

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER
B07002439

Building Address 2520 MCKENDREE RD
GLENWOOD MD 21738

Property Owner's Name FRANK BURFOLINA
Address 2520 MCKENDREE ROAD

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

City GLENWOOD State MD Zip Code 21738

Census Tract _____ Subdivision _____

Home Phone (443) 553-1759 Work Phone _____

Section _____ Area _____ Lot _____

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

Tax Map _____ Parcel _____ Grid _____

Address 7 HAYMARKET CRT BALT 21236
Phone (410) 529-6138 Fax _____

Zoning _____ Map Coordinates 4613 lot size _____

Existing Use SFD

Contractor Company LONG FENCE CO

Proposed Use SFD W/ DECK

Contact Person STEVE BOWERS

Estimated Construction Cost \$ 7500.-

Description of Work 12'x14' OPEN WOOD DECK W/ STEPS VINYL DECKING & RAILINGS

Address 1114 RT 3 NORTH

City CROFTON State MD Zip Code 21114

License No. 9615-01
Phone (410) 993-0600 Fax _____

Occupant or Tenant OWNER

Engineer or Architect Company _____

Contact Name _____

Contact Person _____

Address _____

Address _____

City _____ State _____ Zip Code _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Phone _____ Fax _____

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics		Utilities	
Height:		Water Supply:	
No. of stories:		Public <input type="checkbox"/>	
Gross area, sq. ft. per floor:		Private <input type="checkbox"/>	
Use group:		Sewage Disposal:	
Construction type:		Public <input type="checkbox"/>	
Reinforced Concrete <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Structural Steel <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
Masonry <input type="checkbox"/>		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Wood Frame <input type="checkbox"/>		Heating System:	
State Certified Modular <input type="checkbox"/>		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"/>	
		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"/>		Water Supply:	
Depth _____ Width _____		Public <input type="checkbox"/>	
1st floor:		Private <input checked="" type="checkbox"/>	
2nd floor:		Sewage Disposal:	
Basement:		Public <input type="checkbox"/>	
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>		Private <input checked="" type="checkbox"/>	
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>		Electric Yes <input type="checkbox"/> No <input type="checkbox"/>	
No. of Bedrooms _____		Gas Yes <input type="checkbox"/> No <input type="checkbox"/>	
Height: _____		Heating System:	
Multi-family dwellings:		Electric <input type="checkbox"/> Oil <input type="checkbox"/>	
No. of efficiency units: _____		Natural Gas <input type="checkbox"/>	
No. of 1 BR units: _____		Propane Gas <input type="checkbox"/>	
No. of 2 BR units: _____		Sprinkler system: N/A <input type="checkbox"/>	
No. of 3 BR units: _____		NFPA #13D <input type="checkbox"/>	
Other Structure: _____		NFPA #13R <input type="checkbox"/>	
Dimensions: _____		Other: _____	
Footings: _____			
Roof Height: _____			
State Certified Modular <input type="checkbox"/>			
Manufactured Home <input type="checkbox"/>			

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 THEREON; (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.

R. Steven Bowers
Applicant's Signature
AGENT
Title/Company

R. STEVEN BOWERS
Print Name
JUNE 14 2007
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 Official		
Dev. Engineering, DPZ		
Health	<u>6/12/2007</u>	<u>A. Schiff, Jr.</u>
Fire Protection		

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 NewTown Zone _____	
SDP/Red-line approval date _____	Accepted by _____

Is Sediment Control approval required prior to issuance?
YES NO

CONTINGENCY CONSTRUCTION START:

ONE STOP SHOP:

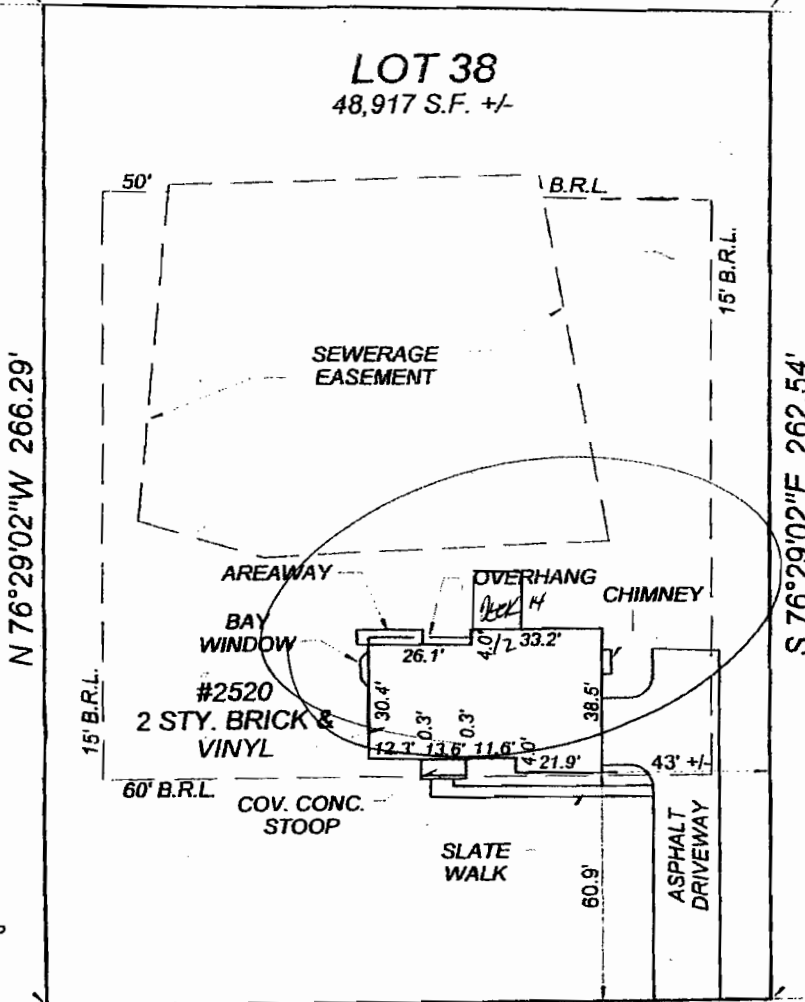
REBAR & CAP
FOUND

REBAR & CAP
FOUND

N 14°40'39"E 185.04'

37

39



REBAR & CAP
FOUND

REBAR & CAP
FOUND

McKENDREE ROAD

APPROVED

WALK-THRU BUILDING PERMIT

BP# B07002439 A# 44585 BOUNDARY SURVEY
APP. SAN GAL DATE 2520 McKENDREE ROAD

DESC. OF WORK: DECK AS 6/18/07 LOT 38
SHOWN

GWYNDYL OAK ESTATES

LOTS 1 - 40 AND
PARCELS A, B, C AND D
ELECTION DISTRICT NO. 4



1" = 50'

HOWARD COUNTY
PERMIT APPLICATION

PERMIT NUMBER

B07001724

Building Address 2520 W McKendree Rd
West Friendship Md 21794
Suites/Apt. #: _____ SDP/WP/Petition #: _____
Census Tract _____ Subdivision _____
Section _____ Area _____ Lot 38
Tax Map 14 Parcel 123 Grid 11
Zoning _____ Map Coordinates 9 E-13 Lot size 1.12

Property Owner's Name Michael + Yvonne Wallis
Address 2520 McKendree Drive
City Glenwood State Md Zip Code 21738
Home Phone 4435531759 Work Phone _____
Applicant's Name & Mailing Address, (if other than stated hereon):
Phone _____ Fax _____

Existing Use Single Family Dwelling
Proposed Use Inground Pool
Estimated Construction Cost \$ 35,000
Description of Work 15 x 30 Concrete Pool
3 1/2 x 6 feet deep, 3 ft walkway +
Fence to Code by Owner

Contractor Company Sunrise Premier Pools
Contact Person John Eberl
Address 1460 Ritchie Hwy #100
City Arnold State Md Zip Code 21012
License No. 45494
Phone _____ Fax _____

Occupant or Tenant Michael + Yvonne Wallis
Contact Name _____
Address 2520 McKendree Rd
City Glenwood State Md Zip Code 21738
Phone 4435531759 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: _____ Public _____ Private <input checked="" type="checkbox"/>
No. of stories: _____	Sewage Disposal: _____ Public _____ 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: _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame _____ State Certified Modular _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

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

John F Eberl
Applicant's Signature
Title/Company _____

John F Eberl
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 Official		
Dev. Engineering DPZ		
Health	<u>5/10/2007</u>	<u>Phillip J. G...</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 Official Green: LDD, DPZ		

DPZ SETBACK INFORMATION	PROPERTY ID#
Front: _____	Filing fee \$ _____
Rear: _____	Permit fee \$ _____
Side: _____	Excise tax \$ _____
Side St: _____	Add'l per. fee \$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES \$ _____
Is Entrance Permit required? YES <input type="checkbox"/> NO <input type="checkbox"/>	Sub-total paid \$ _____
Historic District? YES <input type="checkbox"/> NO <input type="checkbox"/>	Balance due \$ _____
Lot Coverage for NewTown Zone _____	Check \$ _____
SDP/Red-line approval date _____	Validation \$ _____
Accepted by _____	



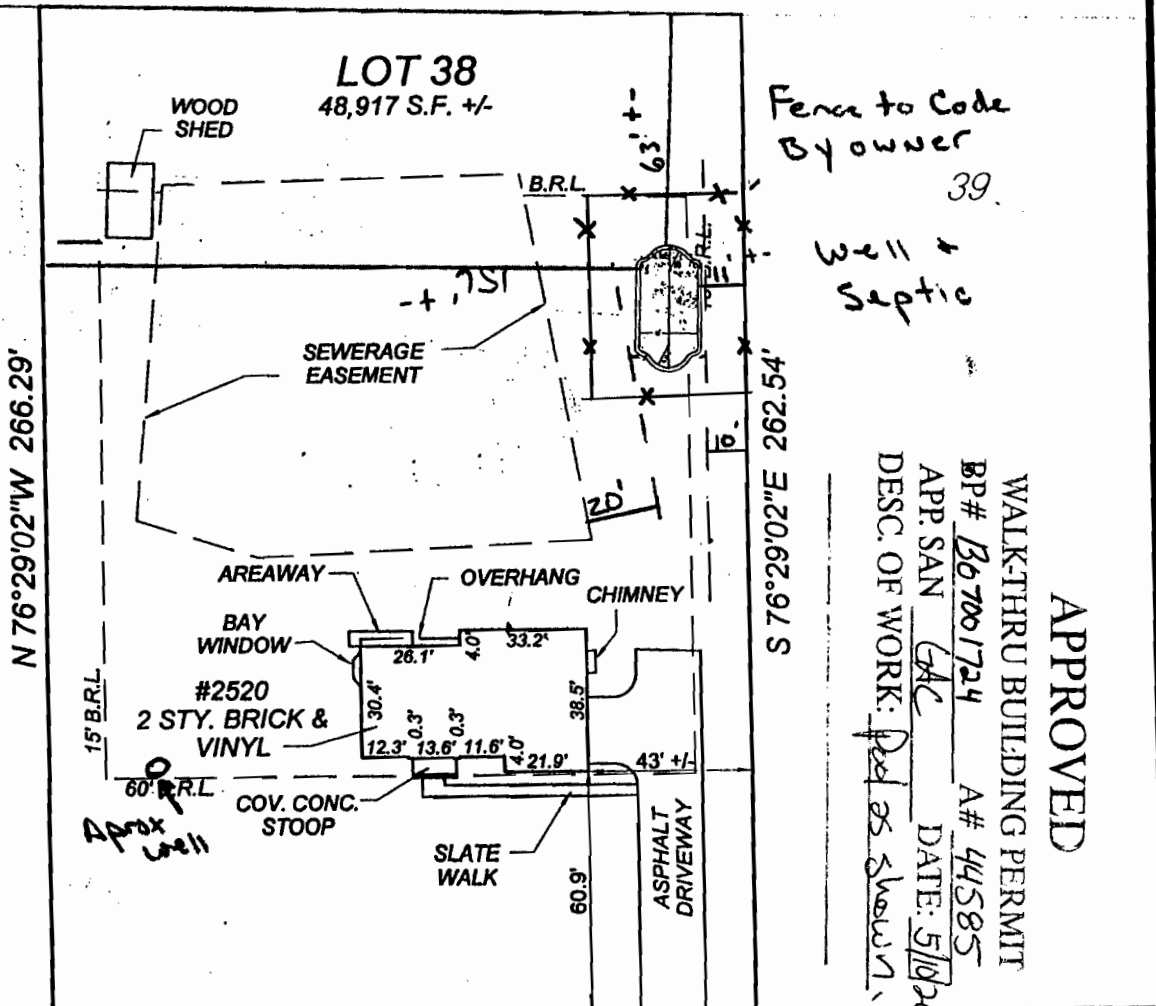
Notes:

1. This plat is a benefit to the consumer only insofar as it is required by a lender or a title insurance company or its agents in connection with contemplated transfer, financing or refinancing purposes. This plat is not to be relied upon for the establishment or location of fences, garages, buildings or other existing or future structures. This plat does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or for securing financing or refinancing.
2. The +/- setback accuracy is 1 foot.
3. This lot does not appear to lie within the 100 Year Flood Plain as shown on the F.E.M.A. Flood Hazard Map 240044-0014-B as revised December 4, 1986.

PARCEL "B"

N 14°40'39"E 185.04'

37



APPROVED

WALK-THRU BUILDING PERMIT

BP# B07001724 A# 44585

APP. SAN GAC DATE: 5/10/2007

DESC. OF WORK: Per as shown

S 13°30'58"W 185.00'

McKENDREE ROAD



LOCATION SURVEY
2520 McKENDREE ROAD
LOT 38
GWYNDYL OAK ESTATES
LOTS 1 - 40 AND
PARCELS A, B, C AND D
ELECTION DISTRICT NO. 4
HOWARD COUNTY, MARYLAND

CERTIFICATION

I HEREBY CERTIFY THAT THE POSITION OF ALL THE EXISTING IMPROVEMENTS ON THE ABOVE DESCRIBED PROPERTY HAS BEEN CAREFULLY ESTABLISHED BY A TRANSIT-TAPE SURVEY AND THAT UNLESS OTHERWISE SHOWN, THERE ARE NO ENCROACHMENTS.

OFFICE OF
SILL ADCOCK & ASSOCIATES LLC
3300 NORTH RIDGE ROAD, SUITE 160
ELLCOTT CITY, MARYLAND 21043
PHONE: 443-325-7682 443-878-2502
SCALE: 1" = 30'

Michael D. Adcock

REFERENCE: PLAT NO. 11553	DATE: 4-03-07	FILE NO.: 07-001-032
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