

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

B08001516

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| Building Address <u>6717 COASTINA DR.</u> <u>HIGHLAND</u> | Property Owner's Name <u>WILLIAM TAYLOR</u> |
| Suite/Apt. #: _____ SDP/WP/Petition #: _____ | Address <u>6717 COASTINA DR.</u> |
| Census Tract _____ Subdivision <u>GREEN HALL</u> | City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> |
| Section <u>3</u> Area _____ Lot <u>10</u> | Phone <u>301-954-2256</u> Phone <u>301-325-770</u> |
| Tax Map _____ Parcel _____ Grid _____ | Applicant's Name & Mailing Address, (if other than stated hereon): |
| Zoning _____ Map Coordinates _____ Lot size _____ | Phone _____ Fax _____ |

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|--|--|
| Existing Use <u>VACANT</u> | Contractor Company _____ |
| Proposed Use <u>RES. GARAGE</u> | Contact Person <u>WILLIAM TAYLOR</u> |
| Estimated Construction Cost \$ <u>15,000.00</u> | Address <u>6717 COASTINA DR.</u> |
| Description of Work <u>CONSTRUCT 2 BR GARAGE</u> | City <u>HIGHLAND</u> State <u>MD</u> Zip Code <u>20777</u> |
| | License No. _____ Phone _____ Fax _____ |

| | |
|---------------------------------------|---------------------------------------|
| Occupant or Tenant _____ | Engineer or Architect Company _____ |
| Contact Name _____ | Contact Person _____ |
| Address _____ | Address _____ |
| City _____ State _____ Zip Code _____ | City _____ State _____ Zip Code _____ |
| Phone _____ Fax _____ | Phone _____ Fax _____ |

| BUILDING DESCRIPTION - <u>COMMERCIAL</u> | | BUILDING DESCRIPTION - <u>RESIDENTIAL</u> | |
|--|---|--|---|
| Building Characteristics | Utilities | Building Characteristics | Utilities |
| Height: _____ | Water Supply: _____ Public _____ Private _____ | SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____ | Water Supply: _____ Public _____ Private <input checked="" type="checkbox"/> |
| No. of stories: _____ | Sewage Disposal: _____ Public _____ Private _____ | 1st floor: _____ | Sewage Disposal: _____ Public _____ Private <input checked="" type="checkbox"/> |
| Gross area, sq. ft. per floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> | 2nd floor: _____ | Electric Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Use group: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> | Basement: _____ | Gas Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Construction type: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> | Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> | Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> |
| State Certified Modular _____ | Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____ | No. of Bedrooms _____ | Sprinkler system: N/A <input type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____ |
| | | Height: _____ | |
| | | 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>Garage</u> | |
| | | Dimensions: <u>25.24</u> | |
| | | Footings: _____ | |
| | | Roof Height: <u>10' 1"</u> | |
| | | State Certified Modular _____ | |
| | | Manufactured Home _____ | |

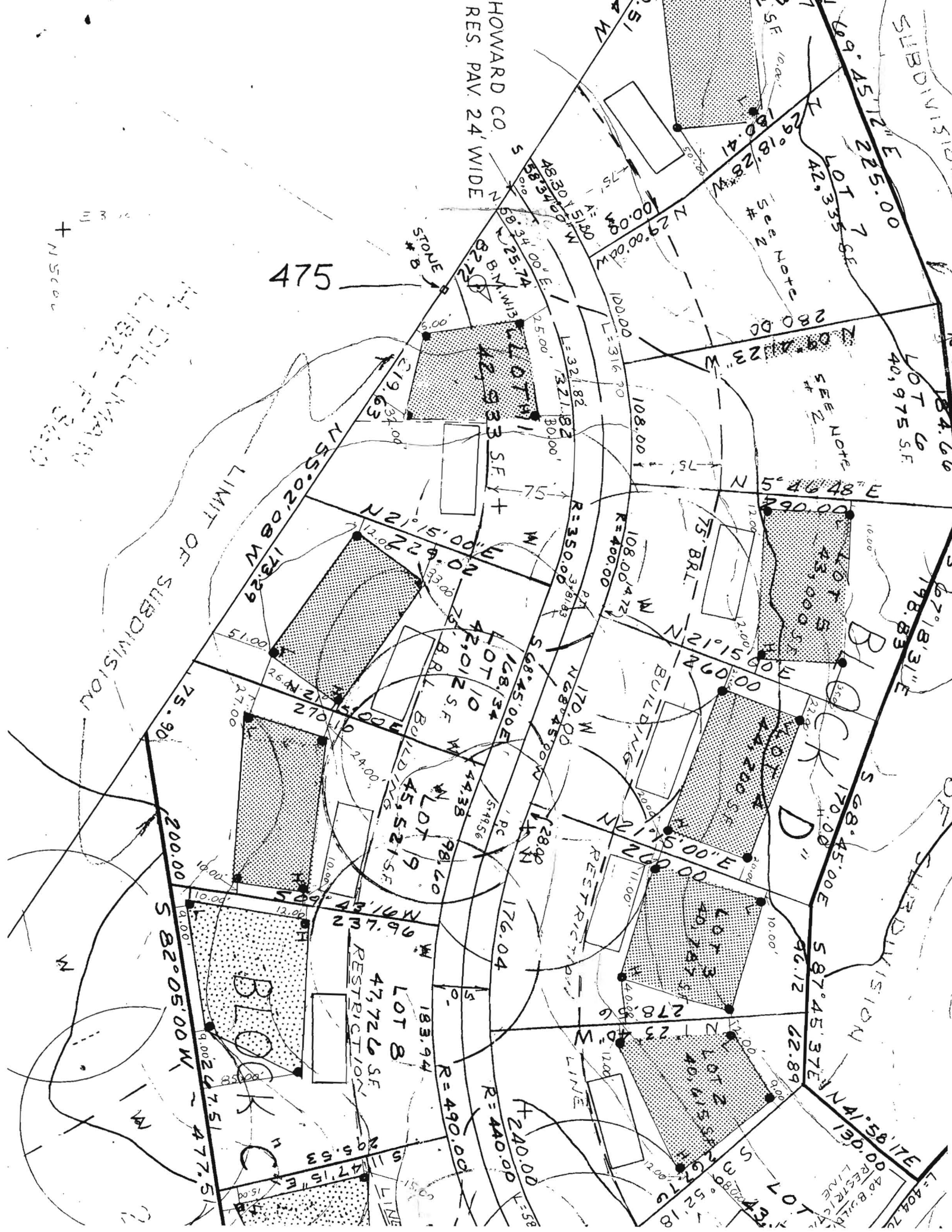
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED 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 William Taylor Print Name WILLIAM TAYLOR

Title/Company _____ Date 5/1/08

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

| AGENCY | DATE | SIGNATURE APPROVAL | DPZ SETBACK INFORMATION | PROPERTY ID#: |
|--|---------------|----------------------|--|----------------------------|
| Land Development, DPZ | | | Front: _____ | Filing fee \$ <u>25.00</u> |
| State Highways | | | Rear: _____ | Permit fee \$ _____ |
| Building Official | | | Side: _____ | Excise tax \$ _____ |
| Dev. Engineering, DPZ | | | Side St.: _____ | Add'l per. fee \$ _____ |
| Health | <u>6/5/08</u> | <u>John G. Scott</u> | All minimum setbacks met? | TOTAL FEES \$ _____ |
| Fire Protection | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Sub-total paid \$ _____ |
| Is Sediment Control approval required prior to issuance? | | | Is Entrance Permit required? | Balance due \$ _____ |
| YES <input type="checkbox"/> NO <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | Check # <u>0001</u> |
| CONTINGENCY CONSTRUCTION START: <input type="checkbox"/> | | | Historic District? | Validation # _____ |
| ONE-STOP SHOP: <input type="checkbox"/> | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| Distribution of Copies- White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA | | | Lot Coverage for New Town Zone _____ | Accepted by _____ |
| T:\forms\PERMIT.FRM | | | SDP/Red-line approval date _____ | |



HOWARD CO.
RES. PAV. 24' WIDE

475

LIMIT OF SUBDIVISION

Block D

SUBDIVISION

SUBDIVISION

SUBDIVISION

LOT 6
40,975 S.F.

LOT 7
5,423 S.F.

LOT 5
43,000 S.F.

LOT 4
44,200 S.F.

LOT 3
40,745 S.F.

LOT 2
40,415 S.F.

LOT 1
43,726 S.F.

LOT 8
47,726 S.F.
RESTRICTION

LOT 9
45,521 S.F.

LOT 10
42,012 S.F.

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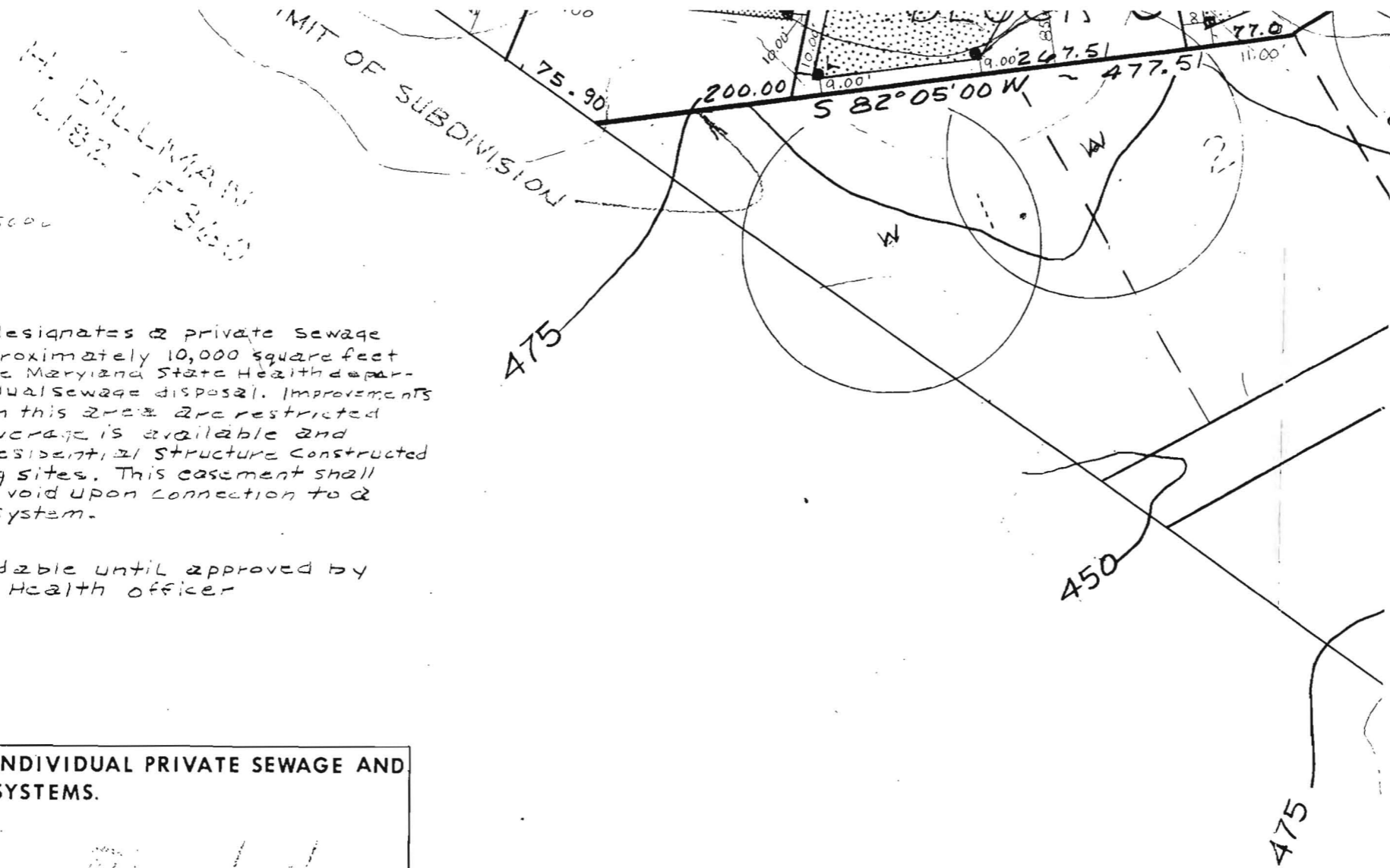
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NOTES:

1- This area designates a private sewage easement of approximately 10,000 square feet required by the Maryland State Health Department for individual sewage disposal. Improvements of any nature in this area are restricted until public sewerage is available and servicing any residential structure constructed at these building sites. This easement shall become null and void upon connection to a public sewage system.

2- This area is non buildable until approved by the Howard County Health Officer

APPROVED: FOR INDIVIDUAL PRIVATE SEWAGE AND PRIVATE WATER SYSTEMS.

[Signature] *1/24/24*

HOWARD COUNTY HEALTH OFFICER DATE

SIGNED

O.K. R. M. [unclear] 2/13/24

PRELIMINARY PLAN SECTION "3"

OFFICIAL RECORD