

HOWARD COUNTY  
 PERMIT APPLICATION

PERMIT NUMBER  
 B08002887

Building Address 1151 Morgan Station Rd.  
Woodbine, MD. 21797

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

Census Tract 604001 Subdivision Woodbine

Section \_\_\_\_\_ Area \_\_\_\_\_ Lot Par. C

Tax Map 8 Parcel 04-360433 Grid 6

Zoning RC Map Coordinates \_\_\_\_\_ Lot size 485

Property Owner's Name Linda C. Harbin

Address 1151 Morgan Station Rd.

City Woodbine State MD. Zip Code 21797

Phone 410-489-4262 Phone 410-313-5500 (WK)

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

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

Existing Use alternate heating source  
 Proposed Use alternate heating source  
 Estimated Construction Cost \$ 1500.00

Description of Work Construct a chimney to accomodate a wood burning stove. (Brick exterior)

Contractor Company \_\_\_\_\_

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

Address \_\_\_\_\_

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

License No. \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

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: _____ <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: N/A <input type="checkbox"/> <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression # of Heads _____
<input type="checkbox"/> State Certified Modular	

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 type="checkbox"/> No <input type="checkbox"/> Gas Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____ <input type="checkbox"/> Finished Basement <input type="checkbox"/> Unfinished Basement	Heating System: _____ Electric <input type="checkbox"/> Oil <input type="checkbox"/> Natural Gas <input type="checkbox"/> Propane Gas <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	Sprinkler system: N/A <input type="checkbox"/> <input type="checkbox"/> NFPA #13D <input type="checkbox"/> NFPA #13R <input type="checkbox"/> Other:
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: _____	
<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.

Linda C. Harbin  
 Applicant's Signature

Linda C. Harbin  
 Print Name  
9/18/08  
 Date

Title/Company

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#
Land Development, DPZ	9/24/08	<u>[Signature]</u>		Front: <u>15</u>	Filing fee \$ _____
State Highways				Rear: <u>60</u>	Permit fee \$ _____
Building Official				Side: <u>30</u> N/A	Excise tax \$ _____
Dev. Engineering, DPZ	9/24/08	<u>[Signature]</u>		Side St.: _____	Add'l per. fee \$ _____
Health				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>501</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 _____	
White: Building Official				SDP/Red-line approval date _____	Accepted by _____
Green: LDD, DPZ				Yellow: DED, DPZ	Pink: Health
Purple: Health				Gold: SHA	

Total linear feet of trench required 300 feet

Width of trench(es) 3 feet

Depth of trench(es) 5 feet

Depth of stone required below distribution pipe 2 feet

PROPOSED ELEVATIONS

- A PROP. 2 STORY HOUSE  
GAR ELEV 616.0  
FF ELEV 618.0  
\*\* BMT ELEV 608.0  
INV. ELEV 618.5
- B PROP SEPTIC TANK  
EX GRD ELEV 612.0  
INV IN 610.0  
INV OUT 609.7
- C PROP DIST BOX  
EX GRD ELEV 611.5  
INV ELEV 609.3
- D \* PROP TRENCHES  
INV. ELEV 609.0

\* LENGTH TO BE DETERMINED AT TIME OF SEPTIC PERMIT ISSUANCE.

\*\* APPROVED BY THE HEALTH DEPT.

Approved Septic System Plan  
Howard County Health Department

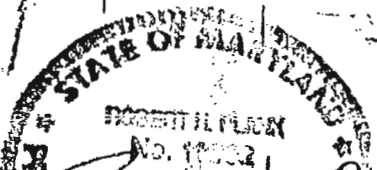
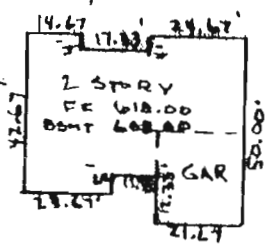
*Stewart R. Kuey*  
Signature \_\_\_\_\_  
Date \_\_\_\_\_

APPROVED

WALK-THRU BUILDING PERMIT

EP# \_\_\_\_\_ A# 516060  
APP. SAB SFO. DATE: 9/24/60  
DISC. OF WORK: 16" x 16"  
*Chimney*

*Drive Space*  
4" Crushed Stone  
with  
Asphalt Apron



PLOT PLAN  
PARCEL C  
HARBIN PROPERTY

NOTES: \* TOPOGRAPHY BASED ON HOWARD COUNTY TOPO.

