

HOWARD COUNTY PERMIT APPLICATION

PERMIT NUMBER
307002135

Building Address 11609 MIRROR POND Ct.
FULTON MD 20759

Suite/Apt. #: _____ SDPWP/Petition #: _____

Census Tract _____ Subdivision _____

Section _____ Area _____ Lot _____

Tax Map _____ Parcel _____ Grid _____

Zoning _____ Map Coordinates _____ Lot size _____

Property Owner's Name MR. & MRS. AMIRIDZE

Address 11609 MIRROR POND Ct.

City FULTON State MD Zip Code 20759

Home Phone (301) 362 1335 Work Phone _____

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

Phone _____ Fax _____

Existing Use SFD.

Proposed Use Deck & ADITION SFD.

Estimated Construction Cost \$ 60,000.00

Description of Work 20'x16' DECK WITH STEPS
& 12'x18' ADITION (3 SEASONS ROOM)

Contractor Company OUTDOOR CARPENTRY & DESIGN

Contact Person LUIS BALDERRAMA
11292 SCAGGSVILLE RD.

Address LAUREL MD

City LAUREL State MD Zip Code 20723

License No. 83116

Phone (301) 617 0808 Fax (301) 617 0909

Occupant or Tenant _____

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: _____ _____ Public _____ Private
No. of stories: _____	Sewage Disposal: _____ _____ Public _____ Private
Gross area, sq. ft. per floor: _____	Electric Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____ _____ Reinforced Concrete _____ Structural Steel _____ Masonry _____ Wood Frame	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
_____ 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"/>	Water Supply: _____ _____ Public _____ Private
Depth _____ Width _____	Sewage Disposal: _____ _____ Public _____ Private
1st floor: _____	Electric Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2nd floor: _____	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"/>	Sprinkler system: N/A <input type="checkbox"/> _____ NFPA #13D _____ NFPA #13R _____ Other:
Crawl 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: _____	
_____ 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 THE PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

[Signature]
 Applicant's Signature

 Title/Company

LUIS BALDERRAMA
 Print Name

5/24/07
 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>5/24/07</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: _____ White: Building Official Green: LDD, DPZ		

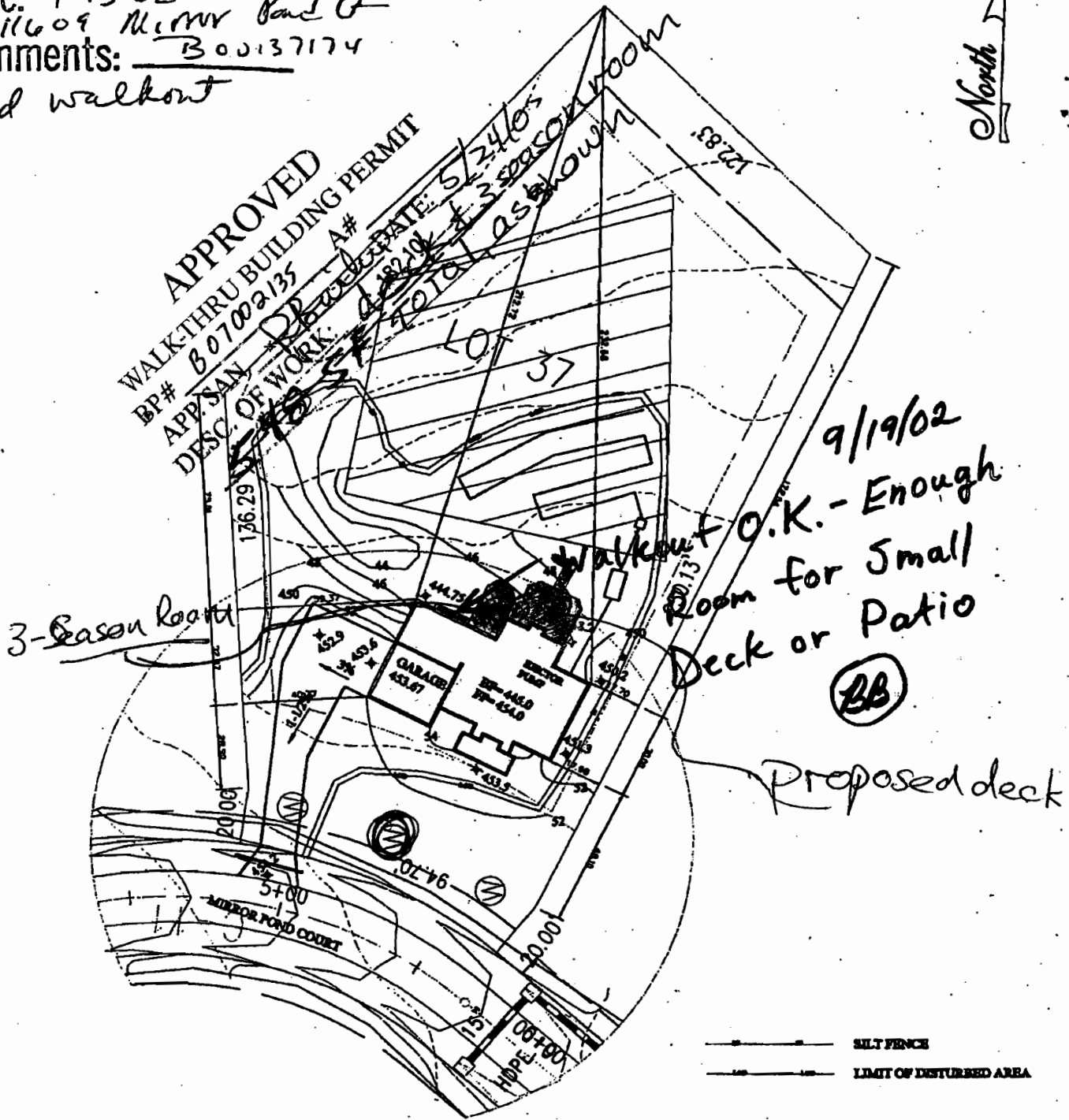
DPZ SETBACK INFORMATION		PROPERTY ID#
Front: _____	Filing fee	\$ _____
Rear: _____	Permit fee	\$ _____
Side: _____	Excise tax	\$ _____
Side St: _____	Add'l per. fee	\$ _____
All minimum setbacks met? YES <input type="checkbox"/> NO <input type="checkbox"/>	TOTAL FEES	\$ _____
Is Entrance Permit required? 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 New/Town Zone _____	Check	\$ _____
SDP/Red-line approval date _____	Validation	\$ _____
		Accepted by: _____
Yellow: DED, DPZ Pink: Health Gold: SHA		

REVISED

Date: 9-13-02
11609 Murray Road G
Comments: B00137174
add walkout



APPROVED
WALK-THRU BUILDING PERMIT
BP# B07002135
APP. SAN. DP. # 2135
DESC. OF WORK: ADD WALKOUT
DATE: 5/24/02
A# 38219
TOTAL AS SHOWN



9/19/02
Walkout O.K. - Enough
Room for Small
Deck or Patio
(BB)

Proposed deck

--- SILT FENCE
--- LIMIT OF DISTURBED AREA

PLOT PLAN
SINGLE FAMILY DWELLING
BARWISH RESIDENCE
LOT 37
INDELL WOODS
HOWARD COUNTY, MD

DATE: SEPT 11 2002
SCALE: 1" = 50'

OWNER/BUILDER:
DALE THOMPSON BLDG
6300 WOODSIDE COURT
COLUMBIA, MD 20146
410-995-6736

PROPOSED ELEVATIONS:	
BASEMENT:	45.0
FIRST FLOOR:	45.6
INVERT OUT OF HOUSE:	47.25
INVERT INTO SEPTIC TANK:	47.0
INVERT INTO DET BOX:	46.5
INVERT INTO TRENCHES:	46.1
GRADE AT SEPTIC TANK:	48.5
GRADE AT DET BOX:	48.5
GRADE AT TRENCHES:	48.1
PAVING SPECIFICATION: 2" ASPHALT OVER 4" CR-6 OR 2.5" ASPHALT OVER 1.5" OVERLAY	