

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER

B08001140

Building Address 740 Middletrail Court  
Mount Airy, MD 21771  
 Suite/Apt. #: \_\_\_\_\_ SDP/WP/Petition #: \_\_\_\_\_  
 Census Tract \_\_\_\_\_ Subdivision Middletrail Estates  
 Section \_\_\_\_\_ Area \_\_\_\_\_ Lot 15B  
 Tax Map 2 Parcel 197 Grid 23  
 Zoning: \_\_\_\_\_ Map Coordinates \_\_\_\_\_ Lot size 1.27 ac

Property Owner's Name KAREN (HEMP. EL) WICK  
 Address 740 MIDDLETRAIL COURT  
 City Mount Airy State MD Zip Code 21771  
 Phone 410-489-6544 Phone 301-688-9910  
 Applicant's Name & Mailing Address, (if other than stated hereon): \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Existing Use Residential  
 Proposed Use Residential  
 Estimated Construction Cost \$ 180,000  
 Description of Work Addition with 2 bedrooms  
and garage  
34x33 w/ 3 way

Contractor Company self  
 Contact Person Bryant Wick  
 Address 740 Middletrail Court  
 City Mt. Airy State MD Zip Code 21771  
 License No. \_\_\_\_\_  
 Phone 340-508-5495 Fax \_\_\_\_\_

Occupant or Tenant self  
 Contact Name \_\_\_\_\_  
 Address same as above  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

Engineer or Architect Company Drafting By Design  
 Contact Person Jeri Sheets  
 Address P.O. Box 8062  
 City Newark State DE Zip Code 19714  
 Phone 410-392-9336 Fax \_\_\_\_\_

BUILDING DESCRIPTION - COMMERCIAL

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
Height: _____	Water Supply: _____ _____ Public _____ Private
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: N/A <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 _____ 1st floor: <u>28'4"</u> <u>33'9"</u> 2nd floor: <u>28'4"</u> <u>33'9"</u> Basement: _____ Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/> Crawl space <input type="checkbox"/> Slab on Grade <input checked="" type="checkbox"/> No. of Bedrooms <u>2</u> Height: <u>24'</u> Multi-family dwellings: _____ No. of efficiency units: _____ No. of 1 BR units: _____ No. of 2 BR units: _____ No. of 3 BR units: _____	Water Supply: _____ _____ Public _____ Private Sewage Disposal: _____ _____ Public _____ Private Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Other Structure: _____ Dimensions: _____ Footings: _____ Roof Height: _____ _____ State Certified Modular _____ Manufactured Home	Heating System: _____ Electric <input checked="" type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/> Sprinkler system: N/A <input checked="" type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ 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.

Karen L. Wick  
 Applicant's Signature  
Owner  
 Title/Company


KAREN L. WICK  
 Print Name  
APRIL 21, 2008  
 Date

Checks payable to: DIRECTOR OF FINANCE OF HOWARD COUNTY  
 \*\* PLEASE WRITE NEATLY AND LEGIBLY. \*\*  
 - FOR OFFICE USE ONLY -




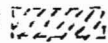




AGENCY	DATE	SIGNATURE APPROVAL	DPZ SETBACK INFORMATION	PROPERTY ID#:
<input checked="" type="checkbox"/> Land Development, DPZ			Front: _____	Filing fee \$ _____
<input type="checkbox"/> State Highways			Rear: _____	Permit fee \$ _____
<input checked="" type="checkbox"/> Building Official			Side: _____	Excise tax \$ _____
<input checked="" type="checkbox"/> Dev. Engineering, DPZ			Side St.: _____	Add'l per. fee \$ _____
<input checked="" type="checkbox"/> Health	<u>5/1/08</u>	<u>[Signature]</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>14</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-			Lot Coverage for NewTown Zone _____	Accepted by <u>1</u>
White: Building Official			SDP/Red-line approval date _____	
Green: LDD, DPZ				
Yellow: DED, DPZ				
Pink: Health				
Gold: SHA				

LOT 15B  
 4TH ELECTION DIST.  
 HOWARD COUNTY, MD

**NOTES - Plot Plan**

- PERC CERT PLAN A#527220  
 1. SITE ADDRESS: 740 MIDDLETRAIL COURT, MOUNT AIRY, MD 21771  
 2. ANY CHANGES TO A PRIVATE SEWAGE EASEMENT SHALL REQUIRE A REVISED PERCOLATION PLAN.  
 3.  THIS AREA DESIGNATES A PRIVATE SEWAGE EASEMENT OF AT LEAST 10,000 SQUARE FEET AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT FOR INDIVIDUAL SEWAGE DISPOSAL IMPROVEMENTS OF ANY NATURE IN THIS AREA ARE RESTRICTED. THIS EASEMENT SHALL BECOME NULL AND VOID UPON CONNECTION TO A PUBLIC SEWERAGE SYSTEM. THE COUNTY HEALTH OFFICER SHALL HAVE AUTHORITY TO GRANT ADJUSTMENTS TO THE PRIVATE SEWAGE EASEMENT. RECORDATION OF A REVISED SEWAGE EASEMENT SHALL NOT BE NECESSARY.  
 4. THE LOT(S) SHOWN HEREON COMPLIES/COMPLY WITH THE MINIMUM OWNERSHIP WIDTH AND LOT AREA AS REQUIRED BY THE MARYLAND DEPARTMENT OF ENVIRONMENT.  
 5. TOPOGRAPHY DRAWN IS FROM HOWARD COUNTY GIS.  
 6. ALL EXISTING WELLS, SEPTIC SYSTEM AND SEWAGE DISPOSAL EASEMENTS WITHIN 100 FEET OF PROPERTY BOUNDARIES ARE NOTED. ALL REASONABLE EFFORTS WERE USED TO FIND THE LOCATION OF ALL SURROUNDING WELLS AND SEPTIC SYSTEMS.  
 7. EXISTING WELL HO-73-3957 TO BE ABANDONED PRIOR TO BUILDING PERMIT APPROVAL.  
 8. I CERTIFY THAT THE INFORMATION SHOWN HEREON IS BASED ON FIELD WORK PERFORMED BY ME OR UNDER MY DIRECT SUPERVISION, AND IS CORRECT, TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNER/PLAN AUTHOR SIGNATURE:  
*Karen L. Hensel Wick*  
 KAREN L. HENSEL WICK  
 740 MIDDLETRAIL CT, MT AIRY, MD 21771  
 410-489-6544 DATE: 4/21/08

- LEGEND**
- \* ORIGINAL PASSED PERC TEST HOLES, NOT RETESTED 
  - \* ORIGINAL PASSED PERC TEST AND NEWLY EXCAVATED TEST HOLES 
  - \* PRIVATE SEWAGE EASEMENT 
  - \* ORIGINAL SEWAGE EASEMENT NO LONGER CONSIDERED 
  - \* EXISTING STRUCTURES TO REMAIN 
  - \* PROPOSED ADDITION 
  - \* EXISTING WELL HO-73-4123 TO REMAIN 
  - \* WELL HO-73-3957 TO BE REPURPOSED FOR GEOTHERMAL GROUND LOOP. 
  - \* NEW WELLS TO BE DRILLED FOR GEOTHERMAL GROUND LOOP. 