

# HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER  
**B-0-147647**

Building Address 740 MIDDLETRAIL CT  
MT. AIRY MD 21771  
Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
Census Tract 604001 Subdivision \_\_\_\_\_  
Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 1500  
Tax Map \_\_\_\_\_ Parcel \_\_\_\_\_ Grid \_\_\_\_\_  
Zoning \_\_\_\_\_ Map Coordinates 307 Lot size \_\_\_\_\_

Property Owner's Name HOWARD SCHISLER  
Address 740 MIDDLETRAIL CT  
City MT. AIRY State MD Zip Code 21771  
Home Phone 410 489-5174 Work Phone SAME  
Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use SFD  
Proposed Use SFD W/ DECK  
Estimated Construction Cost \$ 3500  
Description of Work BUILD A DECK TO  
REAR OF SFD WITH STEPS  
TO GRADE

Contractor Company DESIGN CONTRACTING CO  
Contact Person THOMAS FREY  
Address 760 MIDDLETRAIL CT  
City MT AIRY State MD Zip Code 21771  
License No. 23034  
Phone 443 629-2455 Fax \_\_\_\_\_

Occupant or Tenant HOWARD SCHISLER  
Contact Name \_\_\_\_\_  
Address SAME  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company CONTRACTOR  
Contact Person \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_

BUILDING DESCRIPTION - <u>COMMERCIAL</u>	
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 <input type="checkbox"/> State Certified Modular	Sprinkler system: <u>N/A</u> <input type="checkbox"/> Full _____ Partial _____ Other Suppression _____ # of Heads _____

BUILDING DESCRIPTION - <u>RESIDENTIAL</u>	
Building Characteristics	Utilities
SF Dwelling <input checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Heating System: Electric <input type="checkbox"/> Oil <input checked="" 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"/> NFPA #13D _____ NFPA #13R _____ Other: _____
Multi-family dwellings: No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	State Certified Modular <input type="checkbox"/> Manufactured Home <input type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof: _____	

I HEREBY CERTIFY AND AGREE 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature Thomas J Frey  
OWNER/CONTRACTOR  
Title/Company \_\_\_\_\_

Print Name THOMAS J FREY  
Date 4/24/04

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	<u>4/22/04</u>	<u>[Signature]</u>
Dev. Engineering, DPZ		
Health	<u>4/22/04</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"/>		

DPZ SETBACK INFORMATION

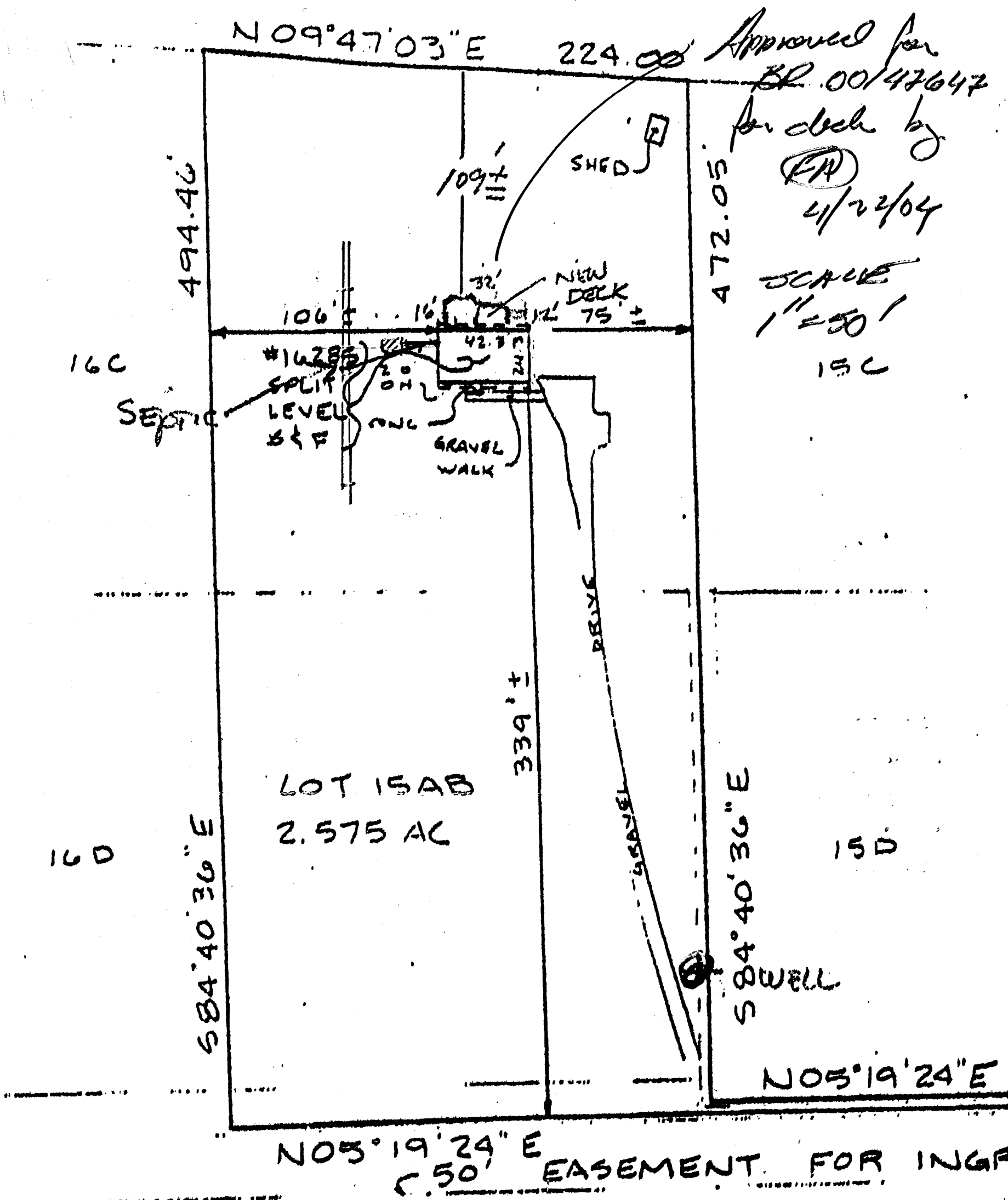
Front: \_\_\_\_\_  
Rear: \_\_\_\_\_  
Side: \_\_\_\_\_  
Side St.: \_\_\_\_\_  
All minimum setbacks met? YES  NO   
Is Entrance Permit required? YES  NO   
Historic District? YES  NO   
Lot Coverage for New Town Zone \_\_\_\_\_  
SDP/Red-line approval date \_\_\_\_\_

PROPERTY ID: 61742

Filing fee \$ \_\_\_\_\_  
Permit fee \$ 50  
Excise tax \$ \_\_\_\_\_  
Add'l per. fee \$ \_\_\_\_\_  
TOTAL FEES \$ 55  
Sub-total paid \$ \_\_\_\_\_  
Balance due \$ \_\_\_\_\_  
Check # 8230  
Validation # 4517

Accepted by [Signature]

740 MIDDLETRAIL CT, MT AIRY MD 21771



This is to certify that I have surveyed the property known as LOT 15 AB

sheet - of - recorded IN LIBER 1065 FOLIO 373 among the Land Records of HOWARD County, Maryland for the purpose of locating the improvements thereon.

THIS PLAT SHOWS ONLY THAT THE IMPROVEMENTS ARE CONTAINED WITHIN THE OUTLINES OF THE LOT AND IS NOT TO BE USED TO ESTABLISH PROPERTY LINES.



J. Carl Hu