

A 19010 P 19506

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS
 2ND COURT HOUSE DRIVE
 BELLEVILLE CITY, MD 21033
 PERMITS (410) 313-2400 INSPECTIONS (410) 313-1610
 AUTOMATED INFORMATION (410) 313-3800

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
 B000149323

Building Address 13290 ROUTE 108
HIGHLAND MD 20777

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

Census Tract 605102 Subdivision _____

Section _____ Area _____ Lot _____

Tax Map 40 Parcel 264 Grid 5

Zoning RR1XD Map Coordinates 14C10 Lot size 1.48

Property Owner's Name GLENN TRACY PRICE
 Address 13290 ROUTE 108
 City HIGHLAND State MD Zip Code 20777
 Home Phone 210-417-5310 Work Phone 210-616-7196
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SINGLE FAMILY HOME
 Proposed Use SMALL W DECK
 Estimated Construction Cost \$ 2,000.00
 Description of Work 580 SF DECK W STAIRS
to GARAGE

Contractor Company COSSANTINO REMODELING
 Contact Person WAYNE COSSANTINO
 Address 12107 MANASSER TRAIL
 City MANNINGVILLE State MD Zip Code 21104
 License No. 16114
 Phone 410-442-0000 Fax 410-442-5761

Occupant or Tenant GLENN TRACY PRICE
 Contact Name SMC
 Address 13290 ROUTE 108
 City HIGHLAND State MD Zip Code 20777
 Phone 210-417-5310 Fax 210-616-7196

Engineer or Architect Company _____
 Contact Person N/A
 Address _____
 City _____ State _____ Zip Code _____
 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: _____ 2nd floor: _____ Basement: _____	Sewage Disposal: Public _____ Private <input checked="" type="checkbox"/>
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____	Electric Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Use group: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>	Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Heating System: Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Construction type: Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____	Sprinkler system: N/A <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____	Other Structure: <u>DECK</u> Dimensions: <u>3' x 5' DECK</u> Footings: <u>POST & PIER</u> Roof: _____	Sprinkler system: N/A <input checked="" type="checkbox"/> NFPA #13D _____ NFPA #13R _____ Other: _____
State Certified Modular _____		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 John J. Cossentino Print Name John J. Cossentino
V. PRAS Date 7/8/2004

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

AGENCY <input checked="" type="checkbox"/> Land Development, DPZ	DATE <u>7/8/04</u>	SIGNATURE APPROVAL <u>[Signature]</u>	DPZ SETBACK INFORMATION Front: <u>5</u> Rear: <u>50</u> Side: <u>10</u> Side St.: _____	PROPERTY ID#: <u>62805</u>
State Highways			All minimum setbacks met? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	Filing fee \$ _____
Building Official <u>[Signature]</u>	<u>7/8/04</u>	<u>[Signature]</u>	Is Entrance Permit required? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Permit fee \$ <u>50</u>
Dev. Engineering, DPZ			Historic District? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Excise tax \$ _____
Health <u>7/8/04</u> <u>[Signature]</u>			Lot Coverage for New Town Zone <u>NA</u>	Add'l per. fee \$ _____
Fire Protection			SDP/Red-line approval date <u>NA</u>	TOTAL FEES \$ <u>55</u>
Is Sediment Control approval required prior to issuance? YES <input type="checkbox"/> NO <input type="checkbox"/>				Sub-total paid \$ _____
CONTINGENCY CONSTRUCTION START: <input type="checkbox"/>				Balance due \$ _____
ONE STOP SHOP: <input type="checkbox"/>				Check # <u>3099</u>
				Validation # <u>13426</u>
				Accepted by <u>[Signature]</u>

HOWARD COUNTY
 PERMIT APPLICATION

PERMIT NUMBER

Building Address 13290 Route 108
Highland MD 20777
 Suite/Apt #: _____ SDP/WP/Petition #: _____
 Census Tract _____ Subdivision _____
 Section _____ Area _____ Lot _____
 Tax Map 40 Parcel 264 Grid 5
 Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name Same as to left
 Address _____
 City _____ State _____ Zip Code _____
 Home Phone _____ Work Phone _____
 Applicant's Name & Mailing Address, (if other than stated hereon): _____
 Phone _____ Fax _____

Existing Use SF House
 Proposed Use _____
 Estimated Construction Cost \$ 4000 Dollars
 Description of Work
Modify existing load bearing wall.

Contractor Company Helpful Home Improvement
 Contact Person Patrick Coburn
 Address 1309 Ashburton Dr.
 City Millersville State MD Zip Code 21108
 License No. 122175
 Phone 410-991-9358 Fax _____

Occupant or Tenant Glenn Price
 Contact Name _____
 Address 13290 Route 108
 City Highland State MD Zip Code 20777
 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: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/> <input type="checkbox"/> Natural Gas <input type="checkbox"/> <input type="checkbox"/> Propane Gas <input type="checkbox"/>
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	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/> # of Heads

Building Characteristics	Utilities
SF Dwelling <input checked="" type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth <u>22</u> Width <u>12</u> 1st floor: _____ 2nd floor: _____ Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawlf space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms: _____ 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: _____ Dimensions: _____ Footings: _____ Roof Height: _____ <input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	Water Supply: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Sewage Disposal: <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/> Heating System: Electric <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: <u>N/A</u> <input checked="" type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:

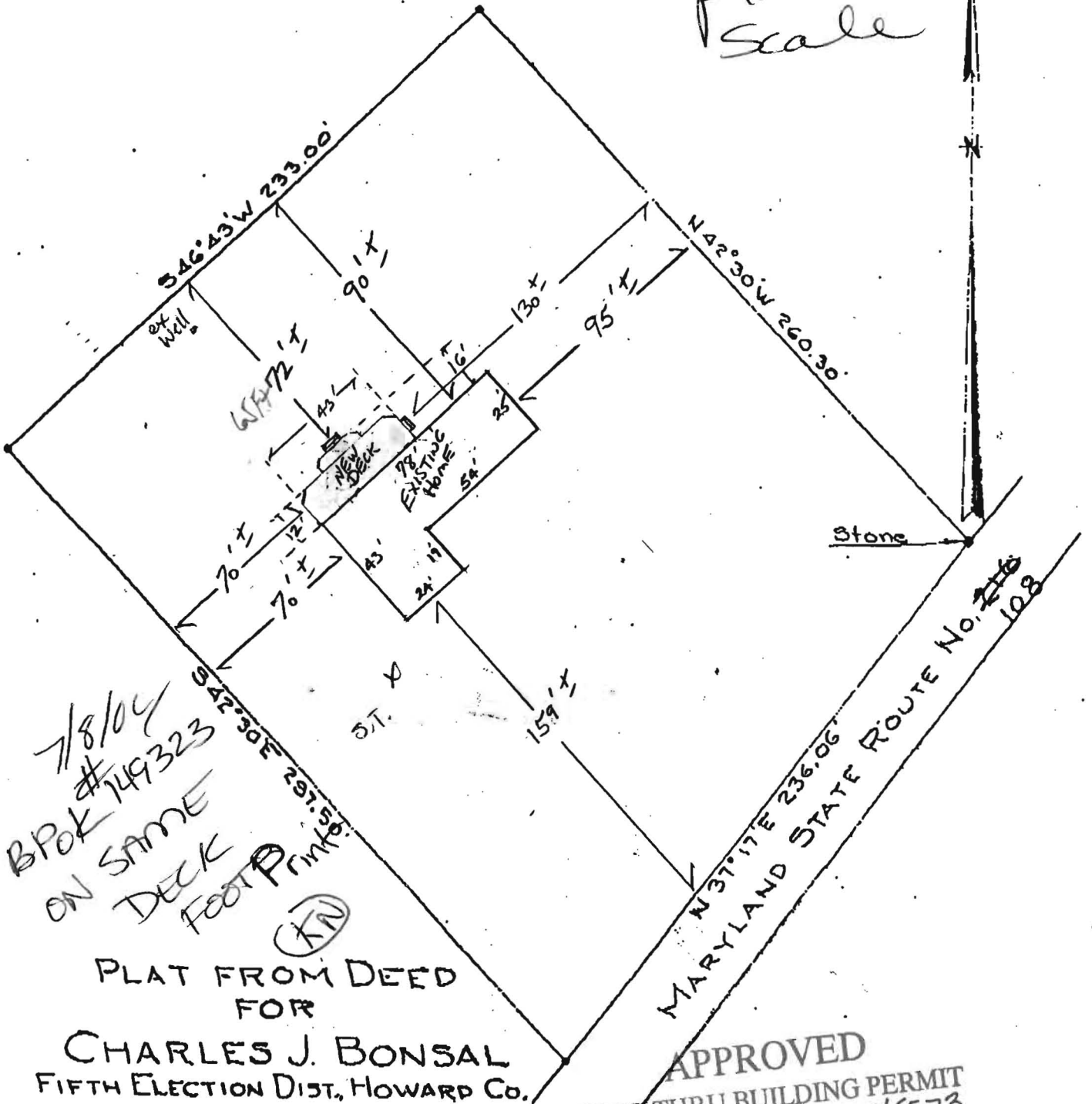
THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED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

Applicant's Signature [Signature] Title/Company Helpful Home Improvement
 Print Name Patrick Coburn
 Date 2/7/07

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	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St: _____	Add'l per. fee \$ _____
Health	<u>2/7/07</u>	<u>[Signature]</u>	All minimum setbacks met?	TOTAL FEES \$ _____
Fire Protection			YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
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 # _____
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			Lot Coverage for NewTown Zone _____	
White: Building Official			SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

7/8/04
Plan to
Scale



7/8/04
BPOK #149323
ON SAME
DECK
FOOTPRINTS
(KN)

PLAT FROM DEED
FOR
CHARLES J. BONSAI
FIFTH ELECTION DIST, HOWARD CO.
HIGHLAND, MARYLAND.
SCALE: 1 IN = 50 FT. SEPT. 14, 1973

APPROVED
WALK-THRU BUILDING PERMIT
BP# 149323 A# 48573
APP. SAN KN DATE: 7/8/04
DESC. OF WORK: Deck

James M. [Signature]

A.3696

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER

Building Address 13290 ROUTE 108
Highland, Md. 20777

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

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size 1.48 AC

Property Owner's Name Glenn & Tracy Price

Address 13290 ROUTE 108

City Highland State Md Zip Code 20777

Home Phone 301-854-0219 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD

Proposed Use SFD & Pool

Estimated Construction Cost \$ 52,435

Description of Work Inground pool - 28'x44'
Depth 3'-8.5" - Filled by truck
Fence by owner

Contractor Company Blue Haven Pools

Contact Person _____

Address 9104 Industry Dr.

City MANASSAS State Va Zip Code 20111

License No. 30083

Phone 888-257-0807 Fax _____

Occupant or Tenant owner

Contact Name _____

Address _____

City _____ State _____ Zip Code _____

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

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/> Depth _____ Width _____	Water Supply: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
1st floor: _____	Sewage Disposal: _____ <input type="checkbox"/> Public <input checked="" type="checkbox"/> Private
2nd floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	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"/> Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/> No. of Bedrooms _____ Height: _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other: _____
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 Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> Manufactured Home	

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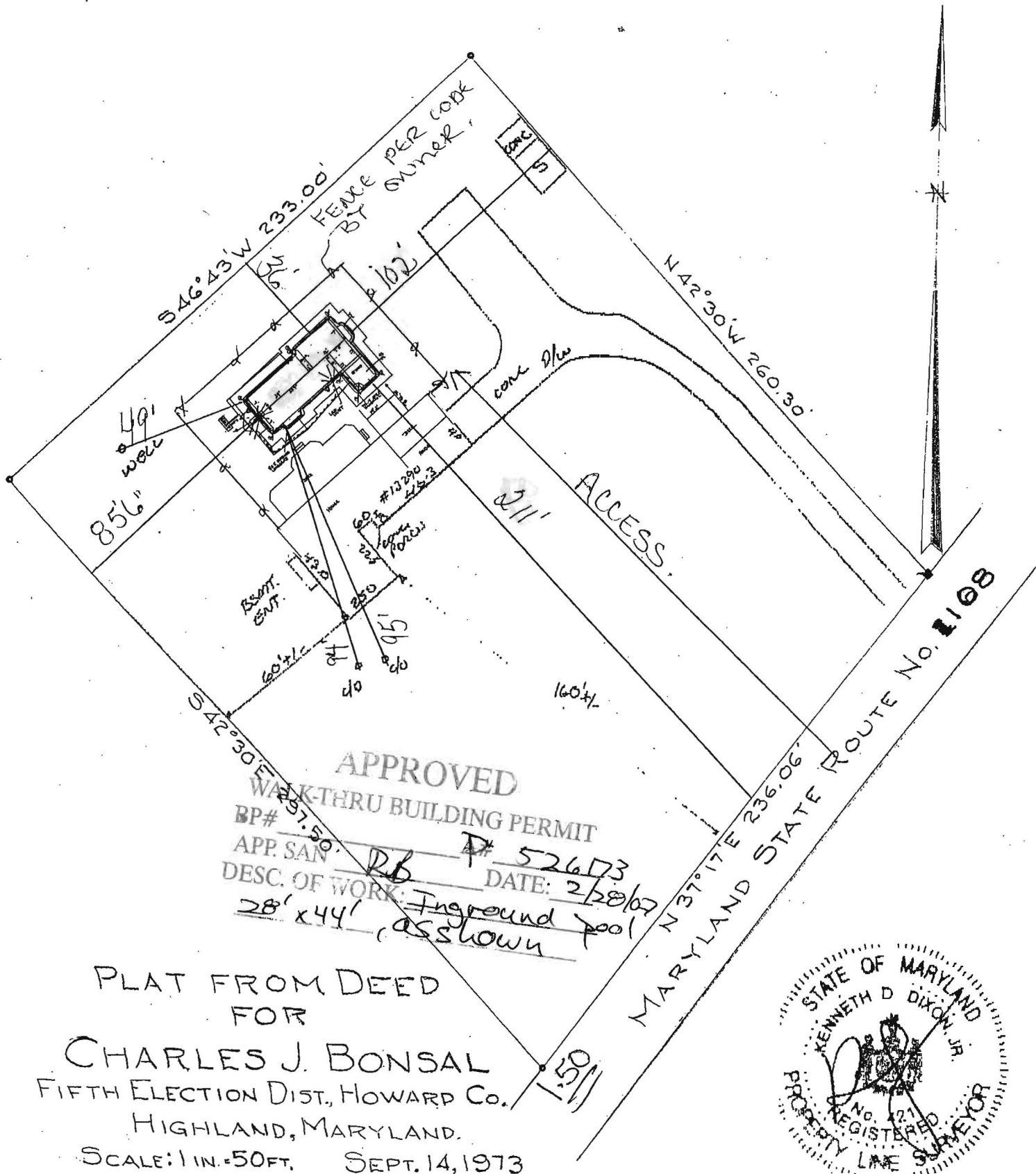
Wes G. Minnich
 Applicant's Signature (Agent)

Doris A. Minnich
 Print Name

Title/Company _____ Date _____

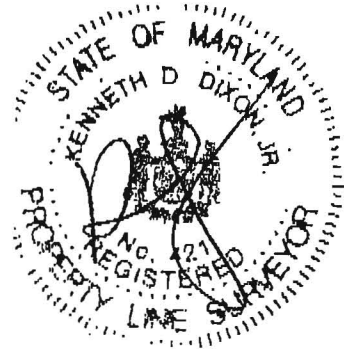
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AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#
Land Development, DPZ			Front: _____	Filing fee \$ _____
State Highways			Rear: _____	Permit fee \$ _____
Building Official			Side: _____	Excise tax \$ _____
Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
Health	<u>2/28/07</u>	<u>R. Buckner</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 \$ _____
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	Lot Coverage for NewTown Zone _____	
T:\Normal\PERMIT.FRM			SDP/Red-line approval date _____	Accepted by _____
			Yellow: DED, DPZ	Pink: Health
				Gold: SHA



APPROVED
 WALK-THRU BUILDING PERMIT
 BP# 281.50
 APP. SAN. RB DATE: 2/28/67
 DESC. OF WORK: Inground pool
 28' x 44' as shown

PLAT FROM DEED
 FOR
 CHARLES J. BONSAI
 FIFTH ELECTION DIST, HOWARD Co.
 HIGHLAND, MARYLAND.
 SCALE: 1 IN. = 50 FT. SEPT. 14, 1973



DESCRIPTION See Deed Liber 10125/48/

I HEREBY CERTIFY THAT I HAVE SURVEYED
 LOT NO. ... OF SECTION ... OF
 #13290 ROUTE 108
 SUBDIVISION FOR THE PURPOSE OF
 LOCATING THE IMPROVEMENTS AND THE
 IMPROVEMENTS ARE LOCATED AS SHOWN.

[Signature] 2-7-67
 KENNETH D. DIXON, JR. DATE
 REG. PROPERTY LINE SURVEYOR NO. 421

PLAT RECORDED IN PLAT BOOK NO.
 FOLIO NO. PLAT NO.
 SCALE 1" = 50' W.O. NO. 07:41.
 THIS PLAT IS NOT INTENDED TO BE USED
 FOR THE PURPOSE OF ESTABLISHING
 PROPERTY LINES

KEN DIXON SURVEYS, INC.
 P.O. BOX 1179
 PASADENA, MD 21123-1179 (410) 437-6632