

Scanned 12/18/07

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS  
3400 COURT HOUSE DRIVE  
ELICOTT CITY, MD 21043  
PERMITS (410) 313-2155 INSPECTIONS (410) 313-1810  
AUTOMATED INFORMATION (410) 313-3800

**HOWARD COUNTY  
PERMIT APPLICATION**

**PERMIT NUMBER**

BC700491D

Building Address 1108 MCKENNA CT.  
MARLBOROUGH MD. 21654

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

Census Tract \_\_\_\_\_ Subdivision \_\_\_\_\_

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot \_\_\_\_\_

Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_

Zoning \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size \_\_\_\_\_

Property Owner's Name Tom L. ...

Address 11908 McKenna Ct

City MARLBOROUGH State MD Zip Code 21654

Home Phone \_\_\_\_\_ Work Phone 410-718-1009

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Single Dwelling

Proposed Use Deck 550 sq. ft.

Estimated Construction Cost \$ 15,000.00

Description of Work All On-Site Construction  
Deck with Fiberglass Handrail

Contractor Company NOBLE CO.

Contact Person CHARLIE FORTIN

Address 37 ALBANY AVE

City ELICOTT CITY State MD Zip Code 21043

License No. 21917

Phone 301-667-4400 Fax 301-974-5706

Occupant or Tenant OWNER

Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address N/A

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 <input type="checkbox"/> # 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 checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input 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 _____	Sprinkler system: <u>N/A</u> <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> 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: _____	
Dimensions: _____	
Footings: _____	
Roof Height: _____	
<input type="checkbox"/> State Certified Modular <input type="checkbox"/> 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 [Signature]

Title/Company Tom L. ...

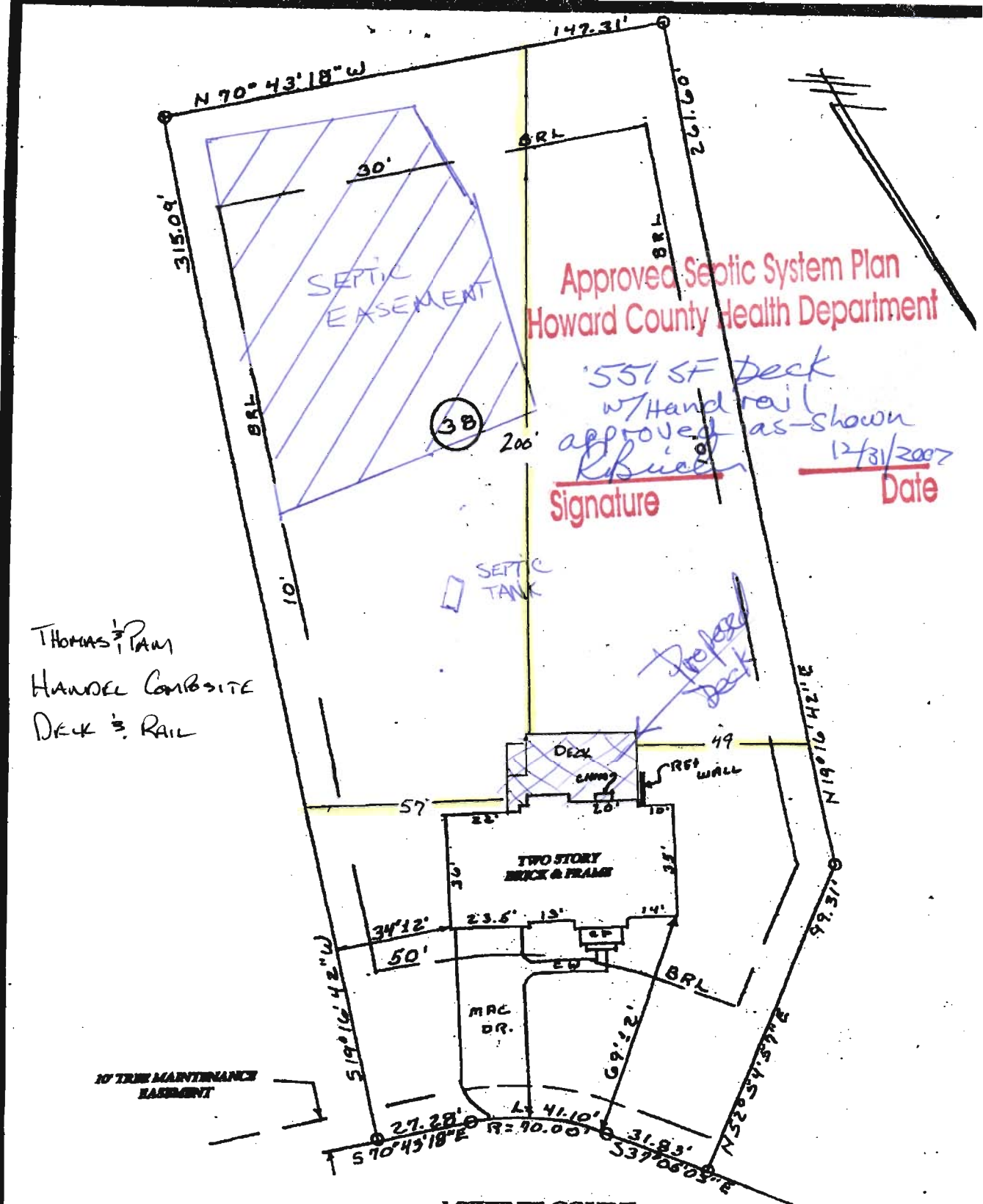
Print Name CHARLIE FORTIN

Date 12/18/07

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>12/31/2007</u>	<u>[Signature]</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- T:\forms\PERMIT.FRM	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 \$ <u>45</u>
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 New/own Zone _____	Check # <u>1000</u>
SDP/Red-line approval date _____	Validation # _____
Accepted by _____	



Approved Septic System Plan  
Howard County Health Department

*551 SF Deck  
w/ Hand rail  
approved as shown*  
R. Bueck  
Signature  
12/31/2007  
Date

THOMAS PAM  
HANDEL COMB SITE  
DECK & RAIL

MEKENIE COURT

NOTE: BEARINGS AND DISTANCES ARE TO READ ON RECORD PLAT

This plat is of benefit to a consumer only insofar as it is required by a lender or a title insurance company or its agent in connection with contemplated transfer, financing or refinancing. The plat is not to be relied upon for the establishment or location of fences, garages, buildings, or other existing or future improvements. The drawing does not provide for the accurate identification of property boundary lines, but such identification may not be required for the transfer of title or securing financing or refinancing.

11908 MEKENIE COURT, LOT 38  
"THE ESTATES AT SAND HILL", 1458  
HOWARD COUNTY, MD.

The lot shown herein is in flood zone C PER F.R.M.A.  
Flood insurance rate map panel # 290044-0016 B

Notes: Flood zones are approximate as scaled from F.R.M.A. Flood insurance Subject to any and all R.R.L.s or easements as shown or noted on record.

This drawing is not to be used to obtain permits.

<p>SCALE 1" = 40'</p>	<p>LOCATION CERTIFICATION</p>		
<p>DATE 5-24-07</p>	<p>WITZ &amp; ASSOCIATES GENERAL SURVEYING CO.</p>		
<p>JOB # 07-651</p>	<p>1009 Frederick Road Baltimore, MD 21228 Phone: (410) 869-3536 Fax: (410) 869-3538</p>		