



Howard County Maryland
 Department of Inspections, Licenses and Permits
 3430 Court House Drive
 Permits: 410-313-2455
 www.howardcountymd.gov

Date Received: _____
 Permit No.: _____

Building Address: 3520 Countryside DR
 City: Glenwood State: MD Zip Code: 21738
 Suite/Apt. #: _____ SDP/WP/BA #: _____
 Census Tract: _____ Subdivision: _____
 Section: _____ Area: _____ Lot: 25
 Tax Map: 0021 Parcel: 0048 Grid: 0010
 Zoning: _____ Map Coordinates: _____ Lot Size: 3.19 A

Existing Use: _____
 Proposed Use: _____
 Estimated Construction Cost: \$ 20000.-
 Description of Work: Deck off Rear of Home with steps 12x33'

Occupant or Tenant: _____
 Was tenant space previously occupied? Yes No
 Contact Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Commercial Building Characteristics	Residential Building Characteristics	
Height: _____	<input checked="" type="checkbox"/> SF Dwelling <input type="checkbox"/> SF Townhouse	
No. of stories: _____	Depth	Width
Gross area, sq. ft./floor: _____	1 st floor: <u>28</u>	<u>67</u>
Area of construction (sq. ft.): _____	2 nd floor: <u>28</u>	<u>56</u>
Use group: _____	Basement:	
Construction type:	<input checked="" type="checkbox"/> Finished Basement	
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Unfinished Basement	
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Crawl Space	
<input type="checkbox"/> Masonry	<input type="checkbox"/> Slab on Grade	
<input type="checkbox"/> Wood Frame	No. of Bedrooms: _____	
<input type="checkbox"/> State Certified Modular	Multi-family Dwelling	
<input type="checkbox"/> Roadside Tree Project Permit	No. of efficiency units: _____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	No. of 1 BR units: _____	
Roadside Tree Project Permit # _____	No. of 2 BR units: _____	
	No. of 3 BR units: _____	
	Other Structure: _____	
	Dimensions: _____	
	Footings: _____	
	Roof: _____	
	<input type="checkbox"/> State Certified Modular	
	<input type="checkbox"/> Manufactured Home	

Property Owner's Name: Thomas Schaeberle
 Address: 3520 Countryside DR
 City: Glenwood State: MD Zip Code: 21738
 Phone: 443-802-9070 Fax: _____
 Email: _____

Applicant's Name & Mailing Address, (if other than stated herein)
 Applicant's Name: Rick Matney
 Address: PO Box 1018
 City: MD State: MD Zip Code: 21771
 Phone: 410-635-2500 Fax: 410-635-2964
 Email: Rick@MatneyConstruction.com

Contractor Company: Matney Construction Services
 Contact Person: Rick Matney
 Address: PO Box 1018
 City: MD State: MD Zip Code: 21771
 License No.: 89780
 Phone: 410-635-2500 Fax: 410-635-2964
 Email: Rick@MatneyConstructionServices.com

Engineer/Architect Company: _____
 Responsible Design Prof.: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

Utilities
<u>Water Supply</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
<u>Sewage Disposal</u>
<input type="checkbox"/> Public
<input checked="" type="checkbox"/> Private
Electric: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Gas: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<u>Heating System</u>
<input type="checkbox"/> Electric <input type="checkbox"/> Oil
<input type="checkbox"/> Natural Gas <input checked="" type="checkbox"/> Propane Gas
<input type="checkbox"/> Other: _____
<u>Sprinkler System:</u>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<u>Grading Permit Number:</u>
<u>Building Shell Permit Number:</u>

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: Rick Matney Print Name: Rick Matney
 Email Address: Rick@matneyconstruction.com Date: 10/15/15
 Title/Company: President, Matney Construction Services

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

AGENCY	DATE	SIGNATURE OF APPROVAL
State Highways		
Building Officials		
PSZA (Zoning)		
PSZA (Engineering)		
Health	<u>10/15</u>	<u>R. Bricker</u>

Is Sediment Control approval required for issuance? Yes No
 CONTINGENCY CONSTRUCTION START

DPZ SETBACK INFORMATION
Front: _____
Rear: _____
Side: _____
Side St: _____
All minimum setbacks met? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is Entrance Permit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Historic District? <input type="checkbox"/> Yes <input type="checkbox"/> No
Lot Coverage for New Town Zone: _____
SDP/Red-line approval date: _____

Filing Fee	\$
Permit Fee	\$
Tech Fee	\$
Excise Tax	\$
PSFS	\$
Guaranty Fund	\$
Add'l per Fee	\$
Total Fees	\$
Sub- Total Paid	\$
Balance Due	\$
Check	#

Distribution of Copies: White: Building Officials Green: PSZA,Zoning Yellow: PSZA,Engineering Pink: Health Gold: SHA

T:\Operations\Updated Forms\Building applmp 8.2012.docx

Mo-Ling Gustafson Services

P O Box 1018

MT AIRY hwy 21771

410-635-2500

PH: 89780

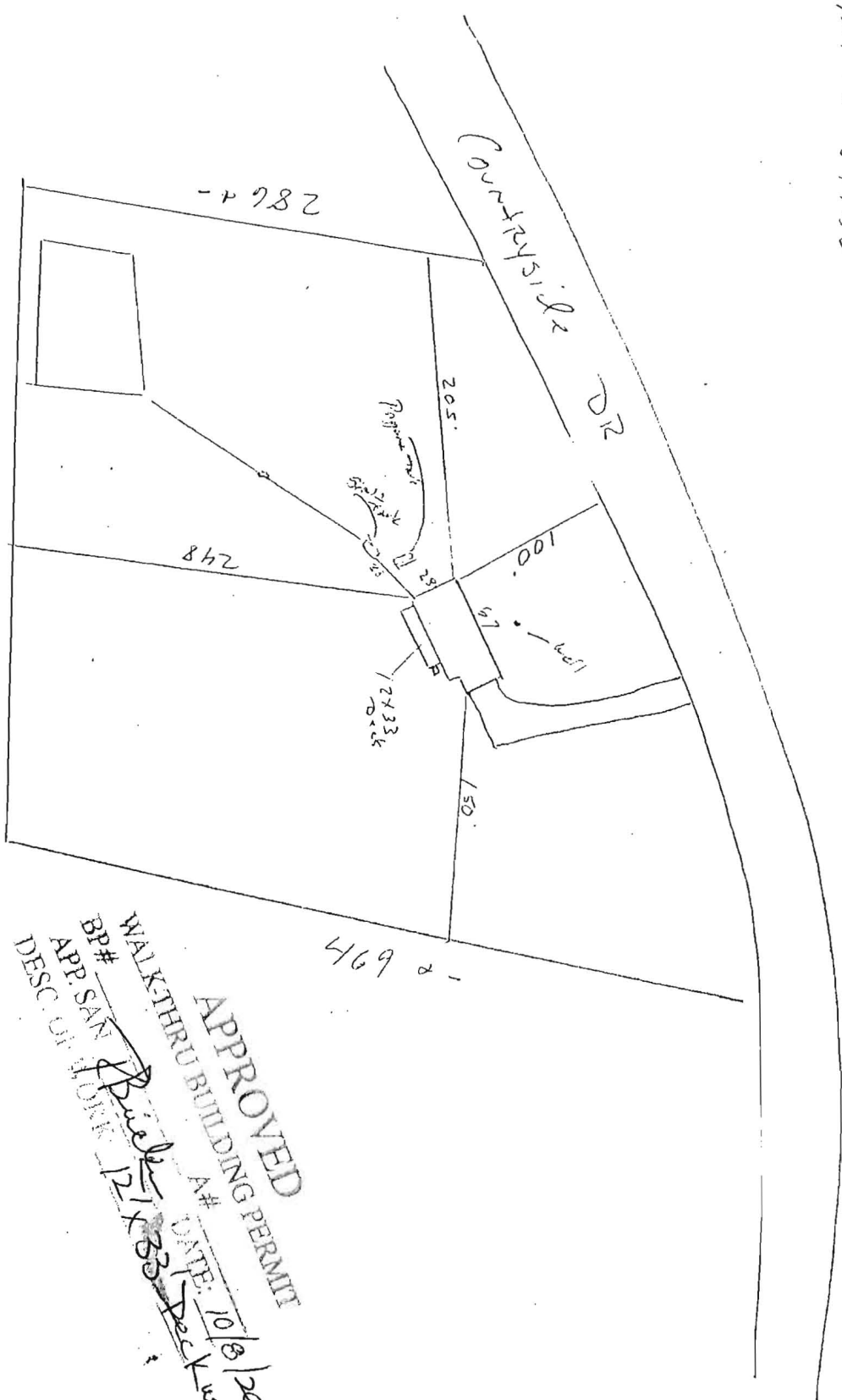
Residents of:

Schachale

3520 Countryside DR

Clarendon, mt 21738

413-802-9070



Scale
~~1/4" = 25'~~
 1" = 100'

APPROVED
 WALK-THRU BUILDING PERMIT
 A#
 DATE: 10/8/2015
 APP. SAN *P. Buehl*
 DESC. OF WORK: *Deck w/Steps*