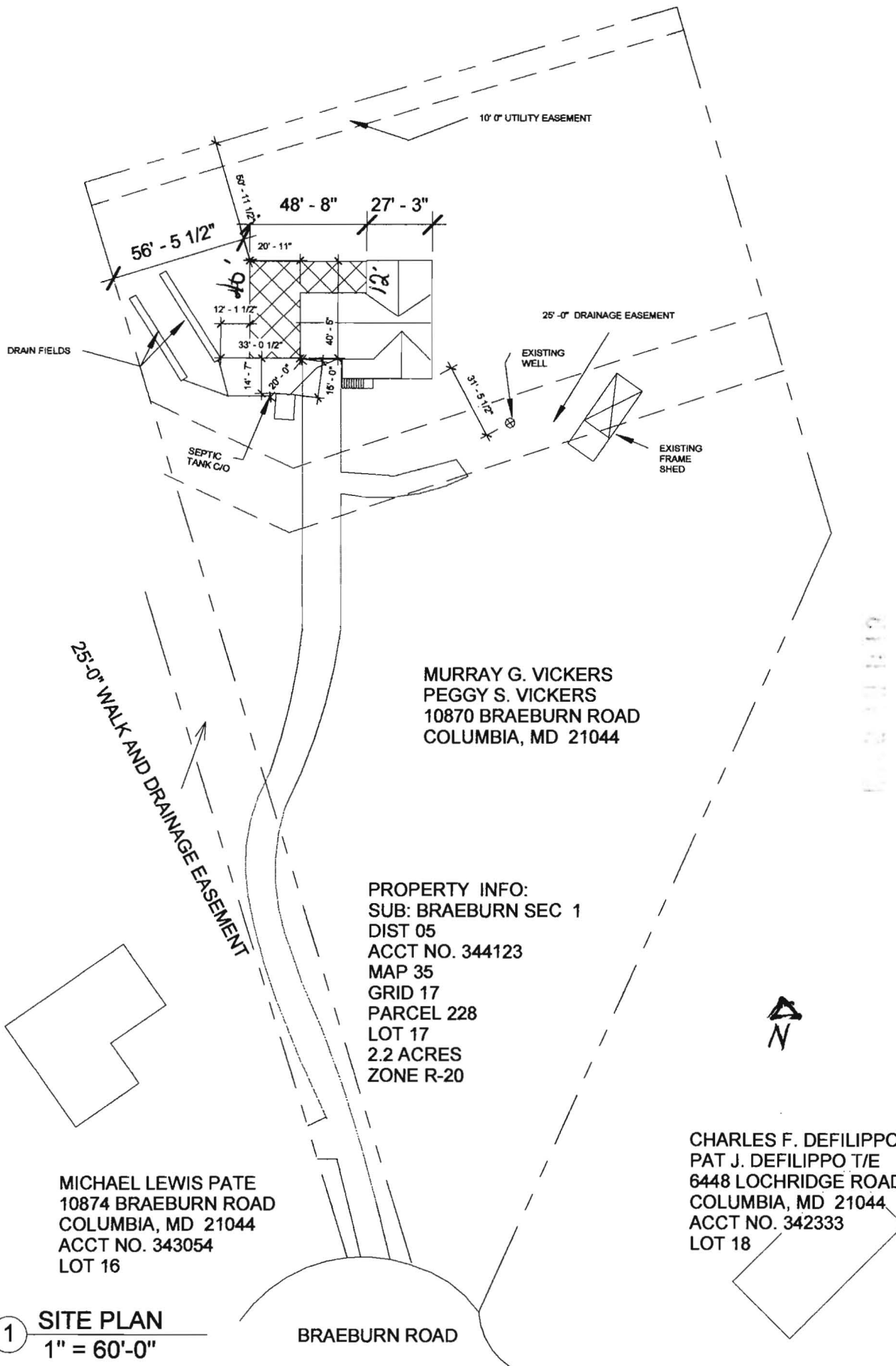
RECEIVED

MAY 24 2010

LICENSES & PERMITS DIVISION

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

AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	Filing fee	PROPERTY ID #
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	\$ <u>25.00</u>	
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____	
<input checked="" type="checkbox"/> Building Officials			Side: _____	Excise tax \$ _____	
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per fee \$ _____	
<input checked="" type="checkbox"/> Health		<u>Mari Set</u>	All minimum setbacks met?	TOTAL FEES \$ _____	
<input type="checkbox"/> Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____	
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>			Is Entrance Permit Required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____	
			Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Check # <u>2825</u>	
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>			Lot Coverage for New Town Zone _____	Validation # _____	
ONE STOP SHOP: <input type="checkbox"/>			SDP/Red-line approval date _____	Accepted by <u>[Signature]</u>	



MURRAY G. VICKERS
 PEGGY S. VICKERS
 10870 BRAEBURN ROAD
 COLUMBIA, MD 21044

PROPERTY INFO:
 SUB: BRAEBURN SEC 1
 DIST 05
 ACCT NO. 344123
 MAP 35
 GRID 17
 PARCEL 228
 LOT 17
 2.2 ACRES
 ZONE R-20



MICHAEL LEWIS PATE
 10874 BRAEBURN ROAD
 COLUMBIA, MD 21044
 ACCT NO. 343054
 LOT 16

CHARLES F. DEFILIPPO JR
 PAT J. DEFILIPPO T/E
 6448 LOCHRIDGE ROAD
 COLUMBIA, MD 21044
 ACCT NO. 342333
 LOT 18

1 SITE PLAN
 1" = 60'-0"

BRAEBURN ROAD